

In Our Own Voice:
African-American
Stories of Oppression, Survival and
Recovery in Mental Health Systems



by Vanessa Jackson

Part 3 of the "It's About Time:
Discovering, Recovering and Celebrating
Psychiatric Consumer/Survivor History"



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In Memory of
Julius Green and Michelle Jackson
whose lives and deaths remind me of the continued need
to tell the truth about suicide in the African-American community.

The author recognizes that language is important and political. Those of us who have been labeled by the psychiatric community have been denied a choice in how we are presented to the world. Through our liberation struggles, we have created our own identities as consumers, survivors and ex-patients, users and recipients. For the purpose of this tool-kit, I will use the term *survivors* to describe individuals who have received a psychiatric label. In describing what mental health professionals describe as mental illness, I will use the terms *mental illness*, *emotional distress* or any term used by an interviewee.





An Introduction

As a child, I frequently dodged the bricks thrown by my elderly great-grandmother, a small, dark, wiry woman, as she guarded her front porch. By professional standards, my Grandma Etta was probably mentally ill, suffering from extreme paranoia and an intense hatred of white people. On the days that I could get close to her, I could hear her muttering about blue eye devils and her favorite target of attack was a blond-hair, blue-eyed teacher who frequented my family's restaurant, which unfortunately was attached to her house. In her mid-seventies, my great-grandmother was moved to a nursing home after it was determined that she was completely blind (and probably had been for some time). She died less than two weeks after being admitted to the nursing home. Her death did not surprise me because I could not imagine her being contained in any space that she did not control.

I was young then, wrapped up in my own life and struggling with the embarrassment I felt when people made fun of Grandma Etta by calling her "crazy." It was years later that I began to look through boxes of family pictures and see the world of rural Missouri where she grew up. I really thought about the fairness of my grandmother's skin and wondered if there was some connection with my great-grandmother's hatred of "blue-eyed devils." I visited her hometown many years later—afraid to get out of my car in this rural, white world—and wondered how her "paranoia" may have kept her safe in this hostile territory.

I start with my grandmother's story because it reminds me of the importance of understanding a person's history before judging behavior. Context is everything, and that is a poorly understood principle in the history of psychiatric treatment. Grandma Etta escaped the oppression of a psychiatric label and the treatments that are frequently imposed after the labeling process. Other members of my family, myself included, were not so lucky. I offer libations to Grandma Etta for escaping the bonds of psychiatric labeling and to my sister, Michelle Yvette Jackson, who was not so lucky and who committed suicide in June 1984 after a four-year struggle with depression and life.



Alice Walker, in her poem, *Dedication* (Walker 1991, p. 313), reminds us of the need to collect all of the threads of our past when we sit down to create a quilt that represents the lives of African-American people. This excerpt from that poem captures for me the need for us to hear and value all stories as we continue to move forward in our struggle to liberate and heal those of us who identify as African-American mental health consumer/survivors /ex-patients.

*“Rest in peace.
The meaning of your lives
is still
unfolding.*

*Rest in peace.
In me
the meaning of your lives
is still
unfolding.*

*Rest in peace, in me.
The meaning of your lives
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*Rest. In me
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*Rest. In peace
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Rest.”

The telling of stories has been an integral part of the history of people of African descent. From the *griots* of ancient African to the sometimes painful lyrics of hip-hop artists, people of African descent have known that our lives and our stories must be spoken, over and over again, so that the people will know our truth.

History, or at least the official record, is always the history of the dominant group. In America, the history of mental illness had traditionally been told in a voice that is white, rich, heterosexual, middle-aged, medical/professional and, of course, certifiably sane. This version of history has African-Americans as incapable of sufficient humanity to experience a mental crisis or rendered mentally ill by freedom or financial security. The official version, if it acknowledges our existence at all, tends to include us as a footnote or as a faded photograph. Rarely are our stories told of our lives before, during and after our mental health treatment. *In Our Own Voice: African-American Stories of Oppression, Survival and Recovery In Mental Health Systems* is a revolutionary act of self-love and a demand for visibility for African-American psychiatric survivors. We will acknowledge the painful truth that our invisibility has not been limited to the pages of history but is alive and well in our families and communities. As we listen to the voices of the men and women who shared



their stories we will hear the profound pain caused by mentalism and discrimination in our most important relationships, including our relationships with mental health providers. This guide and the sharing and connections that I hope will emerge from its use, will provide us with an opportunity as survivors to own our wounding and recovery and offer our experiences as lessons to our community on survival and triumph.

As I was preparing to write this introduction, I spoke with the daughter of one of the women interviewed as part of the oral history project. The daughter recounted her mother's delight at being asked about her history as a psychiatric survivor. I was humbled by the mother's response because I knew that it came out of a long history of being continuously asked about symptoms but never about her life. I remembered the interview and my amazement at this incredible woman's courage and resilience as she struggled with mental illness as a working class Black woman in a rich, white resort town in the 1950s. This conversation reminded me of the primary value of collecting history, especially oral history—the power of “restorying,” or restoring our lives to a state of wholeness. Therapy has been a poor attempt at giving people the space to put their lives in context and the power to bold or underline the events and people that **we** feel are important to us. *In Our Own Voice* challenges each of us to take responsibility, if only by sharing our own story of survival and recovery, of creating a history that truly speaks in our own voice.

This guide is divided into four sections:

- Chapter I will provide some historical highlights regarding African-American survivors and mental health treatment in America.
- Chapter II will explore the themes shared in the oral histories collected in this initial phase of the project and provide a guide to collection oral history in your community.
- Chapter III will provide strategies for using history projects as a tool for personal and community healing and social change.
- Chapter IV will include resources to assist you in starting your own history project.



Chapter I: Freedom Made Us Nuts

A review of the history of mental health includes few references to the African-American experience. Robert Meinsma's *Brief History of Mental Therapy* offers a review of philosophical and medical views on mental illness dating back to 600 BC that includes nearly a thousand entries. However, this very comprehensive document boasts fewer than five entries pertaining to the experiences of people of African descent. A similar criticism can be offered of the timeline compiled by the American Psychological Association (Street, 2001). African-Americans have a presence in America dating back to at least 1619 when the first African indentured servants arrived in America (Bennett 1993). This chapter attempts to supplement the official records by offering a few accounts of African-American psychiatric survivors' experiences, and the philosophy and policies that guided the treatment of our ancestors and which still influence our treatment today.

A review of the history of African-American psychiatric survivors would quickly disabuse a reader of the notion that the process of recording history is apolitical. One of the earliest records dealing with the issue of insanity among African-Americans was in 1745 when the South Carolina Colonial assembly took up the case of Kate, a slave woman, who had been accused of killing a child. After being placed in the local jail, it was determined that Kate was "out of her Senses" and she was not brought to trial. However, the problem of how to care for Kate was an issue since her owner was too poor to pay for her confinement and South Carolina had made no provision for the public maintenance of slaves. Ultimately, the colonial assembly passed an act that made each parish in the colony responsible for the public maintenance of lunatic slaves whose owners were unable to care for them (McCandless, 1997). Not surprisingly, there is no further record of what happened to Kate or what circumstances led to the murder of the child.

Scientific Racism

Benjamin Rush, MD (1746–1813), signer of the Declaration of Independence, Dean of the Medical School at the University of Pennsylvania and the "Father of American Psychiatry," described Negroes as suffering from an affliction called *Negritude*, which was thought to be a mild form of leprosy. The only cure for the disorder was to become white. It is unclear as to how many cases of *Negritude* were successfully treated. The irony of Dr. Rush's medical observations was that he was a leading mental health reformer and co-founder of the first anti-slavery society in America. Dr. Rush's portrait still adorns the official seal of the American Psychiatric Association. However, Dr. Rush's observation—"The Africans become insane, we are told, in some instances, soon after they enter upon the toils of perpetual slavery in the West Indies"—is not often cited in discussions of mental illness and African-Americans, however valuable it might be in understanding the traumatic impact of enslavement and oppression on Africans and their descendants. (Rush, 1813, p. 41)

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In 1851, Dr. Samuel Cartwright, a prominent Louisiana physician and one of the leading authorities in his time on the medical care of Negroes, identified two mental disorders peculiar to slaves. *Drapetomia*, or the disease causing Negroes to run away, was noted as a condition, "unknown to our medical authorities, although its diagnostic symptom, the absconding from service, is well known to our planters and overseers." (Cartwright, 2001, p. 1) Dr. Cartwright observed, "The cause in most cases, that induces the Negro to run



away from service, is such a disease of the mind as in any other species of alienation, and much more curable, as a general rule.” (Cartwright, 2001, p. 1) Dr. Cartwright was so helpful as to identify preventive measures for dealing with potential cases of drapetomania. Slaves showing incipient drapetomania, reflected in sulky and dissatisfied behavior should be whipped—strictly as a therapeutic early intervention. Planter and overseers were encouraged to utilize whipping as the primary intervention once the disease had progressed to the stage of actually running away. Overall, Cartwright suggested that Negroes should be kept in a submissive state and treated like children, with “care, kindness, attention and humanity, to prevent and cure them from running away.” (Cartwright, 2001, p. 1)

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Dr. Cartwright also diagnosed *Dysaesthesia Aethiopica*, or “hebetude of the mind and obtuse sensibility of the body—a disease peculiar to Negroes called by overseers—Rascality.” (Cartwright, 2001, p. 2) *Dysaesthesia Aethiopica* differed from other species of mental disease since physical signs and lesions accompanied it. The ever-resourceful Dr. Cartwright determined that whipping could also cure this disorder. Of course, one wonders if the whipping were not the cause of the “lesions” that confirmed the diagnosis. Not surprisingly, Dr. Cartwright was a leading thinker in the pro-slavery movement. Dr. Cartwright, in his article “Diseases and Peculiarities of the Negro Race,” chided his anti-slavery colleagues by noting “The northern physicians and people have noticed the symptoms, but not the disease from which they spring. They ignorantly attribute the symptoms to the debasing influence of slavery on the mind without considering that those who have never been in slavery, or their fathers before them, are the most afflicted, and the latest from the slave-holding

south the least. The disease is the natural offspring of Negro liberty—the liberty to be idle, to wallow in filth, and to indulge in improper food and drinks.” (Cartwright, 2001, p. 3)

Drapetomania and *Dysaesthesia Aethiopica* could be relegated to obscurity along with the spinning chair and other ridiculous assumptions about mental illness and its treatment if African-Americans were not constantly assaulted by updated efforts to put social and economic issues into a medical framework that emphasizes our “pathology.” In the late 1960s, Vernon Mark, William Sweet and Frank Ervin suggested that urban violence, which most African-Americans perceived as a reaction to oppression, poverty and state-sponsored economic and physical violence against us, was actually due to “brain dysfunction,” and recommended the use of psychosurgery to prevent outbreaks of violence (Mason, 1973). Clearly, the spirit of Dr. Cartwright was alive, well and receiving federal research grants. Drs. Alvin Poussaint and Peter Breggin were two outspoken opponents of the updated “Drapetomania” theory, along with hundreds of psychiatric survivors who took to the streets to protest psychosurgery abuses. The issue of brain dysfunction as a cause of poor social conditions in African-American and Latino communities continues to crop up in the federally funded Violence Initiatives of the 1990s (Breggin, 1998) and current calls for psychiatric screening for all children entering juvenile justice facilities. Exposing scientific racism is essential to protecting us from further psychiatric abuses and facilitating resolution of social, political and economic problems without blaming the victims of oppression.

In 1895, Dr. T. O. Powell, Superintendent of the Georgia Lunatic Asylum, reported an alarming increase in insanity and consumption among Negroes in Georgia. Dr. Powell noted that these conditions were virtually unheard of among Negroes up to 1860. A comparison of census records between 1860 and 1890 showed that insanity among Negroes had increased from one in 10,584 to one in 943. Dr. Powell believed that the



hygienic and structured lives led by slaves served as protective factors against consumption and insanity. According to Dr. Powell, “Freedom, however, removed all hygienic restraints, and they were no longer obedient to the inexorable laws of health, plunging into all sort of excesses and vices, leading irregular lives, and having apparently little or no control over their appetites and passions.” (Powell, 1895, p. 5) To sum it up, freedom made us nuts. Apparently, Powell failed to factor abject poverty, further disruption of family and kinship ties, racism, and terrorism into the high rates of insanity.

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The 1840 census revealed dramatically increased rates of insanity among free blacks. African-American physician James McCune Smith challenged the findings of 1840 census, which was frequently used by pro-slavery writers to confirm that enslavement was beneficial to slaves. Dr. Smith wrote, “Freedom has not made us ‘mad.’ It has strengthened our minds by throwing us upon our own resources.” (Gamwell and Tones, 1995, p. 102).

What role did the need for cheap labor to staff psychiatric hospitals play in the incarceration of former slaves? The Georgia Lunatic Asylum, which would come to be known as the largest lunatic asylum in the word, was operated exclusively by slave labor from 1841–1847, when the first white attendants were hired

(Cranford, 1998). The slave attendants and help-patients were a critical adjunct to hospital staff. Other factors that may have influenced the rates of insanity following the Civil War were starvation and poor nutrition, which led to pellagra, a niacin deficiency with symptoms of loss of appetite, irritability and mental confusion. This disease disproportionately affected poor and displaced former slaves.

The Colored Hospital

African-Americans were frequently housed in public (as opposed to private) facilities such as the poorhouse, jail or the insane asylum. These facilities almost always had substandard conditions. If conditions in the facility were poor for white patients, conditions were completely inhumane for African-American patients. For instance, one of the first patients admitted to the South Carolina Lunatic Asylum in 1829 was a fourteen-year-old slave named Jefferson. Jefferson’s name was not recorded in the admission book and he was reportedly housed in the yard. The young slave was admitted as a favor to his owner since the facility did not officially receive blacks (McCandless, 1996, p. 76).

The issue of housing Black and white mental patients in the same facility was a struggle in both Northern and Southern States since many leading mental health experts felt that it undermined the mental health of white patients to be housed with African-Americans. The distress of having Blacks and white patients in close proximity to one another was balanced by the unwillingness to fund segregated facilities for black patients.

In March 1875, the North Carolina General Assembly appropriated \$10,000 to build a colored insane asylum (Powell, 1879). The Eastern Asylum for the Colored Insane was opened in 1880 with accommodations for four hundred and twenty patients. The facility at Goldsboro underwent several name changes throughout its history and remains in operation as a psychiatric facility. In 1925, Junius Wilson, a seventeen-year-old, deaf and mute black man was accused of rape, castrated and remanded for incarceration at Goldsboro by a “lunacy jury.” The rape charges were eventually dropped in the 1970s and at some point authorities realized that Mr. Wilson was neither mentally ill nor retarded—simply hearing impaired. In 1994, at the age of 86,



Mr. Wilson was moved to a cottage on the grounds of the facility (now known as the Cherry Hospital). The move to the cottage was the state's effort to make up for Mr. Wilson's 72-year incarceration. He died there in March of 2001. (The Charlotte *Observer*, March 21, 2001).

Virginia established an asylum for the "colored insane" in Petersburg that received its first patients in April 1885. At that time there were approximately four hundred "insane Negroes" in the state, all of whom were cared for in the Petersburg facility (Powell, 1879, p. 16). Apparently little concern was given to the ability of family and friends throughout the state to visit their loved ones at the facility that was so far from home for so many.

The Alabama Insane Hospital was not for the exclusive use of African-Americans, but to accommodate the increasing number of African-American patients, separate facilities were created on the grounds. In 1897, Dr. T.O. Powell reported that the Alabama facility had about three hundred and fifty African-American patients. The facility maintained a "colony" of one hundred African-American men about two miles from the main facility. Dr. Powell noted, "They are contented, are the healthiest class of patients under this management and by their farm labor contribute to the support of the institution." (Powell, 1879, p. 41) It is interesting to note that the positive presentation of the "colony farm" obscures the reality that the primary "treatment" provided to these African-American male patients was hard physical labor. It seems odd that individuals who had been incarcerated in an asylum due to their insanity were able to perform tasks that must have required some degree of skill and focus.

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Dr. James Lawrence Thompson, in his memoir of life at the South Carolina State Hospital, noted "It was customary to employ as many of the patients as possible—those who were in condition to work—both male and female, white and colored. The white females would make beds, sweep the floors, sew, work in the kitchen and even sweep the yards. The colored females would work on the wards in various ways and in the laundry. The colored males did most of the rough work, such as working on the farm, cutting wood and the like. The white males were somewhat handicapped in their work as it was not customary to have the white and colored males working together and we did not have land enough to have the white males work on the farm, hence they were confined to work mostly in cleaning up the yards and moving trash from about the building." (Thompson, 1934, p. 7) Perhaps patients, both African-American and white, could have benefited more from the restorative power of gainful employment provided in their own communities and with adequate financial compensation.

The state of Maryland opened its hospital for the colored insane in 1911 near Crownsville, MD. The first patients were composed of 12 patients from the Spring Grove facility and 112 inmates from jails or other asylums. The inmates, who lived in a temporary camp while they began to clear the land and operate the farm, built the facility. It was noted that Dr. Robert Winterode decided to "entrust" the patients with axes and tools to complete the construction. Prior to the opening of the Crownsville facility, African-American patients were housed in segregated facilities on other facilities and in local jails. At the turn of the century, African-American males at Maryland's Spring Grove facility often spent up to eight months living in tents, made with patient labor, on the grounds. A cottage for African-American females was completed at Spring Grove in 1906. (Spring Grove on-line reference)

In 1919, Rusk State Penitentiary in Texas was turned into a hospital for the "Negro insane." The facility



achieved notoriety when, on April 16, 1955, a group of African-American prisoners in the maximum-security unit rebelled and took over the hospital for five hours. The rebellion was led by nineteen-year-old Ben Riley, who articulated inmate demands for better counseling, organized exercise periods, an end to prisoner beatings, and that all inmates have the same rights enjoyed by the white inmates regarding meals, bathing and freedom of movement. (Texas Rangers on-line reference) The article in the *Austin Statesman* reflects the power of having control of the media: it stated that the prisoners had “no specific complaints,” and described Ben Riley as the “leader of the gang of criminally insane Negroes” and as someone who “likes to exhibit his muscles.” (Lloyd, 1955) Readers get the sense that the reporter was barely restraining himself from calling the young leader a “big Black buck.” The *Austin Statesman*’s article is accompanied by a photo of a shirtless Riley with a caption that notes that the man was pointing to scars on another inmate that were reportedly caused by a beating. Is it possible that Riley was not just taking the opportunity to “exhibit his body” but was showing his own scars?

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During the siege, the inmates reportedly hooked the hospital superintendent up to the electroshock machine and attempted to deliver maximum voltage to him. The superintendent escaped injury when the inmates pushed the right button but failed to set the spring correctly. (Sitton, 1999, p.112) In her well researched book on the Texas State Lunatic Asylum, it is notable that author Sarah Sitton fails to note that Rusk State Hospital was established to serve African-American patients. Sitton is very sympathetic to the plight of attendants dealing with threats of violence *from* African-American prisoners but shows little concern for the violence perpetrated *against* African-American inmates.

This section is not intended to imply that the only place where African-Americans experienced the psychiatric system was within facilities. The history of institutional-based treatment is simply better documented than other interventions provided to—or abuses perpetrated against—African-American psychiatric

survivors. There is a rich history regarding natural healing and spirituality that needs further exploration to fully understand the efforts used in the community to honor and heal mental illness and trauma reactions.

African-American Resistance to Psychiatric Oppression

Ben Riley’s rebellion was not an isolated instance of resistance to psychiatric abuse. I was appalled by the all-white panel assembled for the 2000 Alternatives Conference, a psychiatric survivor empowerment conference, to discuss the history of the psychiatric liberation movement. Had people of color been patiently waiting for their white brothers and sisters to liberate them? Or had we once again been left out of the official record?

Luisah Teish is an African-American activist, priestess, psychiatric survivor and author who co-edited the *1976 Third World Issue of Madness Network News*. The special issue included Teish’s article, “That Nigger’s Crazy,” which highlighted scientific racism from Samuel Cartwright to Shockley and Jenson. She notes, “We know that if sanity is defined by white upper-middle class standards then we are in grave danger. It is very easy at this time, when Third World people are seeking our own identities, to say, ‘That Nigger’s Crazy... LOCK HIM UP!’ ” (Teish, *Madness Network News*).



In her book *Jambalaya*, Ms. Teish reflects on an incident in which she loses all hope and literally drifts out of her body:

I call this experience my nervous breakthrough. Prior to it, I was literally out of my mind. For a month I was quiet as a church mouse all day, and I screamed all night that I was captive on this planet and did not want to be here. I was strung out on doctor-prescribed dope and poison and under the influence of people who themselves were frightened and powerless. Like many others, I made the mistake of judging my worth by the paper in my pocket and arrogantly rejected the beauty of the flowers.

I wanted to be an asset to my community, to contemplate the meaning of existence and produce beauty. But literally everything in the society told me I was a useless nigger wench. I was someone who was best forgotten and destined to be destroyed. I was caught between my soul's desires and society's dictates.

Thank Goddess, my sister, Safi, was confident that I would come through it, so she did not call for 'the man' in the white coats.

Since then I have worked as a mental patient's advocate, and I maintain that many people in our state institutions are really in spiritual crises. The addition of mind-melting drugs makes their breakdown almost inevitable. (Teish, 1985, pp. 39–40).

Ms. Teish offers a political and spiritual analysis on mental illness that is rarely considered within clinical settings. She offers a re-connection with traditional healing practices to help us turn the medical “nervous breakdown” into a spiritual and political “nervous breakthrough”.

The plight of African-American males in the psychiatric system is vividly captured in *Hurry Tomorrow*, a shocking documentary of conditions at Metropolitan Hospital in Norwalk, California. (Cohen and Rafferty, 1975) In one scene, an assertive, young African-American male is trying to explain to an all-white clinical team his reality as a poor, Black man. He is mocked by the psychiatrist and lined up for Thorazine injections. Later in the film we see him shuffling through the cafeteria line barely able to hold his tray due to over-medication. It is a chilling scene of the suppression of the activist voice and it is done away from public view and protected by confidentiality laws that serve to protect mental health providers more than it ever protected survivors.

The official record ignores the activism of Goldie Marks of Toccoa, Georgia, past president of the Georgia Mental Health Consumer Network, who continues to advocate for herself and other mental health consumers. In her oral history interview, Ms. Marks recounts her attempt to elude her counselor and the police to avoid involuntary hospitalization following a statement of despair that was misinterpreted as a suicidal threat. She shared her story of surviving nine months in Central State Hospital and her continuing fight to secure her medical records related to that hospitalization. (G. Marks, personal communication, 8/23/2000) Ms. Marks worked with other Georgia consumer/survivors to secure restoration of the patient cemetery in Milledgeville, Georgia, and was present when a representative from Georgia's Division of Mental Health/Mental Retardation/Substance Abuse made a public apology to consumer/survivors for the desecration of patient graves and the abuse and neglect of patients by the state system. There is still much work to do in

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...

the psychiatric liberation struggle but we have our day-to-day heroes who have been and continue to be committed to the cause.

Leadership in a movement is all too often defined by who is sitting on the dais or has the ear of the rich and powerful. There were thousands of African-American activists who resisted psychiatric oppression on a daily basis, but many of them are lost to us because they are not recorded in the official history. We can no longer wait for the predominately white c/s/x movement to include us as an addendum to their history. We will have to write our own history to celebrate our legacy of resistance.



Chapter II: Truth Telling: Giving Voice to Liberation

“It is important that black people talk to one another; that we talk with friends and allies, for the telling of our stories enables us to name our pain, our suffering and to seek healing.”

bell hooks
Sisters of the Yam

Social critic bell hooks is an outspoken advocate of the need for African-Americans to engage in psychological healing to address the legacy of slavery and the ongoing traumas related to being marginalized in American society. She recognizes that the connections that we can make with each other and the repeated telling of our truths are forms of emotional healing. The collection of oral history puts the power to heal in all of our hands.

The initial phase of the *In Our Own Voice* project included interviews with twelve African-American psychiatric survivors. The interviewees ranged in age from thirty-three to seventy-five years of age. Four of the interviewees were male and seven were female. The majority of interviewees were raised in poor or working class backgrounds but three interviewees were raised in middle-class households. Two of the interviewees identify as gay or lesbian. Five of the female interviewees identified as sexual abuse survivors. The interviewees lived in geographically diverse areas. The interview format was unstructured and people were invited to just talk about their lives and how their experience with being labeled mentally ill had affected them. In spite of the limited number of interviews collected in this phase of the project, it was important for us to ensure that the interview pool reflected as much of the diversity of the African-American community as possible. It was especially important to ensure that the experiences of members of the gay/lesbian/bisexual/transgendered were incorporated into the project. The double minority status of gay/lesbian/bisexual/transgendered individuals and the “Play it but don’t say it” homophobic attitude in the African-American community makes for an additional layer of trauma for this group of psychiatric survivors.

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The oral history project provides a unique opportunity for dialogue among the African-American psychiatric survivors and the wider community regarding the intersection of racism, classism, sexism, ageism, mentalism, and heterosexism. We may be in a unique position to offer guidance to the wider African-American community regarding the deep and traumatic impact of oppression on our psyches. It is been my experience that psychiatric survivors have a greater ability to talk openly about our lives. This may be a by-product of the involuntary sharing in coercive therapy, the openness created through genuine therapeutic interactions or simply the relief, after frequent exposure to active ignoring in treatment facilities, at being able to tell our stories. The following excerpts were selected because they capture the experience of mental illness and oppression across several decades with interviewees who have been involved in the mental health system for over thirty years. The interview with Ms. Clemons also allows African-American survivors a rare glimpse into the legacy of trauma and mental illness left in the wake of racist oppression and the struggle for civil rights.



Pearl Johnson

At age 70, Pearl Johnson is a leading African-American psychiatric survivor activist. She was born in Hollywood, Louisiana, a small town outside of Shreveport. Ms. Johnson described her childhood as being wealthy because there was a garden with plenty of food but oil stoves and no running water. She described her early experience with sexual molestation, physical violence and emotional harshness. It is with a different tone that she describes her “jack rabbit” spirit that made her an excellent athlete and potential Olympic runner. She described the culmination of parental pain and confusion that landed her in state custody at the age of sixteen labeled an out of control child. The irony of the situation was that this was a child who was focused on sports and athletic success. Once she found herself incarcerated in a juvenile facility in California, Pearl used those athletic skills to liberate herself and make her way to New York State. She was eventually arrested on “white slavery” charges because a thirteen-year-old girl joined her in the breakout and they had moved across the country together. At sixteen, Ms. Johnson had her first encounter with the mental health system. Due to her constant crying she was labeled with depression. She eventually returned home to California and the maternal violence resumed. This excerpt of the interview picks up where Ms. Johnson makes her decision to leave home for good at age seventeen.

Ms. Johnson: I came back to California and started going through all of the same stuff. You look just like your no good daddy and this and that. Getting beat....

Interviewer: By your mother...? Or by...?

...
The most painful part of Ms. Johnson's story is that in all of her mental health treatment, the issue of sexual and physical trauma has never been addressed.
...

Ms. Johnson: By my mother. And the last time she hit me she had grabbed me like this...by my nose...and had a double-barrel shotgun and I hadn't done nothing.

Interviewer: How old were you, Pearl?

Ms. Johnson: Seventeen.... So I ran...I really ran that time. I ran 'til I wound up in jails, hospitals, and institutions. I ran 'til I started sleeping with a man and got pregnant.... I ran 'til I started drinking wine. I ran 'til I got to become a thief. I just ran. And I didn't stop running for fifty-one years. Until here lately. My life has been real, real, real, real, real rough. I

don't know if I had shock treatments or not 'cause I went into a state of shock. In nineteen and fifty-three, I was arrested...I didn't know what for. They gave me twelve years in the state penitentiary. I...I...I still don't know.... Why so much time and I didn't have nothing on me? ...Oh, lord.... [tearful]

Interviewer: It's okay...just take your time...take your time, Pearl.

Ms. Johnson: A lot of that stuff that I seen today brought a lot of that back. [reference to c/s/x consumer history slide presentation viewed prior to interview] One time I woke up and I did not have top teeth. I had top teeth but they were all broke up. I don't know if it was from shock treatments or from me gritting or whatever. But anyway, they had to pull all of my teeth out. Uhm... I've been a dope fiend....

Interviewer: What did you use?

Ms. Johnson: I used heroin...uhm...morphine.... Morphine was the real deal in those days. I had



sense enough to not use it with my children...when I was pregnant.... But all of the rest of the time.... My children were taken from me.

Interviewer: How many children do you have?

Ms. Johnson: I had three. My oldest son was... My daughter just told me.... I blocked all of that out. He got beat to death. Uh...he had things with his mind.... He had suicidal tendencies. Uh, he got beat to death...he got beat with a lead pipe...and I watched him die for twenty-eight days. Let's say it that way.

Ms. Johnson recounted several near death experiences and the suicide of several friends when she was incarcerated. She was homeless during much of the fifty-one years she spent running. The most painful part of Ms. Johnson's story is that in all of her mental health treatment, the issue of sexual and physical trauma has never been addressed. She has been labeled with clinical depression and most recently with Schizophrenia, Paranoid Type. Ms. Johnson's story is ultimately a story of survival and commitment to supporting recovery that is hard to match. At the age of seventy, Ms. Johnson described herself as "just finding myself."

Ola Mae Clemons

Ola Mae Clemons is a quiet, dignified woman who lives in an apartment on a quiet street in Albany, Georgia. In 1963 at the age of nineteen, Ola Mae Quarterman refused to sit on the back of the bus in that same town, and spent the next thirty days in jail. As she says, "I paid my damn dime.... I can sit where I want." She is known as the "Rosa Parks of Albany." A dedicated civil rights activist, she spent the next two years involved in civil rights organizing. She was expelled from Albany State University for her participation in civil rights activism. In 1965, following a troubled marriage and the birth of her child, she experienced what she described as a "nervous breakdown." At the age of twenty-one, Ms. Clemons ended up in Central State Hospital in Milledgeville, Georgia, where she remained for thirty-five years. It is notable that her extended stay occurred during a period of massive deinstitutionalization, yet this quiet, nonviolent woman remained at the facility. She missed out on raising her child, enjoying the changes that her activism created and the opportunity to maintain connections with her activist friends. Ms. Clemons reports that she had nearly one hundred shock treatments during her stay at the hospital. When asked about her time at Central State Hospital, Ms. Clemons described her time there as "exciting times" since she was a "volunteer" [voluntary] patient and had ground privileges. Since her release from the hospital in 1998, she participates in day treatment and case management services and is frequently interviewed by the press regarding her civil rights history.

Interviewer: Kind of going back, one of the things I'm trying to understand, especially about the African-American experience.... I hear a lot of different stories and everyone has their own experience, but as far as you know—in terms of your treatment—you said that you did not get shock...electric shock treatment...at all?

Ms. Clemons: I did.

Interviewer: You did?

Ms. Clemons: I probably have taken more shock treatments than anybody else has ever had.



Interviewer: How.... Do you know how many?

Ms. Clemons: I think it's about ninety-something shock treatments. Or a hundred.

Interviewer: Wow. What do you remember about getting shock treatment?

Ms. Clemons: Well, I took mine knock out.... I took mine without medicine.

Interviewer: So you took yours with medicine or without....

Ms. Clemons: Without.

Interviewer: So you were awake?

Ms. Clemons: Right. And they knocked me out with the electricity.

Interviewer: And what do you remember after you woke up.

Ms. Clemons: Nothing. But when I went to get up and it knocked me unconscious.

Interviewer: Did it help?

Ms. Clemons: It did help...help for a while. It makes you have an appetite. It makes you relax. It makes you forget all the problems you had. Your mind goes blank. But I would rather not take it because when my mind come back to it, I can remember my class work, my books I read. My homework...my church, my minister. But when you taken those you forget a lot of things.

Interviewer: So you lost some of your history taking the treatments.

Ms. Clemons: Right.

Interviewer: I hear a lot of that. It sounds like what you were experiencing was depression.

Ms. Clemons: Self-depression?

Interviewer: Is that what.... Do you know what your diagnosis is at all?

Ms. Clemons: Schizophrenia. Paranoid schizophrenia.

Interviewer: Okay. Hmm.... Because what you described sounds a lot like someone who's just really sad.

Ms. Clemons: [Laughter] It's sad. I hope I don't have to go through that again.

Interviewer: Did you...?

Ms. Clemons: Because next time I am marching with the whites. [laughter]

Interviewer: What?

Ms. Clemons: The whites gonna have to march.... [laughter]

Interviewer: Your not going to do it by yourself this time, that's what you're saying?

Ms. Clemons: Right! I'm going to obey and be humble. [laughter]

Interviewer: You think you would be? If you really had it to do over again, would you be humble?

Ms. Clemons: I would. I sure would.

Interviewer: Where do you think we would be as a people?



Ms. Clemons: Where do I think we would be as a people?

Interviewer: Yeah.

Ms. Clemons: [unintelligible]

Interviewer: As Black people especially.

Ms. Clemons: I think we would hug up with the whites. [laughter]

At the end of the interview, Ms. Clemons makes the heart-breaking comment, “I guess I was the only one that cracked up.” This statement highlights the danger of failing to look at context, especially the political and economic context of an individual’s life before they are labeled with mental illness. In my judgment, Ms. Clemons was a political prisoner, and her thirty-five years of incarceration in Central State Hospital had more to do with her agitating for social justice than it ever had to do with schizophrenia. She is a survivor in the truest sense of the word. How would her life have been different if she had been able to participate in the “soul sessions” that Alvin Poussaint, MD, and others created for civil rights activists to process the hatred and violence they were experiencing daily? (Poussaint personal interview). What if the civil rights leaders had been less fearful of embracing the wounded leaders and workers and had not rendered these individuals invisible within the movement? This was post-traumatic stress disorder without the benefit of the “post,” since the violence and threat of violence was constant and unyielding. It speaks to me of the evil of our political system, and the psychiatric system that often functions as its handmaiden, that at no point in her treatment was the issue of her harassment, abuse, and incarceration addressed as an act of racism and repression for her activism. Instead she is left feeling that if she had to do it over again she would “sit where the man told me to sit.”

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Quincy Boykin

Quincy Boykin is a fifty-six-year-old African-American male from New York City who is a mental health survivor activist. In his interview, Mr. Boykin described the impact of a one-year tour of duty in Vietnam in 1965–66 and the drug use and depression that followed upon his return to his family. His story highlights the unique challenges faced by African-American males within the mental health system and American society. How does American society’s lack of permission for men, especially African-American men, to express feelings of sadness, helplessness and loss, contribute to the mental distress in men daily confronted with oppression and pain? Mr. Boykin’s first contact with the mental health system was at the age of forty-six when he was picked up on the street and held in a psychiatric ward for three months. He recounts his anger at the friend who arranged for his extended incarceration until a community-based placement could be found for him. Mr. Boykin described the hospitalization and the after-care as a significant turning point that broke the



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cycle of twenty years of heroin abuse. He raised important questions about the misdiagnosis of African-Americans, especially males with substance abuse and trauma backgrounds, as having schizophrenia and embarking on often debilitating and useless treatment. Mr. Boykin also raised crucial questions regarding the silence and shunning of individuals with mental illness within African-American families—even families that are otherwise loving and supportive. He speaks with pride about maintaining his relationship with his own children in spite of his drug abuse and trauma and makes visible the reality of survivors as parents, husbands, children and activist. In his interview, Mr. Boykin talks about the impact of his civil rights activism in the late sixties and the cultural depression of lost dreams. His story provides a rare glimpse into the trauma created by a crushed and compromised revolution for black liberation and wide-scale societal transformation. (Boykin, personal communication, 11/22/2000)

In Our Own Voice is a small beginning and we cannot possibly convey all of the rich voices of the interviewees in this resource guide. However, some themes were identified through the interviews that are in need of further exploration and elaboration.

Spirituality

The majority of the interviewees spoke of the importance of their spirituality in their recovery process. One interviewee identified as Muslim, and the rest identified with some form of Christianity. My own spiritual tradition incorporates African ancestor worship and is heavily influenced by the work of psychiatric liberation activist, priestess and author Luisah Teish. At the worst moment of my depression, I created an altar to reflect my intense pain and my hope for recovery.

Several people talked about the need to help religious institutions respond more effectively to mental health concerns. An interviewee who identifies as a lesbian recalls being subjected to a form of “exorcism” as a child to deal with perceived mental health issues and the sense for her family that “if you don’t fix this now, you are going to have a lesbian on your hands.” The depth of spiritual wounding that can occur when an individual is cut off from his or her religious community or, even worse, when religion is used to further abuse people, is incredible. On the other hand, the power that spirituality has to heal and to restore a survivor’s sense of self and serve as a vehicle for reconnection to community is equally powerful. The documentary *Dakar: When the Spirits Are Angry* chronicles a healing ritual in Dakar, Senegal, during which a woman suffering from diabetes and emotional distress is treated by the local healer. There were many amazing events that occurred in the course of this nearly week-long ritual, but what stood out for me most was that the entire community was involved in lending energy, through music, dance, cooking, prayer, to this woman’s recovery. Maybe community connection was the key to her healing. A local doctor noted, “The ritual is designed to cure the sick person and the community, which believes that [he or she] is sick.” (Dakar, 1999) The understanding that the community must be healed for the person to truly be well is a radical notion that would be useful for modern psychiatry to consider. How can we draw on these traditions to create a model of recovery for African-American psychiatric survivors?



Family

A constant theme throughout the tapes was the challenge of remaining visible as psychiatric survivors in our family systems. Many interviewees talked about the estrangement from their families due to embarrassment and shame about their mental health diagnosis. One interviewee talked about her desire to use her tape to initiate a discussion about mental illness in her family. Even in extremely supportive families there was a willingness to talk about anything but the mental illness. Families were able to have weekly visits or phone calls to loved ones in the hospital yet still not acknowledge the mental illness. The majority of the interviewees who address this issue directly seemed to accept invisibility as something they had live with to maintain a connection with their families.

A seventy-five-year-old African-American woman from the northeast talked about her challenge in dealing with her mental illness in the face of her husband's controlling behavior. Although her husband was financially—and to large degree emotionally—supportive of her, his own confusion and shame about mental illness may have prevented him from allowing his wife to find her own path of recovery. She noted that she resisted his demands that she should not take medication and began her recovery process. This interviewee also spoke of the value of her “work family,” which assisted her in maintaining employment and independence as she struggled to deal with her mental illness.

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Social Activism

The majority of interviewees were involved in some type of advocacy work related to psychiatric recovery or other anti-oppression activities. Quincy Boykin and Pearl Johnson all spoke passionately about the value of their activism as a recovery tool. Mr. Boykin and several other interviewees noted that they were raised in politically active families or were engaged in social activism prior to their experience with a psychiatric diagnosis. Ola Mae Clemons's story reminds us of the cost of social activism and the need for us to view the good health of our spirits and minds as tools for social change as well. Readers are encouraged to read *Sisters of the Yam: All About Love* and *Salvation: Black People and Love* by African-American feminist cultural critic bell hooks, for more discussion regarding the therapy and emotional health as revolutionary acts in the African-American Community.

Oppression in all its Faces

The issue of oppression was a constant theme throughout the interviews, including class oppression and its impact on the manifestation and treatment of mental illness. Sexism was an issue for males and females because it contributed to the normalization of the sexual victimization of female survivors and served as a barrier to males openly expressing their pain and distress. Heterosexism played out in the labeling and forced treatment of individuals identified as gay and lesbian and the invisibility within the African-American community of our gay/lesbian/bisexual/transgendered (GLBT) brothers and sisters. A lesbian psychiatric survivor described her experience as a small child being subjected to an “exorcism” since her parents had been informed that they would “have a lesbian on their hands” if they did not intervene immediately. When religious intervention failed, the family resorted to the psychiatric system for assistance and initiated a four-decade-long process of



psychiatric oppression. I felt proud when the newly forming national organization of African-American psychiatric survivors acknowledged the need to specifically identify our support of our GLBT brothers and sisters in our statement of purpose. I hope that we can avoid the pitfalls of so many liberation movements by embracing and celebrating all African-American survivors.

A more detailed exploration of the experiences of African-American youth and elders is needed and those voices really need to be amplified because of the tendency to focus on the people most likely to be at the decision making table—those between twenty-one and sixty. I believe that the African-American psychiatric survivor movement is in unique position to explore the intersections of these various forms of oppression and use this knowledge to strengthen our movement and our communities.

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Violence

The issue of violence, in various forms, is rarely discussed except to address the violence perpetrated by individuals diagnosed with mental illness. Significant themes within the interviews were physical, sexual and emotional violence which were rarely, if ever, addressed within the clinical environment. The clarity with which Pearl Johnson speaks of the violence that she experienced throughout her life makes it all the more shocking that a therapist never followed this theme as a source of her depression and substance abuse; it amounts to nothing less than malpractice. The larger issue of cultural violence in the form of the suppression and violation of our civil rights is also ignored in psychiatric literature but is an ever-present reality in our daily lives. How do we address

these issues while avoiding yet another psychiatric label? If an entire group experiences symptoms of post-traumatic stress disorder, when does it shift from being an individualized psychiatric disorder to a public health crisis that must be addressed at its root?



Chapter III: Honoring Our Past, Celebrating Our Present and Protecting Our Future

The value of historical preservation and oral history collection should be clear to everyone. However, it is politically and economically challenging to advocate for public funding for history projects at a time when mental health prevention, clinical and residential programs are under-funded. Do we make history collection a higher priority than agitating for the repeal of oppressive commitment and forced medication laws? Do we even want to preserve such a horrible history of psychiatric abuses? If you had asked me my thoughts a year ago, I probably would have quoted Mother Jones: "Pray for the dead and fight like hell for the living." But the past year has changed me from a mental health user/social worker into an amateur historian. More importantly, it has radicalized me, made me briefly question whether there was a way to function ethically as a therapist (there is; many of the interviewees identified supportive clinicians who stood by them through their recovery), and connected me to my own history. This issue is not whether a history is worth preserving but who is in charge of the preservation effort. It is exciting to see the national movement to restore cemeteries and collect survivor oral history. As African-Americans, we have to be involved in these historic preservation efforts. A recent article in the Columbia, South Carolina, *Free Times* described the plan to construct a driving range over the graves of as many as nineteen hundred African-American mental patients in Columbia, South Carolina. The World Golf Foundation and the Tiger Woods Foundation's First Tee program is designed to provide children and communities access to golf who would otherwise would have little or no exposure to the sport. The article quoted a seventy-two-year-old neighbor in the adjacent African-American neighborhood as commenting, "I don't see what the fuss is all about. It cleans up an area in our neighborhood that has needed to be cleaned up since I was a child." (Cato, 2001) It is especially destructive to African-Americans to have our past pitted against our future or for economic development to come at the cost of a loss of human dignity and reverence for our ancestors.

As African-American people we do not have the luxury of being forgetful or ignorant of our history. We have lost much, contributed even more and survived against all odds during our sojourn in American. We now have an opportunity to reclaim some of the lost parts of our history and ourselves. As psychiatric survivors we have a unique opportunity to heal ourselves while offering a model of authentic healing to our community. We are *griots* and the telling of individual stories opens the door to reclaiming the truths about our communities and our collective experience.

Through my work on this monograph, I learned many valuable lessons that I will share with other amateur historians in the hope that you will avoid some of my missteps. However, we each will have to find a way to reclaim our history based on the resources that we have available to use. The beauty of historical research is that it need not cost much if anything. The *In Our Own Voices* project consisted of background research, which included a literature review, a more thorough review of several key books that are listed in the resource section and a review of original documents at Central State Hospital in Milledgeville, Georgia. The trip to Milledgeville was especially valuable to me because it helped me to connect with the spirit of a place dedicated to the incarceration of the socially undesirable. It allowed me a chance

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to have conversations with African-American former staff members that were not recorded in the official record. One of the more cynical observations I made during my visits to Milledgeville was that all of the African-American wards that are still standing have been turned into prisons.

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The most important lesson I learned during my research was to start with the oral history collection to help ground the researcher in the importance and validity of the individual voice. I will add that the first oral history that should be collected should be your own story. I taped my story about midway through the process and I was humbled by the difficulty of listening to my own tape. I had told the story of my depression and the related story of my sister's suicide in a number of settings but I was amazed at the power of sitting down for forty-five minutes and telling my story uninterrupted into a tape recorder.

Interview format

There are many strategies for collecting stories from individuals and each interviewer will develop his or her unique style through trial and error with various interviewees. I highly recommend unstructured interviews with minimal guidance other than to ask people to talk about their experiences with mental illness/mental illness label. The interviewer should make it clear at the beginning if there are any time limitations so that the interviewee can pace him/herself within the allotted time. When possible, I encourage follow-up interviews to allow for deeper exploration and clarification of certain aspects of the story.

Pat Deegan, a psychiatric survivor/activist with a Ph.D. in clinical psychology, notes that it is important to let the stories unfold because the stories of our experiences as psychiatric consumers/survivors/ex-patients are frequently trauma stories. (P. Deegan, personal communication, 7/8/2000) Trauma stories tend to unfold in layers with frequent doubling-back to re-connect with another aspect of the personal history. Do not expect the telling of a psychiatric story to emerge in a straightforward, linear fashion. Always honor the feelings that come up, and inform interviewees at the beginning of taping that they are free to pause or terminate the interview at any time. It should be clear that the interviewee is in control of his or her historical material during the interview and in the future use of the oral history tapes.

If the interviewer prefers a more structured interview format, I can offer a few suggestions regarding introductory questions. The key to any interview is to be flexible and follow the lead of the interviewee. I have used some of the following questions during structured oral history interviews:

1. What is one thing that you love about yourself?
2. When were you first diagnosed with a mental illness? What were the circumstances of your diagnosis?
3. What experiences stand out most for you related to being labeled mentally ill?
4. What was your most positive experience with the mental health system?
5. What was your most negative experience with the mental health system?



6. How did /does your family and friends respond to your emotional crisis?
7. What helps you to heal? Have you ever used nontraditional (nonmedical model) interventions to support your recovery?
8. What, if any, impact did being African-American have on the manifestation of behaviors labeled as mental illness or your treatment?
9. Knowing what you know now, what would you do differently about your contact with the mental health system?
10. What do you feel is important for African-Americans to know about mental illness, treatment and recovery?

A brief but powerful series of questions was offered by Pemina Yellowbird, author of *Wild Indians: The Untold Story of the Canton Asylum for Insane Indians*. (P. Yellowbird, personal communication, 7/8/2000) As she and I discussed our respective history projects and ways to honor traditional methods of healing, Pemina noted that healers in her tradition offer three core questions:

1. What happened to you?
2. How does what happened to you affect you now?
3. What do you need to heal?

Aside from the value of these questions in eliciting oral history, imagine the healing power of these words if they were a routine part of a mental health interview.

I encourage individuals and groups working on oral history projects to experiment with a variety of questions to see which ones facilitate the sharing of stories without re-traumatizing individuals. At the end of an interview it is always important to debrief the interviewee and talk a little bit about how it felt to be interviewed. I always offer interviewees the option of contacting me for further debriefing if they find that they continue to be troubled by the material discussed in the interview. It has been my experience that interviewees feel a sense of relief and validation at the end of an interview. Several interviewees noted that it gave them a chance to look at their experience from a different perspective. I provided all of the interviewees with a copy of their tapes to review prior to signing a release of information.

Payment for interviews

The issue of payment for interviews is a financial and ethical decision. The interviews conducted as part of this project were voluntary and offered without financial compensation. However, many oral history projects do provide a small stipend to compensate interviewees for their time. There is no way to adequately compensate someone for his or her story and compensation in no way implies ownership of the final product. I believe that interviewees should be fully informed regarding the possible use of their tape and sign a written consent form outlining how the tape and transcript may be used in the future.



Voices of Allies in the Struggle

I encountered a challenge at the very beginning of this project when I had the opportunity to interview an African-American man who had worked at Central State Hospital from 1932 to 1972. J.C. Hogan shared his story of witnessing the oppression of African-American patients and staff, his efforts to create a humane environment for the one hundred African-American children on the ward where he worked, and the desegregation of the hospital in 1965 (Hogan, personal communication, 6/22/2000) How could I incorporate the voices of the African-American staff without muting the voices of the psychiatric survivors? This work is first and foremost the history of African-American psychiatric survivors. Future works will need to explore the intersections of power, race, class, mental status in the complicated relationships of African-American

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staff and patients. There is a deep and painful story to tell about the ways that people who wore our face were used as the tools of day-to-day oppression. There are also powerful stories of resistance and healing that came out of the shared experience of racism for survivors and staff.

I remember a brief conversation with an African-American woman who recently retired from Central State Hospital as she described her horror at lining up female patients for shock treatment and her helplessness over the sterilization of African-

American adolescent girls. As she spoke with me, an elderly white man entered the room and she whispered, "That's the shock doctor." I could barely contain my rage at this man and missed a valuable opportunity to get firsthand information regarding the eugenics program at the hospital. At that moment, there was not room for his oppressive power in my history. These are some of the issues that need to be addressed as we embark on a full and honest telling of the psychiatric history of African-Americans.

Oral History Archives

I hope that this monograph will build on the existing oral history projects in New York, Massachusetts and other states. Even if the existing projects are not exclusively devoted to capturing the experiences of African-American people, we need to participate to ensure that our voices are amplified in the re-telling of psychiatric history from a survivor perspective. We have to collaborate with our allies to create archives to preserve and disseminate our stories of survival and recovery. Wherever you are right now, you can build on the process by taping your own story, and creating opportunities to educate other survivors about the critical need to record our history. Start with the elders because we could soon lose their voices, but do not neglect the stories of young survivors who are a crucial thread in the weaving our collective story.

Oral History as Activism

Creating a place to tell our truths is an act of self-love, liberation and reclamation of our full history. As African-American survivors we need to render ourselves visible to the psychiatric community, the historical community, the c/s/x community, the wider African-American community and, most importantly, to ourselves. I first shared my initial work on *In Our Own Voice* at a national c/s/x conference in Nashville, Tennessee, in October 2000. I was moved by the words of an African-American male participant who stated that "This was the first time that I have felt validated at one of these conferences." In that room, a new level of healing and energy emerged as we began to grieve and celebrate our history. The group decided to gather later in that evening to explore the formation of a national African-American survivor organization. The energy and leadership for such an organization existed before we entered the workshop, but the sharing of our history provided a



deeper recognition of where we have been as people and what we need to do to continue the liberation process as African-American psychiatric survivors.

It is important for us to ground our political movements in a firm understanding of history because the forces of oppression that have so effectively silenced and separated us benefit from our ignorance regarding our past abuses and successes. The medicalization of mental illness and confidentiality laws have reduced our experiences with madness (as a mental illness and as an expression of outrage) to an individual illness rather than part of a larger social and political response to oppression and invisibility. It is difficult to listen to the history of African-American survivors without feeling intense rage and profound sadness. We can be torn apart or immobilized by these feelings or we can use them as a force to unite and mobilize us in our search for the truth, a past and present truth of our experiences as African-American psychiatric survivors.

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Chapter IV: In Search of Our History

The exploration of African-American psychiatric history does not necessarily require you to travel. You can find a significant amount of information at your local library and via the Internet. Since most survivors do not have lots of resources, we have to maximize the opportunities to conduct research in our own backyards and to connect with other survivor/historians to build a body of information that accurately represents our experiences in the psychiatric system. I will highlight several local stories that need further exploration:

Malaga Island (Maine)—This was the site of a racially mixed settlement founded in 1794 and destroyed by the state of Maine in 1912 after its residents were declared feeble-minded and relocated to the Maine School for Feeble-minded or other locations. The real motivation for the relocation was racism and land-grab. In a final brutal act to obliterate the history of Malaga Island, the state destroyed all of the structures on the island and exhumed the bones of the dead, placed them in five large caskets and reburied them on the grounds of the state home. (Barry, 1980)

Rusk State Hospital (Texas)—In 1919, this former prison was designated as the state hospital for the “Colored insane.” More information is needed about the history of the facility, including survivor perspectives on the 1955 uprising in the maximum security unit led by nineteen-year old Ben Riley. Any detail on Ben Riley’s life after the riot would be an important addition to African-American psychiatric history.

Colored Hospitals—We need to identify all freestanding facilities for the “colored insane.” When I began this project, I was aware of only two facilities, Eastern Hospital for the Colored Insane in Petersburg, Virginia, and the Asylum for the Colored Insane in Goldsboro, North Carolina. I have since learned of other facilities throughout the country. Check the history of your state to see if there were any segregated facilities. Investigate the experiences of African-Americans in segregated facilities that house African-American and White psychiatric survivors. After reading several reports about Central State Hospital in Georgia’s colony farm, I was shocked to find that it was operated exclusively with African-American labor after talking with a staff member who worked at the institution for nearly forty years. The official records failed to note the race of the patients producing all of the food for state hospital complex.

Psychosurgery—There is a need for extensive review of the U. S. government’s funding of research into psychosurgery. An Internet article on the brief history of the lobotomy noted that in 1949, staff at Rusk State Hospital in Texas (where Walter Freeman, the leading American proponent of lobotomies, had visited earlier in the year) were planning 450 ice-pick lobotomies before the year was out. (Youngson and Schott 1996)

In the 1960s, J.O. Andy of University of Mississippi at Jackson conducted psychosurgery on African-American children as young as age five who were diagnosed as aggressive and hyperactive. (Breggin on-line reference).



Slave Narratives—A more careful review of existing slave narratives should be conducted to extract information regarding mental illness and the treatment of “insane” slaves. We can also collect information regarding the psychological impact of slavery and strategies used by slaves to deal with emotional distress.

Civil Rights Era—Ola Mae Clemons is not the only civil rights activist to struggle with the emotional trauma of abuse and oppression. We need oral history accounts of the psychological trauma of oppression and resistance, including negative impact of nonviolent responses to oppressive behavior. Dr. Alvin Poussaint noted in an interview with me in October 2000 that civil rights organizers used a variety of strategies, including “soul sessions,” debriefing and consciousness-raising discussions, to support civil rights activists. The official African-American history is reluctant to embrace the individual emotional casualties of the civil rights struggle. That resistance to inclusion of our “wounded warriors” must be addressed within the African-American community.

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Psychiatric Liberation Movement—African-American survivors have always resisted oppression and we can no longer remain silent regarding the white-washing of the official records of psychiatric liberation movement. We have to remind ourselves, and our white allies in the struggle, of the contributions and resistance of African-Americans and other survivors of color. We have to tell the stories of individual and collective struggles that never made the pages of the local newspaper or *Madness Network News*. African-Americans can use notices in local papers, Internet message boards and flyers at consumer conferences to locate survivors who were engaged in individual and collective resistance in the late sixties and early seventies. Recording the stories of these individuals allows us to “re-member” our history as active participants in the psychiatric liberation movement. As Jill Nelson notes in her collection of essays on Black women, “The truth is, each of us is the leadership, and as much as changes were made by those whom we call heroes, they were made even more by everyday people who lived quiet lives, often as second-class citizens, softly went about their business and, when asked, stood for what was right.” (Nelson, 1997 p.16) We have to reclaim our voice and our experiences, because without them we will continue to live dismembered lives that do not honor our power and our survival skills.



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Getting Started

Internet Sources

The Internet is a crucial tool for conducting historical research. There are thousands of websites that can provide you with surprising information regarding African-Americans, mental illness and resistance. Do not limit yourself to one search engine (e.g., Alta Vista, Yahoo, Ask Jeeves, etc.) since you could miss valuable links to sites that are not included in a particular search engine.

Internet searches are based on key words. I learned the hard way to release my sense of political correctness. After entering variations of “African-Americans,” “Black,” “Mental Illness,” and “Psychiatry” with limited success, I entered “Colored AND Insane AND Asylum” and found several hundred listings. If you are conducting historical research you will have to use the language of that period to pull up the documents. Be sure to save sites under your favorites list so that you can return to them in the future.

I found it less useful to search with the word “Nigger” in the search string. This tends to pull up few legitimate sites but *hundreds* of hate group sites. We have enough to worry about as a people, so avoid those sites if you can.

A few sites of interest were these:

<http://cchr.org/racism.pooaa1.htm>

A website highlighting the psychiatric oppression of African-Americans, this was created by the Citizens Commission on Human Rights, which is affiliated with the Church of Scientology. This well-documented site offers an overview of the experiences of African-Americans within psychiatric systems.

<http://www.springgrove.com/history.html>

A very informative website created by the Spring Grove Hospital Center, this covers the history of the Spring Grove Hospital in Maryland. The site includes information regarding the Crownsville Hospital (“colored insane”) and the experiences of African-Americans at Spring Grove. The website includes photographs and a photocopy of an intake assessment conducted on an African-American patient.

<http://innercity.org.holt.slavechron.html>

Giving a fairly detailed overview of slavery in America, this site provides important background information to assist consumers in understanding the social, political and economic context of the period as it applies to psychiatric survivors.

<http://cwu.edu/~warren/addenda.html>

Although disappointing due to the lack of references to the experiences of African Americans, this site does provide important background information of the evolution of the field of psychology.

<http://home.earthlink.net/~openbook/history.mental.therapy.html>

This brief history of mental therapy compiled by Robert Meinsma prints out in ninety-two pages. The amazing chronology begins in the 6th Century BC and concludes in 1990. Out of nearly one thousand entries, there are five references to Africans or African Americans. This site is very worthwhile in its overview of the eugenics movement in Nazi Germany (imported from the United States) and psychosurgery in America.



<http://breggin.com/racistfedpol.html>

This website is operated by the Center for the Study of Psychiatry and Psychology and provides a summary of Dr. Peter Breggin's campaign against the U.S. government's various violence initiatives targeting African-Americans.

<http://mindfreedom.org>

This website is sponsored by Support Coalition International and keeps up-to-date reports of human-rights violations in psychiatry including the court ordered, forced electroshock of Paul Henri Thomas—an African-American activist at New York's Pilgrim State Hospital.

Books

Nonfiction

Your local public library or African-American research library can be an excellent resource for locating materials. Conduct a literature review to find out what materials are available on-site and what can be borrowed through interlibrary loans. Again, be sure to use a variety of key words, including "Colored" and "Negro," to locate resource material. Amazon.com can be a useful tool for searching for books without any obligation to buy them from the company.

I was surprised at how little information on mental illness was available at the local African-American research library. One of the librarians was very interested in my project and provided me with extraordinary assistance but we still could not find very many books or articles on mental illness. I encourage readers to check out their local African-American museums and research institutions to confirm the representation of African-American psychiatric survivors in our historical archives.

I found the following books extremely helpful in my background research:

Bennett, Jr., Lerone. *Before the Mayflower: A History of Black America*. New York: Penguin Books, 1985.

First published in the USA by Johnson Publishing Company, Inc., 1962.

Cranford, M.D., Peter. *But for the Grace of God*. Augusta, GA: Pyramid Press, 1981.

Gamwell, Lynn, and Tones, Nancy. *Madness in America: Cultural and Medical Perceptions of Mental Illness before 1914*. Ithaca, New York: Cornell University Press, 1995.

McCandless, Peter. *Moonlight, Magnolias and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era*. Chapel Hill: University of North Carolina Press, 1996.

Poussaint, M.D., Alvin, and Alexander, Amy. *Lay My Burden Down: Unraveling Suicide and the Mental Health Crisis Among African-Americans*. Boston: Beacon Press, 2000.

Teish, Luisah. *Jambalaya: The Natural Woman's Book of Personal Charms and Practical Rituals*. San Francisco: Harper and Row, 1985.

Fiction

Many truths about the African-American experience first appear in fiction works. I am not real clear about this phenomenon but I suspect that it is easier for African-Americans (and others) to see experiences through the softening lens of fiction. It is also amazing that we can be reading about mental illness and psychiatric oppression and totally miss it in the literature. I experienced this myself in reading *Salt Eaters* by Toni Cade Bambara and *Meridian* by Alice Walker.



I struggled through multiple readings of both of these books until I read *Sisters of the Yam: Black Women and Self Recovery* by bell hooks, where she talks about the psychic wounding that occurs in the lives of Black women (hooks, *Sisters of the Yam*). I had to acknowledge that, in my attempts to block out the pain and trauma that these fictional characters experienced, I had rendered the protagonists invisible. I just did not see the mental illness, oppression and trauma. This speaks to a larger psychological strategy of denial to deal with information and events that overwhelm us as a people. The following books are useful resources in exploring who mental illness among African-Americans is addressed in fiction, which is a useful barometer of cultural acknowledgement of an issue.

Bambera, Toni Cade. *Salt Eaters*. New York: Vintage Books, 1980.

Cleage, Pearl. "Bourbon at the Border." *Flying West and Other Plays*. Theatre Group Communications, 1999.

Naylor, Gloria. *Linden Hills*. New York: Penguin Books, 1986.

Perry, Phyllis Alesia. *Stigmata*. New York: Anchor Books, 1998.

Walker, Alice. *Meridian*. New York: Washington Square Press, 1976.

Magazines

It would be useful to conduct a review of African-American magazines to explore how mental illness is addressed within our communities. I noticed an advertisement in an *Ebony* magazine from the early 1970s for Miles, Nervine that "helps calm his jangled nerves." Obviously there was a market for the product within the African-American community for an ad to run in *Ebony* magazine. I had never heard of the medication before but a reference librarian noted that she remembered a family member using the medicine when she was younger. Magazine articles can provide a vital background regarding the context of African-American lives (or at least a segment of the community) during a given period.

I hope that these resource materials provide readers with a useful starting point for your research. There is so much information that we have yet to uncover but the work has begun and is being taken up by more and more survivors every day. We have to ensure that the rich African-American experience in psychiatric oppression and our ability to recover and heal against all odds is recorded for future generations. As I completed this monograph, I had a chance to talk with Pearl Johnson, who shared with me that she had watched the videotape of her interview several times and continues to be moved by what she shared on the tape and what she has remembered since our interview. I am struck by the profound connection that I feel with this gentle warrior and her courage in the face of potentially soul killing trauma and psychiatric victimization. Pearl and I fantasize about a convening a gathering of African-American women psychiatric survivors to share our stories, offer support and celebrate our existence. She reminds me of the critical value of our history as a balm to heal, as a strategy to organize resistance and as a bold liberatory move to render us visible. I offer this monograph as a belated seventy-first birthday present for Pearl in appreciation of the lessons that she shared with me on the art of survival. In the words of Alice Walker, "Rest. In peace in me the meaning of our lives is still unfolding. Rest."



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