

Exploring the Pathological Label of Blacks: An African-Centered Exploration  
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### Abstract

Western psychology locates itself in the classification of mental disorders and not the causes of these disorders. In its application to the black community, the discipline identifies mental disorders without noting the black experience and the influence of Western cosmology that can negatively affect blacks. The lack of recognition wrongly labels many blacks as pathological and disowns any possible role in the influence of mental disorders. In response to Western psychology and its failed application to the black experience, African-centered psychology (also referred to as Black or African psychology) was created. The discipline examines the black experience by joining the body and the mind, opposed to Western psychology's separation of the body and mind. Black psychology properly identifies mental disorders within the black community that have been previously misidentified by Western psychology with the use of racist theories. Equipped with the knowledge of the Western worldview's influence on the black experience, this paper presents Black psychology as able to properly assess and understand the black experience to identify depression and schizophrenia among of African Americans as common possible misdiagnoses.

In Robert Guthrie's (1976) *Even the Rat was White*, he describes the late nineteenth century as the golden age of racism in which the discipline of psychology was created claiming "ownership of all that dealt with animal and human behavior" (p. 29). As a new discipline claiming its academic area in the study of the mind, psychology expanded preexisting sciences of racial inferiority and superiority. Guthrie notes the influence of *survival of the fittest* from Charles Darwin's theory of evolution as providing psychologists with the basis of, "only the strongest and most intelligent individual would survive the struggle between man and man and between man and environment" (p. 36). Paired with anthropology, psychology was supplied with physical evidence of racial differences to prove the discipline's theories of racial intellect among human beings (Guthrie, 1976). With the Eurocentric worldview as its base, Western psychology holds a materialistic perspective of the world, which categorizes and separates, strives to master nature, and stresses the individualistic perspective at its core. With its racist theories, the discipline fails to validate the black experience and is thus unable to provide the black community with the appropriate coping strategies for mental disorders. Wade Nobles (1986) provides a further understanding of the creation of Western Psychology as a creation "...of biological determinants and/or historical experience with a dash of random error (chance)" (p. 1). Thus, Western psychology creates the need to predict the occurrence and frequency of human behavior.

As Louis N. Williams (1979) wrote in *Black psychology: Compelling Issues and Views*, psychology established two myths of blacks,

The first is that Black people are genetically inferior and have limited capacity for intellectual development. The second is that their personalities tend to be abnormal, either by heredity or by cultural disadvantage. (p. 69)

Or in other words, blacks are naturally pathological and with the creation of the second *Diagnostic and Statistical Manual of Mental Health Disorders* (DSM) the pathological label of blacks was further established.

### **Diagnostic and Statistical Manual of Mental Health Disorders**

The first edition of the DSM was published in 1952, and upon its release it received criticism from psychiatrists for its vague guidelines for diagnosis criteria. With the release of the DSM-II in 1968, the American Psychiatric Association made improvements to the text in addition to significantly changing the diagnostic criteria for schizophrenia that would have lasting effects on blacks (Metzl, 2009).

In the DSM-I a shift from dementia praecox to schizophrenic reactions took place and then again in the DSM-II the disorder began to be referred to as schizophrenia, as it is today. In the DSM-I, schizophrenic disorders were, "...characterized by fundamental disturbances in reality relationships and concept formations with affective, behavioral, and intellectual disturbances in varying degree and mixtures" (p. 26). The majority of patients diagnosed were within the white female population. With the release of the DSM-II, schizophrenia underwent a significant change with loss of the characterization of the disorder as affective. As Jonathan Metzl (2009) provides in his book, *The Protest Psychosis: How Schizophrenia Became a Black Disease*, schizophrenia ceased to exist as an illness of docility and became an illness of rage characterized by aggression, hostility, and violence. The amount of white women diagnosed as schizophrenic dropped significantly with the elimination of the emotional aspect of the illness and an increase in black, specifically black male, diagnoses took their place. Metzl provides, "Schizophrenia literally, and figuratively, became a black disease. And prisons emerged where hospitals once stood" (p. xxi).

### **Bipolar and Depressive Disorders**

Examining the current DSM, the DSM-V, evidence of the inappropriate use of Western psychology in the black community is found. In the DSM-V bipolar disorders are now separated from depressive disorders for the first time. Bipolar disorders are now placed in between schizophrenic disorders and depressive disorders due to its position as a link between the two categories. There are two types of the disorder, bipolar II and I. Bipolar I disorder does not require a major depressive episode but many of these individuals experience a major depressive episode at some point of time. Whereas, bipolar II disorder does require at least one major depressive episode in addition to a hypomanic episode. The DSM-V provides the following common features among depressive disorders, "...the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function." For the diagnosis of major depression the following symptoms; depressed mood, decreased interest, significant weight loss or gain, insomnia, fatigue, feelings of worthlessness, difficulties concentrating, suicidal ideation; must be present for a minimum of two weeks and present for the entire or the majority of the day. The text also notes that many bipolar individuals are first diagnosed as depressed and tend to be later diagnosed as bipolar and these cases are more often seen in individuals whose symptoms appear during puberty.

### **Schizophrenia**

For the diagnosis of schizophrenia an individual's symptoms must be present for the larger portion of the month and include hallucinations, described as "perception-like experiences that occur without an external stimulus;" disorganized speech or thinking, the frequent switching of topics and unrelated responses to questions; grossly disorganized or catatonic behavior;

“childlike silliness” or “unpredictable agitation;” negative symptoms include the overall decreases expression of emotion or eye contact, and delusions.

The DSM-V provides, “*Delusions* are fixed beliefs that are not amenable to change in light of conflicting evidence” of which there are six types; grandiose, erotomanic, nihilistic, somatic, referential, and persecutory. The belief that the actions of others are directed at oneself are said to be referential delusions. An individual who believes that he or she is going to be harassed would be categorized as having persecutory delusions. In light of the African American condition and their experience of racism and oppression in America, referential and persecutory delusions could in fact be a reality and could possibly be misdiagnosed by a clinician trained in Western psychology.

Under the criteria for Schizophrenia, the DSM-V stresses that clinicians should acknowledge the socioeconomic differences of their patients. Additionally, the text provides that auditory hallucinations may be normal in a religious context and disorganized speech may be the result of differing linguistics. Often times when there is a language barrier between the diagnosing clinician and the patient due to cultural differences, the possibility for a misdiagnosis increases. Then when noting that a number of practicing clinicians in America are foreigners, the language barrier can be further increased with clinicians’ unfamiliarity with African American culture and its influence on language and behavior (Bell, Mehta, 1980).

Under the functional consequences of schizophrenia, or in other terms the cultural views of the disorder, it stated that the disorder impairs educational abilities and the ability to maintain employment. And as a number of authors provide, the number of blacks diagnosed as schizophrenic is highly disproportionate to their white counterparts (Baker, 2001; Bell & Mehta, 1980; Whaley & Hall, 2008; Whaley, 1997, 2004; Strakoski, McElroy, Keck, & West, 1996;

Vedantam, 2005; Mukherjee, Shukla, Woodle, Rosen, & Olarte, 1983; Strakowski, McElroy, Keck, & West, 1996). Being that there are a large amount of black schizophrenic diagnoses and a negative stigma about the disorder, blacks are thus overgeneralized and take on the stigma of the disorder directly described in the DSM-V.

### **Studies**

In “Misdiagnosis of Schizophrenia in Bipolar Patients: A Multiethnic Comparison” (Mukherjee, Shukla, Woodle, Rosen, & Olarte, 1983), the authors use the DSM-III (the latest version at the time) to complete a study of 76 bipolar patients, 56 of which had previously been misdiagnosed as schizophrenic, and then review the misdiagnosis. The authors hypothesized three variables would present and contributing to the misdiagnosis; auditory hallucinations, early age at the onset of symptoms, and ethnicity. Ethnicity remained as a variable after the other two were excluded.

The participants in the study included whites, blacks, and Hispanics. All the black and Hispanic participants were misdiagnosed compared to only 3 of 7 whites, providing evidence that blacks and Hispanics were more susceptible to the misdiagnosis of schizophrenia. These black and Hispanic participants were more often said to have grandiose delusions and auditory hallucinations. More specifically, the black participants were more often diagnosed as paranoid schizophrenics, which is difficult to explain without including ethnicity as a factor since the presence of persecutory delusions did not vary in any of the participating racial groups. But in the end, auditory hallucinations accounted for the largest variants of misdiagnoses and correlates with the reported tendency of American psychiatrists to conclude schizophrenia in the presence of auditory hallucinations. The authors concluded ethnicity played a major factor in the misdiagnosis of bipolar disorder as schizophrenia was “related to the lack of awareness among

some that delusions and hallucinations may be commonly seen in acutely ill patients” (p. 1574) among black and Hispanic patients.

According to authors Strakowski, McElroy, Keck, and West (1996), African Americans are more frequently diagnosed as schizophrenic at 20% compared to a 7% diagnosis of white. Additionally, in general blacks are more likely to receive a nonaffective psychosis diagnosis and have low rates of affective disorder diagnoses in comparison to their white counterparts. After completing a study in which white and black participants with psychosis were reassessed, results provided significantly higher rates of misdiagnosis among black patients. Results provided 50% of blacks with bipolar disorder and 33% of blacks with schizoaffective disorder with the same diagnosis. In comparison, 72% of bipolar white and 50% of schizoaffective whites received the same diagnosis. When looking at the diagnoses of schizophrenia across racial lines and disproportionate amount of diagnoses found in the African American community authors Taylor and Abrams (1973) provide,

...that overdiagnosis of schizophrenia results from failure to recognize mania and from the belief that certain psychopathological phenomena (eg, persecutory delusions, auditory hallucinations, catatonia, first rank symptoms) occur only in patients with schizophrenia. (p. 521)

### **Clinician Error**

When diagnosing affective and nonaffective disorders the process is largely up to the interpretation of the diagnosing clinician and not done in a purely scientific method to disallow human error and interpretation. As a diagnosing clinician, psychiatrist Michael Smith provides his position, “If it sounds unusual to us, we call it psychotic” (as cited in Vedantam, 2005), indicating that mental diagnoses are largely up to the interpretation of clinicians. Smith also provides that when hospitals add diversity to their staffs in terms of incorporating staff members

with foreign language skills, many of the psychotic cases such as schizophrenia are reassessed and provide half of the cases as misdiagnoses and rediagnosed cases as depressed (as cited in Vedantam, 2005). While this action may improve the misdiagnoses of hospitals, it does not necessarily mean that it will affect English-speaking African Americans.

Arthur Whaley (1997) provides the lack of adherence by practicing psychiatrists as a possibly contributing factor to the misdiagnosis of non-affective and affective disorders among blacks. Whaley provides the results of a survey in which 324 psychiatrists and 334 graduating residents diagnose mania, depression, and schizophrenia. The findings showed that the majority of clinicians do not follow the criteria for diagnoses provided in the DSM and the lack of adherence suggests a clinician bias, which Whaley provides as,

Clinician bias or lack of adherence to diagnostic criteria may lead to inaccuracies in diagnoses of schizophrenia, and sociocultural differences may contribute to depressive symptoms being misconstrued as symptoms of psychosis. This combination of errors is likely to lead to depressive disorders in Black persons being misdiagnosed as schizophrenic. (p. 17)

But as Whaley explains clinician bias provides an only portion of what accounts for differing diagnoses of across race lines.

Another contributing factor to misdiagnosis of non-affective and affective disorders in blacks is cultural bias; when a diagnosing clinician overlooks the cultural difference of the patient to misinterpret symptoms (Whaley, 2004). As James C. Coleman (1972) provides in *Abnormal Psychology and Modern Life*, the concept of normal and abnormal is only relevant in a given culture. When the history of oppression and racism is factored into the equation, the cultural norms of African Americans differ significantly in comparison to white America. Thus, when diagnosing a black patient, a clinician must be sensitive to what is normative in black culture to avoid cultural bias.

Clinician insensitivity is present when the diagnosing clinician fails to acknowledge the possible presence of cultural paranoia among blacks. Whaley (1997) provides,

Black people have developed what some clinicians describe as “cultural paranoia,” which is a normative healthy and adaptive response to racism and oppression by a dominant white society. (p. 4)

It is key for a clinician to distinguish normative paranoia from pathological paranoia because pathological paranoia is largely associated with psychotic disorders (Whaley, 1997).

Diagnosticians who fail to understand cultural paranoia will also fail to identify what is in reality normative paranoia and misinterpret and misidentify symptoms as pathological paranoia.

Pathological paranoia “consists of florid delusions of persecution and grandiosity often involving hallucinatory experience” (Whaley, 1997, p. 3) whereas; normative paranoia is characterized as more reality-based issues of suspicion, self-consciousness, and trust. And as Whaley goes on to explain, mistrust is a form of cultural paranoia and is sometimes a mechanism used by blacks to protect self-esteem and a likely device due to vulnerability to exploitation and discrimination to provide,

Because mistrust is viewed within the sociocultural perspective as a form of cultural paranoia, which is misconstrued as pathological, it may be linked to the misdiagnosis of Black patients with depressive disorders as schizophrenic. (p. 14).

And as Zigler and Glick (1988) provide, “Paranoid schizophrenia, or at least some forms of the disorder, may be camouflaged depression and not a true schizophrenia” (p. 284).

### **Depression among African Americans**

Authors Azibo and Dixon (1998), claim materialistic depression as a major form of depression in African Americans. They define materialistic depression as “...a condition in which goods or the lack of them serve as one’s criteria for judging oneself and/or others” (p. 211). The authors also claim that in terms of depression among African American, Western psychology has the tendency to misdiagnosis and over-diagnosis. This tendency is seen when

black and white patients displaying the same symptoms are given differing diagnoses, with whites being diagnosed as depressed and blacks as schizophrenic. The disproportionate rate leads to the topic of depression in African Americans as a largely undiscussed formal topic and builds upon the myth of blacks as pathological. Azibo and Dixon provide the distinguishing element of materialistic depression as the presence of self-valuing in which individuals strive to buy expensive items to gain a certain status. Many blacks suffering from materialistic depression strain to obtain highly priced items beyond their financial reach and when evaluated with the DSM this symptom can be interpreted as a grandiose delusion. And as previously mentioned, when grandiose delusions are present in black patients, American psychiatrists tend to over diagnosis the patient as schizophrenic.

In the same article the authors discuss another form of depression, masked depression; providing its definition as a "...depression that is conveyed in some form or activity other than the symptoms said to characterize depression in the prevailing Eurocentric nosologies" (p.214) and the authors conclude this form of depression is the result of Marimba Ani's Maafa, the "...great disaster... unbelievable misfortune of death and destruction... beyond human comprehension and convention... a total systematic and organized process of spiritual and physical destruction of African people" (p. 215). And because of Maafa, depression is expected to be found among African Americans.

### **Blacks in Western Psychology**

In another article by Arthur Whaley (2001), the author provides further evidence that intraracial treatment does not necessarily equate to proper treatment. In an effort to achieve proper diagnoses and avoid cultural bias, it is often suggested that black patients should seek out a clinician of the same race to avoid issues assumed to be of interracial treatment. Whaley

provides that when using the Structural Clinical Interview (SCID) for the DSM, the participating black interviewer's diagnoses hardly differed from those of the participating white SCID interviewer. If seeking intraracial treatment is not the solution for the proper treatment of black mental health, the evidence suggests that issues of the treatment line within Western psychology.

In "The Negro Psychologist in America" (Wispé el al., 1969), the authors survey racial black psychologists located within Western psychology and their experiences as licensed black psychologists. Located outside the African-centered worldview, the large majority of participating black psychologists expressed that they had sensed and felt the presence of discrimination in the field of work. Additionally, even survey respondents who reported pleasant work experiences often wrote in details of intentionally avoiding certain situations to avoid rejection from their white coworkers. At the time of the article's publication, a quarter of the American Psychological Association (APA) membership was composed of black psychologists. Despite the black clinicians present in the APA, one participating black psychologist said, "Negroes play a relatively minor role in it [APA] organization and functions to the point that only a few...apply for offices..." (p. 149). The authors conclude from their results, "That most Black psychologists feel themselves, and until recently were, alienated from American psychology because of the totality of what it means to be Black. To be Black in America is a terrible handicap and to be a Black psychologist is not much better" (p. 149). Using an African-centered psychology concept, black psychologists participating in Western psychology can be said to be intellectual incarcerated as acceptors of their victimization and provide Western psychology as an inappropriate location for a black psychologist.

### **African Cosmology Distortion**

Joseph Baldwin (1984) explains the mental self-destructive tendencies of the black community as a result of African cosmology distortion, a concept not recognized by Western psychology. In a diagram, Baldwin explains the disconnection of African self-consciousness and African self-orientation as a result of European cosmological dominance. The relationship between African self-consciousness and African self-orientation is a natural bond that when broken leads to individualistic and destructive behaviors in addition to mental disorders including self-as-object orientation and self-alienation, or as Tillotson (2012) describes, deculturation.

Na'im Akbar (1980) created his own model for classifying four African American mental disorders; the *alien-self disorder*, the *anti-self disorder*, the *self-destructive disorder*, and *organic disorders*. Those who suffer from the *alien-self disorder*, reject their culturally disadvantaged position and choose to see themselves as equals to their oppressors. The *anti-self disorder* builds upon the *alien-self disorder* by displaying identification with their oppressors and projecting the same oppressive mentality at their own culture. Akbar presents the severity of this disorder by expressing the following,

The fact that such blatant betrayal of oneself is done without remorse and with excessive justification reflects the insanity of the self-rejection in the *anti-self disorder*." (p. 170)

Located within the *alien-self disorder* and the *anti-self disorder* the Colonial Syndrome is present and at work in the form of the victims' abnormal level of loyalty to their oppressors. Additionally, auto-colonialism is present in the *anti-self disorder* with the victims' acceptance of their victimization and the further victimization of the black community (Tillotson, 2012).

For Akbar's third classification, *self-destructive disorders*, the following description is provided, "These disorders represent the self-deflating attempts to survive in a society that

systematically frustrates normal efforts for natural human growth” (p. 174). He further provides pimps, drug deals, prostitutes, addicts, and psychotics as victims of *self-destructive disorder*. But more interestingly, Akbar’s description of *organic disorders* is provided as,

This group represents those condition that, insofar as present information suggest, are primarily the result of physiological, neurological or biochemical malfunction. The group includes the severely defective, organic brain disorders and most of the commonly recognized forms of schizophrenia. (p. 175)

But Akbar goes on to refuse that these *organic disorders* are purely the result of physical and suggests that society and the environment plays into the onset of these disorders. Thus, providing a stark contrast to Western psychology’s understanding of schizophrenia and other nonaffective disorders.

An additional mental disorder created in the Black psychology discipline includes Bobby Wright’s Mentacide. Wright defined the disorder as:

The silent rape of a people’s collective mind, by the penetration and perpetuation of alien culture, values, belief systems, or ideas for the purpose of group destruction or political use of the victim group. Mentacide’s method is to control the behavior of the victim through mind control. Mentacide systematically utilizes the institutions which *project images, values, beliefs, and opinions...* creating an illusion which the victim believes to be real until it’s too late. (As cited in Tillotson, 2012).

Joycelyn Landrum-Brown (1990) provides racial oppression is one of four factors that can cause blacks psychological damage and can prevent them from developing optimal mental health functioning. In all these four factors are; the amount of racially oppressive messages internalized by blacks, the definitions and conceptualizations of worldview and how they are imposed and limited, the impact of anti-self, anti-black, and anti-African messages in addition to the awareness of the resources that can be used to combat oppression. Racial oppression pressures African Americans to conform to Eurocentric ideals and when these individuals do so

they are rewarded with the label of normal. Those who fail to conform are often labeled as deviants, troublemakers, sociopaths or even schizophrenics.

### **The Association of Black Psychologists**

In 1968, the Association of Black Psychologist (ABPsi) was formed in California by a group of Black psychologists who aimed to address the overlooked issues faced in the Black diaspora and pledged to maintain their identities as Black people before their roles as Black psychologists (Nobles, 2005). In a 1968 official press release, ABPsi provided their initial incentive:

The Association of Black Psychologist was formed as a national organization during the recent San Francisco meeting of the American Psychological Association. More than 200 Black Psychologists who hold positions in various academic, public, industrial and governmental programs met to develop a nationwide structure for pooling their resources in meeting the challenge of racism and poverty. The Association charged that APA through inadequate positive measures condoned white racist character of the American Society, and failed to recognize the new Black movement as the most promising model for solving problems stemming from the oppressive effect of American racism. (As cited in R. Williams, 2008, p. 250)

Developed as a response and critique of Western Psychology to develop African-centered methods for studying and theorizing, the association saw Western Psychology as a failed discipline in its application to Black people due to its inadequate understanding of the Black experience, and thus unfit to diagnose and treat issues developed in the Black experience. The association's first co-chair, Dr. Charles W. Thomas, voiced Black psychology's concern of ABA's lack of relating to the Black community, its lack of assistance to Black community despite the research done, and the failure to end white racism. Despite the wrongs in Western psychology, ABPsi observed and commemorated APA's efforts to better the effects of racism in the discipline with the establishment of the Committee on Equality of Opportunity for Black Psychologists (As cited in R. Williams, 2008).

### **African (Black) Psychology**

In the *Journal of Pan African Studies*, authors Sekhmet Ra Em Kht Maat and Karanja Keita Carroll (2012) define the term African centered as, "...relying on continental African conceptions of the universe and human existence as an approach to ways of making meaning of the human condition..." (p. 2). The African concepts the authors refer to are located in African cosmology. As Dr. Michael Tillotson (2013) explains the African cosmology centralizes around African traditions of peace and harmony with nature, communalism, spirituality, respect for elders, and WEUSI (placing we and us before the individual). Tillotson further explains black psychology and its placement of the authentic black experience at its core to allow the discipline to understand the black psyche in a manner Western psychology is incapable of. Or as Joseph Baldwin (1986) explains Black psychology,

...derives naturally from the "worldview" or philosophical premises underlying African culture itself (as does Western Psychology relative to the worldview of European culture)" (p. 237). The official definition of the discipline is described as, "The self-conscious 'centering' of psychological analysis and application in African reality, culture and epistemology. African Psychology examines the process that allows for the illumination and liberation of the spirit. African Centered Psychology is ultimately concerned with understanding the systems of the meaning of human beingness, the features of human functioning, and the restoration of normal/ natural order to human development. (Nobles, 2005, p. 104).

As Joseph Baldwin (1986) explains Black psychology, "...derives naturally from the "worldview" or philosophical premises underlying African culture itself (as does Western Psychology relative to the worldview of European culture)" (p. 237). Louis N. Williams (1979) provides:

Traditionally, psychology has been defined as the science that studies human and animal behavior. Here, we are redefining it as the science that studies human and animal behavior and experience. With respect to Black psychology another definition is that Black psychology is the psychological consequence of being Black. (p. 3)

### **Conclusion**

With its claim to the study of mental disorders, Western psychology has failed the black community. Western psychology has separated the mind and the body in its examination of the human mind. Whereas, Black psychology maintains the connection of the mind and body to create a more appropriate system for examining the black psyche. The more holistic approach allows for the social condition of blacks to be incorporated into the analysis of the black patient. By doing so, the black patient is presented with a healthy method of mental diagnosis. By understanding the social condition of blacks, Black psychologists do not interpret common mental symptoms among blacks as abnormal, but rather as the result of a society that had conditioned blacks in this way as the result of a history of oppression and invalidation. By doing so, it can be seen that Black psychology has had an effect on lifting the pathological label of blacks.

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