

The Impact of Living in “Survival” Mode



One-on-One Interview Conducted with Carl Bell, MD

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MEE:

Thanks, Dr. Bell. I want to start right with the first question. In your experience, doing this on a daily basis, what do you think is the current state of mental health as a result of the unique brand of urban trauma that the African-American community deals with every day in terms of its environmental context. What do you think is therefore the current state of mental health in the Black community?

Dr. Carl Bell:

Well, you know, that’s an interesting and complex question because I’m very, very convinced that Black people experience more trauma from violence than probably anybody else other than maybe Native Americans, because Black people catch hell in terms of their issues around violence exposure, starting with that stuff in ‘82. So that’s real clear.

What’s interesting to me, though, as I read the national surveys on mental health and trauma and trauma outcomes, is that there’s some suggestion that Black people actually have better mental health outcomes than white people.

MEE:

Why do you say that?

Dr. Carl Bell:

Well, that’s just what the research shows. When they go do large community surveys, Black people come out better. Now that has always puzzled me, because again, it’s clear Black people have more trauma. But how could you have more trauma and have better mental health outcomes? It doesn’t make sense. What it turns out is that I think Black people in many ways have more protective factors protecting them from trauma. Having especially poor Black people, maybe not middle class Black people as much, but poor Black people, in my experience, have a lot of social fabric around them. They know neighbors, they talk to people, they’re connected to people in their community. Because that’s all they got. So you’ve got social fabric.

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Black people, poor Black people, also are very, very creative in terms of how they respond to things. One of the main protective factors for being exposed to trauma is a sense of self-efficacy, a sense of I can figure this out, I can do something about this, I can fix this, whether you actually can or not. Even if you just feel you can, whether you really cannot, just feeling you can, is protective.

The other thing that’s protective is, if you don’t catastrophize the trauma. So if something bad happens and you say, oh my God, we’ll never recover, that puts you at risk for stress disorders. If, on the other hand, you say, oh, here comes another trauma, well, I guess we’re Black in America again because to a great extent this is business as usual. Because we kind of expect it, you know. You expect stuff to be worse for you if you’re Black.

And so you don’t catastrophize. In fact, what you do is, you sort of steel yourself. It’s like you’ve seen people get knocked out. It’s always the punch they don’t see that knocks the person out, never the one they see coming, because you see it coming, you know, you clench down, you get ready.

The other issue that I think that protects Black people is that research has shown that Black people are more spiritual than white people. We understand what goes around comes around, we understand higher power, we understand spirit and how that’s important. Plus, I think Black people are more affective, you know. We tend to show our stuff in our music, in our clothes, in our speech. And that’s empowering. That sort of reduces that sense of learned helplessness, because that’s what causes trauma. It’s not the trauma; it’s the helplessness behind the trauma.

There are some Black people who are severely traumatized who are major messed up, don’t get me wrong. But again, the research shows that the majority of Black people who are experiencing trauma come out okay, again, because of the spirituality, because of the social fabric, because of the turning, the old expression if they throw lemons make lemonade. So we’re actually in some ways doing better, although I do have concerns about Black people and their educational attainment, their nihilism as a result of trauma.

Because see, if you’re Black and you’re being messed over, you’ve got to ask yourself some questions. Do I fight back? Do I get mean? Do I get helpful and constructive? Do I try to fix this? Those are the basic questions. But then you’ve got to deal with something else. Because I’m Black, will I have as great an opportunity to fix this than if I were white? And just having to ask that question kind of messes you up a little bit, because that’s a question you shouldn’t have to ask.

And certain Black people will answer that question by saying, oh gee, because I’m Black I’m not going to have the empowerment that I need, and so why try, why bother. I’ll just get high, hang out, try to have my fun, kick it now, because I’m not going to be around much longer. Other Black people say oh hell no, you’re not coming my way with no mess; I’m fighting back in a constructive way. I’m going to make a

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difference. And that’s why in the Black community you see a lot of volunteerism, you see a lot of church ministry, you see a lot of Christian kind of things going on, well-to-do Black people helping poor Black people. That’s partly why the Black middle class is middle class, because they service poor Black people.

See, Black people are interesting. Black people – and I get this from medicine – going to a Black medical school and going to a white medical school are two different experiences. In the white medical school they teach you that medicine is transactional. I fix you, you pay me, we’re even. That’s all I’m doing. This is a business. This is transaction. In a Black medical school they teach you medicine is transformational. You’re saving lives. And if you save somebody’s life, who knows what they could do? They could find world peace, find the cure to cancer. Not only, if you’re transforming somebody, are you saving that person’s life, you’re throwing something in the game for everybody in that person’s life, everybody that knows that person. I mean, it’s a whole thing you’re doing in terms of life and creativity and spirituality. And Black people understand that.

Interestingly enough, some white people understand it. But my experience is that the white people who understand it have had near death experiences or had a hard time coming up or understand adversity and how that’s just not right, to be treated a certain way. And so they, because they are damaged early on, some white people get a very clear sense of their humanity, their spirituality and their brotherhood. And those are the decent white people, as opposed to the toxic racist white people.

MEE:

From your experience, how do low income young African-American males deal with urban trauma and urban stress? But you just kind of described some of it in the first question.

Dr. Carl Bell:

Negatively.

MEE:

But it sounds like part of what you’re talking about when you say “protective factors” is that maybe we need to reframe how we look at them. It sounds like what you’re describing is that you’re seeing that social fabric also can include survival skills. Social fabric can include resiliency, that I’m going to be a trend setter, or I’m going to be the leader of my peer group. So I want to again, get into maybe more details of the protective factors from your experience again. How do you think young African-American males deal with urban trauma? And give me a perspective of ones that you think are successful dealing with it and then some that aren’t successful dealing with it?

Dr. Carl Bell:

Young Black men in urban trauma, the way they deal with it is, they do what Black men have always done. They do creativity, they do humor, they do street talk, they compose songs, rhymes, they talk

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trash, they style and profile, they’re players, you know. We just ... [LAUGHS] we just have a certain style that other folk don’t have, you know.

They also, I think, in response to trauma, become very clear that they’re not going to live forever. And that either messes you up in terms of your risk taking behavior, or it increases your spirituality, or both, see. When you see whether there are good things that Black males do in response to trauma versus some of the bad things that Black males do in response to trauma, I don’t think one thing is necessarily either/or, but that’s back to the “both/and” conversation.

So if I see trauma, I may decide, okay, I’m going to learn how to fight, because I don’t want to get traumatized any more. Well that’s a good thing and that’s a bad thing, depending on how you use it. I might do rap music because I’m expressing what I’ve experienced, and by expressing what I’ve experienced I’m not generating a feeling of helplessness in me, I’m generating a feeling of empowerment and helpfulness and creativity, and I’m taking action. I’m doing something; I’m notifying the world this is what’s going on. And who knows, I might become rich, I might become famous. Or maybe I’ll just be on the corner and I’ll be the guy that did whatever whatever whatever, which is okay, too. So it depends. But creativity, humor, spirituality.

MEE:

How do you think spirituality plays out? It’s not a religious spirituality, it’s just more of just, like you said, you said you realized you’re not going to live forever so that starts generating certain kinds of questions.

Dr. Carl Bell:

Well, it either causes you to wonder what are people going to think about you when you’re gone. Hopefully it causes you to question the purpose of your life.

MEE:

Why is this happening to me?

Dr. Carl Bell:

Well, why is this happening to me is one question that you’re going to ask when something bad happens. Because, you know, sometimes bad things happen to good people. Sorry. Sometimes good things happen to bad people. Sorry. Hopefully, most of the time bad things happen to bad people and good things happen to good people. But that’s not a guarantee because that’s just not how it works. Hopefully what you figure out is, what’s the purpose of my life, you know. Am I going to do something meaningful? Am I going to do something helpful, transformational, am I going to make a difference for people, am I going to make a difference for myself. What am I going to do with this limited time I’ve got, you know? Am I going to just trifle it away and grow up to be one of these old brothers — assuming you grow up — who says, oh, my ship never came in? Or whoo, I squandered my life? Or, are you going

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to be able to look back on your life and say, well, you know, I did pretty good. I helped some people. I helped myself. I took care of my family. You know, I can look myself in the mirror and see somebody that I can respect.

Now the difficulty is, sometimes that means – especially if you’re a young, Black male – your idea of who that person is that you can look in the mirror and respect, means that you’re not a punk. So anybody who disses you, you’ve gotta cap. That’s how it sometimes shapes out. Now if you could take all of that leadership energy and channel it in the right direction, you’d have some powerful people. But again, we’re so busy demonizing and criminalizing and castigating, especially young Black men, that we don’t see their potential and we don’t see their creativity, their humor, their spirituality, their energy for action, and we view it all as negative so we don’t give them a chance.

MEE:

Let me go to a question I wasn’t going to ask you, but I’m going to ask it now because you made a statement that you’re seeing based on the research that African-Americans have better mental health outcomes than whites, although Black people have more trauma. So with that, is there a need, do you think, for African-Americans, especially male teens and young adult Black males, to access mental health services? And why?

Dr. Carl Bell:

I’m not so sure. I used to think, being a psychiatrist, that everybody needed to see a psychiatrist because psychiatrists in my world were supposed to help people not only deal with pathology and illness, but also help you be stronger and more creative and wiser and deal with health and wellness. Both. The problem is that most people think a psychiatrist is people who take care of the sick people, not people who help the well people.

Dr. Carl Bell:

I mean, if you think about all of the “blow up in their own face” entertainers who just are an embarrassment, because it’s like you just want to slap them, you know, and say what are you doing? How could you have ruined this opportunity that you were lucky enough to get?

Dr. Carl Bell:

There’s a ton of Black people who have gotten lucky, but also who have extreme talent, who have just messed up. And if you say to them, you need to see a psychiatrist, they go, “I’m not crazy.” I’m not saying you’re crazy, but you’re obviously going down the wrong lane on a two-way highway because you keep having all these damn accidents. You’re not driving on the right side of the road, you know. Come on.

MEE:

So do they need it or not?

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Dr. Carl Bell:

Well, I don't think it's so much that they need mental health services as much as they need wellness, resiliency and protective and strength factor work.

Dr. Carl Bell:

I used to think that if you were from a single headed household, your mom was on drugs, you were doing poorly in school, your mom was using crack and you were using crack, your daddy was in prison, your mama was drinking, you got abused sexually, you know, all the risk factors that everybody can name, you were ruined, as we used to say in Chicago. You're just ruined.

Dr. Carl Bell:

But that's not true. That is not true. Now it's counter-intuitive that that's not true, because you would think mama on drugs, daddy in prison, school violence, been exposed to violence, you messed up. Wrong, wrong, wrong. Here's the thing that we learned from Satcher's Youth Violence Report and the Institute of Medicine's report on suicide. Risk factors are not predictive factors because of protective factors.

Let me break that down, because for some reason people don't understand it when I say that to them. And I don't understand why they don't understand it, because it was real simple to me. If you read the research, the research is clear, if there are 100,000 people, 20,000 are going to get depressed. That's just a fact. That's just how it's going to be.

MEE:

Twenty percent.

Dr. Carl Bell:

Twenty percent. All the studies. 8,000 out of 100,000 people are going to attempt suicide.

MEE:

Eight percent.

Dr. Carl Bell:

Twenty, 2-0, out of 100,000 are going to complete suicide.

MEE:

20 percent of the eight percent?

Dr. Carl Bell:

Twenty people.

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MEE:

Oh, 20 people.

Dr. Carl Bell:

Out of 100,000.

MEE:

Will actually go through it.

Dr. Carl Bell:

Are going to commit suicide.

Dr. Carl Bell:

That’s a teeny number. Now, you say what the hell is going on with that? 20,000 depressed, 20 percent depressed, 8,000 attempt, less than .001 percent complete.

MEE:

Yeah, because you think 20 out of 8,000 who attempted, that’s very small, even just taking those numbers.

Dr. Carl Bell:

Do the 8,000. Find those 20 people. So you figure, well, depression is a risk factor for suicide, suicide attempt is a risk factor for suicide, but you only got 20 out of 8,000 or 100,000. Something must be protecting that 7,980 people who attempt suicide but don’t complete it.

Dr. Carl Bell:

Risk factors are not predictive factors because of protective factors.

Dr. Carl Bell:

Medicine, society, grandmamma, everybody, has missed that fairly obvious reality.

MEE:

We know that in a given low income urban neighborhood many residents are victims or direct witnesses to violence, yet not all of these residence exhibit overt symptoms of mental health problems. What seems to be the protective factors in these individuals who do not fall victim to mental illness for which they need treatment? The whole notion here, same neighborhood, different outcome.

Dr. Carl Bell:

So the research we’ve done, but it’s not just mine. If you read the Australian literature, if you read the

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HIV Prevention literature with 30 other HIV prevention researchers other than me, they're all saying the same stuff. It's all the same stuff. Where there is social fabric, which I refer to as “village,” because Black people understand “rebuilding the village,” “villages,” where there is connectedness, you know, good relationships — which Black people certainly understand. I still marvel at White people who hate each other who can do business with one another. I'm like, how can that be? How can you hate that person and still do business with him? Well, it's just business. I'm a Black man. Oh hell no. If I don't like you, I'm not doing business with you, because you're not right.

Dr. Carl Bell:

It's tremendous, because Black people, it's a relationship issue, you know, and if you're not right, I can't do business with you, because you're not right and I know, I know where that's going to lead. I know where that's going to lead, because you're not right, your spirit ain't right, you're not right. Me doing business with you is transactional, and I'm not trying to do transactions. I'm trying to do transformation. I'm trying to do something meaningful, spiritual here, not just do money.

So rebuild the village, connectedness, having social skills, having a sense of self-esteem — you've heard all these before — a sense of power, a sense of uniqueness, a sense of connectedness and a sense of models, knowing how stuff works is important. Having what I refer to as adult protective shield, which other people refer to as monitoring, and you know, keeping tabs of people, checking on stuff. “Don't expect what you don't inspect” is the basic thing there.

Dr. Carl Bell:

Don't expect what you don't inspect. And then minimization of trauma, which again, the way you minimize trauma is, you do humor, you do creativity, you do spirituality, you do self-efficacy. I can fix this, I can make this work. Those, in my studies, are the seven. The seventh one is access to modern medical technology, which in this case, if you are severely, overwhelmingly traumatized and you do develop post traumatic stress disorder, you need the absolute most modern mental health treatment technology in the world. You know, don't tell me I've got a clogged coronary artery and you want to give me some aspirin. You'd better do a bypass, because that's the modern science, which of course Black people never get the benefit of. If they're lucky they get it, but it's 10, 20 years late, maybe.

But those are the seven things that people need. And interestingly enough, to some extent they're naturalistic, they're already there. But because medicine — let me do that again — White people's medicine, says, “Well, let's wait till you're broke till we fix you.” Medicine in the United States has been extremely shallow and deficit with regards to public health. They just don't do public health well. They don't understand it. The AMA has been against national health insurance. They're still against it. The Black Medical Association, the National Medical Association, has always been in favor of national health insurance. So again, the styles are different.

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MEE:

The whole notion of just transactional, again, versus transformational. That’s another example.

MEE:

Because there’s more transactions with a treatment model versus a prevention model.

Dr. Carl Bell:

Yes, absolutely.

MEE:

That’s just funny. That’s a great analogy.

Dr. Carl Bell:

Yeah, no, it’s clear, it’s crystal clear. So Black people who are catching hell don’t need mental health services as much as they need resiliency, wellness and protective factor stuff.

MEE:

So with that now, let’s start identifying intervention strategies to get towards that more transformational prevention approach. Based on your experience particularly as a psychiatrist, what have you found to be Black people’s attitudes towards mental health services or accessing mental health services?

Dr. Carl Bell:

Be serious, they don’t like them. They don’t like them because, I like to think that there’s something in Black people that knows it’s not the best thing for them.

Dr. Carl Bell:

Now you know, again, behavior is multi-determined, so you cannot look for one thing. It’s multi-determined, so it’s stigma, it’s racism in the research, Tuskegee experiment, it’s that Black people go in and they get insulted, you know, a guy’s got good insurance and he’s asked does he have his medical card. It’s that there’s a notion that to some extent if you see a mental health person and you say, you know, “I saw somebody get shot” ... “oh, you must have PTSD.”

Well no, not necessarily. You know, I don’t have to be sick just because I saw somebody get shot. I might have been the paramedic that saved their life, in which case I’m the hero instead of the traumatized person. Totally different. Same guy got shot; I’m just the guy that did something that empowered me instead of left me helpless.

Then the other issue, again, with the suicide example, the studies show that trauma is fairly ubiquitous. In a place like Detroit it’s as high as 80 percent. In the Adverse Childhood Experiences study, in 80

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percent White, middle class with insurance population in San Diego, at least 50 percent of all those White adults had had an adverse childhood experience: child abuse, physical abuse, emotional abuse, domestic violence, parent who was an inmate, drug use, and mentally ill person. Those are all traumatic.

Fifty percent in a white, middle class population. The reality is, even though in a place like Detroit where you have as high as 80 percent, when you look at something like post traumatic stress disorder, you find rates of maybe 10 percent, and then those 10 percent recover, for the most part. So you’ve got to say to yourself, well, if 80 percent of people are experiencing trauma, but only 10 percent wind up with PTSD — depending on there’s a difference in males and female; females tend to get it a little more than males — what’s going on? What’s protecting that 70 percent from not getting PTSD?

Same thing if you look at the raped women, as trauma, being raped is traumatic. One-third of raped women wind up with rape trauma stress disorder, a form of PTSD. What about the other two-thirds that don’t? What’s protecting them? So I understand, and again, it’s not “either-or.” It’s not that Black people should avoid mental health services if they have serious psychiatric issues, because that’s where you’re going to find the access to modern technology. But if you don’t have serious psychiatric issues, maybe the protective factors in your life, the social fabric, the village, the self esteem that you were generating before you got traumatized.

For example, I talked to a raped woman once. We were doing a thing and this woman stepped up, and she said, “well I was raped.” I was like, “oh God,” because it’s like, you know, you feel this responsibility to try to help them, you know, and you’re in a lecture format, which you can’t help nobody in a lecture format. So she told her story, she said what she said in the question and answers, and then she came up later. And I started apologizing to her for all manhood. You know, “I’m sorry some dude raped you, because he had no business doing that.”

And she said, “oh no, don’t apologize.” I was like, “what do you mean?” She said, that one thing did not define who I am. I was like, good for you. [LAUGHS] You know? So what? You know, so what?

Dr. Carl Bell:

I don’t want to minimize it.

Dr. Carl Bell:

But so what? Okay, you got raped, you got raped repeatedly. So what? Are you going to get stuck there, and catastrophize that and be helpless because of that? Or, are you going to take that horrible, bad experience and say, I’m going to start a rape trauma service, I’m going to become Oprah Winfrey, who I didn’t know, see, I thought Oprah got raped once. Oprah got raped repeatedly by several different people. I didn’t understand the extent. She had typical little Black girl rape. Fairly typical. It didn’t stop Oprah. And if you start cataloguing and thinking about the various people that you know who if they

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sat down and told you their story, they had some serious grief in their life. But it didn't break them. If anything, it made them maybe try a little harder, [quiet as it's kept].

So it's not either-or, it's both-and. I think the difficulty has been that science especially has focused on — because again, it's the medical model. American, being clear about that, American medical model that focused on what's broken, instead of how to strengthen and prevent from ever breaking.

MEE:

As you know, the fact that we're a communications company trying to do behavior change communications or facilitate the behavior change process, we know that for Black folks they're oral based.

MEE:

So first and foremost, what we define as a key element in trying to deal with mental wellness or mental health issues, there's making the message easily shareable, particularly within the audience's peer group. And one of the things that we focus on is the argument that individuals currently have against issues that we're trying to deal with, in this case mental health. So we know that you've probably heard a lot of these arguments, but it's key for us to understand some of the arguments that young people have around why they don't access mental health services, or even just the notion of mental wellness that you talked about earlier.

So from your experience, what are some of the arguments or reasons you've found that low income Black males, urban Black males, opt out or prevent them from accessing your kind, the services that you have here?

Dr. Carl Bell:

Stigma, of course. They're worried. If you're poor, you're Black and you're male, that's three strikes. Stigma, going to see a psychiatrist is the fourth one. There's a huge amount of anti-psychiatry rhetoric out there. You know, you've got these fringe, crazy, off the wall, unethical, low life, scumbag white people who are running around telling Black people psychiatrists want to kill them all, put them all on drugs. But then when again you look at the facts, the facts are real clear. White people are using psychiatry like you wouldn't believe. They're getting treated for depression, they've got their kids on medication for attention deficit disorder, you know, they're giving the electroconvulsive therapy for depression, they're doing everything they can, because they see it. And they see the beneficial outcome of treatment.

But Black people unfortunately are given mis-information, they've had some negative experiences with the health care field. You know, there's this whole history of racism in America. That's still in full force. So it's all of those. And then just navigating the health care system is a major pain in the ass. I mean, it is a major pain in the ass. So just getting health care is hard work. And so, you know, you'd rather not be bothered.

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MEE:

Let me give you a few that we’ve heard. Arguments and reasons African-Americans have pressed against seeking mental health services range from “I don’t have a problem,” “I don’t want people in my business,” to “with the help of God I’ll pray my way through this one.” And so one of the things we’re trying to do is not only understand them, acknowledge them, but then, again, in your world, how have you countered them? How have you pushed back on those?

Dr. Carl Bell:

I don’t approach people any more with “you have a problem.” I now approach people with, “look, I’m successful, I think I know how you become successful, do you want to become successful?” Do you want to be rich and famous and successful like I am? Ta-da. If you do, maybe what you should do is sit down and let me coach you about how to become rich and famous and successful, because I know exactly how to do it, and I’ve helped other people do it. So it’s not about you being sick, it’s not about you having a problem, it’s not about you being mentally ill. It’s about do you want to maximize your outcomes?

Now if the answer is “yes,” then cool, I’ll coach you. We can have wellness, resiliency, strength, positive conversations, not deficit model conversations. Strength conversations, resiliency conversations.

MEE:

That’s very good, and it kind of gets back to your earlier comment about the celebrities, saying the celebrities have already got this talent, but then all of a sudden, if they were to understand that they still could be coached so that they wouldn’t be going down the wrong path...

Dr. Carl Bell:

Listen, I know some people who are making millions of dollars. They could be making billions of dollars. But because they don’t understand business, they don’t understand relationships, they don’t understand transformational aspects of life and they’re doing transaction, they’re making millions. They could be making billions. And, giving some of those billions back in a respectful, healthy way. Because if you’re transformational, if you’re spiritually based, you understand, okay, you make it, so what. You by yourself can’t trust anybody. In a bubble, got a bunch of people sitting around you telling you “yes” when the answer is really “no.”

MEE:

Let me move on, because this is excellent and we want to make sure we get through it. In Philadelphia, Dr. Fink has reported in his work with the school district there, Dr. Fink has reported that 25 children a week carry cutting instruments to school because they are afraid, anxious to go to school without a weapon. How do you deal with the high level of fear and anxiety about a potential victim of violence among young people in the Black communities? This whole notion of just dealing with fear and anxiety.

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Dr. Carl Bell:

Well, it's misplaced. What they're doing is, they're listening to the news, they're listening to the propaganda which is demonizing Black people, they're scared, they're afraid. I'll give you a perfect example.

Dr. Carl Bell:

In Chicago, we had 30 kids get murdered. That's a lot of kids. Here's the problem. Was it 165,000 kids in Chicago Public Schools going to and from school? 135,000 kids in Chicago Public Schools, going to schools, twice a day. 270 potential incidents of a kid getting kids, 270,000 per day, five days a week, the entire school year, 30 kids. Find those 30 kids. Just odds are, most people are going to go to school and nothing's going to happen to them. Everybody in Chicago was running around screaming and hollering about 30 children have been killed. And I'm not minimizing it. It's horrible. That number should be none. But how are you going to do something about those 30?

You can't identify the situation or the time, but it's generating this generic fear in Chicago, the same way you're generating generic fear in Philadelphia. It's a generic fear. People are demonizing and castigating everybody. So you've got to carry those messages, and tell the facts about, you know, we've got all these number of kids that aren't carrying weapons. We've got safety. When's the last time there's been a murder, and how many kids in Philadelphia Public Schools, and what's the odds of getting murdered?

Now you've got to understand, I used to be the guy who was spewing out the statistics about witnessing violence and kids getting killed.

Dr. Carl Bell:

“The leading cause of death in Black males 15-44 is homicide.” That's true. That's true. But it's rare, none the same, because you've got 20,000 deaths out of all these people. In the entire United States, you've got 20,000 deaths. Find those 20,000 people. Again, even though — and it sounds like doubletalk, but even though homicide may be the leading cause of death in Black males 15-44, if the homicide rate is 15 per 100,000, find those 15. You can't do it.

So a protective factor approach makes far more sense than a deficit model approach. You're never going to be able to profile the kid that's going to get killed. You're never going to be able to profile the fight. You just can't do it. What you can do, however, is try to make schools have a sense of safety. Does anybody carry box cutters through the airport? No. Why not? You've got to go through a metal detector. Everybody knows, ain't nobody packing in airports. You don't even say “bomb” in airports, because they don't play that. It's very simple. They don't play that.

Now the problem is, in a school setting, you could create an environment which says, we don't play that, don't bring that here. The problem with that is, then you start body slamming children and, you know, zero tolerance and all that other stuff, which is in a way the right thing to do. People don't like it, because if you're the kid that gets caught, you've messed up, which is wrong. But the notion of we

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don't play that, zero tolerance, this is a safe environment. So it communicates safety. Again, the [adult?] protective shield.

So that would be the right strategy. But again, you've got to figure out how to do both/and. You've got to have this “we don't play that,” but you can't demonize and body slam the kids who just maybe have fetal alcohol syndrome or maybe aren't too bright, or maybe they solve problems by fighting and that's how they know to do. But that doesn't make them career criminals.

MEE:

Well I like what you're saying. If you do it with the whole notion of really communicating safety as the broader message to the entire community (particularly the adults), they really should be able to interpret that. And then when you actually have the incident, what you're saying is, we should pull that kid aside and realize that that's just a kid who hasn't developed that moral compass yet. And so you pull him aside and figure out what's happened to him without demonizing him.

Dr. Carl Bell:

Well, you put him in a structured environment that monitors and prevents him from doing the same thing.

Dr. Carl Bell:

Without demonizing.

MEE:

And especially without putting him in the criminal justice system.

MEE:

Let me move on to what family and friends and inner circle should do. Many times those in the inner circle of near peers, their old heads, family members including their mothers' grandmothers, who are in most cases influenced by their spiritual leaders, the pastor, these folks, these friends and family of young Black men going through these tough times mentally, are often confused or uninformed about what they should be doing or saying to help.

So the question is, what should family members, peers, spiritual leaders say or do to help Black males who have had this recent traumatic experience or who are going through tough times mentally? What should they be doing?

Dr. Carl Bell:

They should be doing one major, main thing: maintaining a good relationship with the Black male.

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MEE:

Expand on that.

Dr. Carl Bell:

You can't tell anybody anything if you don't have a good relationship. You can't do business, you can't influence, you can't teach, you can't mold. You've got to have a good relationship. Good relationships are critical. And even if you don't change the person's path, you still maintain a good relationship.

Dr. Carl Bell:

That's everything. A friend of mine was telling me about his daughter doing wrong, just lying and cheating and stealing and just doing wrong. And he saw it, caught her red-handed, boom. And he sat her down and he said “now look, here's the thing.” He said, “how do you want to do this? Do you want to lie, cheat and steal? That's fine. But we've got to have a good relationship, because if I catch you lying, cheating and stealing, I can become the asshole father very easily. That's not helpful. That's not helpful for you, that's not helpful for me. It disturbs our relationship. It is not a good thing. It's not good. It's just not right.”

He said, “what I want from you, if you're lying and stealing and cheating, if you've got a problem, I would rather, that causes you to have to lie, cheat and steal, if you're having a problem that causes you to have to lie, cheat and steal, I would rather us have such a good relationship that you can come to me, person to person, tell me what the problem is, and we can figure something out, to work it out, rather than you not coming to me, having to lie, cheat and steal. Who knows? Maybe if you come to me, I'll lie, cheat and steal with you to get you out of the mess you're in, because you're my daughter and I love you. Come on, you know? But if we don't have a good relationship, you don't help me help you, and that's not what I'm here for.”

MEE:

Now say that these family members, peers, spiritual leaders, old heads, are maintaining this good relationship. What should these influencers know and understand about mental health services, if we had an opportunity to educate them? What should they know about mental health services, and what do they need to know about mental health services that then could benefit the young, Black men that they know?

Dr. Carl Bell:

What they need to know is this whole notion that risk factors are not predictive factors because of protective factors. That just because — and see, this was the beautiful thing about Satcher's Youth Violence Report — here is a Black Surgeon General, the 16th Surgeon General of the United States, who commissioned a report to analyze 20 years of research of violence. And what he found was fascinating. He had all the risk factors — mom on crack, daddy in prison, child selling drugs at 13, child selling drugs after 13, fights, slow in school, male, whatever.

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There’s something called “effect size” in science.

Dr. Carl Bell:

It’s a statistical term. If you have an effect size of 0.1 that means, if you do something to 100 people, 10 of those 100 will do what you wanted them to do by doing what you did to them. If you have an effect size of .5 and you do something, 50 percent will do what you want them to do. Here’s the problem. All those risk factors — mom on crack, single-parent household, poor schools, poverty, aggressiveness prior to three years old, aggressiveness after six years old, selling drugs at seven, selling drugs at 13, whatever those risk factors are, about 30 of them, that everybody knows, about two or three of the 30 have an effect size of 0.3. That means 66 percent of people are not going to be affected by whatever that is.

If your single-headed household has the effect size of .1, that means that 10 out of 100 kids who grow up in a single family household is going to be messed up. Why are we looking to the other 90 percent? So Satcher is very clear. You cannot predict, you cannot profile, you cannot automatically assume that just because somebody is in a horrible, toxic, nasty, ugly environment, had a rotten childhood, got rotten parents, that they are automatically going to grow up violent, mentally ill, whatever. It’s just not how it works.

MEE:

Because of the protective factor?

Dr. Carl Bell:

Because of the protective factor. So if the family, the grandmothers, the old heads, the people around these young Black males, understand that, and look at those young, Black males in a positive light instead of the old demonization light, then hopefully they’ll be more supportive, more willing to coach, more willing to mentor, more willing not to give up, more willing not to throw up their hands and turn the child over to a juvenile justice or a foster care system.

MEE:

It’s kind of like back in 1900 when Black people didn’t have anything, they had high expectations.

Dr. Carl Bell:

That’s correct. And they acted on those high expectations and they succeeded. [LAUGHS]

MEE:

They had nothing. You know, they had all the same trauma.

Dr. Carl Bell:

And maybe they had more.

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MEE:

Yeah, you're literally just coming out of slavery, you're in Jim Crow, you're in overt racism, you can still lynch a person...

Dr. Carl Bell:

Beat them on the street just because they looked the wrong way.

MEE:

Yeah. And with all that, they never looked at their Black kids in a demonizing way.

Dr. Carl Bell:

Had Black insurance companies, Black auto dealerships, Black everything.

MEE:

We're going in the wrong direction, huh?

Dr. Carl Bell:

Yeah.

MEE:

All right. Let's move into some strategies for community awareness. If substantially increasing community awareness is the first step in reducing stigma, changing attitudes and ultimately increasing the use of community-based mental health services like what you have here, how would you first address helping urban Black males and their families to understand the need for and benefits of mental health services?

Dr. Carl Bell:

If I had my druthers, I'd blow this place up.

MEE:

Wow. That's a very powerful statement.

Dr. Carl Bell:

Yeah, I know. Back in '71 I started building this place with a bunch of other people. It is now a \$21 million per year comprehensive, 13-psychiatrist mental health center, emergency services, housing, medications, psychotherapy, children, elderly, substance abuse. All the mental health services, research, education, this is a really good place. It is the iron lung of polio. You've got to be sick to come here. If you're sick, if you've got polio and you can't breathe, you need to be in the iron lung. We're in the iron lung business.

So if I had my druthers, I'd blow the place up, because I don't want to be in the iron lung business. I

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want to be in the vaccine business. I want to be in the protective strength resiliency business. And in fact, we are trying to shift the nature, the core nature of our business, away from mental health services to strength and resilience and protective factor services. Now that’s going to be an interesting business challenge, because right now ...

Dr. Carl Bell:

... all of American medicine does not reimburse that. Although, there is a shift — because I can see stuff coming — there is a shift starting. There is something called ... what’s the name of those things? It’s the C Stat score? There’s some technical term that I can’t think of right now for billing code procedures. Recently they have started to pay for screening services, mental health screening services. When that hits, people will be able to get paid for screening, for something like post-partum depression. People will be able to get paid for identifying early to start making sure.

Because it’s interesting. If you look at something like post partum depression, they don’t have post partum depression in Fiji because the people in Fiji take care of women that have just delivered. Where you see post partum depression is in communities where there’s no social fabric. So again, all of these things, even though the conversation about trauma and violence, the reality is, is that the protective factor model is generically protective, not just of trauma and violence but of depression, of suicide, of substance abuse.

MEE:

What about anxiety?

Dr. Carl Bell:

Anxiety. Actually anxiety and PTSD are very similar. All of those things, it’s generic. And one of the interesting things about the Adverse Childhood Experiences study out at Kaiser Permanente, is that traumatized children exposed to violence and the like, have four times the rates of lung disease, twice the rates of cancer, twice the rates of heart disease, twice the rates of diabetes, because if you’re traumatized and you’re stressed out, you don’t make an investment in yourself and you drink and you smoke, you don’t go to the doctor.

So the conversation is actually far more than just violence and trauma. It’s about health disparities in general. And so this notion of protective factors is a solution for the health disparities, above and beyond the trauma and violence conversation.

And so the transformation — there we go, transformation — the transformation of this \$21 million mental health service that treats people with mental illness — the transformation of that into a wellness center is what we’re trying to figure out how to do.

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Dr. Carl Bell:

... If you could influence everybody in Philadelphia to form block clubs, know one another, that is, create social fabric, that would be one hell of a thing for everybody’s wellness, resiliency, strength, and mental health.

MEE:

To start rebuilding the protective factor.

Dr. Carl Bell:

Rebuilding the village, build that protective factor.

MEE:

Then if you could add on community safety without demonizing kids.

Dr. Carl Bell:

The block club strategy is a community safety strategy. You’ve got to make sure that they’re not demonizing children, because what they’ll do is, they’ll do the block club, they’ll start lynching kids from the light posts.

Dr. Carl Bell:

There’ll be vigilante justice for the bad kids, which is the wrong thing. Where that’ll get you assassinated. Whoever is running city politics is not going to like you.

MEE:

Because?

Dr. Carl Bell:

People don’t vote.

MEE:

So you’re doing a few things. You’re creating civil social fabric as well, civic responsibility, civic citizenship.

Dr. Carl Bell:

The other thing that’s interesting — because I just read an article that showed Black males who are socially, politically active are less violent, less traumatized.

MEE:

So the whole notion of the deficit model works in so many different ways. It’s more transactional, it’s disempowering.

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MEE:

Explain to me, educate me about this whole notion that these kids have anxiety. Everyone’s talking about this anxiety, anxiety.

Dr. Carl Bell:

Yeah, that’s because they’re all missing the boat on that.

MEE:

Okay, so that’s something that’s also being put out there.

Dr. Carl Bell:

That’s just encouraging the deficit model. You cannot get through life without having anxiety.

MEE:

And anxiety is a form of anger, correct?

Dr. Carl Bell:

No, anxiety is a form of being scared, nervous, worried, you know. It’s predicting that something bad is going to happen and worrying about it, essentially.

MEE:

So that’s not necessarily a mental problem.

Dr. Carl Bell:

No.

MEE:

Because it’s always seemed to be couched in this whole notion of mental health.

Dr. Carl Bell:

Yeah. No, no. You’ve got to have anxiety. If you don’t have anxiety you don’t wear seatbelts.

Dr. Carl Bell:

Anxiety is a good thing. People — I say this constantly because it’s hard for people to get. There’s stress, distress, and traumatic stress. Stress is anxiety. Something happens, you get worried about it, you feel uncomfortable, okay. So what? I’m not impressed. The thing is, in order to have a diagnosis of something it’s got to interfere with your level of functioning.

So if you’ve got stress or anxiety and you’re going about your business, nobody cares. If you have

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distress, mother dies, whatever, well that’s going to mess you up for several months but it’s not going to break you. Post traumatic stress, being in the middle of Katrina, seeing five people drown, you can’t rescue them, which makes you feel helpless — that could very well mess with you forever. It could give you PTSD. Let me give you a different example. The firefighters both in New York for the World Trade Center and for Oklahoma City bombing, have symptoms of PTSD. They do not have diagnosable PTSD, because their level of functioning has not dropped. So you’ve got to have symptoms and impairment, not just symptoms.

Dr. Carl Bell:

You’ve got to be impaired.

Dr. Carl Bell:

Whatever the symptom is — depression, schizophrenia, hearing voices, trauma, anxiety, social isolation.

Dr. Carl Bell:

Is it interfering with your level of functioning? Has it impaired you?

Dr. Carl Bell:

Is it impairing your relationships with people, your work, and your self comfort? Now, if you’re waking up a lot, yeah, okay, it could reach that level. It depends on what happens. There’s a threshold, there’s a level that you’ve got to reach to be impaired. You’ve got to be impaired, you’ve got to be messed up. Just because you’re anxious, so what? Everybody’s anxious about something, hopefully. But is it impairing you?

Dr. Carl Bell:

That’s the issue.

MEE:

So would you say it’s impairing them if you start bringing knives to school, then?

Dr. Carl Bell:

Why is that impairing?

MEE:

You normally wouldn’t be bringing a knife to school, but now all of a sudden you’re bringing a cutting instrument to school.

Dr. Carl Bell:

I carried a knife to school, because I was worried some Blackstone Ranger might bother me and I might

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have to cut him.

MEE:

But it didn't impair you, is what you're saying?

Dr. Carl Bell:

But I never got cut. I went to school, never cut anybody.

MEE:

All right, I just want to make sure. But you sound like you were doing that. Did you just start doing that?

Dr. Carl Bell:

Somebody was trying to get my lunch money or whatever it was. I don't remember what it was. And it was like, “oh hell no.” And I knew he had a knife. Everybody carried a knife, come on. Everybody carried a knife.

Dr. Carl Bell:

That was standard equipment. You didn't walk out of the house unless you had your blade with you.

MEE:

Okay.

Dr. Carl Bell:

Everybody did it. Rarely did people use it. Now that's not to say it's right, because of the availability of a weapon, you get into something, you're going to use the weapon. Had I been assured of my safety, I wouldn't have needed to carry the knife.

MEE:

And that's where the community should be coming?

Dr. Carl Bell:

Had I had any sense — of course I didn't because I was a teenager. I didn't understand that by virtue of me carrying the knife it could ruin my entire life and I would not be sitting here.

MEE:

Okay, but let me ask you a question there, Dr. Bell, because you got right to the point. So you're a young person now, how do we get young people open to the idea that if they may be suffering from this anxiety, or whatever is happening to them in this scenario where they're now carrying a knife, or they're

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just anxious going to school, to and fro, how do we get them to understand?

Dr. Carl Bell:

I don't know that you ever get a child to understand anything.

MEE:

Okay. So we wouldn't even try to do something towards that?

Dr. Carl Bell:

They're never going to understand. They don't have the circuitry in their brain to understand. What you can get them to do is obey the rules, by monitoring, checking, patting down, searching, random metal detector. You can do that. You can monitor the hell out of them. But they're not going to understand because they don't know.

MEE:

So again, the whole focus of this is to get back to safety again, without demonizing kids.

Dr. Carl Bell:

Without demonizing kids. They don't know. My kids for example, with seat belts, are in the habit, when they get in the car, of putting the seat belt on. Now they're understanding without the seat belt, if there is an accident they could get hurt. They understand that much. But they don't fully understand the medical bills, the going to the hospital, they are scarred for life, disfigured for life, blah blah blah. You know, there's a whole thing that goes on with a car accident. But they get in the car, click. So I've trained them to be in the habit. But you're not going to get people to understand.

MEE:

All right. Let me move on to your peer group. Now I'm not talking about your organization here, but I'm talking about people who you know who are providing mental health services in Black communities around the country who aren't doing it right. So I'm going to just give you the two questions here, and then you can just answer it all together. From a service provider perspective — not talking about you, though, but your peers — what issues and challenges do providers face in terms of providing mental health and mental wellness services to young, urban Black males? And then, what would you change, what changes would you as a health care provider make immediately if you were offered an opportunity to reposition mental health and mental wellness services in the Black community?

Dr. Carl Bell:

It seems to me that one of the biggest problems is that most mental health service providers are not welcoming to Black youth. They have these preconceived notions of who they are, they see them as all gang bangers, as all violent. Again, they're demonizing. They're part of the demonization. They

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may or may not be culturally sensitive or culturally welcoming. They may or may not have evidenced-based interventions and models that are specifically tailor made to Black males. So there’s a question of whether or not ... I mean, you know, come on, most mental health service providers that I know of, they frequently get referred males from schools for violent, aggressive, bad attitude, whatever, and they do individual psychotherapy on them. Satcher’s Violence Report shows individual psychotherapy doesn’t work for that.

MEE:

Is it more family therapy works?

Dr. Carl Bell:

Family therapy works, there’s multi-system therapy, functional foster care, Good Behavior Game, Incredible Years, there are a number of evidence-based interventions for violence and aggression that appear to work in Black males, that definitely work in white males and appear to work in Black males.

The difficulty, the challenge is, how do you take that intervention that’s working, being delivered by post-doctoral students, and have a Joe Blow teacher deliver it and have it still work. That has not been figured out yet, not to my satisfaction. There are issues around efficacy trials, effectiveness trials, and dissemination trials, which are scientific terms. Efficacy works in the best circumstances, effectiveness works in the day to day world, dissemination is when you take it and have everybody doing it. But dissemination has rarely taken into account America’s diversity, which means Black people. Or, the context of a poorly resourced public school system, you know. We can implement the good behavior game in the middle class, white community in Maryland. How do we implement the good behavior game in the poor, black ghetto of Philadelphia?

Now there had been some studies that have shown that you can do that, but for the most part, that area of technique hasn’t really been thoroughly explored.

Dr. Carl Bell:

The other thing is that again, I would, for the most part, destroy the mental health system, except for where people clearly had psychiatric illness. And again, I don’t want to say destroy, because again, it’s not either-or, it’s both/and you need mental health services. But I think you’d need them far less if we did the front end.

Dr. Carl Bell:

And more of the protective factor stuff. You’d need them far, far less.

MEE:

Well, who would you reach out to in the Black community? Again, if our ultimate goal is to try to engage

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young, Black men, even in the protective factor stuff, the prevention stuff ...

Dr. Carl Bell:

Corrections, foster care, church.

MEE:

Why corrections?

Dr. Carl Bell:

That’s what they are.

Dr. Carl Bell:

The people in corrections aren’t bad people.

MEE:

Okay, so you said corrections, and church?

Dr. Carl Bell:

Foster care.

Dr. Carl Bell:

Special Ed.

Dr. Carl Bell:

Find all the places where Black males are.

MEE:

So you don’t think those folks who are running those programs haven’t bought into the demonizing aspect of it?

Dr. Carl Bell:

Yeah, they have.

MEE:

But you’re saying they’re good people.

Dr. Carl Bell:

Are you talking about the inmates or the guards?

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MEE:

I’m talking about the guards. I’m saying, how would you reach out to engage young, Black men and their support systems around repositioning mental health or mental wellness? So we’re talking about one, you’d blow it up?

Dr. Carl Bell:

I would still look to do protective factor, strength, resiliency work. Juvenile justice used to be a strength-based protective factor system, when they started it.

Dr. Carl Bell:

When juvenile justice began, had Jane Adams and the Institute for Juvenile Research, they began with the notion that these children were valuable, and they needed protective factors and resiliency and strengths around them. They needed social fabric around them, they needed to learn social skills, they needed self esteem, they needed to minimize trauma, they needed some mentoring and some monitoring, some adult protective shield, they needed access to modern technology, they needed connectedness in relationships.

MEE:

So, is that the type of training or technical assistance you’d be providing these service providers?

Dr. Carl Bell:

Uh-hmm. But see, it’s going to take a major paradigm shift from the punishment paradigm to the health and wellness paradigm. And that’s, you know, that’s almost like getting rid of racism, in terms of challenge. Yeah, it’s rough, but I’m in for the fight. Shoot.

MEE:

What should the few places in Black communities that are for mental health services do to reach out into the community? And Black males specifically, to spread the word about their services, and, as you did mention earlier, the safe places, assuming that they have safe places, and the safe places they offer. You guys are doing something here to promote this. What are you guys doing? How are you spreading the word?

Dr. Carl Bell:

Part of the problem is, you do the depression day screening, you do all of that stuff, but I really don’t think that’s the way to go. That’s why, again, I’m thinking about how to transform this place from a mental health service delivery system to a wellness protective factor, strengthening resistance center. Because I can get to more Black men teaching them martial arts, baseball, football, auto mechanics, chess, basketball, than I can offering them mental health services.

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MEE:

In our society we value being thin, and in the Black community we value looking good on the outside, with the latest clothes, hair, fashion, you know, all the stuff we're good. How can we flip this whole notion — and maybe you've already done it with the concept here; it's not going from the deficit model to the asset model — but how do we flip it so in that context, how do we sell mental wellness, and how do we get Black males to value it, mental wellness, as highly as they do these other things?

Dr. Carl Bell:

Well, Black men, we all value, we value being cool.

MEE:

Right, I'm saying how do we get them to value mental wellness, though, as being cool?

Dr. Carl Bell:

I think we do value it.

MEE:

We value mental wellness as being cool?

Dr. Carl Bell:

I think being cool is mentally well. Are you kidding? God, there is nothing sweeter than being in a messy situation and you're the only one that's cool. You know? Where everybody else is running around all frantic and don't know what to do, and you're cool. You know what I mean? I think Black people love being cool.

MEE:

You're saying cool is mental wellness?

Dr. Carl Bell:

To some extent. Yeah, Black people have things they say. One of them is that “it is what it is.” That's a certain level of acceptance about life. That's protective. When I talked to that raped woman about being raped and was apologizing to her for manhood, and she said that one experience does not define me, had she been Black, which she was not (she was white) she was essentially saying to me, “it is what it is. It is what it is.”

I just think we've reframed it wrong. I think all people want the feeling of learning, because when you learn something, when you figure out a model about how something works, you feel really good, you feel hip. Like wow, okay, got that game. I peeped that hole card. Black people value that. Black people value not being played, knowing how not to be played, they value that. They value power, efficacy,

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being creative, making a difference, doing the right thing. Black people value that. We value that stuff. Haki Madhubuti says, “Black people are abysmally ignorant.” And he’s got something, there’s something there, unfortunately, painful as it is.

And I think we’re abysmally ignorant about this whole notion, risk factors are not predictive factors because of protective factors. I think we are being sold such a bill of goods by white people, that their way is the only way to go about doing things and if you’re not doing it their way you’re doing it wrong. We’ve been so convinced of that — not all of us; some of us — that we forego the importance of relationships to us, and we become transactional, we do quid pro quo. Quid pro quo is not my value system. That’s transactional. I don’t like quid pro quo. That ain’t win-win. Sort of, but not really. It’s not enough for me. Quid pro quo is not enough for me. I want to have a trusting, transformational, safety trust business relationship, because you have to worry about that.

Black people value that. Black women value that. Black women don’t want to be in quid pro quo Black male-female relationships. Quiet as it’s kept, Black men don’t want that either.

MEE:

All right, I think we got it all. Anything else you think we should add? You think we missed anything?

Dr. Carl Bell:

I think you just should re-focus the messages to helping people create the paradigm shift, and the understanding that, you know, look, these kids aren’t bad kids. They’re not bad kids. We just have bought into this super-predator thing that these white people have been selling us.