

# Enhancing Mental Health

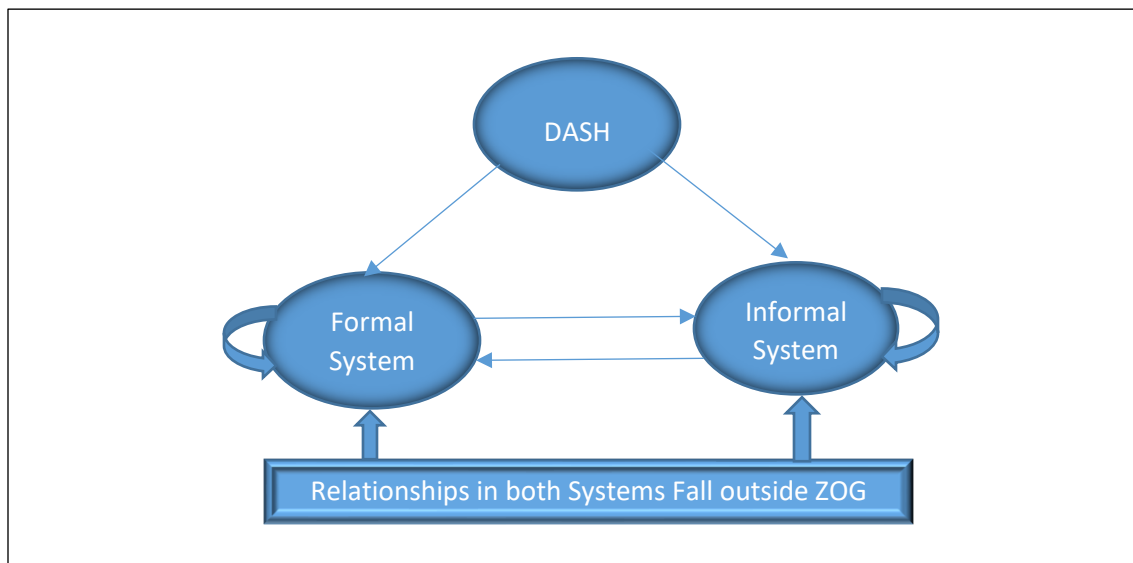
Jerome Taylor, PhD

December 30, 2016

## The Problem of Dysphoria

IN THE EARLY HISTORY OF OUR WORK WITH FAMILIES in their homes, visiting staff were required to write up detailed narratives of weekly visits that described what they saw and felt along with progress made on intervention plans approved previously by their supervisor and their supervisor's supervisor. Within three years of weekly tracking and reflecting on staff narratives, it was clear that sharp downturns in relationship quality were reliably preceded by crescendoing symptoms of depression, anxiety, hostility, or somatization. Subsequently, based on our experience and the clinical and research literature, we concluded that somatization (headaches, stomach aches, for example) could be regarded as expressions of depression which then left three categories remaining—depression, anxiety, and hostility—to which we joined the construct stress to capture this disruptive constellation of dysphoric moods we now refer to as DASH. Components of DASH, alone and conjoined, may have negative relationship effects within *and* across systems formal (e.g., family, school, employment, business, church) and informal (e.g., friends, clubs, gangs, associations) For example, mother's depressive symptoms could influence her relationship with the local school (Formal System) as well as with friends (Informal System), or father's hostility could influence relations within the family and on the job (Formal System) as well as his relationships at the local club (Informal System). In general, measurably high levels of DASH imperil relationship quality of every type in systems formal and informal—typically moving them either out of or away from the Zone of Optimum Growth (ZOG) described in our *Enhancing Family Health* initiative (Pp. 23-24). Figure 1 provides an overview of these expectations.

**Figure 1. Systemic Effects of DASH on Formal and Informal Systems**

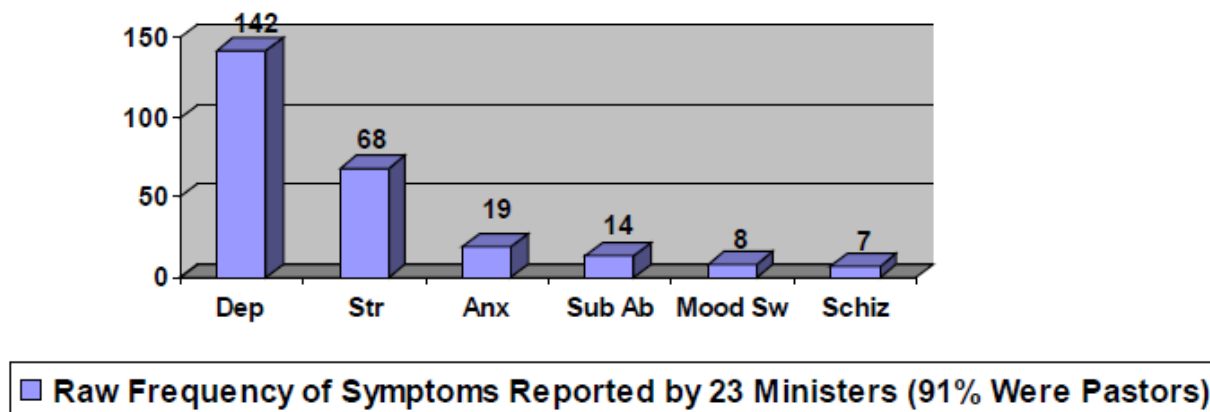


We must answer a reasonable question that can be raised about Figure 1: To what extent do DASH patterns identified in our work with families converge with independent estimates of mental health challenges? We summarize results of three studies of relevance to this question.

First, an initial pilot study utilizing a simple symptom check-list completed by Hill District pastors verified and added to presenting symptoms beyond DASH. In our second study, in-depth interviews with pastors

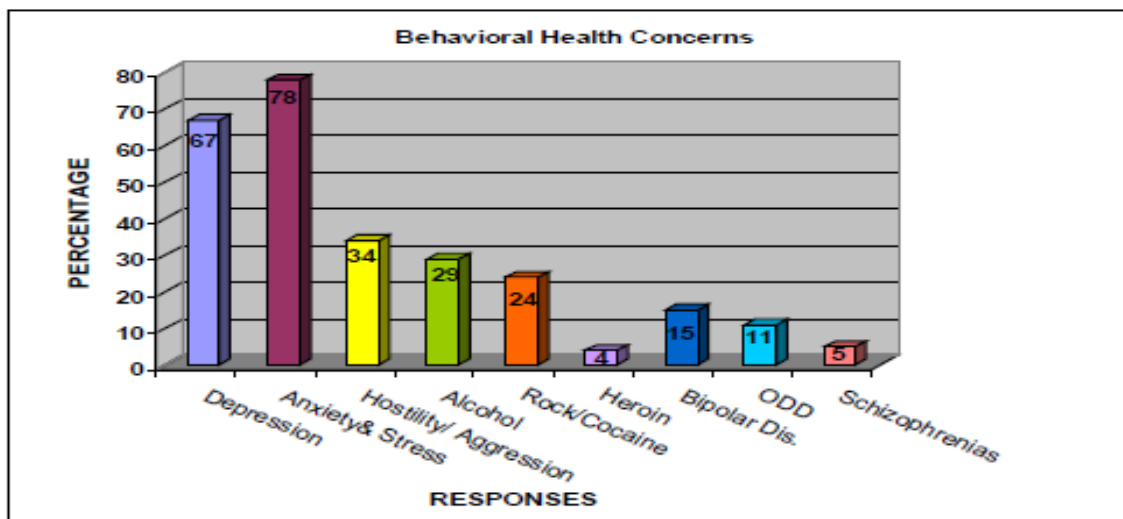
were structured and overseen by a professional team of behavioral health specialists. Their results are presented in Figure 2 where it will be noted that 89% of the symptoms reported coincided with DASH.

**Figure 2. Hill District Pastor Ratings on a Symptom Check-List**



In our third study, after pastors were trained by professionals to make behavioral health referrals, we evaluated the actual treatment referral pattern utilized by pastors. Figure 3 is a summary of what we found.

**Figure 3. Six-Month Pattern of Referrals by Churches (N=86 Cases)**



Of persons referred by pastors for professional treatment, 68% presented with symptoms consistent with DASH which we have argued in Figure 1 are consequential for relationships within and between Formal and Informal Symptoms. Although comorbidity between DASH and remaining symptom patterns was unexamined in this study, it may well be that elements of DASH are entwined in ways that must await further investigation. Based on results of our family and church studies, we conclude for the moment that DASH identifies a constellation of symptoms that at elevated levels have negative effects on relationships in formal and informal systems as well as relationships between these systems.

## History and Consequences of Dysphoria

On the way toward creating relief and remedy to negative cascading effects associated with DASH, we ask the reasonable question of where did the challenge of dysphoria come from. Clue:

YOU ARRIVE HOME LATE TODAY and discover you have lost your lifelong mate forever along with your beloved children, your closest relatives and best friends, the neighborhood where you lived, the home your ancestors built, the language and culture of your childhood, and all the memorabilia and artifacts of your community and clan. Stripped naked and forcibly jammed into the nave of a strange ship destined for a foreign land, your sleeping and waking times are broken by whimpers of hungry children, cries of the sick, and wails of the dying. In your new 'home' you're herded, corralled, branded, and auctioned like cattle. Your sense of place is undone: No one sings your songs, celebrates your rituals, shouts your shout, or tells your story. Your spirit is unsettled by their strange ways—physical abuse, sexual violence, ceaseless berating. You no longer can move about as before. Nor can you form families and raise children as your ancestors instructed. Your world has changed radically: You speak but no one understands; they speak and you don't understand. Trouble is, those looking like you sound as alien as those not looking like you. Slowly, you learn to embrace a foreign language from native speakers who themselves are barely literate. You soon discover there's no way of ever again reconnecting with your community of loved ones—no writing, no telephoning, no visiting. No word from the homeland through news correspondents, visiting emissaries, Western Union, blog postings, e-mail messages or text messaging. Your painful and unrequited longing gave birth to the blues: *Sometimes I feel like a motherless child...a long ways from home...a long ways from home.*

Now consider what blacks have been exposed to over the years (calculated in 2011):

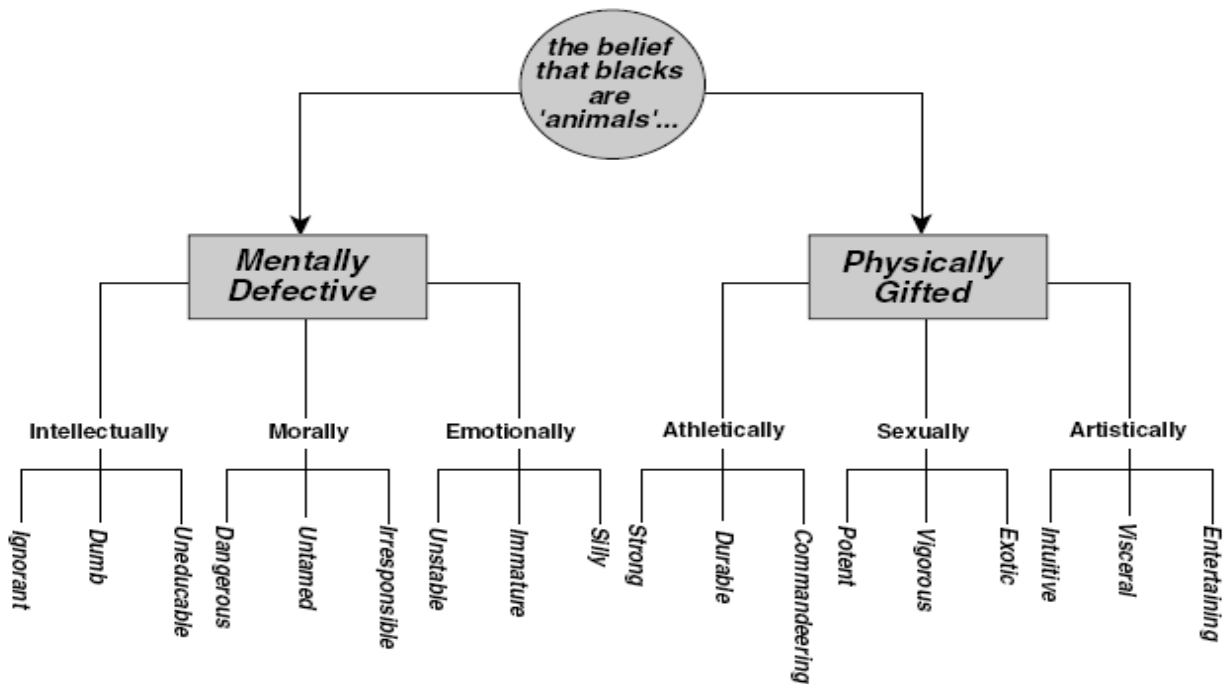
- 246 years of Maafa—kidnapping, incarcerating, and shipping Africans to ports of designation,
- 246 years of slavery,
- 151 years of Jim Crow, and
- 391 years of racial stereotyping and racial discrimination.

To our reckoning, few ethnic or racial groups in America have been exposed to more than 1035 oppression years ( $246 + 246 + 151 + 391$ ) distributed over such a protracted period of 292 linear years (1619-2011). *Epistemologically, we argue that the cumulative exposure to unjust environments historically and currently have had cascading negative effects on black life in America.*

So what happens to a people with an historical trail of more than 1035 oppression years? We'll get to this question shortly, but first we must examine the anatomy of racial stereotypes created and sustained over 1035 oppression years. Figure 4 gets us started.

Figure 4. Cognitive Organization of Racial Stereotypes

Taylor & Kouyaté (2003)



On this black inner-city sample of males and females, Figure 4 fleshes out four levels of racial stereotypes: blacks are animals (Level I) which may ‘explain’ why blacks are mentally defective and physically gifted (Level II). They are mentally defective intellectually, morally, and emotionally and physically gifted athletically, sexually, and in every field of entertainment (Level III). Further attributes of Level III descriptors are broken down further (Level IV). In our full model, we permitted mentally defective and physically gifted factors to covary and a second we specified that these factors were independent. Comparatively, the full model specification (factor interdependence) was statistically superior to the second model (factor independence). This finding suggested to us that both factors were being organized by a higher factor which we labeled ‘Blacks are Animals’. In this and related studies of internalized racism which also included black college students, we have found that between 34 and 50 percent of blacks continue to endorse these racial stereotypes about blacks. Is this presumption ‘Blacks are Animals’ unique to blacks who have been the primary target of racial stereotyping?

Using implicit attitude measures of racial stereotypes, a recent series of six studies conducted over six years at Stanford and other universities indicate that the ape-Black association is unconsciously present even among bright white and non-white college students who have minimum conscious knowledge of the historical ape-black association (Goff, Eberhardt, Williams, & Jackson, 2008). On this measure of implicit attitudes using samples of White, Asian, Latino, Hispanic, Asian American, African American, and mixed-race Americans, it would appear that even our intellectually gifted have not outlived or outwitted our long history of racial oppression which denies the humanity of blacks by linking them with ape-like qualities—a groundless confabulation dating back to at least the 15<sup>th</sup> Century. Indeed there is evidence from neuroimaging studies that members of highly stigmatized groups may be so dehumanized that they are not even encoded in the brain as social beings (Harris & Fiske, 2006)—an implication not far removed from Ralph Ellison’s (1952) classic *The Invisible Man* (also see the description of Dodging discussed under the section Racial Discrimination). Perhaps this present-day expression of the chattel slavery stereotype is not altogether surprising. Major sectors of our national economy depend on the materialization of this stereotype (see Figure 4): Multimillion-dollar industries profit from the disproportionate number of blacks in special education programs (intellectually inferior), in prison (morally impaired),

and in mental health hospitals (emotionally unstable). Other multimillion-dollar industries in welfare (sexually exotic), sports (athletically commandeering), and entertainment (artistically gifted) depend on blacks perceiving themselves as racists do. The accelerating growth of these cognitions may well increase risks of conscious and unconscious identifications with these stereotypes by blacks, whites, and other ethnic groups in America and abroad.<sup>7</sup> This historical residue is deeply embedded in the soul of America. As noted by former Attorney General Holder (*Justice News*, 2009) and former Secretary of state Condoleezza Rice (*Washington Times*, 2008), America has yet to acknowledge and reconcile through public discourse and public policies this continuing source of national shame.

Does internalization of racist stereotypes make a difference? Like effects of social class championed by Professor Henry Higgins and eye color documented by Jane Elliot, the simple answer is that it does. Over the years we have studied effects of internalized racism (black identification with chattel slavery stereotypes about blacks) on the African Continent, in several Caribbean nations, and in America. Consistently, we have found that internalized racism is associated with higher risks of depression, anxiety, stress, and hostility. As well, internalized racism is linked to elevated levels of alcohol consumption, type 2 diabetes, hypertension, and black-on-black crime; to decreasing quality of relationships in parenting and with intimate other and social acquaintances; and to structural evidence of underachievement—lower levels of educational, economic, and occupational attainment (see P. 25 of *Enhancing Family Health*). Identification with chattel slavery stereotypes, then, may carry negative implications for mental, physical, social, and familial health. And here's our final reason why internalization of racist stereotypes make a difference: Racist stereotypes are linked to nine types of racial discrimination.

**Table 1. Types of Racial Discrimination Linked to Racist Stereotypes (Taylor *et al*, under review)**

1. **Undermining.** Challenging and undoing progress toward equity attainment among persons who have been socially, economically, or culturally marginalized in society. The granting and removal of voting privileges to blacks by the courts and legislature during the period of Reconstruction or the granting and dismantling of policies designed to help blacks or poor people are examples of undermining.
2. **Constricting.** Minimizing equitable access to opportunity structures offered by the larger society—education, occupation, and income. The relative permanence of placement of black students in special education classes; the rarity of placement of black students in advanced courses; housing segregation associated with poorer schools and fewer job opportunities.
3. **Dissimulating.** Noticing information consistent with racist stereotypes and neglecting information inconsistent with racist stereotypes. Failing to celebrate the achievement of predominately black schools that are accelerating or reversing racial achievement gaps is one example.
4. **Dodging.** Evading, shunning, moving away from, averting one's eyes, 'negative hallucinating' (not 'seeing' who obviously is in plain view); passing over the raised hand of a black student, triggered perhaps by unconscious conception of that child's ability.
5. **Detaching.** Refusing to accept even nominal responsibility for the condition of persons who are socially, economically, or culturally marginalized. Student failure is the student's fault—the student's genes, family, or community.
6. **Deceiving.** Lying, duplicity, and dishonesty are the big three here—interest expressed without commitment to action, promises made but not kept, resources expected but redirected, urges saintly patience without compelling results: *Haven't you noticed the racial achievement gaps are narrowing?*
7. **Denigrating.** Besmirching the *personhood* of those socially, economically, or culturally marginalized. Talking down to 'them' and talking badly about their character, personality, or presentation, their presumed laziness, incompetence, unattractiveness are examples of denigration which often is associated with a measure of social and geographical distancing from 'them'.
8. **Demonizing.** Besmirching the *humanity* of those socially, economically, or culturally marginalized. They are 'animals' 'beastly', or 'evil' by nature and in intent. Use of racial epithets such as the 'N' word or gender epithets such as the 'B' word often accompanies highly confabulated descriptions of blacks and women. They must be controlled, corralled, or segregated to ensure the peace and safety of 'real' humanity—the decent and civilized ones like 'us'.
9. **Destroying.** Using physical or symbolic dehumanizing methods to inflict mental or physical injury to persons who are socially, economically, or culturally marginalized. At the extreme are bombings, lynchings, and intra-ethnic or inter-ethnic assaults or homicides which ferment a culture of fear and 'legitimate' the use of violence.

<sup>7</sup> Evidence is available indicating the presence of such racial stereotypes in Britain, China, Holland, India, Japan, Poland, Russia, and Spain.

Protracted histories of racist stereotypes and racial discrimination together increase the risk of dysphoric symptoms among blacks on the Continent as well as in the Diaspora. A consideration of treatment options must be informed by these realities. As Jesse Jackson said, *We may have come over on different boats but we're all in the same boat now*: Black and white policemen, preachers, teachers, academics, principals, superintendents, parents, children, teenagers, bankers, developers, businesswomen, physicians, psychologists, politicians, journalists, liberals, conservatives, laborers, foremen and legions of all the rest unselfconsciously apperceive 'the ape in the room' who may, along with others looking like him (her), become the target of racial discrimination.

## Treatments for Dysphoria

As socially and culturally professional helpers, we must answer three challenges in our quest to treat dysphoria. First, how can we abate symptoms of dysphoria? Second, how can we buffer negative effects of racist stereotypes and racial discrimination on symptoms of dysphoria? Third, can we eliminate racist stereotypes and racial discrimination? Table 2 explores treatment alternatives.

**Table 2. Recommended Treatment Alternatives for Symptoms of Dysphoria**

#	Types	Objectives	Examples
1	Palliative Relief	To provide symptomatic relief to dysphoric symptoms	Cognitive, behavioral, and pharmaceutical treatments <sup>8</sup>
2	Holistic Engagement	To encourage symptomatic relief plus healthy lifestyle changes in social networking, wholesome eating, and physical exercise	Hill District Behavioral Health Initiative implemented by faith-based organizations
3	Spiritual Grounding	To offer pronouncements and teachings that honor the dignity and potential of all human kind	Spiritual Rights of Passage; Stress Management under Christ Series
4	Cultural Grounding	To utilize proverbs, biographies, icons, and narratives that honor the dignity and worth of black life	All Values for Life interventions for children, teens, and adults
5	Community Empowerment: Bottom-Up Strategy	To enable connections between local neighborhoods and provider organizations that offer humanizing resources and interventions (#1 but especially #2 - #6)	Learning Academy for <i>Justice Works</i> ; Commissioners for <i>Justice Works</i> ; Advisory Committee for <i>Justice Works</i>
6	National Conversion: Top-Down Strategy	To launch and enable top-down national, state, and municipal policies and practices that contribute to the undoing of racial stereotyping and discrimination by embracing a humanization agenda for all people	National network of Commissioners for <i>Justice Works</i> and Advisory Committees for <i>Justice Works</i> in collaboration with justice-minded leaders and organizations—P. 43.

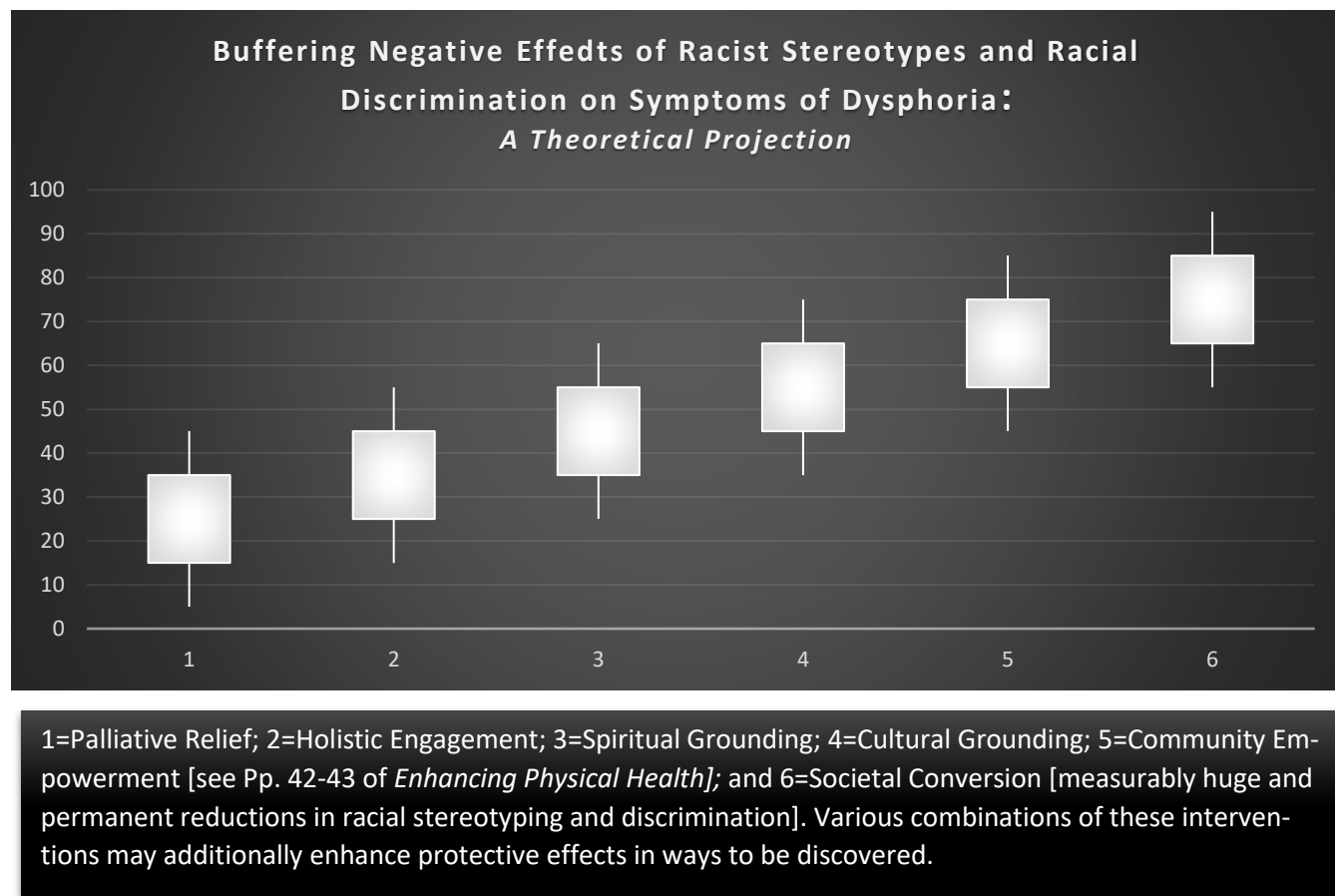
At the moment, our helping professions most often draw from our treatment quiver the single arrow of 'evidence-based' cognitive, behavioral, and pharmaceutical treatments (#1). No absolute problem here, but we're guarded in providing unequivocal support because there appears to be an increasing overdependence on these methods for ameliorating components of DASH particularly among black children and youth. In many inner-city school settings, for example, a disproportionately high percentage of minority students are managed daily by dedicated staff overseeing the administration of pharmaceutical

<sup>8</sup> We would include in this category restorative justice and positive behavioral interventions often used in school settings to curb oppositional behaviors such as acting up or acting out (regarded here as symptoms of dysphoria).

and behavioral remedies. What we're advocating here is for a deeper and broader approach that addresses the more than 1035 oppression years that we argue contribute to dysphoric symptoms. Figure 5 is a judgment call to be sure, but this graph summarizes our best effort at this moment to answer each of the three questions which introduced this section:

1. *How can we abate symptoms of dysphoria?* All six arrows in our quiver (1- 6) are expected to have some abatement effect on dysphoric symptoms. Immediate and ongoing abatement is expected to increase progressively from treatments 1 through 6.
2. *How can we buffer negative effects of racist stereotypes and racial discrimination on symptoms of dysphoria?* We buffer negative effects of stereotyping and discrimination by adding holistic (#2), spiritual (#3), cultural (#4), and community (#5) components. Interventions 2-5 don't eliminate stereotyping and discrimination but protect children, youth, and adults from 'dysphorogenic' effects of stereotyping and discrimination. Interventions 2-5 therefore function more like a vaccine—providing protection from our historical 'pathogen' without destroying it.
3. *Can we eliminate racist stereotypes and racial discrimination?* Can we destroy the 'pathogen' of stereotyping and discrimination? Figure 5 is a forecast of our answer: 'Probably Not' even with #5 and #6 in full bloom. But should we try unabatedly to do so, the answer is 'Absolutely Yes'. Meanwhile it appears we can do much better in protecting our children, youth, and adults from harm than we can in eliminating the source of harm. We should dedicate new energies and resources toward this end.

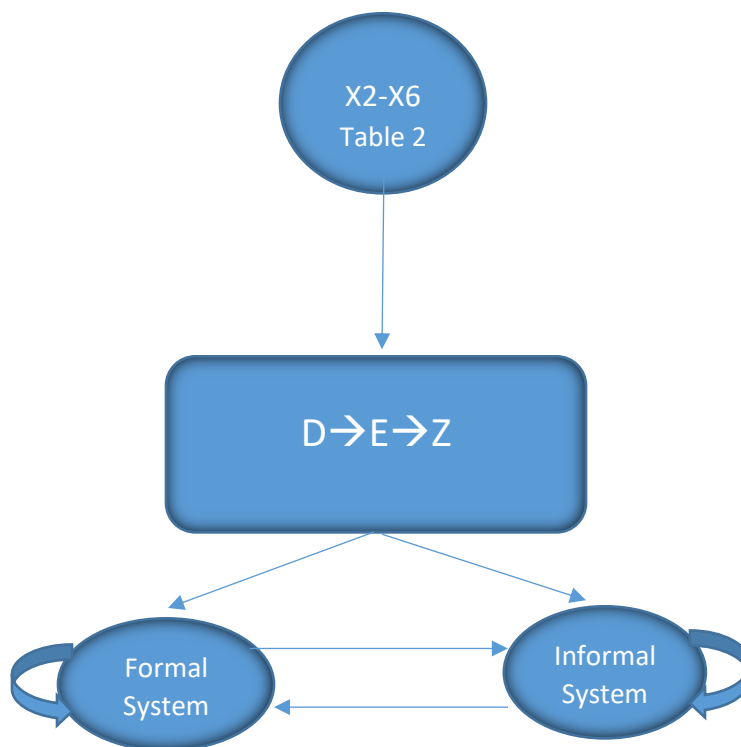
**Figure 5. Buffering Potential of Recommended Interventions**





We conclude this section with an update on how interventions identified here transform relationships in formal and informal systems and with a brief narrative on how stipulated interventions correspond to Dr. Martin Luther King’s concept of creative maladjustment.

**Figure 6. Shifting from Dysphoria to Eudaimonia: Systemic Effects**



With interventions X2-X6, we add protective layers which buffer dysphorogenic effects D linked to racist stereotyping and racial discrimination. The movement here is toward Eudaimonia translated from Greek (εὐδαιμονία) as ‘human flourishing’ which emerges as we systematically deconstruct the stereotype ‘blacks are apes’ by moving progressively from X2 toward X6. This transformation is expected to have wide-ranging salutary implications for quality of relationships (Z) within and between formal and informal systems (see Figure 1). So much for theory—how about application? Table 3 on the next page provides an application example we’ll now profile.

For the 15 year old female about to be placed by a family court judge into a high-security facility because of recurring outbursts of anger at home and school, initial assessments revealed that her self-esteem had just about bottomed out. We decided to use our Values for Life intervention which, as described in Table 3, featured black proverbs, icons, and biographical narratives that deconstruct racist claims about black life. Before intervention, her relations at home and school were far removed from Z (the Zone of Optimum Growth). Following a 16 week course of intervention, not only did her self-esteem improve appreciably but also there were appreciable decreases in father’s reported levels of aggression, anxiety, and depression in the home. The client’s level of angry outbursts at school had so diminished that the judge withdrew his plans to place her in a high-security facility. At follow-up four years later, she had completed her GED and was gainfully employed and attending community college.

This client, from the point of treatment to the time of follow-up, illustrates the transition  $D \rightarrow E \rightarrow Z$  introduced in Figure 6. Finally, it is important to note that black proverbs, icons, and narratives that deconstruct chattel slavery stereotypes diminish dysphoric symptoms in clients white and black.



# Values for Life Intervention

## Illustrating Level #4 for Self-Esteem

Jerome Taylor, PhD, President and Founder, Center for Family Excellence, Inc.

**Background.** This client (9011432) is a 15 year old female student whose family is active with OCYF. The client has ongoing problems with her custodial father at home and with disruptive outburst of violence in school.

**Assessment.** Prior to intervention (3/1/04), the family outreach worker assessed the behavioral expression of each of seven Values for Life outcomes using the VAL-OBS Inventory. On this measure, Self-Esteem sustained the lowest score, and the student and the family outreach worker agreed to make this value their focus for intervention which was implemented over 16 sessions. To evaluate pre-to-post intervention changes, the VAL-OBS Inventory was re-administered during Session 16 along with the custodial father's rating of his own negative emotions— $\omega$ -AGG Inventory for aggression,  $\omega$ -ANX for anxiety, and  $\omega$ -DEP Inventory for depression (6/21/04).

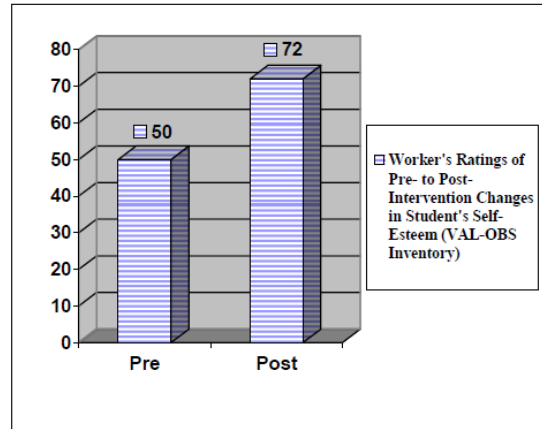
**Process.** We record session-by-session frequencies of four methods common to all Values for Life interventions: (a) *Valuation*, which introduces cultural proverbs, biographies, and icons to deepen the client's engagement with the targeted value; (b) *Exemplification*, which utilizes cultural proverbs, biographies, and icons to reward value-consistent behaviors and to correct value-inconsistent behavior; (c) *Routines*, which entail counseling behaviors that directly increase the medial and behavioral expression of the targeted value; and (d) *Networking*, which involves sharing with client and worker patterns of pre- to post-intervention value change in relation to quality of implementation, *i.e.*, magnitude of value change in relation to the extent valuation, exemplification, and routines have been implemented with fidelity.

**Outcomes.** Based on worker ratings, there was appreciable increase in the student's self-esteem from pre- to post-intervention (Figure 1) and consistent reductions in the father's ratings of his own negative emotions (Table 1). At three-week follow-up, no violent outbursts at schools had been reported. Indeed, her level of progress led to the court's dropping several charges connected with former outbursts in school. At home tensions had quieted appreciably.

D.B., C.B., L.T.

**Follow-Up.** 10/15/08: Client completed her G.E.D. and is now gainfully employed, living independently, and attending community college.

**Figure 1: Changes in Client's Self-Esteem**



**Table 1: Changes in Father's Negative Emotions**

Custodial Father's Ratings of His Own Negative Emotions During Daughter's Intervention Cycle	Pre-Intervention	Post-Intervention
Aggression ( $\omega$ -AGG Inventory)	50	24
Anxiety ( $\omega$ -ANG Inventory)	52	46
Depression ( $\omega$ -DEP Inventory)	48	44

After pre-intervention assessments were completed, they were placed under lock and key by the worker's supervisor. Therefore, at the time of post-intervention assessments, neither worker nor consumer had recorded or physical access to pre-intervention ratings.

Finally, in the year 1967, just months before his assassination, Dr. Martin Luther King Jr. stated that *there are some things concerning which we must always be maladjusted if we are to be people of good will. We must never adjust ourselves to racial discrimination....* In general, he used the term creative maladjustment to characterize what must be done to stand in opposition to all forms of oppression. It is in this spirit that we accommodated but went beyond conventional 'evidence-based models' to propose broader and deeper ways of protecting children, youth, and adults from our long and contentious history of racist stereotyping (Figure 4) and racial discrimination (Table 1) which together we regard as dysphorogenic. We have plunged well beyond conventional boundaries of training, diagnosis, and practice to honor Dr. King's concept of creative maladjustment which we embrace thankfully and unconditionally. We invite and challenge fellow diagnosticians and practitioners to lend their support and engagement in designing and evaluating new methods for creative maladjustment that protect blacks and whites alike from the egregious presence of our past. If professional efforts are joined in excavating, sifting, and quarantining or detoxifying this historical debris, what then becomes of the prophet's vision: Will justice flow down like waters and righteousness like a mighty stream (Amos 5:24)?



## References

- Banaji, M. R. & Greenwald, A. G. (2013). *Blindspot: Hidden biases of good people*. NY, NY: Delacorte Press.
- Butler C., Tull, E.S., Chambers, E. C., & Taylor, J. (2002). Internalized racism, body fat distribution, and abnormal fasting glucose among African Caribbean women in Dominica, West Indies. *Journal of the National Medical Association*, 94(3), 143-148.
- Chambers, E. C., Tull, E. S., Fraser, H., Mutunhu, N. R., Sobers, N. P., & Niles, E. (2004). The relationship of internalized racism to body fat distribution and insulin resistance is independent of birth weight in African Caribbean adolescents on Barbados, West Indies. *Journal of the National Medical Association*, 96, 1594-1598.
- Cort, M. A., Gwebu, E.T., Tull, E.S., Cox, N.A., & Modise, T. (2013). The differential gender effect of internalized racism on abdominal obesity in KwaZulu-Natal, South Africa. *The Social Science Journal*, 50, 557-564.
- Ellison, R. W. (1952). *Invisible Man*. NY, NY: Random House.
- Goff, P. A., Eberhardt, J. L., Williams, M. J., & Jackson, M. C. (2008). Not yet human: Implicit knowledge, historical dehumanization, and contemporary consequences. *Journal of Personality and Social Psychology*, 94, 292-306.
- Harris, L. T., & Fiske, S. T. (2006). Dehumanizing the lowest of the low: Neuroimaging responses to extreme out-groups. *Psychological Science*, 17, 847-853.
- Murrell, A. (1989). Social support and ethnic identification as predictors of career and family roles of Black women. Paper presented at the 21st Annual Convention of the Association of Black Psychologists, Fort Worth, Texas.
- Taylor, J. (1990). Relationship between internalized racism and marital satisfaction. *The Journal of Black Psychology*, 16, 45-53.
- Taylor, J. (2014a). *I. Educational justice: Eliminating racial, socioeconomic, and gender gaps*. Invited submission to President Obama's White House Initiative on Educational Excellence for African Americans. Department of Africana Studies, University of Pittsburgh. 19
- Taylor, J. (2014b). *III. Toward a general theory of just outcomes: Pilot applications to just academic, vocational, and health outcomes*. Invited submission to President Obama's White House Initiative on Educational Excellence for African Americans. Department of Africana Studies, University of Pittsburgh.
- Taylor, J., Doswell, W.M., Tull, E.S., Fapohunda, A., Baxter, B.J., Matambanadzo, A., & Tillotson, M.T. (under review). Normative Theories of Disparities and Wellness in America: Implications for the African Diaspora and Continent as well as Other Nations or Communities Sharing Histories of Oppression.
- Taylor J., Henderson, D., & Jackson B.B. (1991). A holistic model for understanding and predicting depressive symptoms in African-American women. *Journal of Community Psychology*, 18:19-45.
- Taylor, J., & Kouyate, M. (2003). Achievement gap between Black and White students: Theoretical analysis with recommendations for remedy. In A. Burlew, B. Guillermo, J. Trimble, & F. Leung, (Eds.), *Handbook of racial ethnic minority psychology* (pp. 327-356). Thousand Oaks, CA: Sage Publications.

- Taylor J., & Jackson B. B. (1990a) Factors affecting alcohol consumption in Black women: Part I. *International Journal of the Addictions*, 25, 1287-1300.
- Taylor J., & Jackson B. B. (1990b). Factors affecting alcohol consumption in Black women: Part II. *International Journal of the Addictions*, 25, 1415-1427.
- Taylor, J., Turner, S., & Lewis, M. (1999). Valucation: definition, theory, and methods. In R. L. Jones (Ed.), *Advances in African American psychology* (pp. 51-80). Hampton, VA: Cobb & Henry.
- Taylor, J., Turner, S., Underwood, C, Franklin, A., Jackson, E. & Stagg, V. (1994). Values for Life; Preliminary evaluation of the educational component. *Journal of Black Psychology*, 20, 210-233.
- Terrell, F & Taylor, J (1980). Self-concept of juveniles who commit Black-on-Black crimes. *Corrective & Social Psychiatry & Journal of Behavior Technology, Methods & Therapy*, 26(3), 107-109.
- Tillotson, M. T. (2011). *Invisible Jim Crow: Contemporary Ideological Threats to the Internal Security of African Americans*. Trenton, N.J.: African World Press.
- Tull E.S., Chambers E.C. (2001). Internalized racism is associated with glucose intolerance among black Americans in the U.S. Virgin Islands. *Diabetes Care*, 24:1498.
- Tull, E. S., Cort, M. A., Gwebu, E. T., & Gwebu, K. (2007). Internalized racism is associated with elevated fasting glucose in a sample of adult women but not men in Zimbabwe. *Ethnic Disease*, 17(4), 731-735.
- Tull, E.S. & Cort, M. A. (in press). The association of Afro-Caribbean immigrants' feelings of disconnection from community with the metabolic syndrome. *Journal of Immigrant and Minority Health*.
- Tull E. S., Sheu, Y.T., Butler, C., & Cornelius, K. (2005). Relationships between perceived stress, coping behavior and cortisol secretion in African Caribbean women with high and low levels of internalized racism. *Journal of the National Medical Association*, 97(2), 206-212.
- Tull E. S., Wickramasuriya, T., Taylor J., Smith-Burns, V., Brown M., Champaigne, G., Daye, K., Donaldson, K., Solomon, N., Walker, S., Fraser, H., & Jordan, O.W. (1999). Relationship of internalized racism to abdominal obesity and blood pressure in Afro-Caribbean women. *Journal of the National Medical Association*, 91, 447-451.

# Promoting Healthy Eating Habits:

## *A Physical Health Initiative*

*Willa Doswell, RN, PHD, FAAN*

*February 2, 2016*

ALL OUR JUSTICE ACHIEVING AND MAINTAINING INTERVENTIONS have started with **Stage I** application of the Theory of Planned Behavior (Ajzen) which has been widely utilized for predicting, understanding, and changing behaviors of an impressively wide range (more than 41,000 citations to date). Where Stage I interventions have proven worthy in reducing disparities, we move to **Stage II** where we infuse historical and cultural materials that undermine negative stereotypes and discriminatory patterns that cultivate disparities across our six domains of interest—educational, social, physical, mental, familial, and neighborhood. If Stage II together with Stage I interventions are successful in reducing disparities, we then proceed to **Stage III** applications where we create community empowerment movements to institutionalize the achievement and maintenance of justice—the elimination of disparities. Our *Educational Justice* and *Social Justice* initiatives are examples of Stage III applications.

Our *Physical Health Initiative* represents a **Stage I** application (now under review for federal funding). We provide here hints of what **Stages II** and **III** might look like. Only as we complete **Stage III** successfully will we conclude that this or any other justice-minded intervention is ready for national dissemination.

Jerome Taylor, PhD; Abi Fapohunda, DrPH; & Eugene Tull, DrPH



*Of all the forms of inequality, injustice in health is the most shocking and inhuman.*

(Martin Luther King, Jr.)

## Stage I. Healthy Eating Behavior: Operationalize Social Theory (Ajzen)

### Measurement

### Intervention

#### 1. Attitude (bipolar scale -3 to +3 on the ellipses only (...))

- 1.1. Eating vegetables 3X a week will...
- 1.2. Eating fruits 3X a week will...
- 1.3. Drinking pop more than 3X per week will...
- 1.4. Eating candy more than 3X per week will...

#### 2. Subjective Norms (unipolar scale 0 to 5)

- 2.1. My mother thinks eating vegetables 3X per week will...
- 2.2. My mother thinks eating fruits more than 3X per week will...
- 2.3. My mother thinks drinking pop more than 3X per week will...
- 2.4. My mother thinks eating candy more than 3X per week will...
- 2.5. Girls in my group think eating vegetables 3X per week will...
- 2.6. Girls in my group think eating fruits...
- 2.7. Girls in my group think drinking pop...
- 2.8. Girls in my group think eating candy...

#### 3. Perceived Behavioral Control (unipolar scale 0 to 5)

**When I get busy or feel upset:**

- 3.1. I will be able to stick to eating vegetables at least 3X per week.
- 3.2. I will be able to stick to eating fruits....
- 3.3. I will be able to avoid drinking pop no more than 3....
- 3.4. I will be able to avoid eating candy no more than 3....

#### 4. Intention (unipolar 0 to 5)

**Next week I intend to...**

- 4.1. Eat vegetables at least 3 times during the week.
- 4.2. Eat fruits...
- 4.3. Avoid drinking pop no more than 3X....
- 4.4. Avoid eating candy no more than 3X....

#### 5. Behavior (unipolar T or F)

- 5.1. I ate vegetables 3X times or more this week.
- 5.2. I ate fruits 3X times or more this week.
- 5.3. I drank pop fewer than 3X this week.
- 5.4. I ate candy fewer than 3X times this week.

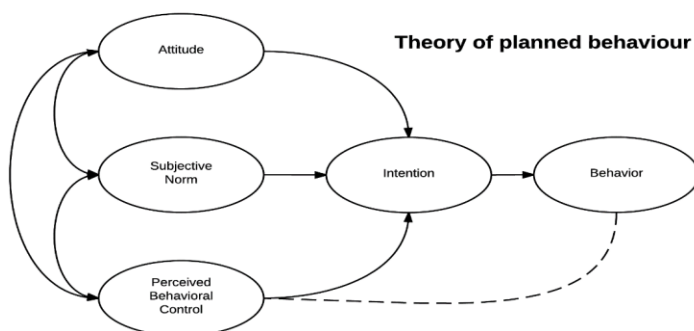
*Results (...) reported in published literature will be shared in language easily accessible by girls and their mothers.*

*Each girl and her mother are involved in joint sessions with other girls and their mothers where all learn together how to prepare healthy meals.*

*Girls and their mothers are helped to identify things like getting busy or being upset that may weaken their intention to prepare healthy meals. They brainstorm on what they can and will do to prepare healthy meals when such times come.*

*Forecasting is intended to highlight and support intentionality for the week just ahead.*

*Reaching or falling short of intentions provide opportunities for reflection and improvement going forward.*



More than 41,000 citations support the wide range of applications of this well-validated theory for predicting and understanding a wide range of social, health, and systemic behaviors.

Stage II. AFRICAN DIET (FORMATION)				SLAVE DIET (OPPRESSION)
IIA. Healthy Eating Behavior: Chosen by Honored Custom and Tradition				IIB. Unhealthy Eating Behavior: Imposed without Consultation
Plenty of Fruits, Nuts Vegetables, Legumes and Fish				
NORTH AFRICA	WEST AFRICA	EAST AFRICA	SOUTHERN AFRICA	We Raise de Wheat
Cook with olive, Onion and Garlic Chickpea Lamb Okra Spinach-like greens Legumes Eggplant Yogurt Dates, Raisin & nuts Fruits	Rice Yam Millet Sweet potatoes Sorghum Root Vegetables Black-eyed peas Plantain Corn Seafood Coconut Peanuts Chili Pepper Tomatoes Citrus Pineapples Mangoes	Sorghum Millet Rice Potatoes Maize Yam Beans Cowpeas Vegetables Meat	Rice Corn Millet Seafood Tomatoes Potatoes Green Beans Cabbage Pumpkin Peaches Mangoes Citrus Apricot Grapes Pomegranates Watermelon Cantaloupe	We raise de wheat, Dey gib us de corn; We bake de bread, Dey gib us the crust; We sif de meal, Dey gib us de huss; We peel de meat, Dey gib us de skin; And dat's de way Dey take us in....  From FREDERICK DOUGLASS, <i>My Bondage and My            Freedom</i> , 1853

### Main meal of the day is lunch

Usually consist of a mixture of vegetables

Legumes

Sometimes meat

Fish is abundant in coastal regions and many lakes

Combination of various foods called stew, soup or sauce

Meat and fish are not the focus of a meal, but instead used to enhance the stew

### Traditional Cooking Methods

Steaming in leaf wrappers, boiling, frying in oil, grilling beside a fire, roasting in a fire, baking in ash

*Motivating the Case for*

## **Recovery and Transformation**

in Dietary Habits of  
Africans in Diasporan  
Communities

Abi Fapohunda & Jerome Taylor, Department of Africana Studies, University of Pittsburgh

# **Stage III. Justice Works**

to enable community empowerment movements that

## **Eliminate Disparities**



### III. Strategies for Achieving and Maintaining Justice—Eliminating Disparities

**Acknowledging:** Examining current and historical costs of target disparity while instilling hope for disparity reduction

**Specifying:** Identifying empirically verifiable ways and means of closing and reversing target disparity

**Empowering:** Securing the interest, investment, and unswerving commitment of faith-based and justice-minded leaders



**ASE** in the Yoruba culture of Nigeria is a sacred concept connoting the power to produce multiple changes. In biochemistry it also is used to identify enzyme forms as in telomerase linked to longevity of life. The English pronunciation is 'ace'—our strategy for achieving and maintaining justice.

It may be helpful to think of each strategy as one leg of a three-legged stool such that if one leg is missing the quest for justice is farcically unsettled. If two or three legs are missing, we grant oppression new life with surging confidence.

*Achieving* justice requires seamless and courageous coordination of all identified strategies.

*Maintaining* justice requires seamless and courageous deployment of all three strategies without compromise or abatement over time and place. Otherwise, justice achieved will have a predictably short shelf-life.

In general, justice is not the present reality in our society. It requires strategic enablement to net just outcomes especially in unjust places still in urgent need of social and political as well as cultural reform.

## Safe Shelter: Summary of Methods for Recovering and Transforming Neighborhoods and Communities

1. Acknowledging
2. Specifying
3. Empowering

Jerome Taylor, PhD, February 23, 2017

1. **Acknowledging:** Examining current and historical costs of target disparity while instilling hope for disparity reduction.
2. **Specifying:** Identifying empirically verifiable ways and means of closing and reversing target disparity.
3. **Empowering:** Securing the interest and investment of faith-based and justice-minded leadership.<sup>8</sup>

Strategies <sup>9</sup>	Expected Outcomes
<b>1 Only</b>	Community and general public alerted to inequities but are poorly equipped to do much about it.
<b>2 Only</b>	Information is available for achieving equity but motivational and organizational supports are unavailable to pursue it.
<b>3 Only</b>	Organizational support is available without motivation and information required to achieve equity.
<b>1 + 2</b>	Motivational and informational supports are present without organizational support to achieve equity.
<b>1 + 3</b>	Motivational and organizational supports are present without information required to achieve equity.
<b>2 + 3</b>	Informational and organizational supports are present but motivational support for achieving equity is compromised.
<b>1 + 2 + 3</b>	Justice is achieved and maintained over changing times and circumstances.

To us, strategies 1 + 2 + 3 together will deliver justice over the long haul for the sake of children, parents, neighborhoods, and communities in greatest need of recovery and transformation. Their tomorrows depend on our capacity to deliver justice today.

<sup>8</sup> In the June 13, 2016 Gallup Poll, 41 percent of respondents expressed ‘a great deal’ or ‘quite a lot’ of confidence in the ‘church or organized religion’ which outranked, for example, levels of confidence expressed in the medical system, U.S. President, U.S. Supreme Court, public schools, organized labor, banks, media, big business, and U.S. Congress. Although the military and police were rated higher in confidence, it is our faith-based organizations first and foremost that have orchestrated and led local and national struggles for justice and freedom. Creating the ‘safe’ (*sozo*, σωζω) shelter where justice and freedom abide is a foundational charge and challenge to faith-based communities. Indeed, it’s their calling. With the support of justice-minded leaders and local activists who together are trained and certified in methods for achieving and maintaining justice and promoting freedom, the recovery and transformation of our neighborhoods and communities is within reach.

<sup>9</sup> We can provide case materials indicating that the first six strategic types have failed to bring justice in urban settings, so ‘Outcomes’ are not hypothetical or conjectural but real and documentable. The strategic combination 1 + 2 + 3, not unlike elements of a chemical bond, is our best bet going forward for yielding the illusive compound—justice attained and maintained. As with the elements sodium Na<sup>+</sup> and chloride Cl<sup>-</sup>, we can’t get the chemical compound salt without the ionic bonding of both elements. And as each salt compound is combined with other salt compounds through a process referred to as latticing (think here of expanding networks of faith-based and justice-minded organizations), bonding among compounds is strengthened, *i.e.*, fracturing and breakage are progressively less likely (enthalpy is the measure used in physics and chemistry to estimate this process). By analogy, the gathering strength of proliferating justice-minded organizations will counter expected pressures toward dissolution as we press our way toward justice—the illusive ‘compound’ forged by the bonding of strategic elements 1 + 2 + 3.

