One-on-One Interview Conducted with Joe White, Ph.D

November 2007

University of California, Irvine.

MEE:
We're here with Dr. White at the University of California, Irvine, Social Science Building B, at his offices to do an interview particularly around mental health issues with African-American youth. And so I'm going to start right into it, Dr. White. What do you think is the current state of mental health in the African-American community as a result of the ongoing, urban trauma that they're experiencing on a daily basis? What do you think is their current state of mental health?

Dr. Joe White:
Well, I want to separate it, male and female. For the male, the state of mental health is dismal. The brothers are in a situation where they've got dysfunctional schools, poor employment, history with the police, and not very good backup health services. But somehow in this same neighborhood, the females seem to do better. They seem to do better in school, more of them filter into college, and later into the work world. So there's a difference. And so it seems like as the females do better, the brothers are doing worse.

MEE:
So you're referring to the notion of gender differences, but you're saying from a gender perspective, same neighborhood, same exposure to the same environmental contexts and issues, but different outcomes.

Dr. Joe White:
Right. And the outcome is bad for both genders, but more of the females survive than the males.

MEE:
And why do you think that's the case?

Dr. Joe White:
Because the females have a multiplicity of role models in responsible positions. Seventy percent of the Black homes are without a father, so the first thing the boy sees is women in responsible roles: the

grandma, the auntie, older female cousins and sisters. He then goes to school, and the first teachers he sees, Black or White, are females. So female, education, responsibility, all go together in that child's mind.

So the female then can identify with that line of female role models. This is what females do. They act responsible. They learn to read and write and count, and they get rewarded for it. The male doesn't see that concretely. Now you can tell him something, but what he sees is different. He does not see men in responsible roles pursuing education.

MEE:
Okay, for Black males, then, what do you think maybe is unique about their mental health issues as a result of that?

Dr. Joe White:
The unique thing about Black mental health is the search for identity. How am I going to define myself. And since there isn't a powerful masculine role in the first eight to 10 years, either at home or in school, then the street filters in. And he does see males out in the street. And they do seem to him to be powerful, to be living lives that involve excitement and adventure, males seem to like excitement and adventure and power. And so he's got to now struggle through that.

MEE:
So the first 10 years, a young Black male may be struggling with identity because he's not seeing those responsible role models, but he's trying to figure out what he is or isn't supposed to do. But you don't think he's seeing that even in the media, even with coaches? Or he's probably not seeing enough mentors? What do you think is happening in that first 10 years? He's just not seeing enough?

Dr. Joe White:
He's not seeing enough, and it's not hands on. See, the home, whoever you see in the home, that's hands on. That's day to day. And you're learning even when you don't think you're learning. You're learning intuitively, and then you go to school and you see females again in responsible roles. So it's hands on. But somebody tells you, "oh yes, Mr. Jones is coming for the Black studies week or Black history, or Bill Cosby is over here, or so-and-so is playing for the Philadelphia Warriors." Well that's distant. You can't reach out and touch that. And children are influenced by what they can reach out and touch.

And the most important thing is, a 10 year old boy I talked to the other day asked me, "was I down with the hood?" And what he couldn't figure out is how you can be down with the hood and learn how to read and count at the same time. He couldn't see them going together. You had to do one or the other. If you learned to read and count and basic computer skills, then you were acting white and you would be rejected. You wouldn't be down. If you were down with the hood you didn't learn those things. So

he couldn't figure out a way how you could, in my interpretation, be Black and male and make it in the 21st century economy, because you need writing, reading, and computer skills. And he'd never seen the combination in his 10-year-old existence.

Dr. Joe White:
The few brothers who were doing it, were getting rejected in the school and beat up.

Dr. Joe White:
And as the child moves into 10 and 11 years old, into the middle school year, the peer group becomes important. So if the peer group is into this "trying to do well in school is acting white," children tend to be influenced by that peer group. So again and again, I've seen brothers who were doing real well in the first three grades, then I catch them when they're fifth and sixth and seventh graders, and I see this dip. And I see the peer group, and that's what went down.

MEE:
Is there a need, in your experience and expertise, for African-Americans, especially older male teens and young adult males, to access mental health services more? And why? Talking about mental health services, based on everything you're describing, is there, therefore, a need for African-Americans, especially older males, older teen males and young adult males, to access mental health services?

Dr. Joe White:
Let me answer in three ways. There is a definite need. We have to figure out how to break through the barriers. What happens is, the brothers have mental health issues, but they handle them by, number one, self medicating with drugs and alcohol, tuning it out, whatever their mental health issues are. And then that reinforces the denial. So as long as you're tuning it out, you don't have to deal with whatever the issues might be. And as they move into their 20s, if the brother isn't super careful he's going to start to experience high blood pressure. And then high blood pressure throws the whole system off, because the longer you have high blood pressure, which is a Black male disease, the more you are in danger of an early stroke, heart failure, exacerbate diabetes, and so on.

So not only are you not dealing with mental health issues, eventually if you don't deal with them they start to be physical health issues.

MEE:
So what kind of specific communications and outreach efforts do you think we would need to put in place to get young men to not self-medicate, or really just get young men to understand that they need mental wellness. It may not be mental health services, per se, but that they have to understand that physical wellness and mental wellness go hand in hand, and that they do need to understand the mental wellness aspect. What kind of communications and outreach?

Dr. Joe White:
Well, what we've used is subterfuge, to get them into it. For example, we got the Probation Department to sponsor a book club, give the brothers some free books and begin to read some of the older books like Richard Wright, some of the new ones like Make Me Want to Holler, and get them to discuss how the people in the book handled anger, stress, problems they ran into, and then get them to relate that to their life.

Here at this college, we couldn't get the brothers to come into the counseling center. Now we knew these brothers had issues, but we couldn't get them in there. So then we developed this drop-in group. It didn't even meet in the counseling center, but in the cross-cultural center. And the theme of the drop in group was "What's Going On?" So we played that Marvin Gay record at the beginning and it's just what's going on. And then the brothers start to jumping in there and pretty soon they got to talk about romance and grades and mild depression and this and that. But when we tried to schedule the group up in the counseling center, they wouldn't come in there.

But the two people running the group were from the counseling center, so that established the legitimacy. They saw these brothers, not with somebody analyzing them saying they was crazy. And then third, the brothers need to see the mental health providers in the community. They need to see them buying groceries, going to church, going to meetings, rather than some strangers hiding behind a wall in a place called a clinic that your probation officer or somebody sends you to see, you know, that's going to analyze you. So they need to see these people, how they look, how they walk, how they talk. So they're not strangers.

MEE:
We know in a given low income, urban neighborhood, many residents, particularly boys, are victims or direct witnesses to violence. Yet not all of these young men exhibit overt symptoms of mental health problems. What seem to be the protective factors in these young boys, who do not fall victim to mental illness for which they need treatment the same way other boys may? So the whole notion is, same neighborhood, different outcomes. And we are still seeing some boys with these protective factors that enable them to deal with some of these trauma issues differently. What seem to be some of these protective factors that help some of these boys versus others?

Dr. Joe White:
Well, I think two of the protective factors for these boys that don't seem to fall victim, is for some reason they are much more resourceful in generating alternatives.

MEE:
What do you mean, alternatives?

Dr. Joe White:
Alternatives to being victimized by violence, alternatives to drugs, alternatives to gangs, all of the so-called pathologies we see. And it may be for two reasons. One is, they have a stronger support system at home. And two, they experience some sort of success early, like I was thinking of two boys growing up in Watts. One of them became one of the Crips, and bad stuff happened and he ended up actually getting shot and killed.

The other boy lived right across the street. He went to see the counselor one day — and you can't get in to see counselors in inner city high schools, but he saw a notice on the board about a work/study program in a hospital. He took the notice off the board, got some bus tokens and went to the hospital, got involved in this work/study program, and started out cleaning animal cages in the pharmaceutical experimental lab. Then he became a clerk typist, then he became a statistical, amassing data, but then they took him around to colleges and so on. Now he's the manager of a large health care system. But he found an alternative early, and had success at it, and he was very resourceful.

Dr. Joe White:
And I maintain that in any inner city neighborhood, there is opportunity. The difference is, it won't come and find you. You've got to find it, and you've got to be resourceful, alert, you have to have what I call opportunity-finding skills and opportunity seizing skills. Whereas in a neighborhood like this one, opportunity comes straight at you. But in the inner city, a child has to be very resourceful.

MEE:
All right, let me move to section two, Dr. White, which talks a little about attitudes and knowledge of mental health services, and just mental health issues by the African-American community. So I'm going to jump to this second part of it because I think you talked a little bit about it at the first part. One of the things that we see in terms of identifying intervention strategies that will help low income young African-American males to improve their mental wellness, is that we first and foremost have to identify important elements in our communications that make these messages shareable.

So what I mean by that is that with the young people's peer group, they have arguments around why they're doing things. So they'll have arguments around why they're not using mental health services. So the whole notion that we have found in a lot of our health work is that we have to understand the arguments individuals currently have against behaviors we're trying to promote, in this case accessing mental health services, or just understanding the importance of mental illness.

Then, once you know these arguments, we have to then provide each individual with specific reasons why — again, in this example, accessing mental health services or understanding mental wellness would be of benefit to them.

So first of all, just in your work as a psychologist, have you kind of catalogued or noted, or just collected over the years arguments or reasons that low income Black males either opt out or just don't use mental health services?

Dr. Joe White:
There's two reasons. One is, that they think the mental health people, whoever they are, will say that they are crazy. And that's partly true because when you go to a mental health clinic, they do an initial evaluation and then they pull out their diagnostic book and give you a label. So that's partly true.

The second thing is that historically, when you talked about going in to see a mental health counselor, you were sent there by the school principal, by your probation officer, or some authority figure made you go. And the third reason is, with the whole definition of masculinity, having a kind of street flavor in urban neighborhoods, the masculinity is a so-called kind of toughness, a self-reliance. A strong man does not need to be counseled by some professional. That's an admission of weakness, I guess is what I'm trying to say.

MEE:
So arguments or reasons African-Americans express against seeking mental health services range from "I don't have a problem" to "I don't want people in my business," to "with the help of God, I'll pray my way through my problem." And so how do we get providers to become aware of these arguments, then understand them, acknowledge them, and then finally counter these variety of arguments that these young Black males expressed against seeking help. What would you say to these providers that start getting them to push back on these arguments or reasons why young people don't use the services?

Dr. Joe White:
The first thing I would say to them is that resistance is normal. So rather than them diagnosing the patient as having something wrong with them because they're resisting mental health, that this is normal. So expect a negative attitude. The second thing that I would say to these mental health providers is to figure out how to bring a strength-based approach into the therapy dialog or interview, as early as possible.

MEE:
Now explain a strength-based approach.

Dr. Joe White:
Usually when you go to a mental health clinic, in the initial interview, they want to know all of what is wrong with you. That's why you're there. Got bad vibes with your girlfriend, your childhood has been raggedy, you're depressed. It's bad, bad, bad.

And I'm saying that early in the interview, the first interview — never mind the forums — you need to see if you can't bring in some kind of strength-based piece. Let me give an example. A 19-year-old boy came over to the counseling center, and I happened to be in there. I wasn't supposed to be counseling; I just did the supervision when he was walking around, upset and so forth, he was a Black, a young man, and so what triggered it was a break-up with a girlfriend. But as I got to talking with him, I shifted gears and I asked him, I said, "Who is the strongest person in your family?" He said, "My grandmother." I said, "Well tell me about her."

He said, well, we had some trouble with my sister, you know, she was a straight A student, cheerleader, Miss Everybody, and she got pregnant in her senior year. My mom fell apart, but my grandmother came over there, got us all straightened out, got everything together, got the girl's scholarship held for a couple years, put her in a junior college, got her a job.

And I said, wow, I said, well where did your grandmother get her strength from? And I'm smiling because he said that she got it from the Word. And I said, "The Word?" "Yeah," he said, "the Word of God, the Bible. She's Christian you know." And that makes her strong, and she can solve problems. I said, well, "would you like to be like that?" You see, I'm moving now to a strength-based approach. And how do you develop this? And then I asked him, "What's the biggest hurdle you've had to overcome in your life?" And he told me, learning how to read and to get my grades up as a 10th grader so I could get in this college. And I asked him, "How did you do it?" He said, "I worked hard." So again, you see, I'm pulling on his strings, or potential strings. So I'm turning the counseling around rather than focusing on illness and negatives, beginning the strengths from day one. And I want to add one more thing to that.

Dr. Joe White:
So I was working with some people in a drug rehab, brothers. And so day one, I asked these brothers the same thing we have on this tape, how did Black people survive for 400 years. And every time I ask that question, they get all the seven strengths. So they wrote them up on the board, and everybody agreed that these were the strengths: resilience, connectedness, resourcefulness, improvisation. They wrote them up on the board. Then I said, okay, now this is what helped Black people survive. Now how have these strengths worked in your life? First of all, in your extended family, tell me about your uncle, and this and that.

And so that started a whole dialogue around these strengths. And my goal was to get them to discover, rediscover, how these strengths now could fit into their rehabilitation or whatever it was, drug rehab. And the counselors were taking notes like mad.

MEE:
Let me move to a specific aspect of mental health that we're seeing in Philadelphia. In Philadelphia, it's being reported that 25 children a week are carrying cutting instruments to school because they are

afraid, they're anxious to go to school without a weapon. How do we deal with this high level of fear and anxiety about being a potential victim of violence among young people in the Black community?

Dr. Joe White:
I think you have to get the significant elements of the community into a dialogue about this: the churches, the kids themselves, the school, the probation department. We need to sit down in community meetings big and small saying, okay, this is happening, you children are afraid to come to school and you're carrying knives and guns and whatever. Now what's going on here? What's happening? And how can we as a community and as a people begin to take responsibility for this? It has to be part of an open community dialogue.

MEE:
Well one of the things I wanted to ask you about is some feedback that Dr. Bell gave us yesterday on this issue in Chicago. I wanted to just get your notion. He was saying one of the things that he found problematic with this issue is that a lot of times we have what we call misplaced fear, as a community itself. And you mentioned again getting significant elements of the community to talk about this issue. And what he was saying that he is concerned about around this issue is that we're demonizing kids. Because he says for years kids have been bringing things to school to kind of protect themselves.

He even talked about when he was growing up in Chicago, and he's now a renowned psychiatrist, he said yeah, I used to carry an instrument as well, and that's just what I did because boys would just pick on you and you just needed to protect yourself. He said one of the things he was wanting to make sure was that we focus more on just making sure that there is more community safety versus kind of demonizing the kids that are carrying the weapons. What's your thought on that?

Dr. Joe White:
First of all, we have to establish what is really going on. And the kids are the only ones that can tell us. Whether it's real or not real, I want to hear their version of what they think is happening, and why they feel they need protection. And the second is, that since we as the adults have some sense that there may be some danger that lurks around these children walking back and forth to school and in the hallway, then we've got to put together a safety system that begins when the child leaves his house — and it doesn't have to be flagrant, you know, with police with big old guns around scaring everybody. But we know how to put together safety systems, where there are responsible adults here and there, peaking out windows, walking up and down the street. Even some of the brothers themselves, you know.

MEE:
Okay. Now I want to talk about the role of key influencers. What should these family members — peers, spiritual leaders — say or do to help Black males who've had recent traumatic experiences or are just going through tough times? How should they help them deal with these tough times, mentally, or these experiences. What should they be doing?

Dr. Joe White:
Well, I go back to the phrase I've been using the whole time, and that is, we need to set the tribal elders down, the influence molders, the shot callers, whoever they might be, and say to them "what are the mental health needs, the psychological needs, of these young male adults in this community? What do they need from you? And what do you need from us?" And let's work this thing together in terms of a community wellness sort of thing.

And if you have a nephew or a grandson that is depressed, what are some of the things you can do? And if they won't come in to see us, will you come in?

MEE:
So what should these influencers therefore know, the shot callers know, and understand about mental wellness and mental health services, that can benefit these young, Black boys. What do they need to know so that then they can be more, you know, better influencers per se?

Dr. Joe White:
We need to do two things. First, we need to teach them what are the signs and symptoms of depression and psychological problems. So for example, in Minneapolis, we used to hold a conference every year called "Black and Blue." And we invited the ministers and the social workers, the grandmas and so on. And then we kind of walked through what depression, suicide was all about.

And then the second piece and the most important, we tried to teach them about the psychological strengths that Black young people need, so that we weren't always dealing with this illness piece. And we tried to invite some of the young people. We didn't get many of them, but we did get some to come. But by being present there, some of the young people would talk to me during the breaks and then I could refer them to different people.

MEE:
One of the things that Dr. Bell said, again, very similar to what you're saying on the positive side, was that we have to understand more of the protective factors and look at them in a positive light. And so one of the things he said is that risk factors aren't necessarily predictive factors because of protective factors. So he said risk factors are not necessarily predictive factors of outcomes, because of the fact that we're not taking into account protective factors, which is kind of what you're talking about, the psychological strength. What's your thoughts on that?

Dr. Joe White:
Well, since we know in a generic way the risks that these young people are going to face in the neighborhood trying to grow up, we may argue on percentages but we know what they are...

Dr. Joe White:
Now then, since we know that, then beginning in elementary school, in the Boys and Girls Clubs, in the churches, wherever these children are, we need to teach what is now being labeled as "resilience training," giving these young people some of the strengths and skills that they will need to face what we know that they may have to face. And so like in Philadelphia, the Penn Project at Penn State, they're trying to teach these kids problem solving, opportunity finding skills, resilience, how to bounce back from setbacks, and they're incorporating the seven strengths — although they don't call them that, but that's what they're doing — before the problem starts.

Dr. Joe White:
So that's balancing the protective factors against the risk.

MEE:
Let's move into some strategies around increasing overall community awareness. Part of what is missing in an effort to promote mental wellness are strategies that increase community awareness of the daily realities and environmental contexts of low income Black males in urban centers. So 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, how do we first address helping urban Black males and their families to understand the need for, and the benefit to mental health services. Again, it sounds like what you're saying is a lot of times people just have this negative view of it. But how do we get them to understand the need for and the benefit of mental health services?

Dr. Joe White:
Well, again, we approach it on two levels. One is, without talking about anybody being sick or crazy or having problems, we have conferences and mini-symposiums, be it church, whatever, on what are the psychological challenges facing Black males as they grow up in America, in the community? So for example, in Minneapolis we're having a conference on Black male mental health in February, and April we're going out to Akron. Same thing, different label, but what are the psychological challenges facing Black males?

Then number two is: "What are some strategies and strengths that these young men need to successfully master the challenge? What are the challenges? What do they need to master?" And then how can we help them develop these strengths, both in a prevention way, and then in a way where the brothers may, you know, be struggling.

MEE:
What we're realizing is, this is a great strategy in terms of the conferences, mini Symposiums, you know, taking it to the community. But when we get there, how do we promote cultural development messages that de-stigmatize and normalize seeking mental health support as a sane response to all this

stuff happening? Again, one of the reasons why this is an issue is because mental health is viewed negatively. But in reality it should be viewed as a sane response to the urban trauma and chronic stress that's going on. How would you do that? How would you deliver those messages?

Dr. Joe White:
Well once you have tried to make clear what the challenges are, by this conference, symposium, meetings in the Boys Club, at the Lodge, Fraternal Order, whatever, links. Then I think it's fairly legitimate to say, what tools does a person need to successfully meet these challenges? What psychological tools? Rather than mental illness or anything, what psychological tools do they need? Then you've captured your audience because then you can begin to talk about, all right now, what kinds of strengths do we need? And get them to participate, and that counseling – we won't say mental health, we'll say counseling – helps people develop these tools. Because they've admitted the challenges are there. Now we're talking mastery.

Dr. Joe White:
And, while I haven't tried it in conferences, but I might, it might even be good to have demonstrated some mental health interviews in there, you know, some films and stuff, so that you demystify the process, you know. So-and-so was referred to a counselor and this is the first session. And you demystify it right there.

MEE:
Now specifically, a specific thing that we see that young people are diagnosed a lot with, or suffering from, is anxiety and/or depression. So how do we get people to open up to the idea that they may be suffering from anxiety and/or depression but that they're not crazy. And then, how do we get them to some kind of counseling, or again mental health services, so that they don't have to suffer from these feelings of anxiety or depression. What would be your solution?

Dr. Joe White:
Well, my solution would be to start where they can get a handle on it. If you grow up in certain neighborhoods, you're going to feel stress. They know that, I know it, and you know it. Now the question is not whether you're going to experience stress – and they know what stress is – it's how are you going to handle it.

Then we start discussing with these kids what are some different ways of handling stress. They know what they are: drinking, drugs, sex, beating somebody up. And then we say, well now, what are some destructive ways of handling stress and what are some constructive ways? And get them talking with us, and saying, okay, well now this therapy may help you discover within yourself some constructive ways, because these other ways may not, you know, be making the situation worse for you.

MEE:
What we know is there are few places in the African-American community that offer mental health services that reflect residents' unique challenges and culture. Sometimes those organizations that do exist have no clue, though, about how to reach out to the community and spread the word about the safe places that they offer.

So I'm going to ask you four or five questions here. From a service provider perspective, what issues and challenges do providers face in terms of providing mental health services to young, urban Black males?

MEE:
What do you think providers need to know in terms of issues and challenges that they're going to face?

Dr. Joe White:
The people providing the training to mental health workers are Euro-Americans. They run this university and other universities. And they train people from a Euro-American model. Secondly, those same people who are providing the training grew up in Euro-American environments, went to college in a predominantly Euro-American environment, and so they have not experienced urban America, or being Black, and they don't have the conceptual experience. So the first thing we have to do is infiltrate the training institutions and give them different training models so that they have a clue to how the community functions, how Black people develop psychologically and what their needs are.

The second thing is, we have to engage in a second paradigm shift that involves they're not sitting in their office waiting for the client to come to them. They have to get out wherever the client is: Boys Club, Girls Club, church, lodge, community center, wherever, and begin to develop satellites in those places where the people are. And the third thing is, the providers have to be visible in the community. So people don't see them as an alien group that comes in to diagnose them when they're sick, that they're part of a normal flow of the community. So we have to do the training, the continuing education, which I didn't say, then they have to get outside of the traditional clinic and be wherever the people are, and go from there.

And the people are more receptive than you think. I've talked in a Baptist church in Watts two weeks ago, had a packed house, and I talked about psychological strengths and psychological issues, the choir got in it, the call/response got in it, the minister jumped in, and the whole thing was rocking. And there were a few young people there. But I was talking at a level that they could grab onto, because the first thing I did was, I asked for a couple flip charts and I said the general question about what are the strengths that enable Black people to survive. And they jumped off into it.

MEE:
Okay. You got a magic wand, real quick. What change would you as a health care provider make immediately if you were offered the opportunity to reposition mental health services in the Black community. What would you do?

Dr. Joe White:
I would do, number one, I would bring in people to re-train the staff top to bottom, conceptually, behaviorally, skill-building, interracial dialogue. And people would resist that training, because when you've got a 45 year old psychologist who's fully credentialed, they don't want any training. So we re-train the staff.

The second thing I would do is look at the providers and say, how do you outreach into the community? How do you get out from this building where you are, into the community — school, church, lodge, fraternal order — where the people are, and connect? So those are the two things that I would do.

Dr. Joe White:
And long range — I'll go back to number one, I would begin to then push the training institutions like this one, to look at the fact that a state like California is now 55 percent ethnic. Now obviously you're going to see some ethnic folks in your career as a mental health professional, so you've got to bring this into the training.

MEE:
What would you also add specifically for engaging young Black men and their support systems? How would you reach out to them?

Dr. Joe White:
I would reach out to them by being again visible in the community wherever they are.

MEE:
Over the years, MEE Productions has learned that when we're devising communication strategies, especially targeting Black, urban communities, the basic model of communication must be viewed within the context of an oral approach, not a literary approach.

MEE:
Successful behavior change, we have found, must start with a two-way communications process that includes a back and forth, dialogue and discussion with the providers that deal with these persuasive counter arguments I was talking about earlier that pushed back on their issues. So when I started we were kind of looking at three questions under this area of this dialogue, persuasive communication, engaging the community in an oral approach, not a literate-based approach.

So first of all, with that, what successful intervention programs or models of comprehensive mental health care for low income African-American males have you seen that kind of represent this, that you'd want to see replicated? Have you actually seen any specific interventions that deal with an oral-based culture that deal with the dialogue and the two-way dialogue that must occur? One of the things we've heard is Functional Family Therapy. I don't know if you've heard of this model, but are you familiar with any kind of intervention programs or models that you'd want to be considered, particularly from the cultural perspective of Black people?

Dr. Joe White:
I'm familiar with two programs that we are trying. I don't know what the results will be. But I'm familiar with two programs that have the model, and they're both in Minneapolis, one in south Minneapolis and one in north Minneapolis. The one in south Minneapolis is run by a woman named Sister [Atoom?], and she was trained by Asa Hilliard. And she's into an African conception of mental health, Afrocentric. And it's part of, not model cities but I'll use the term "model cities." It's part of a "model cities" neighborhood with the belief that you can't build buildings without changing people's mental health perspective.

So they have a cultural wellness center that's open on a drop-in basis, and they deal with everything, your credit problem, whatever. You don't have to come in with depression. And they see themselves as teachers of mental health. Now they've been hired to train the professional staff across town in north Minneapolis, who has a professional staff. Now in north Minneapolis, we're trying to move to a community psychology model, from a clinical model. We're trying to move to a community-based model. So we're trying now in north Minneapolis to connect with the schools, the churches, the fraternal orders and so on, and begin the why's, and to begin to offer our services in an extended way. So we're trying to take it from the drawing board out into practice, and you have to ask me five years from now if it's working.

MEE:
All right. I think we answered all these others. Let me just read them out real quick, Dr. White, and I think you've answered all these but I just want to make sure. What type of training or technical assistance do service providers need in order to gain acceptance around mental health wellness, and to service unique needs of Black males impacted by sustained urban trauma? And you kind of hit on those.

Dr. Joe White:
Well let me add one more thing. I don't know where it fits, but I'm taking it from something you guys are already doing. What you do is have these focus groups with these young people, to try to get a sense of both what their needs are, and what kind of messages they might respond to, using the oral tradition. And what I was thinking of is, we need some focus groups where the youth sit down with the mental health providers, and they talk in groups of eight to 10 people. And a girl can ask, well if I

come in and I start crying are you going to say I'm crazy, you know, I mean, what is this mental health business all about where there is a dialogue between the youth and the providers. And we cut out the middle people.

Dr. Joe White:
And we may need some preparation on both sides for the dialogue. We may need to prepare the young people for the dialogue and the providers, but we want them to sit in a room where they can face to face begin to talk about what you and I are talking about today.

MEE:
Let me ask you some message questions, as if you were an advertiser. You're working now for MEE Productions, we've just hired you, Dr. White, and you're now on our staff and we're going to be developing some messages that promote mental wellness in the African-American community. So we're going to develop some messages, I want to put out some materials, develop some tool kits, maybe a curricula. So the whole goal here is that one of the things we want to do is, make sure that when we put out these messages the community doesn't feel like they've been discounted. I want to make sure that the community feels respected, and that we are acknowledging this unhealthy environment and conditions that we put them under. So we're not going to discount the reality, but we're going to develop messages that acknowledge their reality, kind of like what you say with just getting them to understand the seven challenges. And at the same time, then get them to understand that there is support, there is mental health services, there is programs, there's services out here available to you. So with that, let me just start out. What — if you were with MEE Productions — what type of targeted messages would you think we would need to focus on delivering to the African-American community that would address a lot of these issues? If you could develop any cultural development messages as an ad executive, what would you do?

Dr. Joe White:
Number one is — I'm going to back up because I know what you do, and that is, any messages we develop we would be field testing them along the way. So that whenever we drop out there, it's part of a process. So then we would try little jingles like, "feeling blue, what must I do?" The rappers – people got all this rap, but the rap brothers be sometimes running it down, you know, "my woman left me and now I'm upset and this and that, I'm mad," but you know, kind of getting into the rhythm of some of the raps, and picking up even some of their messages off the tape and straightening them up so we're not stealing them, you know, and trying that ra-ta-ta-ta-ta-ta-ta on these kids and so forth, so that we try to get some messages from the raps, from pop tunes, stuff the kids listen to, and pick out pieces of the message, because those messages contain disappointment, heartbreak, happiness, ambition, mastery, and pick them up right off of there.

MEE:
What we know is that young people want cool things. They like to be cool. What other kind of cool urban sound bytes do you think we should develop around, again, seeking mental health care services? And the point is, that what we're trying to do is make it cool so that we can destigmatize and normalize the kind of support that they need as a sane response. What we're trying to say is that no, you're not crazy to go seek mental health, you're actually sane. It's a sane response to trauma and constant stress that these young people are exposed to. But how do we make it like a cool, urban sound byte?

Dr. Joe White:
Well, let me be kind of vague, because I don't know if I can answer this correctly, but I'm going to be repetitive. First of all, we listen to the sounds of urban music, hip hop, whatever, rap, listen to the movies, listen to the MTV, and we pick out mental health excerpts.

Dr. Joe White:
That's part of their existence. And then we add to that something like, "What do I do now?" But we get their language in there at the beginning of the message, and the rhythm.

Dr. Joe White:
And we also, since some of these kids take acting and so forth and so on, and you've got the colleges there with older teens, 19, 20 — do some short videos, four, five minute videos, you know, of a scene, one way of handling it, second way of handling it, third way to handle it, then get feedback from those kids. You know, what did you think about the three pieces?

Dr. Joe White:
… quick five-minutes videos, and let those kids respond to it.

MEE:
Right, okay. In the Black community we value looking good on the outside, the latest clothes, fashion, hair, nails, you know, they've got the ride, you know, the premium brands. We buy stuff that we can't afford. So in that context, what we're trying to do is figure out how we can get Black folks to value mental wellness. And how do we get Black males in particular to value it as highly as they value these other things? So any thoughts on how we could get young people to value mental health?

So the premise is, that if you value mental wellness at a high level, then you will do whatever it takes, including getting treatment or going to counseling, whatever. So the whole notion is, how do we get them to value it the same way they value the pimped out ride, and the clothes, and the latest hairdo, and the Timberland boots and all that stuff. There's got to be a way we can reposition mental wellness. I'm not talking about mental health services, just being mentally well, how do you think we could do that?

Dr. Joe White:
Okay. Now, I think you go back again to what the children already know, or these young adults, and they may not use the same language but we can figure out the language. I just want to put the concept out there. They know that there is a public self. They know that. That's the ride, the shoes, the hair. A girl was up here the other day talking about some bling. I didn't even understand what the girl was talking about. But they know that there's an external self, a public self, but they also know that there is an inner self, that self you hear in the morning when you wake up, before you go to sleep at night, when you're alone.

So we first come at them with what they know — the public self, and the inner self. And then once we've got them on the wavelength, we figure out some way of saying the inner self has to be nurtured too, just like you take care of the public self. Now what are you doing with this other self, this inner self, this real you, the me nobody knows? And even eight and nine year old children can grab onto that one. How do we begin to take care of that inner self, and make sure it's nurtured and taken care of as we now grow up and become adults and middle aged adults and so on.

MEE:
Dr. Bell said something similar as well. He said one of the things we have to realize is that a lot of kids already value mental wellness. He says they call it being cool. So he says a lot of others, when they're ultimately cool, they only can really feel cool when they have a level of mental wellness. So I was wondering what your thoughts were on that. Again, these are young people navigating these hard communities, but they're still cool, after navigating it. And so he said he thinks apparently they have a level of mental wellness because they've already kind of figured out it is what it is, this is how I'm going to have to deal with it.

Dr. Joe White:
Well I would probably use language a little different. I know what he's talking about. What I see is kids wanting to get into a mellow flow, you know, where everything is kind of just moving along smoothly. Now, some of them seek the mental health flow through cocaine, drugs, and alcohol, but a lot of kids just want to kind of get into that flow, into what they call a vibe. And so they have some idea of what this wellness thing is. They don't use the terms we do, but they have some idea of when you're in the flow and when it's moving.

MEE:
How do we help a person become aware that they are suffering from the symptoms of anxiety and depression associated with this urban trauma. What kind of messages should we get them to know that you're suffering from this, but two, it's all right because you're in this environment, but get them to realize it and acknowledge it so that they can then know what they have and not, as you said earlier, be in denial about it.

Dr. Joe White:
Well, I think we again start with a more neutral message, and that is talking to young people about where you're going in life, what are your goals. Kids have no trouble, even some of the kids in the youth authority, when I asked them where would you like to be in five years, what would you like to be doing. Then I slide in there what are some of the things that might get in the way of that, what are some barriers outside of you and inside of you that might get in the way of your dream. And once they begin to talk about the barriers inside and outside, then I ask them, well what kinds of strengths will you need, or what do you need to overcome these barriers, whatever they might be. And that's when I slide the mental health piece in.

MEE:
So once they are aware, how do we tell that person that they do not have to suffer from this anxiety and depression, though? How do we get them to understand that if we do your Part A, then how do we get them to understand that they don't have to suffer from this?

Dr. Joe White:
Well, I try to talk to them about what they've been trying to do to cope with what these barriers are, internally and externally, and has it been working. A person could say, well it works like a charm, what I'm doing, that no, we're coming to barriers and they're moving. But if the brother says well, you know, whatever I've been doing it ain't working, I've been hanging with the wrong women, I smoke too much dope, and so forth, well then the brothers answer the question for me. But I try to ask them, well, once they've acknowledged that there are these barriers, that there are things in the pathway both internally and externally, then I ask them what are you doing, or have you tried to do.

MEE:
And have you seen, doctor, when you work, this whole issue of anxiety, though?

Dr. Joe White:
Yeah. Oh yeah.

MEE:
And how does that come up? How does that come up and how have you addressed that specifically when you see it?

Dr. Joe White:
Well it comes up with the stress. People can acknowledge, they know what stress is and the stress causes the anxiety. And then our first talk, because of my earlier training at client-centered therapy is tell me about this anxiety, what's it like for you, what's the tension like, and so forth, try to describe it in your own words. Anxiety is a psych word, but tell me, how do you feel about it, what's going on? And

they go on describing it and so on, and I say, you know, now what kinds of things have you done to see if you can't work your way through this, and try to engage them again in the dialogue. And then I use that as a bridge if I have to refer them to somebody. But by that time, when they talk to me there's a trust factor so they'll do what I say. Now if they didn't trust me they wouldn't do it, so it's not so much I'm convincing them of anything.

Dr. Joe White:
One of the questions we did not focus on centrally but has weaved its way through this dialogue is interpersonal relationships as part of the keys to mental health. And that young people who find themselves surrounded by constructive peers who are also cool and getting it together, have a much better chance than kids who fall into more of a gang, street orientation. And I was thinking of my own life, that at each stage of my life there was one brother or two a year or two older than me who was into the flow, who could do the algebra or knew how to dance, or something, you know, had a part-time job, they needed another person down there. But it was those relationships that were part of the key for me, that helped me get on through. And then when I came out of graduate school, the thing that was almost a disaster for me was no relationship because there were no Black psychologists. So I was always in one of these environments all by myself, and there was nobody I could reach out to, just to understand what was happening, not to tell me what to do but to understand.

And also I'm smiling because I didn't say it, but I'm going to say it. It's important that you pick the right women, too, yeah, because sometimes when I was very young I would go after the finest, most dynamite sister, but that wasn't what I was supposed to be with. See what I mean? That was not a good support system, you know. Sometimes I had to fall back to a girl who was a B plus or a straight B rather than the A plus, and go with that groove.

MEE:
And what would that girl do for you, though, that girl? You say support system. How was she a better support system for you?

Dr. Joe White:
Because she had time to understand me and believe in my dream. So I remember, I told this one girl that I wanted to be a psychologist. No Black psychologists in California, no PhD, no professor. And she thought I was crazy. But this other girl, she caught it right away and said yeah, you could do that, you know, if you work hard and this and that, you know what I mean? So I begin to think, now wait a minute, you know what I mean? It's one thing, my public image, I want the finest ride, the finest girl and all that. I'd better be thinking about who's going to be with me on this journey. So that's real important. And that's hard for a 15 year old brother to figure out, man. And every time I see one of these fine, fast-stepping sisters, I begin to think, now, should I be ... you know, what am I thinking about here? [LAUGHS]

MEE:
That's a good point. So interpersonal relationships and intimate relationships?

Dr. Joe White:
That's right. Are very key to a person's mental health, very key.

Dr. Joe White:
Very key. And the brothers, you know what I mean, must run this group with these 15 or 16 year olds, and I've gone through all the stuff we were talking here, and finally, before we got ready to end, a little brother looked at me and said, you forgot one thing, Dr. White. I said "what?" He said, well what about these women? So now we had to go for another hour, and the brothers all opened up.

MEE:
Well let's spend a few minutes on it, because it is, for a lot of these young boys that we're seeing the violence, it is about these women. You know, these girls are in a different league than these guys. They're much more mature, they now know the game. We've learned in our sexual reproductive health research, they said we're tired of boys playing us, we're going to play them. One girl said, it used to be where boys wore the pants, now everyone wears shorts.

MEE:
... there also used or be used environments. This is where girls are using guys for money, guys are using girls for sex. And what we're finding is that these boys aren't socially developed and so they get jealous, they feel betrayed, their feelings really are hurt and they don't know how to deal with it. And the only thing they've been told is be angry and get revenge. So what are we saying?

Dr. Joe White:
Well I think in these focus groups, they probably have to be separate genders at first, but we can then bring the genders together, it's back to the inner voice. What do you really want out of a relationship? What do you really want? Now, the society tells you you want sex, I'm speaking from the male point of view, you want to be the dominant figure, you want this. Well what do you really, really want in your inner self, just inner person? The inner person wants to be understood, wants to have somebody he can trust and reach out to and hang onto, a mutual kind of thing.

But the society has conditioned him to go for the sex and the power. But the sex is a fleeting and a mechanical thing. The trust and the emotional support can last a lifetime. So it's trying to figure out at 15, 16, 19, 13, what have you been told you want versus what do you really want in your heart and soul. And the thing you really want takes work. It takes work to build trust. It takes work to sustain a long-term relationship. It takes work to build mutual support. Where sex, you know, you can get that in a hot minute at the right moment. That's fleeting. But this other takes work, and you have to be vulnerable. You have to open up yourself to who you really are.

It's like, when I was walking around talking about I don't know what I want to do. I knew Goddamn well what I wanted to do. I wanted to be a psychologist, a PhD psychologist. But I thought people would think I was crazy if I said that, you know. So I was saying I don't know. But in my heart and soul that's what I wanted, and I wanted somebody to believe in me, my own age. But it took me awhile to work through the maze of the masculinity that I had been taught.

Dr. Joe White:
And it took me awhile to learn how to be vulnerable, because once you make yourself vulnerable there's no guarantee the other person is going to give you what you need. But if you're strong enough you can be vulnerable and survive. You have to realize, you can get over this hump if you get your heart broken. It ain't the end, but you think it's the end when you're 15 or 16 or 17. So that's getting down to the nitty gritty. But these brothers will gradually open up. Like when the brother asked me, he said, well Dr. White, what about these women? So I said okay, let's get some Cokes and come back for another hour. And they opened up.

The interpersonal relationships among Black males and females, and male to male — but let me do male/female first — is a maze of contradictions. Males are taught to try to be powerful, but if a Black male, you know, have power in the great society. As all this is going on, the Black female is out-achieving the Black male. And now we get into a relationship. She's doing better in school than you are, is college bound, going to make more money than you, and she has economic power, academic power, and also has been raised in a generation of female power. So now we've got a big old contradiction, and neither side have the skills necessarily to handle it, or has anybody helped them develop the skills.

But neither side has the skills by themselves to work with this maze of contradictions, nor have we developed a process to help them develop those skills. We just drop them in there, and then we struggle with it, and we end up with domestic violence. We end up with three-way violence, because triangles develop and this and that. And then that's the feeder into the criminal justice system. Once the brother gets in the criminal justice system with some felonies, then that backs up everything. Already doesn't have a great educational and employment record, now he got a felony, whereas the White boy across the street they just says, look here, go have some counseling and this and that. You know what I mean? We cool. And so this is a whole thing.

And we have trouble approaching it because we don't want to air our dirty laundry, you know. The Black community, we don't want to deal with this issue.

MEE:
But also, Dr. White, on that point, what I'm seeing emotionally and even psychologically, you know, and even from a mental health perspective, Black people seem to value interpersonal relationships more. It's not as transactional as the European. So then if I have this thing where I gave you my trust, or we had this relationship, or da-da-da-da, and then that's violated, it seems to impact us more.

Dr. Joe White:
That's because, remember in the tape, connectedness is one of the most important things in the Black community because no matter whatever, slavery or whatever, we had each other. Now you develop this connectedness, this relationship that's so important to you. And you lose it, and it's gone, whereas the White boy still got this big old university, he's got an IBM, he got a whole bunch of other things. And he may look like he's sad about the whole thing, but he's got him a new wife and everything else, you know. And he's got the money and the hell with that bitch, you know.

So it's deep, but I think it's eventually not only something you have to work with with these kids, but we have to develop some kind of counseling processes for these young people around interpersonal issues.

MEE:
And that's why I want to bring you to Philadelphia to discuss, because I think we could do a Part B of the DVD we did with you. So we'd say part one is, we show the DVD. So we say the psychological challenges. Then we get into a little bit more detail around this one issue, because of that connectedness issue, and that these boys, and it's important to do that, and the reason why, because he just said some of it. We're not going to have all these other things going for us. We're going to have all these negative things happening, so that's why these relationships have such more higher priority for us.

So then, it seems like since that's all we're really going to have until we figure this out, we've got to figure out how to make these relationships healthy and strong. And I think that would be part B, is how do we then actually do that for these boys.

Dr. Joe White:
Yeah, and then the contradiction for the boys is, the inner voice, the historical voice, tells them they want this connectedness, this closeness, this trust, this emotional support. But then the dominant culture voice, and some of the gangsta rap voice tells them what you really want is power and domination.

MEE:
That's patriarchal masculinity, right?

Dr. Joe White:
Yeah, that's what you want. And so now the boy is confused. And meanwhile, the sister is saying, well I ain't so sure about this patriarchal stuff now. I've got an education, or I'm getting an education, I'm going to get me a good job, and hey, you know, you cool, but hey, wait a minute, brother, you know.

MEE:
You're not going to be able to run all that on me.

Dr. Joe White:
Not on me, you know. And I'm as smart or smarter than you are.

MEE:
Right. I'm telling you, this is something here. And I'm telling you because you're right. So now you've got the gangsta rap and society telling you this, but you've got to remember, remember you talked about zero to 10? The best relationship I had so far, because my father wasn't there or present, was actually with a woman.

Dr. Joe White:
That's right.

MEE:
So now, I'm actually cutting my own throat by getting rid of my most important relationship that I've had historically, and actually, like you said, my most important relationship going forward is still going to be with this woman, because she's going to help me ultimately realize my dreams in the first place.

Dr. Joe White:
But then if you lose that, you don't have all the fallbacks.

MEE:
Right. You don't have all the fallbacks ...

Dr. Joe White:
That these Whites, they got, see.

MEE:
Yeah, yeah.

Dr. Joe White:
You ... you're going to pieces, and you're making me think about a ... right across the street from me, you know, it's just a personal thing, but a pretty good musician, kind of smart, good looking kid, got caught up with this lady, it was a triangle, he came home from work early, anyway, you know, found this man in his house making love to his lady. Man, the bottom dropped out. And now what he does is, he walks across America. He's been on disability. And so he just walks down the highway. And then when he runs out of money they put him in jail under vagrancy, and it's Gary's uncle, in Minneapolis, goes and gets him, puts him back in rehab, settles him down. Then as soon as he gets halfway together again, then he just takes off walking. This sort of thing. The brother was pretty good with everything else, but just the bottom dropped out of the relationship and broke his heart. So that's where we are.

And one more anecdote and then I'll think about winding up. Now my daughter is 50, and her boyfriend is 52. Now she's got this big time job, vice president, Southern Methodist, with all these rich, White folks. So she got him a job, okay? At the same place. They're both in higher education. Now she makes twice as much as he does. So he called me up, half joking but half serious, saying what am I going to do with your daughter, she makes twice as much as I do. Now he was half joking. He got a Master's Degree in psychology.

Now consciously he knows that this is supposed to be okay in the modern day, because this is ...

Dr. Joe White:
But down deep, you see, that subconscious. So he's trying to work with this contradiction. And he's got a Master's Degree in psychology.

MEE:
How would you work with it?

Dr. Joe White:
Well now my conscious mind tells me — and I train these high-powered females all the time — if you're big and bad enough, step on out there. Don't bother me none. That's what my conscious mind says. And just give me some of the money. That's my conscious mind. But I haven't been faced with that as a reality yet. So we don't have the test. But my conscious mind says if you're big and bad enough, step on out there.