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ABSTRACT

A select group of papers from the Community Clinical Psychology project conferences and task forces is presented in this document. The articles address questions and issues pertaining to the improvement of mental health and human services delivered by the community to black clients. The first paper overviews the mental health system as it relates to black clients and workers. The next four articles analyze the plight of black family members (children, women, men, and the aged). Transactional analysis and the black experience are discussed in the sixth article. Community psychology and systems interventions are explained in the final paper. (Author/MK)

READINGS FOR MENTAL HEALTH AND HUMAN SERVICE WORKERS IN THE BLACK COMMUNITY

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INTRODUCTION

The major goal of the Community Clinical Psychology (CCP)project of the Southern Regional Education Board is to improve mental health and human services delivered by the community to black clients. The project attempts to accomplish this goal by increasing the number of well trained black workers in the mental health and human services system.

The project sponsors a number of activities to generate information for CCP students and faculty to counteract the abundance of innacurate information about black people and the black experience. Over the past seven years the project has convened more than 20 task forces and a dozen major conferences and workshops involving more than 150 scientists representing the entire gamut of the behavioral sciences. Far in excess of 1,000 students have also participated.

In view of the fact that one of the project's objectives is to help colleges to prepare students to enter the mental health system immediately after graduation with a minimum of difficulty, questions received by the project from practitioners already in the field often form the bases of project activities. Questions raised by persons in the field often become the issues around which task forces are formed and frequently become the foci of presentations at CCP workshops and conferences.

Over the life of the project, certain questions continue to be raised with great frequency. More often than not, the questions suggest that many of the intervention strategies and techniques employed by helpers in the black community are based on myths and inaccurate information. Although these myths have been addressed in CCP student and faculty conferences, and hopefully corrected, many of the questions based on the myths continue to come from the field.

This publication is comprised of a select group of papers from CCP conferences and task forces that address the most frequently asked questions and the issues around which there appear to be the most serious misinformation.

The lead article by Henry Tomes is an overview of the mental health system as it relates to black clients and workers. The paper clearly identifies some of the major barriers to quality mental health services for black clients.

The next four articles, by Keturah Whitehurst, Robert Tucker, Leota Tucker and Jacquelyne Jackson, provide the reader with a critical analysis of the plight of the major components of the black family and dispel many of the myths that serve to hinder effective service delivery. These papers should provide very valuable information to the reader without confusing him or her with scientific jargon and endless statistical analysis.

The sixth article by Mary Harris is a response to many requests for more information about transactional analysis and the black experience. These inquiries were generated by James Savage and Yvonne Kelley's article

"Transactional Analysis and the Mental Health of Blacks" which appeared in another SREB publication, Issues in Black Mental Health (SREB, April 1978).

The anchor article is a CCP task force report prepared by Na'im Akbar, Dorothy Granberry-Stewart, and Rashad Saafir. Most texts dealing with systems theory are too vague and nebulous and are of little use to the practitioner employed in helping agencies. This article is pragmatic in its approach and should prove helpful to the practicing mental health worker in systemic intervention.

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MINORITY MENTAL HEALTH: WHO CARES?

Henry Tomes
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In 1963, President Kennedy signed the Community Mental Health Centers (CMHC) Act authorizing $150 million for the construction of community mental health centers for a three-year period. Just two years later, 1965, an additional $73.5 million was allocated for the purpose of supporting professional and technical staff for the centers. By this time, some 15 years later, in excess of a billion dollars has been spent for the construction, staffing and operation of more than 600 community mental health centers across the country. One hundred and seventeen centers, as of 1975, were located in the eight Southeastern states of Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. The federal oversight of these programs is located in the Region IV Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) office in Atlanta. The remaining centers are located in nine other federal regions throughout the country.

From the signing of the CMHC Act in 1963 until 1975, the mental health centers were responsible for providing five basic services (inpatient, outpatient, partial hospitalization, emergency, and consultation and education) and could provide additional services based on community needs (precare, aftercare, rehabilitation, training, etc.) In 1975, an amendment to the

original and basic legislation, Public Law 94-63, increased the list of required services from five to 12 and introduced a startling array of grant mechanisms -- to enable centers to apply for funds to initiate, add on, or stay alive -- in the form of distress funds for those centers ending their initial grant period under earlier legislation. These grants and required services, however, do not form the unique quality or the basic concepts of the Community Mental Health Center Model.

The basic concept of a CMHC is that it is to provide services to a designated geographical area with a population of from 75,000 to 200,000 persons. Thus, in theory it should be possible to determine whether a center is having the desired impact on prevention and treatment of mental and emotional disorders within that area. In the initial federal design it was decided that there should be 1,500 of these service or catchment areas located throughout the nation; there are now slightly more than 600 federally supported centers in operation.

The next and perhaps most important component is that CMHCs were to be responsive to the communities that they serve. In the initial legislation, various schemes were devised to ensure that there would be community input into the operation of CMHCs. Governing boards were requested to make themselves representative of the service area and, where this was not possible due to legal and institutional constraints, it was required that advisory boards would be developed which would provide input to either the execution of the of the CMHCs or the governing board; this input channel was not always clear. The most current basic legislation, Public Law 94-63, enacted in 1975, spoke clearly to the need for the development of representative boards. Thus, it

appeared there would be community control of mental health centers and that the various segments of the community (the young, the old, minorities) would now have the opportunity to influence the operation of centers, and it appeared the disenfranchised of the community were going to be given the vote. However, the mental health system is so responsive to the needs of non-minorities that even clear statements in the basic congressional law have not moved center governance in the desired direction.

MENTAL HEALTH SERVICES

Mental health center staffs provide essentially two kinds of services to the communities that they serve: direct and indirect. Direct services involve delivering services to a person who has been identified as a client or patient in need of such services. Examples would be social or psychological assessment using interviews or tests, treatment using individual or group methods, drug therapy, crisis counseling, etc. Patients may receive these services either individually, as couples, in family or non-family groups.

Indirect services or preventive services are usually delivered to persons responsible for other persons so that they may become more effective in their handling of routine responsibilities associated with supervising, teaching, or relating to others, and in detecting mental health problems earlier. Also, preventive services may be delivered in the forms of information, education, and other ways of communicating with persons who need to know more about mental health and mental illness.

Once again, it becomes important to understand that community mental health centers now make services available to nationwide populations within their respective catchment areas that now total about 90 million persons. However, the question arises or should arise as to who are these 90 million persons. How many of them actually use the services, and of those that do use the services how many of those are minority persons, and of the minority persons who use the services what kind of services do they get?

The provision of mental health services within mental health centers is primarily related to an evaluation/screening process to determine the nature of the problem and decide what kinds of services are going to be appropriate. The evaluation and assessment of minority persons is extremely problematical within CMHCs. On the one hand, tests and other evaluation instruments have had norms developed on whites oftentimes excluding blacks and other minorities form the normative sample. The effects of such evaluation instruments are seen clearly in the area of intellectual functioning where blacks, Spanish speaking and other minorities are <u>often</u> classified at borderline and mentally retarded levels of functioning on a routine basis. When tests are not used but interviews take place between staff and prospective patients, the presence of clinical biases is quite likely and are usually found in those situations where the interviewer and patient differ significantly as regards race, sex, age, and education. Obviously, the outcome of initial evaluation and assessment is important in determining what subsequently happens to patients within the process rendering service.

The process of rendering service in a particular center usually involves some form of psychotherapeutic intervention, either on an individual or group basis. However, psychotherapeutic treatment techniques are considered quite valuable with individual treatment seen as the most valuable and group treatment less so. Professional staff are often involved in individual treatment and to a lesser extent in group forms of treatment. Nonprofessional or paraprofessional staff are much more likely to be active in the group treatment program, and less likely to be involved in individual forms of treatment. Nevertheless, some form of interaction involving therapists and patients has to take place within the treatment process. Much of the discussion that follows will focus on the psychotherapeutic treatment process as applied to minorities, especially to black persons utilizing CMHCs or community clinics.

Blacks and others do not fare well in the process of being admitted to a mental health center or clinic. Many minority persons do not return for services following the initial intake and evaluation sessions. This is unfortunate as many of these persons are in great need of assistance and intervention from the mental health center staff.

Should the client get through the initial hurdle, it is very likely that he or she will end up being asked to develop a relationship with a therapist who is not a minority person and is very likely to be white. One can certainly look at the conflict generated in many minority persons who are asked to provide intimate information and develop therapeutic relationships with persons of the white race. A typical way of resolving this conflict is withdrawal from treatment, as has been described by a group of researchers (Yamamoto, 1968)

who indicated that in an outpatient psychiatric facility large numbers of minority patients, predominantly black, were seen once and discharged or failed to return for treatment after initial interviews. This study, like many others, found that minority patients who continued treatment were more often seen in drug follow-up clinics, with relatively few being seen in either group or individual therapy.

Several white authors have reported on their efforts to provide psychotherapy to black persons. Many of them have found that race and/or cultural backgrounds posed insurmountable difficulties in developing the basic relationship necessary for the psychotherapy to be productive.

Krebs (1971) studied the effects of white institutions on black outpatients. While some of his findings have been reported in other studies, for example, the discouragement of black males from entering treatment, there was the additional finding related to retention of black female clients by white therapists. Although the number was small, and thus only suggestive, it appeared that early discussion of racial concerns in the treatment setting helped to establish a more enduring therapeutic relationship. On the other hand, failure to discuss racial concerns led to increased non-attendance and eventual termination of contracts by patients. Another investigator (Seigel, 1974), in reviewing the effects of race and clinical service interactions, found that black psychiatric inpatients improved more when they had black ward personnel with whom to interact. They also found that within the outpatient area, white staff saw white outpatients as more acceptable for treatment than black ones.

Since many problems are posed by the black-white therapeutic relationships, it would seem that black therapists-black patient relationships should be more productive. This would appear to be so as the problems of personal racism are not major stumbling blocks and unlikely to appear between black patients and black therapists, although some forms and manifestations of racism are quite likely to occur as important topics during the treatment process. It is thought (Calnek, 1970) that for black therapists to be successful they must identify with the black community, and must be committed and responsive to needs of black clients. However, there are others who warn that shared ethnic racial backgrounds may lead to therapeutic blind spots and that black therapists may overlook major areas of psychotherapeutic importance when treating black patients (Shapiro and Pinsker, 1973). Nevertheless, it does seem that the black therapist is much more likely to assist the black patient in dealing with substantive problems of living than is the non-black therapist who first has to establish credibility in order to establish an effective relationship.

If the treatment does continue past the early phase, critical issues will arise with the black patient whether the therapist is black or white. These issues are black male-black female conflicts, the emasculation of the black male, black self-concept, intragroup conflicts in the black community, and the pervasive reality of racism. These issues can be prominent in that they may have given rise to the patient's feelings of discomfort, or they may be secondary but nonetheless important to the development and maintenance of the relationship. As these are black issues, the therapist who is not

aware of them is certainly going to be ineffective; on the other hand, the black patient who refuses to deal with one or more of these issues is likely to be manifesting some resistance to working on important personal concerns. When the therapist is white, however, a discussion of these concerns may be much more difficult as racism is probably at the core of all other issues. Obviously, a therapist who is able to show empathy and understanding will be more successful than one who denies the importance of these concerns for the black patient.

STAFFING

Many of the problems referred to under services and treatment could be alleviated, theoretically, by providing appropriate racial and ethnic staff within centers. However, 1975 information from the National Institute of Mental Health's (NIMH) Division of Biometry and Epidemiology shows a lack of professional minority staff within centers (see Table 1). For example, of approximately 1,200 psychiatrists providing services in a sample of 321 mental health centers, only 2.79 percent or 33 were identified as black, 6.85 percent or 81 as Spanish Americans, and 7.10 percent, or 84 as Asian Americans. No American Indian psychiatrist was identified in these centers. Of 2,365 psychologists with master's degrees and above working in centers, only 7 percent were minority persons. Of the total number of minority persons, 3.6 percent or 85 were black, 1.82 percent or 43 were Spanish speaking, 0.68 percent or 16 were Asian American, and 0.21 percent or 5 were American Indian. The situation improved somewhat with social workers as some 14 percent of social workers employed in the selected centers were minority

persons -- 9.06 percent or 256 were black, 2.79 percent were Spanish speaking, 1.52 percent or 43 were Asian American and 0.22 percent or 6 were American Indians. Twelve percent of 2,601 registered nurses were minority; 8.38 percent or 218 were black, 2.07 percent or 54 were Spanish speaking, 1.16 percent or 28 were Asian American and 0.12 percent or 3 were American Indian.

The above groups (psychiatrists, psychologists, social workers, and nurses) are considered the core mental health professionals. Only in the social work group does there tend to be some proportionate representation of the minority staff. However, there do not appear to be enough minority psychiatrists to even have one in every center, to say nothing about the possibility of having one of each minority represented within specific centers. On the other hand, as one moves away from the professional level, staffing changes begin to appear. For example, 35 percent of mental health workers are minority persons and one-fifth, 20 percent, of the licensed practical or vocational nurses have been identified as minority persons. It is also interesting to note that larger concentrations of minority staff persons employed in centers coincide with disciplinary groupings that are much more likely to be female.

The above data are seemingly representative of professional staffing arrangements currently existing at most mental health centers. Recent data from patient utilization studies indicate that higher and higher rates of minority persons with a wide variety of problems having mental, emotional, and social components, are beginning to look to mental health centers for assistance. Yet, there is obviously a mismatch between minority staffing and minority utilization. One way that this may be offset is to increase the number

TABLE 1

Percent Distribution of FTE Staff by Race/Ethnicity and Sex Within Disciplines
Federally-Funded CMHCs
February 1975

Discipline	Total	White	Black	Spanish American	Asian American	American Indian	Other	M	F	N
Psychiatrists	100.00	81.15	2.79	6.85	7.10	0.0	2.11	88.08	11.92	1183
Other Physicians	100.00	78.71	6.44	6.44	4.46	0.0	3.97	82.66	17.34	202
Psychologists (Master +)	100.00	93.28	3.60	1.82	.68	.21	.43	71.66	28.34	2365
Other Psychologists	100.00	92.60	3.70	2.16	.93	0.0	.62	54.31	45.69	324
Social Workers (Master +)	100.00	86.06	9.06	2.79	1.52	.22	.35	43.79	56.21	2825
Other Social Workers	100.00	83.50	12.76	3.41	.33	0.0	0.0	36.41	63.59	509
Nurses	100.00	88.0	8.38	2.07	1.16	.12	.27	5.88	94.12	2601
LPN,LVN	100.00	70.99	20.49	5.80	1.85	.49	.37	14.08	85.92	810
Other Professionals	100.00	86.37	9.83	2.85	.65	.11	.18	44.11	55.89	3815
Mental Health Workers	100.00	64.71	24.74	8.22	1.06	.90	.38	42.21	57.79	5112

TABLE 1
(Continued)

Discipline	Total	White	Black	Spanish American	Asian American	American Indian	Other	M	F	N
Physical Health	100.00	82.79	8.67	2.31	.58	1.16	.00	40.45	59.55	173
Administrative	100.00	87.66	7.88	3.01	1.05	.24	.16	55.40	44.60	1231
All Other (Clerical, Maintenance)	100.00	76.69	16.58	5.50	.70	.37	.15	17.29	82.71	5963
TOTAL	100.00	80.27	13.23	4.56	1.23	.34	.37	38.30	61.70	2751
TOTAL U.S. POPULATION		82.00	11.2	5.3		1.5				

NUMBER OF CENTERS = 321

Source: The Office of the Director
Division of Biometry and Epidemiology
National Institute of Mental Health

of minority persons within centers. The staffing figures given above obviously do not represent all minority mental health professionals, only those actually working in mental health centers. Thus, intensified recruiting could redress the staffing inbalance to a considerable extent. Yet, as we know, there are other systems desiring to employ minority mental health professionals, such as universities, private clinics, hospitals, other public programs, etc. Obviously, one must enlarge the pool of minority professionals by stimulating professional training programs to begin supplying more psychologists, psychiatrists, social workers, and nurses of more diverse racial and ethnic backgrounds.

TRAINING

The staffing picture regarding minority professional staff persons in mental health centers does appear bleak. As indicated, the existing pool of professionals is limited, and one must hope that there are sufficient trainees in the pipeline to provide assistance in the not too distant future. One source of data associated with this hope is the National Institute of Mental Health which supports training programs in psychiatric nursing, research and clinical training in psychology, psychiatry, and social work. Information available from NIMH as of 1977 provides information from 1972 and 1973 and relates racial and ethnic categories of trainees across the disciplines or programs. Overall data indicated that minority trainees in psychiatry programs were 14 percent in 1972 and 11 percent in 1973. For psychology it was 16.5 percent and 12 percent; and for social work 49 percent and 45 percent respectively. Psychiatric nursing showed 16 percent for 1972 and 14 percent in 1973. The fact

that these data are derived from five and six years ago, of course, suggests that roughly this number of persons have probably emerged and are now a part of the resource pool for CMHCs

It is possible to gather unique data related to training of black mental health professionals, by discipline, as some information exists regarding the NIMH grants that have been awarded to predominantly black training institutions. In psychiatry, two institutions are funded with 12 trainees supported by the two training grants. In psychology, at the master's and doctoral levels there are three institutions supported with 41 stipends. In social work, four institutions, 54 trainees. Nursing, four institutions, 24 trainees. These figures indicate what probably is very well known, that the NIMH support goes to predominantly white institutions primarily for training of white students. Certainly there is room for capacity building in black institutions as a way of beginning to stem the tide of ever increasing numbers of white graduates while only a small but steady percentage of black and other minority graduates are supported.

Interestingly enough one of the most unique training efforts developed by NIMH did not emanate from the Division of Manpower and Training but rather came from the Center for Minority Group Mental Health Programs. This small center committed a large percentage of its total resources in creating minority fellowship programs administered by large disciplinary organizations, i.e., American Psychiatric Association, American Psychological Association, American Nursing Association, and American Sociological Association. While the total number of trainees supported by this program is not large relative to the total

funded by NIMH through institutional program grants, it does provide a vehicle for directing training support toward targeted minority populations, and perhaps will permit the institutionalizing of these programs within professional associations. However, one criticism that I have of this program is that it does not direct enough of its support to students and institutions in the Southeastern states.

WHAT DOES THIS ALL MEAN?

In the beginning of this paper it was indicated that mental health and mental health services were construed in such a way that they did not relate to minority persons although statistics have usually indicated that the rate of minority use, especially by blacks, has always been extremely high. Thus, it appears that minorities have problems which they feel may be solved by mental health centers. On the other hand, existing staff ratios strongly indicate centers are disproportionately staffed by whites and as a function of the racial orientation of white staff, blacks receive little, none, or inappropriate services. When one looks to training it seems only in social work is special effort being made to "make up" for the earlier training neglect. In the other disciplines it does not appear that minority mental health professionals are being trained in sufficient numbers to overcome the "whiteness" of the centers.

It is my impression that mental health centers are in a position that is not an enviable one. Minorities are asking for services from qualified staff and yet the research studies, especially those associated with the care of blacks, indicate that quality services, appropriate services, are not being

provided. It is only a matter of time until a minority individual, family, or community will seek entry into the community mental health services system via the courts. Legal redress will be to enjoin mental health centers from operating until specific steps have been taken to permit minority participation in governance, staffing, and as recipients of appropriate and quality care. I feel that legal recourse is only a matter of time.

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THE BLACK CHILD

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A child is a child is a child -- but a black child is something special. It is special because it is I, it is you; it is personal. Not only is the black child special because of our own ego-involvement and our own identification with it, but also because American society has insisted upon making the black child special. Nevertheless, we know that in very basic ways black children are like all other children.

Black children inherit from two family lines according to the laws and principles that govern the origin, growth, and development of body structures and physiological systems. For example, they share the same prenatal time-table of development, and are delivered through the same process of birth. Moreover, immediately after birth, black babies are helpless and must depend upon other human beings, mostly family, for their survival. Many social scientists attribute to this period of helplessness the child's amenability to humanizing and socializing influences.

The principles of growth and development apply to a black child. For example, neuromuscular development proceeds in the cephalo-caudal and proximo-

distal directions, irrespective of skin color. Also, motor skills develop from large, uncoordinated responses toward refinement and precision. Whether black or white, the child experiences the physiological rhythms of hunger, thirst, and sleep. Children walk and talk at fairly predictable stages in their development, and black children are no exception to this rule.

With the added mobility of walking comes an expanded life-space which includes larger numbers of nonfamily members, especially those friends of the same age group. Consequently, as children approach adolescence, they frequently develop a code of behavior that is different from that taught in the family. Like other American children, black children feel at this time a need for independence from adult control. The breach in their emotional security brought on by the break with the family is filled by forming closer ties with their peers; hence, the so-called peer culture. Beginning at age five or six years and continuing to or through age 16, most American children are expected to engage in formal schooling for the purpose of preparing themselves for employment and good citizenship. The compulsory school laws are applicable to all children even if, sometimes, they are unevenly administered to black children. Thus, a child is a child is a child. There are commonalities in growth principles, in needs, and in developmental tasks which they all share. Then, why are black children special?

The black child is first a child and secondly a child who must cope with the consequences of being black in America. In this latter sense, the black child is special. Developmental strategies designed to promote the welfare of black children must evolve out of a burning awareness of both truths -- his "childness" and his blackness; these two variables are interfacing at all levels of the

black child's development. These two threads are the warp and woof of the black experience. Black children are special because they are treated differently in the distribution of services and resources upon which their growth, development, and self-actualization depend. To illustrate this point, we may examine five crucial support areas for children's development and see the extent to which the black child participates in societal resources, and the quality of the social services rendered to him or to his family in his behalf. Before discussing each support area in turn, let us pause for a moment to look at health care differentials.

During the prenatal period of development, all children are dependent upon the health and physiological processes of a maternal body. The relationship between the fetus and its mother has been described as that of a parasite and its host. The implication of research findings on prenatal development is that the prenatal environment provided by the black mother is less adequate than that provided by the white mother for sustaining and developing fetal life. Witness the higher percentages of stillbirths, premature births, and infant mortality among black babies.

Among the many factors contributing to this finding, two stand out -- inadequate medical care of the mother and malnutrition, both factors being highly related to a third, more basic factor: namely, poverty. Since blacks constitute a disproportionate percentage of the poor, they suffer likewise a disproportionate percentage of stillbirths, premature births, and infant mortality. Among the premature infants who survive as compared to surviving full-term infants, a higher incidence of neurological difficulties is found, ranging in severity from

cerebral palsy and epilepsy to a variety of visual and hearing defects. It should be noted that in subsequent years, when the child enters school, the effects of these deficits or trauma to the nervous system may appear in the form of learning disabilities and behavioral disorders. Psychologists, then, have a special interest in prenatal conditions. Black psychologists and physicians in particular, knowing that black babies are at greater risk, are challenged to focus more of their research efforts on factors that limit the black child's chances for full development.

Take malnutrition. Although research findings on malnutrition are sometimes contradictory, confusing, and inconclusive, there is widespread agreement that where developmental deficits are due to poor dietary habits, their correction requires, in addition to medical intervention, an educational campaign designed to break the cycle of mothers feeding their families as they were fed. Hence, the effects of malnutrition persist, and can be traced through several generations. Obviously, medical intervention during pregnancy is not enough. What we need is adequate nutrition for the entire family throughout their lives. The well-nourished girl today becomes the healthy host tomorrow. We cannot help the child in any meaningful or lasting way without helping the child's family. Perhaps, young, black psychologists, who have so eloquently expressed their concern for the development of black children in America, can be persuaded to engage themselves in a comprehensive child study program involving longitudinal studies of diet and psychological development. The relationship between diet and physical development is well supported by sound research, but on the issue of relationship between diet and mental development there is still equivocation in the scant literature. Now let us return to the five crucial areas of need for children's optimal development.

SUPPORT SYSTEMS NEEDED BY BLACK CHILDREN

A Safe Physical Environment

First, every child needs a physical environment that is safe from injuries and threats to life. Here I want to point out how this need impacts upon the life of the inner city child. Take housing, for example. Good housing not only insures safety from the elements (rain, wind, and snow) but also it provides ample living space as protection against the pathologies of overcrowding which include, among other things, crime, delinquency, and rapid contagion of communicable diseases. Despite all the anti-discrimination legislation to improve the opportunity of blacks to live in decent houses, black children still live in cold, unattractive, leaky houses located on streets that are not well-lighted or maintained. Houses once enjoyed by one small family are now occupied by as many as four large black families. Unscrupulous landlords are still demanding rent that would provide for privacy and gracious living outside the inner city.

To escape his unhappy dwelling, the black child turns to the playgrounds and street corners where, except for a miracle, he or she is initiated into the adventures of crime. The child needs play areas located and arranged to maximize safety and minimize injuries and accidents. Since accidents are among the chief causes of death during childhood, I am speaking of all play areas, indoor and outdoor, extending from the playpen at home to the playgrounds operated by departments of recreation. Thus, the whole neighborhood must be safe for children -- even the whole world. Too frequently, little children must go through heavy traffic to arrive at a playground where antiquated equipment is enjoyed, often without benefit of supervision. The traffic signs and signals

as well as the plan for traffic flow have direct impact upon the safe environment that every child needs. Conduits for heavy traffic, such as cross-country highways and four-lane streets, are sure to find their way through the black neighborhoods.

I have just described what we have learned to call the black ghetto. It harbors more than its share of crime, truancy, vice, and other forms of social disorganization. It is unsafe. Yet, we have been able to identify blacks who, through successive generations, have emerged from these handicapping circumstances and have become self-actualizing individuals who have contributed to the advancement of American society. How did this happen? What made the difference? Traditionally, psychologists have focused their research on abnormality, deficits, and handicaps; ostensibly for the purpose of normalizing, developing, or remediating. Not enough research has been directed toward discovering the personality dynamics of those individuals who have managed to achieve a wholesome life in spite of unwholesome conditions of life. I submit that the quality of life for black children would be improved on a broader scale if we could isolate those factors that lead to successful lives and incorporate those values into our child-rearing practices instead of isolating, as we now do, myriads of failure-related variables which we then use to explain the black child's stymied development. Just as we have succeeded in giving black children a repertoire of facts from the history of blacks in America which they use to defend their shortcomings, we can succeed in giving them attitudes, strategies, and coping techniques that will enable them to achieve. This is important to their self-concepts and to the advancement of the group -- a point to which I shall return.

A Climate to Foster Self-Esteem

A second universal support area is a social-emotional climate that fosters self-esteem rather than doubts of self-worth. The family is the prototype of social arrangements for satisfying this need. The young child senses the degree of esteem in which he or she is held by the quality of child care given. Dependable and expeditious relief from hunger and other physical discomforts, patient understanding of immaturities, generous encouragement of attempts at mastery, spontaneous rather than ritualistic sharing of language and love -- all these gestures of a devoted caretaker are saying to the child, "I hold you in high esteem. I believe in your potential for doing what I am doing." On the other hand, lack of concern for the child's physical comforts, impatience with immaturities, criticism of ventures, and silence in the child's presence are saying, "You are too little; you can't do anything. I will wait until you can understand my language and my skills; then you will be worthy of my time."

I wish I could say that all black families foster self-confidence in their children, but you and I know that this is not true. More commonly, black family security is undermined by unemployment and a sense of powerlessness. These attitudes are passed on to children, mostly at a nonverbal level. Traditionally, the black family functioned as an extended family even though its members might have been dispersed in many distant places. It saddens me today to meet young blacks who do not know personally their grandparents who are living only a few hundred miles away. Fortunately, there is still a large residual of family feeling among black people. Kinship ties carry with

them a feeling of responsibility for the welfare of relatives. Especially is this true when the welfare of children is at stake. Studies of adoptions, for example, show that when black and white adoptions are compared, the finding is that fewer black than white unwed mothers release their children for adoption. If the black mother cannot take care of her child, then grandmother, aunt, sister, or cousin will. Black families have been socialized to keep their children within the family. This culture trait has been a source of strength in our survival, and should be preserved as a positive force in our history. The feeling of responsibility for family members has been a mechanism through which black people have acquired a college education. Two or more family members combined their resources in order to send a promising brother or sister to college. It was expected that after graduation he or she would help another to acquire similar training. It is the mechanism that allowed an unemployed person to migrate to a distant city and live with relatives until he found a job and was "back on his feet again."

There is no doubt in my mind that acceptance and emotional support play a major role in self-acceptance. What concerns me is whether or not the confidence and self-esteem built up within the family circle can withstand the barrage of dehumanizing experiences in the larger society. I am also concerned about the black families themselves who depreciate their own children by constantly indicating to them what they cannot be or cannot do. The young child's sense of self-worth is dependent almost entirely upon the feedback from others. However, as age increases so does the child's ability to master skills. Competency, then, becomes a viable source of self-respect.

Competency shifts the locus of the self-concept from the opinions of others to an internal source within the self where it is a more effective bulwark against prejudice and racism. It is obvious, therefore, that incompetency is a luxury that black children cannot afford.

Stimulating Intellecutal Environment

Every child needs an intellectual environment that is challenging rather than stifling. While we are prone to think of schools as the providers of intellectual challenges, current research on cognitive development continues to emphasize the importance of providing a stimulating climate for intellectual growth before the child reaches school age. Opportunity to explore and to discover the nature of one's surroundings; freedom to handle and to examine unfamiliar objects; significant people who seriously consider and honestly answer one's questions; play materials that elicit creative response -- these are among the hallmarks of a challenging intellectual environment. If black children are told not to ask so many questions, not to touch or smell strange objects, not to venture beyond the back yard, their curiosity is stifled already and they are well on the way to becoming passive learners.

When the black child goes to school, he may or may not enter an intellectually stimulating society. Today, far too many black children view the school as being a hostile and repressive environment to which they respond with frustration and reactive hostility until they, in desperate humiliation, either drop out or are pushed out. A larger group of black students fare only slightly better. Many of this group are bright intellectually, but as they reach the upper grades they sense an erosion of their academic talents.

They finish high school with mediocre records and a residue of crippling anger and hurt, as if they have been cheated of their birthrights. I need not review here the many candid accounts of their invisibility in their classes, and the belittlement of black children which was sometimes subtle, sometimes blatant, by both white and black teachers but for different reasons.

Sunny Decker, a young white woman who tried to be a good teacher in one of Philadelphia's inner city schools, selected the phrase, "An Empty Spoon" as the title of a book in which she describes her experiences at this school. The phrase was taken from the following verse by a 16th century Italian poet:

"I went about to fill your
mouth with an empty spoone:
That is to seeme to teach,
not to teach."

We have all seen the empty spoon phenomenon where teachers seemed to be teaching, but their lessons contained no nourishment, no food for thought -- neither liquid nor solid -- so that there was nothing to drink in or chew on. The spoon was empty. They seemed to teach, but they were actually only going through the motions. On the other hand, you must have had teachers whose spoons, by contrast, were full -- filled with the nutrients of sound scholarship and knowledge, meaningful assignments, and clear explanations; served with genuine concern and healthy respect. It was a joy to take in and digest what these teachers offered. But, alas, when they are discovered in an inner city school, they are usually transferred from these poor schools where

educationally malnourished children need them more, to the "better" schools where well-nourished children need them less.

Black children observe rightly that we have the worst houses, the most crowded schools, and the poorest teachers. Their anger becomes too fierce to be motivational; their hurt too great to be expressed in words. Instead, they fight each other and vandalize the school buildings. Black psychologists are challenged to reach them, defuse their anger, and restore in them the love of learning.

A Free Political Climate

Fourth, every child needs a political climate that guarantees his or her freedom and opportunity to pursue the realization of his or her best self -- one in which the rewards of society are distributed evenly and justly. It becomes increasingly clear that there must be plans and processes for the political socialization of the black child for him to gain and preserve the feeling that he can control, in large measure, his own life and destiny, and that he is not a pawn in the hands of "the system" or city hall. The black child must learn that it is important to know the names of elected officials, the functions of their offices, and how these functions impinge upon the black community. The operations of the various agencies and systems of government as well as how to gain entry for the delivery of their services will be learned through the process of political socialization. Above all, the black child must learn the significance of the vote in effecting social change -- one facet of this being the pooling of votes to develop sufficient

clout to insure the election of persons who will be responsive to the needs of the black community, such as health, housing, education, and employment.

The days are over when a political aspirant could look to one black "leader" to deliver the black vote. Political aspirants must now deal with each voter within the black masses, since we no longer recognize or follow "political bosses." This means that each voter is personally responsible for his vote. To enable black people to play their roles effectively in the political arena, we must start with the children. Black children must be taught to listen, read, and think critically; to analyze the issues in a political campaign; and to evaluate the impact of these issues upon their lives. They must be dispossessed of blind loyalty to any traditional political party. Knowing that their votes are yet another means of advancing the welfare of black people, our children must feel obligated to vote from their first opportunity onward. Those with special talents for political effectiveness must be encouraged to enter government at various levels and in a variety of agencies. We cannot afford to be a politically naive people.

An Economy to Insure Life's Necessities

The fifth and final support system needed by all children is a stable economy that will insure for them and their families the basic necessities for their full development. This includes not only food, shelter, and clothing, but also those experiences that satisfy psychological and aesthetic needs. All over the world, a disproportionate percentage of the naked and the hungry are black people. Here in America, a disproportionate percentage of blacks and other minorities are unemployed. Unemployment robs families of

their dignity, their self-respect, and their integrity. It undermines the confidence of the breadwinner in his or her ability to provide for the family; and it undermines the security of the children in the belief that they will be cared for. Until the world economy provides a fairer distribution of economic resources, there will continue to be large populations of children who have no hope for self-fulfillment.

SUMMARY

The five areas of support for child development that I have discussed here are, by no means, exhaustive. They do, however, point up the universal needs of children that permit us to say a child is a child is a child. Also, by showing the extent of the black child's participation or lack of participation in such a fostering environment, we have shown this special status. Now, I want to conclude this paper by returning to the black child's relationship with his or her own people as the most significant example of that special status. The hope of black people lies in the fullest development of black children. Therefore, when you see dropouts roaming the city streets, or black youths working the county roads, don't ask "Whose children are these?" They're yours.

The time has not yet come when the success or failure of a black person is strictly an individual affair. The whole race still feels itself elevated when it can point to the achievement of individual members of the group. Likewise, when an individual black person fails, the whole group feels let down. The black child must be socialized to embrace the reality of his or her inseparability from the group. Moreover, he or she must be made to

realize at the earliest possible age that in whatever races of life he or she chooses to run, the additional encumbrance of race will be carried. Finally, the black child must be taught that he is, indeed, his brother's keeper and that he, himself, will be judged by the life of his weakest brother. In a very real sense, the black child's life is not his or her own. It is the focus of the hopes and aspirations of generations of black people who have been frustrated in their struggle for personhood and dignity. Thus, every time we see a black child playing in the streets, we ask, as did Miss Jane Pittman, "Are you the one?" Is this black child the one through whom black people will someday realize their goals? Yes, a child is a child, is a child; but a black child is something special.

LONELINESS AND THE BLACK WOMAN
HOW TO COPE WITH IT

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It's tough being a woman in the world. It's even more difficult being a black woman in the U.S., because the black woman must constantly struggle with a host of problems. This includes struggling to avoid or escape from poverty, degradation, poor health, poor education, personal abuse and oppression, and struggling to meet her needs for intimacy and affection. Her problems are compounded, however, by an unfavorable black male-female sex ratio, and she has to be extremely resourceful to avoid being alone and lonely. Being a black woman is difficult enough, but being black, female, and lonely is deadly.

What is loneliness? It is hard to define, but it is essentially a feeling -- a bad feeling associated with terms such as sorrow, aloneness, depression, and emptiness. It is a feeling of separateness from significant others: an undesirable condition that we suffer under, and that we long to escape from. It has none of the redeeming qualities or romantic connotations of voluntary states of aloneness such as solitude.

Poets and philosophers often glorify solitude as a pleasant and peaceful interlude in which one can gain a sense of separateness from others " . . . to

experience the glory of being alone . . . collecting your thoughts and getting into yourself." As women, many of us look forward to periods of solitude when we are free from responsibility to others, and when we can simply relax and just be. We really enjoy these interludes and find them refreshing and rejuvenating.

Solitude, however, is a temporary voluntary state that differs greatly from long-standing, involuntary loneliness. Loneliness, as I am defining it, is not a euphoric interlude, but a consuming, painful, continuous reality that strips life of its joy and pushes the person into the abyss of despair. One experiences loneliness only because one is unaware of viable alternatives. There "ain't no glory" in being lonely.

The lonely woman feels unloved, inadequate, and detached from the world. She longs for company, intimacy and a link with loving others -- for a link with trustworthy female friends, and especially for a link with a loving male companion. She often has few adult friends, and her life is miserable cause she has no one to talk to; no one to do things with; no one to love; and no one to be loved by. She may spend most of her leisure time reading, watching T.V., fantasizing and engaging in other activity that will help her forget that she is lonely. But each night when she goes to bed and tries to sleep, she is again confronted with the reality that she is alone in the world.

This is a difficult reality because when one thinks of happiness, fulfillment, accomplishment and meaningful existence, it is almost always related (in some way) to interaction with others. Consequently, the lonely woman often feels that life

is not worth living and may resort to self-destructive behavior, such as suicide, alcoholism, or drug abuse. Alternately, she may develop difficult emotional illnesses, the symptoms of which are generally treatment-resistant. Cure is difficult because clinical practice cannot provide what she needs most: companionship.

Many black women can easily relate to this predicament because so many black women are alone. They are alone largely because there are so few black men available to them. Where are the black men? They are in many places, but many of them are not available to black women.

1. Many are in the armed services and of those who did not die in Vietman several are either already married or are confirmed military bachelors.
2. Many are in prison and have been since they were very young. Others are recently released from jail, and having been incarcerated for most of their formative years, have not developed the relational skills necessary to become satisfactory partners for lonely women.
3. With increased permissiveness and tolerance of sexual deviance, more men are choosing to "come out" and are openly displaying their homosexual preferences -- making them unavailable to black women.
4. As legal, moral, and extra legal barriers decline, an increasing number of black men are electing to mate with white women. Since there has been no equal increase in the number of black women mating with white men, this development yields a net <u>decrease</u> in the number of black men available to black women.

5. Many eligible black men (being aware of the fact that they are highly desirable commodities as a result of items 1-4 above) increasingly are choosing to "play the field"; are refusing to enter into meaningful relationships; and are disinclined to involve themselves in meeting any needs other than their own.
6. Black men are the prime victims of homicide, heart disease, and a number of other fatal illnesses. Further, black men tend to die eight years earlier than black women, leaving lonely women behind.

Since there are not enough black men to go around, many black women have found it necessary to lower their expectations on what type of man they can "get." Others, fearing that they will lose their men, place few demands on their mates and grudgingly accept the fact that they must share their men with other women. Other women refuse to lower their standards or expectations and, as a matter of principle, either choose to remain single or choose to risk loss of their men. Many black women, however, have reached a point of desperation where they will accept almost any "condition" and will go to extreme lengths to "get" a man, almost any man.

The desperate black woman makes herself readily available to men, and adopts extremely accommodating attitudes. Unfortunately, men easily detect her desperation and are often turned off by it. They ascribe negative motives to her efforts and describe her as a "ready Teddy" whom they can call when more desirable women are not available. The more desperate and accommodating the

woman is, the less men respect her; and her opportunities for developing meaningful relationships diminish greatly.

Further, she spends so much time running away from loneliness, and so much energy maintaining superficial relationships, that she doesn't give adequate time and energy to self-development. Consequently, when she finally does meet the man with whom she would like to establish a relationship, she discovers that he does not view her as the woman for him. She is devestated and still alone.

At some point loneliness becomes almost unbearable and black women may withdraw from reality through mental illness (depression), alcoholism or stoicism (denial of feelings), but in the end, the problems do not go away. They are simply camouflaged or denied and still must be faced eventually. By camouflaging the problem or delaying action, we merely make the problems worse. Black women must learn to deal with loneliness if we are to survive.

Moreover, we must learn to deal constructively with prolonged periods of "singleness" and "aloneness" in such a way that we avoid debilitating boredom and depression. Perhaps the most constructive and rewarding way to use this time would be to utilize it as self-development time -- time in which we engage in personal growth, self-discovery, and goal-setting activity.

We may begin by asking very simple questions such as: Who am I? What is important to me? What do I want to do with my life? What are my strengths? What are my weaknesses? How do I embellish my strengths and correct my weaknesses? What parts of me do I have to work on to become the kind of person I want to be? These questions must be asked if we are to clarify our values, set realistic goals,

and stimulate personal growth. The major purpose is to develop to the point where we can lead reasonably satisfying lives with or without a man. This is to suggest that the black woman should do this for herself rather than for a man.

The woman who engages in self-development only to attract a man does so at great risk because she sets a primary goal that lies outside of herself, a goal which she cannot really control. In this process she fails to internalize the need for self-improvement and puts herself in a win/lose situation. She probably will not develop adequate self-esteem and will be devastated if she fails to "hook-up" with a man. On the other hand, the woman who concentrates on self for herself cannot really lose. She will be in a win/win situation because self-development will make her more attractive to men. But, if things don't work out, she will still have her self-esteem and a set of satisfying alternatives.

What is a satisfying alternative? For many of us nothing can really take the place of a strong, warm, loving black man, but our survival shouldn't depend upon it. The black woman may suffer as much because she doesn't have close female friends, because she has no leisure time interests, or because she has no professional or personal aspirations that relate to her own personal needs, rather than to her children's needs, her family's needs, her boss' needs, her clients' needs, etc. As a consequence, she often does not deal adequately with her own wants, desires, and needs.

From the onset, she has been taught that she is supposed to be nurturing and available to meet the needs of others. The nuturing, sacrificing female role is so ingrained in her that she often feels guilty when she considers

activity that might make her feel good at the cost of others -- I should be home fixing dinner. What would my children think? I don't have time for going out . etc. She often uses her immobility and her responsibilities as an excuse to justify her reticence to do what is necessary to improve the quality of her personal life.

She does not consider the possibility that the interests of her children or mate would be better served if she were happier, that they would be happier if she were happier. She does not fully understand the impact of her mood and state of mind on her loved ones, and does not appreciate the fact that a bitter, depressed woman has a negative effect on her loved ones and is a decided threat to their mental health. All of her sacrifices may have counterproductive consequences.

A self-actualized woman would have more energy for love, would be less resentful of life and her responsibilities, and would, therefore, be more pleasant to be with than a saddened martyr. She might spend less time being with, and doing things for, her loved ones, but the quality of her time would be vastly improved and everyone should benefit in the end. Self-development and self-actualization are not selfish, extravagent luxuries, they are essential steps for emotional and social survival.

What can the lonely black woman do to help herself? She should consider organizing a self-help group. The self-help group is a collective in which people who share common problems and concerns meet together to discuss coping strategies, to provide mutual support for one another, and to make action plans. Realizing that no one is going to solve their problems for them, self-help group members pool their resources and assume responsibility for their own lives.

The self-help group also provides opportunities for participants to develop close personal ties and friendships. Social activites, such as game nights, field trips, "happy hours," theatre parties, and dinner parties are helpful spin-offs that often solidify these friendships. Valuable as these spin-offs are, however, they should never detract from the primary task of the self-help group.

That primary task should be personal growth and self-development. Lonely women may begin to confront their problems of loneliness by sharing their feelings and their ideas, and by caring for and supporting one another. The caring and honest feedback aspects of group functioning may be the most important aspect, because caring and honest feedback are essential stimulants for personal growth and development.

The group provides a structure for eliciting behaviors that do not "naturally" occur in everyday life. Women do not "naturally" support one another, care for one another, or give honest feedback to one another. Instead (because of our situation, our experiences and our socialization) we are encouraged to compete with one another (especially for men) and to devalue one another. Consequently, we often view each other as adversaries rather than as allies, and are often our own worst enemies.

The self-help group provides an opportunity for black women to break down the ugly barriers between them that discourage intimacy. This is achieved by creating a setting in which they can get in touch with the conscious and unconscious forces that interfere with woman-to-woman relations, and by creating a climate in which they can try out new behaviors. In the process they learn more

about self and others -- learnings that are essential for helpful personal and group change.

When the setting is made safe for openness and candor, and, after mutual trust is established, participants will feel safe to learn from one another. Feelings will be openly expressed rather than held in or disguised, and the process of self-assessment, goal-setting and personal growth will be greatly facilitated. Feeling supported, members will be more willing to try out ideas within the group, and will be more willing to take risks in their personal lives.

Perhaps the most important thing about the self-help group is its potential for helping members to clarify their thinking, and its potential for providing the support members need to take risks. Without risk there can be no gain, and the lonely woman must be willing to take risks if she hopes to improve her condition. If she takes a risk and has a set-back she will need supportive others to cushion the fall.

The self-help group works best when a skilled female group leader is employed. This is important because the group leader can view the process up close as well as at a distance, can move the group in productive ways, and can ensure that particularly vulnerable members are strengthened and protected. When a trained group leader is not available, group members could alternately assume responsibility for planning and facilitating each meeting, but this should be viewed as a temporary solution, a stopgap measure to be employed until a group leader can be found.

How can a lonely black woman organize a self-help group? The first step is to identify two or more other women who could benefit from a self-help group. She may already know other women, but if not, could check with ministers, settlement house workers, or other community agency staff. Once a core group has been identified, they should be invited to a noon or evening meeting at a home or at a community facility. At that time:

1. Discuss the goals of a self-help group and discuss how such a group can be helpful.
2. Identify other women who might be invited to join. (These might include married women, because often married women report that they are as lonely or more lonely than single women.)
3. Select a meeting time that coincides with the loneliest time of the day and week. Set aside two to two-and-a-half hours for the meeting.
4. Discuss the possibility of getting a skilled black female group leader to facilitate the discussion. Contacting the local YWCA, settlement house, or mental health facility should elicit names of reputable female group leaders.
5. Start working.

The self-help group will now be on its way, and it will be up to the group to assume responsibility for helping themselves. With perseverance and hard work all will benefit greatly and none will be alone in her struggle.

DESENSITIZATION OF THE BLACK MALE

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Being a man is difficult. Being a black man is even more difficult because we have so many crazy pressures operating on us. Living in a white-dominated society, we daily have to fight customs and laws that were designed to make us less than men. Consequently, there are formidable barriers that prevent us from successfully playing the traditional role of the man -- to protect and care for his family.

In response, we have developed a facility called "cool." "Don't let anybody know how you're feeling. Hide your sadness, your fears, and your joy." In this way we don't leave ourselves vulnerable to be hurt or to be taken advantage of. These are two of the things black men fear in relationship to the world, and are the two things black men fear most in their relationships with women.

The boy or man who permits a woman to take advantage of him is called a "chump," and the boy or man who is openly tender is called a "punk," and the boy or man who openly shows his hurt is called a "turkey." Behind all of this is a pervasive fear that openness will leave the man vulnerable to ridicule and scorn.

In many subtle ways, men are taught to hide their true feelings, and to erect a facade of bravado and indifference. Mothers and fathers, television and other media teach the boy what he must do in order to become a man: He must stop crying when he is sad; he must remain calm when he is excited; he must act

brave when he is frightened; and he must be reserved when he feels joy. This message is transmitted via the example of the super-hero.

All super-heroes, from Jim Brown and Walt Frazier to John Shaft and Jim Kelley, have certain common characteristics: They never show tenderness; they are never excited; they are never subdued by their women; they never show fear. They say slick things, they are "bad," they dominate, and they are "cool." The clear message is that this is the way to "get over" in the world, and this is how to "make it" with women.

Men do not fully understand or appreciate what women find attractive in men. During adolescence, this is particularly baffling, and there is a pervasive belief that the most important characteristic in a man is his ability to "rap," to have cool conversation -- to run a game. I learned this as an adolescent and so did all my friends: "Say baby, let me slide on over there and rap to you." or "Can I dance? I put the "D" in dance, baby."

Consequently, my friends and I would stay up late at night developing cool lines (boss raps). If we were successful with girls we would attribute our success to our conversation. If we were unsuccessful, we would blame it on the lines, or attribute it to the woman's particularities. Lack of success would lead to a great deal of hurt inside, but we would bury our feelings of inadequacy and cover them with layers of indifference: "She was a booga-bear anyway," or "If I hadn't been drunk I never would've asked her out in the first place."

Rejection by a woman is one of the black man's greatest fears. Rejection is taken very personally and is viewed as evidence of the man's frailities: He is too ugly, too tall, too small, too fat, too skinny, too dumb, or sexually

inadequate. Further, since men traditionally are expected to make the first advance in heterosexual relations, the man must often place himself in a position to be rejected: "Can we have lunch sometime?" "Dance?" "Do you have a date for the party?" "Can we get together to talk sometime?" "Where can I send your valentine?" etc. (With increasing role reversal, women are increasingly faced with similar difficulties.)

The answer to any of these questions can be no. The more crass, emphatic, and insensitive the female response, the more profound the feeling of rejection; regardless of how the woman says no, the man's ego is always somewhat deflated -- and he is hurt. Yes, he is hurt; but he has been taught not to show it and he holds it in.

Illustrative of what and how men feel in response to situations that women might consider to be inconsequential, is the man's response when he asks a woman to dance and she says no. The man walks over to a woman's table and extends his hand. The woman either glares at him and shakes her head no, or smiles and says "No thank you, I'm tired." What the woman doesn't know is that it may have taken him an hour to summon the courage to ask her to dance. He may have hesitated initially because he was afraid she might refuse him, and now his fearful fantasies are fact.

Within him an array of feelings are called forth: disappointment because he can't dance with the woman; self-doubt because he has been rejected; and embarassment because he feels that others have witnessed the rejection process. Now he has to respond in some way to vent his feelings, to change her mind, to save face, or to escape.

"Street niggers" often recover by vilifying the woman, "Who do you think you are? You supposed to be some kind'a princess or something?" A more persistent black man will try to talk the woman into dancing, and will persist until she insults him, at which time he will stalk off highly insulted. The creative black man will simply smile and say something like, "Look, why don't you just smile at me for a few seconds so it won't look like you just refused to dance with me? This way you won't have to dance and I won't look bad." The non-street, non-persistent, non-creative black man will simply bow his head and make that long walk back to his table.

He doesn't appreciate the fact that many women will only dance with men they know, or that different women are attracted to different kinds of men; consequently, he personalizes the rejection, feels embarassed, and feels that there must be something wrong with him. His feelings of rejection are heightened when he notices that the same woman is dancing with another man, and it occurs to him that he may have to deal with rejection several more times before the night is over.

Eventually, he learns to limit his risk-taking, and learns "cool" ways to deal with high-risk situations. He learns to study a woman and to figure out what kind of man she wants. He then assumes the characteristics of that man and develops an appropriate program -- a "rap" that will be successful with that woman. He then needs to identify an appropriate criterion for success, and decides that ultimate success is making love to the target.

Success is important because he is engaged in covert competition with other men. His fantasy is that through success he will avoid ridicule, will save face,

and will be viewed as "hip" by other men. In this process the woman becomes a target, and the game becomes an end in itself, rather than a means to an end. It is a competition between him and other men, and between him and the target. He learns to avoid investing emotional energy in the target because to do so would be to raise the stakes of failure. He feels that he must retain control over the situation at all costs, and that he must not let his emotions leave him vulnerable.

This behavior in men is reinforced by women who flock to the man with the program; by movies that glorify him; and by other men who admire his achievements. Inside, however, the man is lonely and afraid. He is afraid that once he lets his guard down, his "cool will be blown," and he will be at the mercy of the world. To him it is better to hide his hurts, his fears, his joy, and his pains, and he pushes them deep down into his stomach.

These emotions bottled up in him merge with resentment against white society, unresolved feelings about black mothers, and the pain of life's frustrations to emerge as a generalized rage which is often inappropriately vented on the black woman. He doesn't know where the rage comes from and fears that he won't be able to control it: "Now, why did I do (or say) that to her?" he says to himself; but he is too cool to say "I'm sorry."

As long as the black man feels he has to be stoical and cool, and as long as he can't get in touch with the source of his rage, there is little hope that he can provide a black woman with tenderness and understanding. Under these circumstances, he cannot learn to give and take love; nor can he learn to deal

with rejection, hurt, or emotional setbacks that are inevitable in male-female relationships.

The black woman can help her black man immensely by letting him know that she doesn't measure manhood in terms of "cool," but in terms of responsiveness, support, caring, and honesty. She should not try to "feminize" him, but should encourage him to struggle to deal with his emotions rather than concealing them. This is important because love often hurts, and a man who hides his hurt often hides his love.

She should tell him that she finds him more attractive when he can share his feelings with her, and that she feels closer to him when he does. She should assure him that she doesn't associate gentleness and kindness with weakness; she should let him know that she loves his tenderness as much as his strength; and she should tell him that she wants to be able to support him as much as she wants him to support her.

She shouldn't expect her man to change overnight, but when he finally does open up, should listen to him carefully and try to feel what he is feeling. She should avoid minimizing his pain by comparing it with her's, should be careful not to ridicule him; and, most important, she should not try to mother him (he is a man, not a boy). She should just let him know that she is in touch with his feelings and that she supports him. She should ask questions that help clarify issues for her and him, and should let him know how she feels about the fact he trusts her enough to share his feelings with her.

When he does open up and lets her know what he's feeling, she should be prepared to hear some things she won't like. In this case she should try to avoid

being defensive, try to hear and understand what he is feeling, and deal with the feelings as well as the words. She should let him know she understands his feelings and his words before she responds.

When she does respond, she should respond honestly, letting him know how she feels about what he said. She should avoid sulking or prolonged periods of silence because this will only irritate him, isolate her, and worsen the situation. She should be straightforward, but sensitive in her response, and should avoid explosions, sniping, or ridicule. This type of pressure will only encourage him to push his feelings back below the surface.

Consequently, when the man does express his feelings, conflict may ensue -- but conflict is healthy. It is through overt (up-front) conflict that issues are resolved, permitting couples to grow. It is covert (undercover) conflict that resists resolution and leads to destructive hostility.

Part of loving another person is to be willing to struggle with that person. It is unhealthy simply to give in or give up. Men may complain about women who force them to deal with issues, but ultimately, they respect them much more than meek, compliant women who make no demands. Conflict has risks, but there is no gain without risk.

It is hard being a man. We hurt, fear, and long for love as much as women do, but don't feel free to express our feelings. Instead, we suffer under the guise of cool while our stomachs churn inside. We have the major responsibility for changing the situation, but you women can help us. Maybe these understandings will help you to help us.

FAMILIAL ASPECTS OF AGED BLACKS

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Many persons, including some blacks, still believe that the status, prestige, and power of aged blacks within their families are invariably high; that most aged blacks, a majority of whom are poor, reside in extended families which always "take care of" their aged; that blacks strongly resist institutionalization, such as nursing homes, even for their needy aged; and that, in comparison with other aged groups, the familial and related cultural patterns of blacks are unique.

Without quibbling about the historical validity of these myths (only some of which were true), the current truths are otherwise or more variable.

That is, the familial status, prestige, and power of aged blacks range on a continuum from extremely low to extremely high, depending on such variables as health and socioeconomic status and kinship interaction. Most aged blacks, a majority of whom are no longer poor as measured by the federal government's definition of poverty, are not in households containing extended families. Nor are all of them "taken care of" by their kin, including those with kin. The proportion heavily dependent upon non-kinship aid, such as for financial support, is growing. Adequate institutionalization

of aged blacks in need of such aid is being sought by a growing number of them and/or their kind. Finally, the familial and related cultural patterns of aged blacks are not unique. They share many similarities with other aged groups.

What is unique, however, is their subjection to institutionalized victimization, in the form of racism against black men and racism and sexism against women. Some are also subjected to ageism. An important assumption here is that racism as experienced by black men, and racism and sexism as experienced by black women are substantially different from those forms of racism or sexism experienced by other minority groups, such as Mexican-American females. Thus, black women or black men should not be lumped with other minority groups en masse. Institutionalized victimization, it should be stressed, involves the negative effects of discrimination against any given minority group. It is usually associated now with systemic discrimination, which involves the application of neutrally labeled criteria which are, in fact, discriminatory and produce a myriad of unequal results.[1] Further, although ageism is similar in some few respects to racism and sexism, it is not equatable. Ageism, less severe than racism or sexism, is based upon acquired characteristics, whereas racism or sexism are based upon ascriptive characteristics. Ageism is a phenomenon which may affect individuals in their later years, whereas racism and sexism do affect individuals throughout their life cycles.

A growing number of aged blacks, defined chronologically for our purposes as individuals sixty-five or more years of age,[2] may well require aid from community/clinical psychologists and other health and social

service workers in the future. When relevant, such workers may provide better services to aged blacks when they interface appropriately with their familial or kinship networks.

That which follows deals primarily with some familial aspects of aged blacks related to varying problems which sometimes require psychological or psychiatric prevention or treatment. It focuses specifically upon a brief demographic profile of aged blacks, some familial aid patterns and attitudes, and the problems of retirement, widowhood, and health. These problems were selected because of their frequency of occurrence, and not because they exhaust the list of problems confronting many aged blacks. This paper is necessarily limited by the generally scant gerontological and related literature about aged blacks. An increase in the volume, validity, and reliability of that literature should also help community/clinical psychologists improve the quality and quantity of life for aged blacks in the future, which means, of course, that community/clinical psychologists providing services to aged blacks will keep abreast of relevant literature.

DEMOGRAPHIC PROFILE

Between 1900 and 1979, the total black population of the United States grew from about 8.8 million to over 27.9 million.[3] The number of aged blacks increased during the same time period from just over 250,000 to over 2 million, and is still growing. In 1900, aged blacks were about 3 percent of the total black population; in 1979, they were 7.3 percent of that population. The black population in the United States is aging, as evidenced by its

increase in median age and by its aged proportion. This aging is also true of the total population of the United States.

A slight majority of aged blacks were men in 1900; but, in 1979, 60.5 percent were women. The shift from male to female excessiveness in the aged black population may be seen by comparing the 1900 sex ratio of 103.7 males to that of 71.0 males in 1979. Pronounced changes also occurred during the ten years between 1970 and 1979. For example, among those 65 to 69 years of age, the sex ratio of 82.3 males in 1970 decreases to 77.7 males in 1979. Among those 85 or more years of age, the decrease was from 51.2 in 1970 to 40.9 in 1979, which means that, in 1979, among blacks 85 or more years of age, there were only 40.9 men per every 100 women.

The continuing trend of female excessiveness in the adult black population reflects the increasing advantages of longevity held by women. In 1900-02, at birth, the life expectancy of nonwhite females of 35.0 years exceeded that of nonwhite males by only 2.5 years.[4] In 1977, the nonwhite female life expectancy at birth of 73.1 years was 8.5 years greater than that of the nonwhite male. Although less wide, sex gaps in life expectancies are also apparent in the later years. For example, in 1977, at 65 years of age, the nonwhite life expectancy value for females of 17.8 years was 3.8 years greater than that of their nonwhite male counterparts, and 3.9 years greater than that of their white male counterparts, but 0.6 years less than that of their white female counterparts. Between 1900-02 and 1977, the life expectancy values at 65 years of age rose more sharply for nonwhite women (by 6.4 years) and white women (by 6.2 years) than for nonwhite men (by 3.6 years) and white men (by 2.4

years). Life expectancy values, which are predicted for populations, and not for individuals per se, do not mean that all women outlive all men. Indeed, some black men outlive some black women, and vice versa. But, on the average, black women live longer than black men, a phenomenon of some consequence for marital and familial living.

In both 1900 and 1979, most aged blacks lived in the South, but the Southern proportion has been declining for many years. The increasing proportion outside the South reflects the aging of migrants and natives in non-Southern regions. Unlike 1900, when almost all aged blacks were rural dwellers, most now live in metropolitan areas, and many in central cities.

Although a substantial majority of all aged blacks are still less than 75 years old, some increases in the proportion of those beyond 75 years are now occurring. In 1970, there were about 361,000 black women beyond that age, as compared with 508,000 in 1979; there were 318,000 black men in 1970, and 264,000 in 1979. Beween 1970 and 1979, the black female population of all ages in the United States experienced an increase of 14.2 percent, but the increase for all ages of 13.0 percent was also substantially below that of 75.6 percent for males 85 or more years of age. In general among the aged, increasing age is accompanied by increased frailty and dependence. Therefore, the mere fact that more and more aged blacks are living longer means that more and more aged blacks will become frail and dependent upon others for personal care than in the past. Community/clinical psychologists can help these individuals, their kin, their neighbors, and significant others within their communities in satisfactory adjustment to these problems of aging.

Being married with spouse present is far more characteristic of aged black men than women. Among those 65-74 years of age in 1979, 62.9 percent of the men, as contrasted with 32.1 percent of the women, fell into that category. Also, 49.8 percent of those women, but only 14.5 percent of the men, were widowed. Among those 75 or more years of age, 45.7 percent of the men, but only 11.2 percent of the women, were married and living with their spouses; slightly over one-third of the men (33.5%) and somewhat over three-fourths of the women (78.6%) were widowed. The likelihood of widowhood, of course, increases with age. The remaining proportions of these aged black women and men had never married, or were separated or divorced. In recent years, a slight decline in the never-married proportion seems to have occurred among aged blacks, which may be due to heightened marital rates of successive age cohorts, or decreased longevity, or survivorship of those never marrying. What is most important, perhaps, is the decline over time in the proportion of aged blacks who are married and living with their spouses, particularly with their first spouses.

Not all aged blacks have children. In 1970, for example, about one-fourth of all aged black women were childless by virtue of never having had any children. When coupled with those childless by having outlived their children, the proportion obviously rises somewhat. Unfortunately, we have no good estimates of childlessness among aged black men, but that proportion due to never becoming biological fathers, or never acknowledging paternity, or outliving children, is, I suspect, somewhat higher than among aged black

women. In any case, a critical point is that a substantial minority of contemporary aged blacks are childless. Consequently, not all aged blacks can depend upon children to exercise filial obligations. The presence of children also does not automatically guarantee the exercising of filial obligations.

Earlier I noted that many persons believe that most aged blacks live in extended families. However, a majority of all aged blacks now either live alone or with their spouses only. In 1979, among black women 65-74 years old, 37.8 percent lived alone (i.e., were primary individuals); 19.0 percent were family heads; and 31.5 percent were wives of family heads. Less than 10 percent lived in secondary families, and only 2.0 percent were secondary individuals.[5] Among black women 75 or more years of age, living alone (47.2%) or in secondary families (25.9%) was far more pronounced than among their younger aged counterparts. Also among these women, 17.9 percent were family heads, 11.2 percent were wives of family heads, and 2.8 percent were secondary individuals. Among the men 75 or more years of age, 48.1 percent were family heads, 23.5 percent were primary individuals, 23.1 percent lived with other relatives, and 5.3 percent were secondary individuals. Among all aged black women in 1979, almost three-fifths resided in primary families, as did about seven-tenths of the aged black men. Existing data do not show that most aged blacks lived out their old age in extended families in the past.

The above data about marital status and living arrangements of aged blacks suggest that substantial proportions of them -- and particularly among the women -- are likely to be without spouses or anyone else in their households to aid them in time of need, or at least at the onset of the intitial need requiring the physical care of others, or when a life-threatening

situation may occur. Unfortunately, the recent data which were available do not permit the determination of the precise number of aged blacks living in extended family arrangements, but it is clear that the majority of them do not. During the past several decades, the proportion of aged blacks living alone or only with their spouses has grown, and this seems to be an upward trend. It is also likely that the physical absence of others may be offset somewhat by congregate living facilities, as in private and public housing for the elderly.

Also during the past several decades, the proportion of aged black men within the labor force has been and continues to decrease, while that of aged black women has risen only slightly. Among the aged, as expected, the likelihood of being within the labor force also decreases substantially with increasing age. For example, census data show that in 1950, among nonwhite males, 65-69 years old, about 58 percent of them were within the labor force, as compared with less than 10 percent of those 85 or more years of age. Although the rate of labor force participation increased somewhat over time for aged women, that range has never been as high as the male rate. In 1950, for example, about 16 percent of all nonwhite women, 65-69 years of age, were within the labor force, as were about 19 percent of those in that same age category in 1970. Labor force participation data during the off-census years do not provide specific race-age-sex rates, but, once 1980 census data are available, they will be extremely useful in determining the changing patterns of labor force participation by the aged. Some additional consideration should also then be given to forces influencing those changes,

such as economic conditions, age requirements for wage and salaried workers, and age norms related to employment among the aged themselves.

Even though the mandatory retirement age for most workers was raised by the U.S. Congress to 70 years of age in 1978, it is unlikely that the current trend of early retirement will be reversed soon among aged blacks unless the minimum age of eligibility for primary beneficiaries of old-age pensions under Social Security especially is moved upward. Also, when their earnings do not exceed the maximum allowable for aged pensioners under Social Security, some aged blacks receive the full pensions to which they are entitled and remain full-time workers in the labor force. A significant problem in the future is likely to be the continued upgrading of the mandatory retirement age and the age of eligibility for pensions. Thus, more and more aged blacks, as other aged persons, will find themselves working longer than they had planned because they do not have sufficient monies for retirement. This is a very serious issue inasmuch as most older blacks now and in the near future will tend to prefer early retirement.

In 1978, the median income of persons with income among aged black women was much less than that among their male counterparts. This striking sex difference was not unexpected, given the historical inequities in that area. Traditionally, the labor force participation rate of black males has been much greater than that of black females. Further, the economic returns, even with less education, have also been substantially higher for males.[3] This income difference by sex was also true of younger age cohorts in 1978, as in earlier years.

Between 1959 and 1977, the proportion of aged Americans in poverty declined considerably. Among aged whites, it declined from 33.1 percent to 11.9 percent. Among aged blacks, the decline was from 62.5 percent to 36.3 percent. Considerable heterogeneity existed within each of these racial groups, however. For instance, between 1967 and 1977, the aged proportion in poverty among black males decreased from 51.4 percent to 29.7 percent, but, among black females, only from 54.7 percent to 41.1 percent. In 1977, the majority of aged black females residing as unrelated individuals remained in poverty (60.7 percent).

The percentages of aged blacks living in poverty are typically matched, if not exceeded, by the poverty rates of young blacks especially. Blacks who are at highest risk for poverty are under 25 years or over 65 years of age. An important point here is that, among blacks, poverty is not positively correlated with age. Thus, efforts to relieve poverty should not be directed only toward the aged. Among aged blacks, those who are at highest risk for poverty are those living alone or women. Considerable overlap exists between the categories of living alone and women, as most aged blacks are not only women, but also most aged blacks living alone are women.

FAMILIAL AID PATTERNS AND ATTITUDES

The few available, published studies about instrumental and affective aid patterns between aged blacks and their kin[4] are typically restricted to patterns between aged parents and their children or grandchildren. Almost none of these studies used a national sample, heightening comparative difficulties. Further, other methodological variations, such as instrumentational

diversity, also reduce direct comparability. Nevertheless, some generalizations may be drawn from these studies, with the proviso that they may be modified in varying degrees by future studies as well as by subsequent shifts in period effects or cohort characteristics.

Instrumental aid involves material help given directly or indirectly to an individual. Examples are financial aid, transportation (such as to church, to a physician, or for shopping), household aid (such as cleaning, preparing meals, or laundering), running errands (such as paying a bill), or providing direct care to an ill person. Affective aid or emotional aid involves identification with an individual, companionship, and emotional support. Instrumental and affective aid are theoretically independent, but, practically, are often associated.

Available evidence suggests strongly that when appropriate socioeconomic and other controls (such as the age, gender, health status, and living arrangements of the aged person) are applied, no substantial racial differences in the instrumental and affective exchanges between aged persons and their kin are found. Most black and white adults of all ages increasingly believe that the major responsibility for monetary and health care support for the aged is governmental. Most often, the federal government is regarded as the obligatory agent for providing old-age pensions, health care payments when needed, and the like.

Given our Social Security system, including its provisions for Medicare and Medicaid, these are reasonable expectations. Also, such federal agencies

as the Administration on Aging, ACTION, Community Services Administration, and the Departments of Agriculture, Housing and Urban Development, and Labor all have some programs specifically geared to the well-being of the aged. Some of these programs provide direct cash benefits to assist in paying high fuel costs, food stamps to reduce food costs, housing, and employment opportunities. In short, then, a substantial amount of the monetary support for American aged lies with the federal government. Further, through nutrition and other centers for the aged, the government underwrites at least a part of the cost for recreational activities for the aged which help to enhance their opportunities for social interaction. In addition, an increasing number of governmental services, such as home health aides or homemaking services, are making it possible for many aged persons to avoid unnecessary socialization. Many of the kinds of activities for the aged, now governmentally sponsored, were once the sole province of the family or kin network of the aged.

But even with the governmental services available for the aged, the first line of support of most aged persons with families is their family. In general, aged blacks living with their spouses turn first to those spouses for aid or help in getting necessary aid. Then, the parents among them turn to their children, most often, when present, to the eldest daughter. Those without children or spouses tend to turn to siblings, if any. In other words, the tendency is strong to rely heavily upon the immediate members of one's family of procreation and of orientation, and especially upon the women within that network. The latter tendency may be partially

attributed to the traditional nurturing role of women. In some instances, aged blacks without consanguinal or affinal kin rely heavily upon fictive kin. What is most important to remember here, perhaps, is that the family or kinship network of the aged person can best be defined by that person. It should include those whom the aged person regards as helpful kin, and who regard that aged person as a kinsperson to be helped when in need.

The instrumental and affective patterns of aged blacks and their kin are affected by socioeconomic status. Among the low-income blacks, for example, instrumental aid frequently involves direct services, such as adult children assisting their parents with household chores or transportation, and aged parents helping their children with child care. Higher-income blacks are far more likely to exchange monies and gifts, with monies frequently flowing from aged parents to their children or grandchildren. Both income groups tend to provide some services in times of illness, but prolonged and severely disabling illnesses often result in patterns distinguishable somewhat by socioeconomic lines, as in the readiness to seek institutionalization. A part of this puzzle may be sought in the differing employment patterns and economic resources of the adult kin of the lower and higher income groups among the aged.

Affective patterns are also affected by socioeconomic status and other interacting variables, such as the sex of the aged person and the relevant kinsperson. For example, the lower the major lifetime occupational level of the aged person (or sometimes, in the case of women, the spouse), the

greater is the likelihood that the aged person will value respect over love from children. Love is more valued by persons of higher socioeconomic levels, who are also more likely to feel that the respect they receive for being old "is about right." Although it seems that many aged blacks, when younger, placed greater value upon male than female children, when they are aged, they seem to place more value upon the latter. This generalization requires, however, adequate empirical support.

Familial support of aged blacks is a function of earlier relationships. Most family members still seem to feel a strong obligation to help their aged, and some help only because or largely because of those feelings of obligation. Others, who also feel obliged, nevertheless assist because they wish to do so and enjoy doing so. There are basically three kinds of relationships which parents and adult children can establish: (1) parent-child; (2) child-parent; and (3) adult-adult. In the first, the aged parent, never having established an adult-adult relationship with the child, still treats the latter as if she or he were a minor child. In the second, the adult child who may or may not have established an adult-adult relationship with the parent, now treats the parent as if she or he were a child. In the third, and the most healthy form, adult children and aged parents treat each other as mature adults. The first two types of relationships typically induce emotional conflict.

In general, it seems that most aged blacks with kin can count on at least one or more of these kin to help them when they need help, and especially when ill. But the assistance given, and the satisfaction therewith, is a

function of a number of interacting variables requiring further study. In many larger families especially, it seems as if sibling conflicts frequently arise over such issues as care and the disposition of property following the death of a parent.

A recent study by Marvin Sussman,[5] which included some black subjects, showed that a majority of the sample indicated a willingness to care for their ill aged, whenever possible, within their own homes. When asked if they would need assistance in the form of services or monies, those with prior experience in caring for ill aged were much more likely to opt for services. Sussman plans to undertake a demonstration project to determine the differences between the attitudes and behaviors of those or similar subjects. When and if this project is completed, it will be interesting to note some of the effects of the experimental variables upon the familial care-taking environment of the aged blacks involved.

Retirement can present different kinds of problems to aged blacks, and especially to those who failed to plan for retirement during their preretirement years. One problem is readjusting to not being employed, which requires a shift in one's normal routine and, quite often, a status loss, since most persons are known by the work they do. Yet, despite this loss, most older blacks welcome retirement. A second problem is the income reduction, since retirement income is often significantly lower than preretirement income. Thus, budget adjustments are often necessary, and some aged blacks find it necessary, for example, to reduce their food budgets and organizational

participation, as in church activities. A third problem is greater constriction of the environment, including the loss (or at least a reduction) of association with working friends.

Some contend that satisfactory adjustment to retirement may be more difficult for men than for women, but, in the case of currently retired aged blacks, it seems more likely that particular subgroups of men and women have more difficulty adjusting to a new regimen than does either sex. Unfortunately, we have no studies which would help us here. In any event, it seems likely that the first year of retirement presents the most difficulties in adjustment, and that most aged blacks make satisfactory adjustments thereafter.

Some, who suffer economic deprivation attempt to seek remunerative employment, increasingly in vain given the greater difficulties Americans are now experiencing in obtaining jobs. Very often, too, many aged blacks still within the labor force are not there because they wish to work, but because they need the money.

The major source of retirement income for most aged blacks is the old-age pension under Social Security, followed by their own earnings. Many of the poor are also heavily dependent upon Supplementary Security Insurance (SSI), which guarantees them a minimum pension. Old-age pensions for many aged blacks are unusually low because their prior employment failed to qualify them for higher pensions. This a function of life-long institutionalized victimization, which can only be reduced for future generations of aged blacks by greater income equity within the labor force.

Many blacks facing retirement from work find themselves unprepared for retirement. Preretirement counseling, a growing practice within some industries, can be very helpful in a variety of ways. At the very least, blacks about to retire should be encouraged to file for their pensions in sufficient time to forego any waiting period for retirement checks following retirement.

Satisfaction with retirement depends upon a variety of social and psychological factors. For example, individuals retiring in small towns where they are well-known and have been active within their communities may have fewer adjustment problems than those who live in metropolitan areas and are isolated from others in their own age group.

Widowhood. Many aged blacks experience problems with widowhood, but most probably make relatively satisfactory adjustments to their new situations. Widows whose statuses were dependent upon their husbands frequently experience status losses, and are far less likely to be invited to participate in pre-widowhood activities. Most widows often experience considerable income drops.

In many instances, spousal loss means that one's closest companion and friend, as well as one's sexual partner, is lost. Holidays and birthdays are particularly difficult to deal with following widowhood, and often cause depression.

Widowhood occurs far more often among women than men, inasmuch as women usually marry men somewhat older than themselves and tend to outlive them.

Also, following widowhood, opportunities for remarriage are much greater for men than for women.

An additional problem with initial widowhood is that a number of aged blacks are not prepared to deal with it. For example, no prior knowledge about making funeral arrangements exists, and often, in their grief, they spend more monies on the funeral than they can afford. Extravagant expenses are sometimes encouraged by funeral home operators. They also have inadequate knowledge of the couple's business affairs, and some end up, for example, unable to use their checking accounts until matters have been settled.

Widowhood, and the increasing deaths especially of members of an aged person's friendship and horizontal kinship groups, help to constrict further that person's social environment, including meaningful opportunities for recalling shared and treasured memories. In addition, widowed aged tend to rely more upon their children or other family members for instrumental and affective aid.

Health. Although most aged blacks are in relatively good health, most also suffer from several or more chronic problems. Increasing age is also accompanied by a variety of growing deficits, such as reduced hearing, vision, memory and mobility. It is not surprising, then, that health status becomes a major topic of conversation among the aged, a topic often boring to a younger person.

The decreasing health status of the aged person tends to increase reliance upon family members for assistance and, most often, to the extent

possible, one or more family members will try diligently to provide that aid, sometimes at great expense to herself or himself.

The majority of aged blacks die eventually from three major types of disorders: cardiovascular diseases, malignant neoplasms, and cerebrovascular diseases. These debilitating disorders, particularly when aged patients linger under prolonged medical care, can cause a variety of familial problems, due partially to insufficient socialization to the death processes. Some problems involve decisions about informing dying patients of their pending medical status, or of denying the pending death. Many family members may require counseling to inform and assure them that death is an appropriate topic of discussion with dying patients who wish to discuss it.

True estimates of depression and loneliness among aged blacks are unknown, but it is quite likely that a substantial proportion experience considerable depression as they adjust or fail to adjust to their increasing physiological, psychological, and social losses. It is also quite likely that many cope effectively with such losses.

About one-fourth of the aged black subjects in the 1974 Harris Survey of Aging[6] reported themselves as being lonely. In a recent investigation of loneliness among 135 rural aged blacks in North Carolina, Kivett found that about 21 percent reported themselves as "quite often lonely," 43 percent as "sometimes lonely," and 37 percent as "never lonely."[7] The two lonely groups differed significantly from the never lonely group in that they were more likely to be without spouses, to have problems with transportation, and to use the telephone frequently. Interestingly enough, loneliness seemed to

have been manifested by frequent telephone use. Variables significant in distinguishing between the two lonely groups showed that the most lonely were more likely to have poor vision, to be without spouse, more educated, and less likely to have a confidante.[8] Kivett suggested that loneliness might be partially reduced among these aged blacks by providing appropriate role models and reference groups for those without spouses or in unhappy marriages by improved transportation, and by the development of services helpful to the visually impaired.[9]

A pilot study of non-aged, postmenopausal black women undertaken a few years ago by Walls and Jackson suggested that loneliness was an important predictor of women seeking medical advice from a physician for menopausal symptoms.[10]

In general, then, although we still know relatively little about the various dimensions and causes of loneliness appearing among aged blacks, it is clear that some aged blacks are lonely. We suspect that such loneliness can occur, even in the midst of an extended family. Therefore, there seems to be a need for developing more appropriate ways of identifying aged blacks who are likely to be lonely, and, to the extent possible, initiating action to help reduce that loneliness. A critical point here is that the physical and mental health statuses of aged blacks are often affected by their social losses, such as through involuntary retirement and widowhood.

SUMMARY

This paper has been primarily concerned with stressing the limited data currently available about the familial aspects of aged blacks and, to the extent possible, of emphasizing the tremendous range of familial and kinship network support for aged blacks.

The demographic data presented should help to dispel some of the invalid myths about aged blacks, such as most of them live in extended families. In general, demographic trends suggest that increasing proportions of aged blacks will be women, principally widows; that more and more will be living alone or only with their spouses; and that larger numbers will survive into "old-old" age.

Although growing numbers of non-aged and aged black adults are increasing their reliance upon the federal government as the major supporter of aged persons, important instrumental and affective aid exchanges do occur within familial systems containing aged blacks. Almost nothing, however, is known about the interactional dimensions of those exchanges, and the degree to which they meet the needs of aged blacks.

Some of the major problems confronting aged blacks, specifically retirement, widowhood, and health, were discussed to help emphasize some critical areas where community/clinical psychologists might concentrate some of their efforts.

A major position taken was that aged blacks are still affected negatively by institutionalized victimization and systemic discrimination. This

suggests that community/clinical psychologists should not be satisfied merely to treat aged blacks, but must also help, wherever possible, to try to prevent those conditions adversely affecting their aging. In addition, increased efforts must be made to establish, or cause to be established, appropriate opportunities for socialization for retirement, widowhood, and, in short, old age.

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[1]Modified definition which was based upon How to Eliminate Descriminatory Practices (New York: Information Science Incorporated, Humanic Designs Division, 1975). For further discussion of this definition as it applies to minority aged, see Jacquelyne J. Jackson, Minorities and Aging (Belmont, California: Wadsworth Publishing Company, 1980), Chapter 1.

[2]A chronological definition of age is useful for administrative purposes, such as determining minimum age for eligibility for governmental old-age pensions. However, depending upon the purpose at hand, other definitions, such as a functional or individual one, of aging may be more useful.

[3]For further discussion of this and related points, see Jacquelyne J. Jackson, "Black Women in a Racist Society," in Racism and Mental Health, ed. by Charles V. Willie, Bernard Kramer, and Bertram S. Brown (Pittsburgh: University of Pittsburgh Press, 1973), pp. 185-268.

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[5]Based upon a discussion by Marvin Sussman of the Bowman Gray Medical School, Winston-Salem, North Carolina, at the 1978 annual meeting of the Groves Conference on Marriage and Family, Washington, D.C.

[6]Louis Harris & Associates, The Myth and Reality of Aging in America (Washington, D.C.: The National Council on Aging, Inc., 1975).

[7]Vira R. Kivett, "Loneliness and the Rural Black Elderly: Perspectives on Intervention," Black Aging, III (1978), 160-166.

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[9]Ibid.

[10]Bertram E. Wells and Jacquelyne J. Jackson, "Factors Affecting the Use of Physicians by Menopausal Black Women," Urban Health, VI (1977), 53-56.

A TRANSACTIONAL ANALYSIS OF THE BLACK EXPERIENCE

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My intent in presenting "A Transactional Analysis of the Black Experience" is to marry the provocativeness of transactional analysis (TA) theory to the rich heritage and vigorous expression of black life. The hope is to give birth to a different understanding of the black experience. TA, then, offers a psychology for understanding of the commonality of feeling and expression among us, linked to our historical past.

WHY A CONCERN FOR HISTORY?

The intrigue for me in regard to the usefulness of TA theory lies in the concept of psychohistory. Psychohistory is an analysis which employs psychological theory to elucidate the historical [illegible]s tempering the perceived reality of individuals who share a culture. Psychoanalytic therapy derives a psychohistory of the individual as a case study, relating the early learning experiences to present day behavior. A psychohistory of the black experience would entail an application of TA theory to interpret the effect of significant historical events on the evolving consciousness of black Americans.

My concern for psychohistory gathered strength in response to two concurent events in America's recent past. In 1976, this country celebrated its

bicentennial. It was fitting for all good Americans to pause to capitulate this country's uphill struggle to national independence, and celebrate the achievements made in two short centuries.

> Fourscore and seven years ago our forefathers set forth upon this earth a new nation, conceived in liberty and dedicated to the proposition that all men are created equal . . . .

So goes the Gettysburg Address. Like most sensitive, and sensible, black Americans, I monitored black America's involvement in this "Big Birthday Party." My observations were, first, that it wasn't our party. Second, an invitation to us was considered only as an afterthought, and finally, I'm not really sure if it was ever extended. I wonder how many of us blindly accepted this noninvitation.

The second event that I speak of was Alex Haley's book and the TV production of Roots. The book, published toward the end of 1976, came just in time to bring clearly into focus the dark side of America's past. America's response to Roots created a tide of events, especially from the young, which ran the full gamut -- from denial and disbelief to hostility and rage. The demand on college campuses for forums, seminars, and open discussion in the aftermath of Roots indicated young people's need and desire to assimilate this heritage material in a meaningful and orderly fashion.

My own thinking evolved in response to this need. My position starts with attempts to fathom the full meaning of the phrase: "dedicated to the proposition that all men are created equal." When considering the inequities of this white, male-dominated society, feminists may interpret the intent of

this pharase literally, and perhaps correctly. What clues do we have that black men were/are (not) covered by that proposition?

Grier and Cobbs, in their book Black Rage, offer some insight into that matter. America, in the midst of the struggle to establish itself as a free nation, engaged in a bizarre system of reasoning to hide and rationalize the barbarism of slave ownership. No longer were slaves simply unfortunate beings caught in an economic system that exploited their labor. Under the doctrine of the Christian church, slaves were rendered subhuman -- quasi-humans without a soul. The psychology of both the master and the slave was changed by this experience. It is this psychology that I endeavor to reveal. There are two sides to this story -- the white as well as the black. This paper will only deal with the evolving consciousness of black people. To become totally free, we must understand the ties between our personal and cultural pasts, and erase the last traces of mental bondage.

But shouldn't we bury the past? Isn't it dead and gone? Grier and Cobbs speak of a timeless quality of the unconscious mind which transforms yesterday into today. So the obsessions of master and slave continue. The past is vibrant and alive to the extent that we fail to understand how it continues to affect our thinking and control our outcomes in life. Like ghosts from the past, the lessons of history, instilled in a deep consciousness of inferiority, making color a badge of degradation, and giving the white power structure unlimited authority over us, hover in the shadows, interacting with our daily lives, sabotaging our effectiveness, and limiting our future, both as a culture and as individuals.

The most obvious obstructions to justice and equality (overt discrimination) have been removed. But consider the task which remains before us -- ridding this system of the covert effects of racism which are buried deep in the consciousness of America. These forces often escape definition, and are resilient and resistant, permeating the moral fiber of the American mind, both black and white. It is up to each of us as individuals to free our minds of these disturbing effects.

WHY TA?

How is history brought forward in interaction with our daily lives? Nature (biology) and nuture (culture) are responsible. Nature has created a marvelous biological system to preserve the continuity of life from one generation to another.

Transactional analysis is the first psychological theory to recognize that the transmission of culture from parent to child, from generation to generation, also makes use of biological avenues. Research which underpins the development of TA theory presents convincing evidence that these avenues, largely responsible for maintaining the integrity of society and culture, do exist. Cultural history is not encoded and transmitted at the moment of conception, but during the first five years of life. Penfield's (1952) work in brain stimulation demonstrated that early life experiences could be brought back, in toto, by the stimulation of certain parts of the memory cortex. A person could be made to relive life events through all involved sense modalities.

Evidence suggests that the total set of responses that we observed, expressed, or felt during our early years are encoded in our memory cortex. These responses serve as a template for culture. Early experiences are brought forward into consciousness, like sound-sensitive tape recordings, as they are cued by similar present-day situations. We are not always aware of this process. Usually it is automatic, shaping our posture or approach to situations in the present. This evidence is further corroborated by studies in hypnosis.

BASIC CONCEPTS OF TA THEORY

Transactional analysis (TA) defines personality as having three basic components: The Parent, the Adult and the Child ego states (Eric Berne, 1961). At any one time, an individual can respond from any ego state. Response is strongly influenced by personal history, or early learning. Therefore the propensity for an individual to respond in a particular way is set early in life, and usually defines the person's dominant ego state expression. Briefly, the Parent ego state contains an historical record of training and instructions about life that we receive from our parents or those who took care of us. Such training includes the "oughts" and "shoulds" and "how to's" of life. Moral and religious values, or conscience, are part of the Parent as are nurturing or punitive situations. The history of our early experiences, then, is permanently recorded as the Parent and Child. Studies are ongoing which are delineating the anatomy of the brain responsible for ego state functioning. Memory tracts for feeling (Child) and observed behavior (Parent) are being located by studies in brain mapping.

The Adult ego state is the thinking component of the personality. It performs information-seeking, problem-solving, and decision-making functions. When the Adult is engaged in problem-solving, personal experience is considered, provided by the Parent and Child. An assessment of reality is also made which considers alternatives and consequences of probable action. A person may therefore respond as he/she ought to based on moral principles (Parent), or as he/she wants to or feels like responding (Child), or in a way that also addresses the outside factors and reality (Adult).

Other TA Concepts

Other concepts central to an understanding of TA theory will be useful in this psychohistorical exploration: stroking and its relationship to psychological birth; psychological decisions leading to chosen life positions; cultural scripting as it relates to race; game analysis within and between racial groups; structural analysis of black personalities, etc. The remaining function of this paper will be to organize the basic historical experience of black Americans within this psychological framing.

PSYCHOLOGICAL BIRTH AND DEVELOPMENT

Who Parented Black America?

How might TA concepts be used to elucidate the development of black consciousness? In my examination, the first generation of Africans brought to this country unwittingly embarked upon the development of a new culture. The mother country Africa was raped, her offspring kidnapped and robbed of their heritage. The Parent tape was effectively erased, with language and

culture esentially lost (or spotty, with broad gaps of information missing). Black America was born, like a new baby, subject only to feeling, without the benefit of a language to decipher the bizarre set of circumstances which befell it. Mother Africa was replaced by a cruel stepfather (America), insensitive to the psychological needs of a newborn. It is difficult to establish the appropriate analogue. Did America act as a cruel stepfather? Did treatment befit a bastard child? Was black America an unclaimed orphan, parented by a cold, sterile institution? It is difficult to say, reflecting on the quasi-human status accorded slaves during one period of history. But America does care for what serves it well (horses, cows, and tractors, too). At least, then, we can postulate some parenting, however incomplete or inadequate.

Self-parenting

In the absence of adequate, nurturant parenting, TA theory postulates that a self-parenting phenomenon may occur. The youngster, ignored or brutalized and abused resorts to self-stroking for psychological survival. Related to this idea, a series of studies have revealed the existence of "super kids":

> No one knows why some children who grow up under horrendous conditions -- in homes with abusive, psychotic, or desperately poor parents -- seem to develop into extraordinarily competent human beings . . . . This newly discovered group of children who thrive where others break are called "super kids" or "invulnerables." Whatever the circumstance . . . they know how to make something out of very little. And they bounce back. It's the recovery phenomenon after stress that's so characteristic of them. They just have a tough bite on life (Pines, p. 53).

Black America in its childhood must have been a super kid. The innate Child ego state, then, was the saving grace. The Child, with its richness of spirit and creativity, and the will to survive, transcended the inadequacies of parenting.

Along with the history of the deplorable experiences we carry in our heads (Parent and Child tapes), black Americans have a secret. Our gen[illegible] that we survived. In our adaptations, we developed a vigorous style o[illegible] It has touched religion and music, science and politics, and a broad canvas of creativity unsurpassed in the history of m[illegible]d. In my assessment, I am driven to the same conclusion as actress Ab[illegible]oln, who wrote in Jet Magazine (1968), that "Any black human being able to survive the horrendous and evil circumstances in which we were inevitably trapped must be some kind of a giant with great and peculiar abilities, with an armor as resistant as steel, yet made of purest gold."

The Not-OK Burden of Blackness

If you would accept the premise that the first several generations of African slaves represent the birth, illegitimate as it were, of a new culture, treatment can continue. TA theory stipulates that the whole process of child-rearing creates a lot of bad feeling, and the little person searches his or her young mind for an explanation. Sometime during the preschool years the little person decides: "I'm not OK" and these feelings are permanently recorded in his or her evolving consciousness. This decision underlies the developing self worth of every child (Harris, 1967). It is a situation of childhood and not the intention of parents which creates this not-OK burden. The developmental task of each person is to work through the not-OK circumstances imposed by civilization and reestablish self worth. Freud (1962), in his treatise on Civilization and Its Discontents, wrote:

> The liberty of the individual is no gift of civilization. It was greatest before there was any civilization. A desire for

> freedom may also spring from the remains of their original personality, which is still untamed by civilization . . . . A part of the struggle of mankind centers around the single task of finding an expedient accommodation . . . between this claim of the individual and the cultural claim of the group.

Now, considering the horrendous conditions which black America struggled through in its early childhood, without the benefit of a nurturing parent, we are compelled to postulate decisions made about the reality of the situation. Black America, resigned to its fate, decided "I'm not OK," and the not-OK burden of blackness made an indelible impression on the developing consciousness of every black child. Even super kids pay a price in adjustment as they approach adolescence (Pines, 1979). If working through the not-OK burden is the developmental task, the young black person labors under enormous circumstances. Blackness may interact with the ordinary burden of childhood with a multiplying effect, creating a serious problem of healthy self-concept.

Other psychological decisions. As the child approaches adolescence, the original not-OK decision is evaluated again in light of new evidence about the OKness, or lack of it, regarding grownups. The adolescent struggle to firmly establish self esteem almost inevitably involves an externalization and projection of not OK feelings on parental or authority figures. Thus, the rebelliousness and negativism of teenagers become a given. Not until the end of the teen years, and sometimes never, does the young person find that "expedient accommodation between the claims of the individual and the claims of the group," which expresses the ultimate psychological position: "I'm OK -- you're OK."

This developmental process continues to have its analogues in the present analysis. Black America had a long childhood. The position adopted early in slavery, I'm not OK -- you're not OK, endured for the masses until the onset of the civil rights movement. Perhaps adolescence was signalled that day when Rosa Parks was too tired to move to the back of the bus. The nonviolent protest movement, spearheaded by Dr. Martin Luther King, Jr., depicts the rare mature judgment shown by some young people who attempt to sensibly negotiate with parents to acknowledge their rights. Militant attitudes associated with the violence of the Sixties, which unequivocally proclaimed whiteness as evil. stemmed from a projection of the original not-OK feelings. And, as the typical adolescent, reversed the position to: "I'm OK -- you're not OK." Extreme acts of violence which involved burning black neighborhoods, suggest the adoption of the most extreme position: "I'm not OK -- you're not OK."

Is black America fully mature? Full maturity within the TA context requires the adoption of the ultimate position. The fully evolved personality which adopts the "I'm OK -- you're OK" position has the freedom to express flexibly and appropriately and, therefore, is not stereotyped. The worth of every person is esteemed and a "live-and-let-live" position is adopted as a tolerance for differences. In fact, difference is seen as the necessary contrast that brings personal identity into better focus. Commonalities are also sought out and exploited for the benefit of both groups.

Black Personality Types

As a consequence of factors brought to bear upon the survival struggles of black America, a number of personalities evolved which are stereotyped here

for the purpose of analysis. Uncle Toms and Aunt Sarahs may be thought of as "house niggers." They engaged in many transactions with the white world; primarily complementary from Parent (white) to Child (black). (See Muriel James, Born to Win, 1971 for understanding of transactional and structural analysis). Although their responses appear to originate in the compliant Child ego state, much of them were Adult responses to the demands of the situation. "Coloreds" were different, usually thought of as "field niggers" who had little contact or few transactions with the white world. Transactions, when they did occur, were predominantly Parent-Child, characterized by much discomfort and embarassment. Responses are seen to truly stem from the compliant aspect of the Child state. "Bad niggers" showed the rebellious side of the Child. Sudden, violent outbreaks of slaves have been recorded in history and folklore. This phenomenon may also characterize a type of brain pathology that follows from a lesion in the boundary of the Child ego state (James and Jongeward, 1971). Chronic rage and repressed hostility released the "Incredible Hulk" in them, as it were. "Passing," a phenomenon of the 1940s and 1950s, resulted from a denial and escape from reality. Individuals who chose this method of response to black America's non-OK position paid a price in fear and anxiety from possible exposure. "Negroes" also engaged in denial as a fantasied acceptance of themselves as equal. Although they labored under the same burden of blackness, their remedy was (is): "I'll be OK if . . . I speak correctly, have perfect manners, am always clean, obey all the rules, etc." -- a compliant Child response with considerable input from an immature Adult.

With the advent of the civil rights movement, new personalities emerged. The "oreo" (black on the outside and white on the inside) may be thought of as the adolescent indecision about which group is OK -- "Is it we or they?" The strategy adopted was to stay in the middle; appeal to both groups, so as not to miss the benefits stemming from either. OKness for the "oreo" is never internalized. Black militants have adopted a "You're not OK" position in regard to white America. The position has problems in that it involves unequivocal rejection of anything white, and it stems from the adolescent projection of not-OKness.

William Cross outlines stages in the "negro to black conversion experience," which also may be used to trace evolving personalities through the four psychological positions (see illustration).

Black Games.

TA theory postulates that people play games as a common way of dealing with not OK feelings (Berne, 1964). Children typically engage in sibling rivalry or peer group put-downs as their best remedy: "I'll be OK if . . ." Any relief from the not-OK burden is welcomed: a bigger dish of ice cream, pushing to be the first in line, laughing at a classmate's mistake, beating up a little brother. The most common psychological game is "Mine is better than yours." A psychological game involves a series of dramatic exchanges which have a more serious, hidden motive. The outcome is well-defined and predictable, often involving a trap for one player and a release (or dumping) of negative feelings. A game is basically dishonest, and although it possesses a dramatic quality, it is not fun, and nobody wins.

PSYCHOLOGICAL POSITIONS

Position	Stage and Personality Types
I'm not OK -- you're OK	William Cross's "Preencounter Stage"; Coloreds, Uncle Toms, Aunt Sarahs, Negroes.
I'm OK -- you're not OK	Immersion Stage; Black Panthers, Black Muslims, anti-white movement.
I'm not OK -- you're not OK	Fixation at Immersion Stage; extremists, arsonists and rioters that destroyed own neighborhood, shootouts with police.
I'm OK -- you're OK	Emersion/Internalization Stages; Martin Luther King, Jr., Malcolm X after Mecca, Black Muslims' most recent position, no stereotyped personalities.

Black people have been associated with a number of games, some of which have been formally analyzed. The grown-up version of "mine is better" is called "keeping up with the Joneses." Some playing of this sort has been noted by Frazier (1957) as conspicuous consumption, and leads to a condition called materialistic depression, elaborated by Braithwaite (1977). It stems from the position: "I'll be OK if. . . ." The "Dozens," a pastime which may escalate to game playing, has been analyzed by Savage and Tapley (1976). The "Dozens" is thought to be engaged in solely by young black males to give themselves practice in controlling anger, or "keeping cool." The object of the game is to exchange insults about each other's mother without getting angry, and maintaining friendship. If successful, the pastime ends in the "I'm OK -- you're OK" position.

"Crabs in the Basket" is another familiar cultural game. It has not been formally analyzed, but undoubtedly has received its share of attention from ministers in the pulpit (where I first heard the concept as a young girl). This game stems from the "I'm not OK -- you're not OK" position, and may draw its dynamics from several other games reported by Berne (1964).

The dynamics of a game called "Your Mama" are being analyzed presently. This game, it is believed, is transgenerational. It is drama played out over the course of a lifetime where both the black male and female, in their respective roles as sons/daughters, lovers, husbands/wives, and mother/father, occupy all three positions of the drama triangle: victim, persecutor, and rescuer (see James and Jongeward for a discussion of drama triangle). It is hoped that

the dynamics, once revealed, will elucidate the ambivalence surrounding the black mother, and the problems encountered in male/female relationships.

TA theory prescribes techniques for breaking up games. The game plan (James, 1974) has been used in family therapy, by management firms, and by teachers in classrooms. Its usefulness might also be employed in therapy for black clients.

THE TRANSMISSION OF CULTURE

The Scripting Process

The next major concept useful in this development is the concept of cultural scripting (White and White, 1974, 1975). The way in which a young person perceives his or her world is based on an early biased view. The role that he or she adopts in this perceived reality is life script. Decisions and expectancies are made about life which the young person feels will defend him or her, and set the world in a predictable, if not safe frame of reference. Cultural scripting is that set of reinforcements or limitations established by values embodied in the institutions of a culture. The family is the first institution involved in cultural scripting. Much of the family's impact lies in the nature of dependent relationships, and in particular, the mother-child bond. Even in the case of the cruel, rejecting and abusive parent, the child often clings to the parent because of the nature of the dependency bond. We all know how dependency was fostered by the institution of slavery. We can imagine the separation anxiety experienced when all of a sudden or at long last, whichever you choose, the Emancipation Proclamation declared slaves free.

For many, the most immediate implication of the newly gained freedom, was freedom to starve to death.

TA theory continues with a description of the community's role in reinforcing script -- those habit patterns already established by the family. To what degree did the family come first, thus shaping the general culture? And, how did the evolving general culture impose its values on the family? It is important to consider this chicken-or-the-egg question as it relates to black family dynamics. Survival script was undoubtedly reinforced to the disadvantage of independence and achievement. The script passed along, then, contains negative impressions imposed on the parents during their child rearing. The patterning of negative script may be universal (toilet training, sibling rivalry, separation anxiety) or culturally specific (Jewish fear of persecution, the slave mentality, etc.).

Script expectancies adopted early in life limit an individual to a certain set of responses. These expectations are uniformly reinforced by culture which offers few alternative models. Changing cultural script at the individual as well as the cultural level requires intervention. Script analysis is an essential aspect of TA therapy, often difficult, but potentially liberating for an individual who wants to change. By inference, an entire culture may be analyzed to reveal adpating and scripting processes, and the possibility for change.

Racial Scripting

Scripting, which begins with the socialization process, is the primary

mechanism for transmitting attitudes and impressions that belong to times past. The factors which ultimately determine a parent's approach to child-rearing have their roots in the unconscious, or the automatic influence of the Parent ego state. People parent as they were parented. The current fast pace of life, in comparison to past generations, has created a time lag; a person's taught concept of life and the role accepted may be out of step with the real demands of the "here and now."

Evidence of the residual effects of our history creates much ambivalence and disruption in personal relationships. Robert Tucker speaks of "problems in loving," and the frequent use of negative words to convey positive meaning (and vice versa). The word "mother" itself has so many varied forms and uses that the significance of the black mother's role in our history is shrouded in mystery and ambivalence. Socialization for survival, which was urgent and therefore more deliberate in earlier times, still has its effect in the subtleties of mother-child interaction.

> Don't be uppity is the Parent message that continues to paralyze black males in the "now," though it is no longer appropriate behavior for survival, and indeed prevents success in the aggressive American marketplace (Jerome White, 1968).

The civil rights movement of the Sixties and Seventies obviously neutralized much of the deep-seated, negative self-perceptions that were widespread among blacks. Evidence suggests, however, that these changes have not gone far enough to effect necessary changes in childrearing approaches. To erase the last traces of our slave heritage, it is necessary to examine and keep as much of the parenting approach in conscious awareness as possible.

There are still many sources from which young children learn the not OKness which is attached to being black in America. No well meaning parent will deliberately teach a child to feel bad about the circumstances of his birth (race). To the contrary, since the mid-60s, most parents teach their children to be proud of their race and heritage. The subtleties of the learning mechanisms which convey these negative messages defy any systematic examination, but the effects are real. Evidence suggests that there is still much to be done to "erase the last traces" of mental bondage. Consider cases reported since the Seventies:

> A four year old daughter rejected her black doll for Christmas and demanded a white doll. Her parents were active in the civil rights movement.
>
> A seven year old accused her parents of loving her newborn sister more, and not loving her, because she was dark skinned.
>
> Second graders still using "black" in derogatory name calling.
>
> A five year old commenting on his kindergarten Christmas party: "I know that wasn't the real Santa Claus, because Santa Claus is white."
>
> Doll studies still show that black children overwhelmingly choose white dolls over other white stimulus items.

The weighty burden of black racial history can be transmitted from the old to the young almost in a single glance. Toni Morrison, renown black author, shares her impressions in her Autobiographical Notes. She is referring to her family that migrated from Alabama and Georgia to the North.

> Each has a tale full of depression and daring, disappointment and determination. They have impressed me all my life -- those I knew and those I only heard about. Even before I knew what they had done to stay alive, to raise their children, and to be better than their detractors -- even before that -- their eyes impressed me. They were like wells of stacked mirrors, each with a depth and

> refraction of its own, the total adding up to a prism I believed I could never fathom. I always wanted to know what it was they had seen that made their eyes that way. None of them had that flat look I seem to see everywhere now. The closest I can come to describing it is the look of people who have lived places where there are great distances to view. Desert people, or people who live on savannahs or mountain tops -- they have the look I remember in my parents and relatives. Their eyes were terrible, made bearable only by the frequency of their laughter. They seemed to be able to shed tears of laughter at the slightest provocation. It must have been the laughter that saved them from the terribleness of their eyes.

The Importance of Skin Color

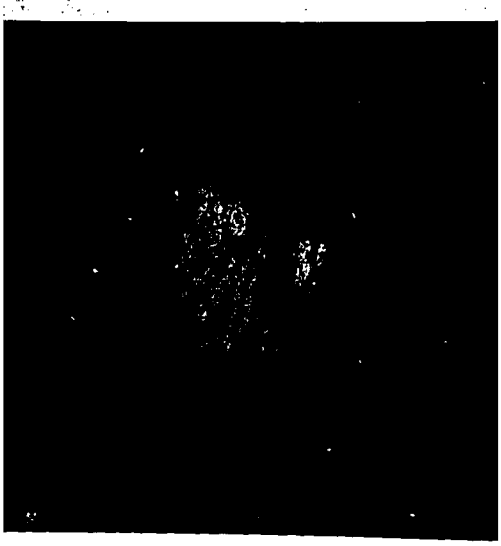
Skin color, the various shades of brown, continues to be a salient determinant of reinforcement contingencies among us. Since, of course, color can be determined by a single glance, so is a whole history of reinforcement contingencies. Even to the extent that darker shades may now be preferred by some, the effects of history are implied in this valuing process. TA theory again provides insight for the importance of skin color, as revealed in the basic concept of stroking. Stroking, both physical and psychological, is felt to be essential for life. Marasmus, a condition leading to death in animals, will occur if the mother does not stroke the newborn shortly after birth. A similar "failure to thrive" syndrome has been noted among foundling home infants. Any process which interferes with the spontaneous attraction of mother to infant shortly after birth is likely to subsequently affect the child's developing psychological health. In cases reported by Harrison-Ross and Wyden (1972), child psychiatrists, black women are still having trouble relating to their little black newborns. The sight of a baby much darker than expected triggers the rejection of that baby. Traditionally, this condition has been labeled postpartum depression, and treated, colorblind, like every

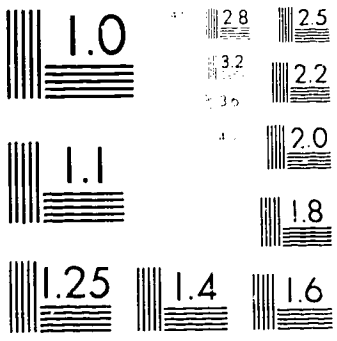
other case. Helping the mother bring into the open her feelings about skin color provides a better solution for mother and child. So, from Harrison-Ross's (1972) position, skin is "not just wrapping paper for a person package. Skin is an organ of love." It is the receptor organ for the essential stroking that we need for both physical and emotional well being.

ERASING THE LAST TRACES

The foregoing TA analysis of historical [illegible] believed to shape black consciousness should compel us to acknowledge [illegible] lasting effects of our history. Some black mothers still have difficulty relating to their little black newborns; some black children still call each other "black" and prefer white dolls. Black boys still play the "[illegible]zens" to practice controlling anger. The black mother, the culture-bearer whose historical role has been to prepare black children to accept their lowly status in order to survive, is still viewed by some as both rescuer and persecutor. We still call each other "nigger" and although black men are ready to fight if called a "boy," they often refer to whites as "the man" or even "the boss man."

What can we do as individuals and a culture to free ourselves from the dynamics of mental bondage? In my opinion, the first step for individuals is to examine the ties between their personal and cultural pasts. Then they must embrace this experience in acceptance and understanding. With understanding, a quality which strengthens the Adult ego state, a person is freed from the emotional effects of a situation tied to the past (Child), and the automatic, often self-defeating attitudes and behaviors stemming from the Parent. In this way persons may discover the simple truth to the answer





of the question:

How does one change his/her past?

By changing the way it affects his/her present and future.

The Utility of TA in Education, Practice and Research

A number of areas might be explored to release us at a cultural level from the negative effects of the past. Socialization practices should be examined and objectives made more explicit to lessen the not-OK burden of blackness and childhood. Open, honest and informative race education should receive the same importance that sex education is finally receiving in the home and school. Such an educational program will help young children grasp the difficult concepts of race and skin color. A definite clinical approach should be developed to help clients understand the impact of racism on their psychological health. Research should be conducted to support a theoretical framing of prejudice as a personality disorder, and a treatment package should be developed. Finally, the provocativeness of egogram analysis and therapy might be used to examine and neutralize prevalent stereotypes about black men and women. Analysis can also identify areas of needed growth to save black marriages.

Working both at the individual and cultural levels, the possibility for freedom does exist. Only half this story is told, however. The slavery experience changed the psychology of both the master and slave. To be comprehensive, this treatment needs to be broadened to include the social and historical forces which shaped the consciousness of white America. What events in history, perhaps operating years before this country was

settled by whites, compelled their adoption of the premise: I'm OK -- you're not OK? According to TA theory, this position underlies the psychology of the adolescent, as well as the hardcore criminal.

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COMMUNITY PSYCHOLOGY AND SYSTEMS INTERVENTIONS

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This chapter is concerned with the conceptualization of human beings and communities and suggests ways of intervening in the lives of people and their communities. This process of conceptualization and decision making is an arduous and complex one, and requires a systematic approach to analysis as well as the development of strategies of intervention. It has been long realized that the problems of humans and society are integrally tied together and that an attempt to unravel the intricate relationships among the various social, political, educational, economic, religious, and familial influences on these problems requires a conceptual framework that permits us to see how these forces operate on each other. Additionally, our model should suggest ways of influencing change in these problems at multiple levels in a number of situations.

Essentially, we assume that there are multiple causes for the mental health problems we face today. Consistent with this assumption is the concept of "systems." A system is a set of objects together with the relationships between the objects and between their attributes.[1] In other words, everything is so related in an interdependent fashion that a change in one object will bring about a change in the other objects. This idea of a system formulates the basis for a more elaborate discussion of the problem we're trying to deal with here -- to organize our thoughts about some very complex situations in such a way as to simplify it to a level that is manageable for us (the thinker or analyzer) so that we bring order to confusion and can map out some ways of impacting the community.

To get the maximum benefit from our discussion, it is necessary to first relate some basic knowledge about systems.

BASIC FACTS ABOUT SYSTEMS

Systems Terminology

One will encounter a monstrous complexity of terms used in any discussion of systems analysis. The basic term is that of "system," which is ordinarily used to refer to any set of interrelated elements which share a basic function or which have some purpose in common. The term "subsystem" is often used to denote the relationships of a system that is a part of a much larger system (e.g., the person is a subsystem of the family). The term "suprasystem" is often used to refer to structures which develop out of the combining of systems (e.g., society is a suprasystem in relation to the family system and

the person subsystem, or the Department of Health, Education, and Welfare is a suprasystem which is made up of several systems relating to health, mental health, schools, social services, etc.

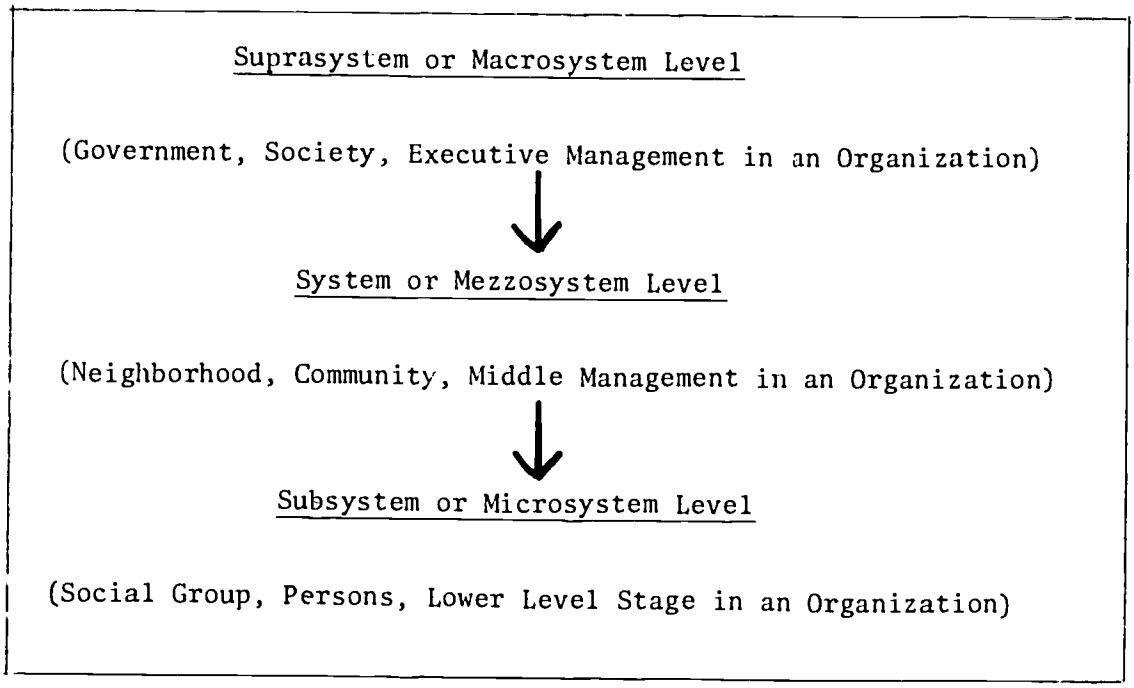
One will also encounter the use of the terms "micro," "mezzo," and "macro," which are used to refer either to the influence of a system or the level of analysis one is conducting in relation to the hierarchy of systems. That is, one may conceptualize systems as relating to each other in some order of influence or importance. The subsystem or microsystem is ordinarily thought to have the least influence, and the system or mezzosystem is thought to have the next higher level of influence, followed by the suprasystem or macrosystem which has the greatest level of influence.

Hierarchy of Systems

The level of analysis of the influence of systems may be conceptualized in a hierarchial fashion so as to simplfy or provide greater clarity to where one is working in relationship to the complexity of the total problem. A hierarchy of systems is presented in Figure 1, and should clarify what is meant.

Figure 1

Systems Hierarchy Indicating Level
of Analysis or Primary Influence



The idea of a hierarchy of systems allows one to focus on one internal system at a time without being overwhelmed by infinite complexity.[1] It also permits us to see the interrelatedness of all of the systems while concentrating on one level at a time. The influence of higher order systems (i.e. macrosystems and/or mezzosystems) has an effect on other lower level systems. Also, the lower level systems (i.e. microsystems and/or mezzo-systems) have an influence on higher order systems. However, the influence

is thought to be greatest when it originates at the macro level and disseminates downward.[2]

The importance of the systems hierarchy idea is that each level requires a different, if not a more sophisticated, scheme of knowledge and strategies that will begin influencing change. Obviously, if one hopes to intervene at the macro or mezzo level, then techniques which are thought to be effective at the micro level will probably not have very much effect. Because community mental health requires change at the mezzo (community) level, then we must acquire knowledge and skills that are influential at this level. More will be said about this in our discussion of strategies of intervention.

Characteristics of Systems

Here, we must distinguish between closed and open systems. Basically, a closed system is one that is isolated from the environment, and an open system is one that is constantly exchanging information and/or energy with the environment.[3] An understanding of open systems is important for our discussion here. Openness is a characteristic of all social systems, in that they are in constant interplay with the surrounding environment.[4] Open systems have the capacity to receive "input" in the form of information and energy from the external environment, which is acted upon or transformed by the internal mechanism of the system to produce "output" back into the environment. This output is also recycled as input back into the system.

Open systems are also characterized by a tendency toward increasing complexity and developing a means of self maintenance.[4] The best example of

this is the increasing complexity and differentiation that occurs as a child grows. The more intellectual input there is, the more complex the cognitive system of the child becomes, and the more elaborate are the outputs. To witness this phenomenon, one can observe the developing verbal and motor responses of the growing infant.

The next characteristic of open systems is that of "equilibrium." Open systems are said to be in a state of dynamic equilibrium; they are constantly making adjustments.[4] Social systems are also characterized by the same tendency to maintain an equilibrium around which change occurs. When the state of equilibrium is disrupted, the system becomes mobilized to engage in activity designed to bring it back to a state of balance. This is not to say that open systems are static; quite the contrary, they are in a constant state of change. This notion of dynamic equilibrium is similar to that of homeostasis, where the organism initiates many changes to maintain such things as body temperature. When the body reaches a certain temperature, perspiration is produced to lower the temperature to an acceptable level, and the organism remains comfortable.

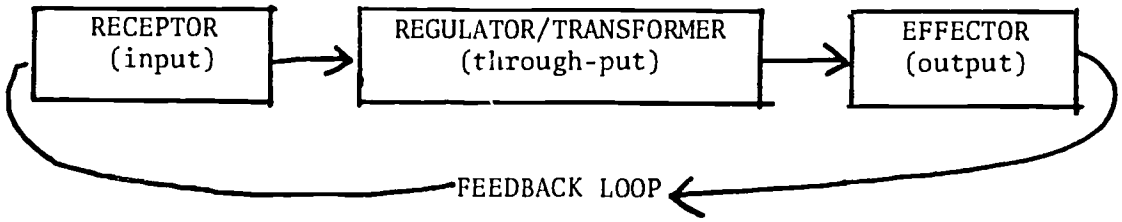
The system's ability to maintain equilibrium depends on its ability to regulate inputs and the availability of feedback. The term "regulate" is being used here to denote a situation in which the system simply allows information to be channeled through whatever mechanism it uses to handle information or one in which the system either alters the form of the information or converts the input into energy. In either case, systems usually become "differentiated," that is, they develop specialized ways (i.e. channels) of handling various

kinds of inputs. Most organizations are good examples of this, with specialized departments which are designed to fulfill specific functions.

The last characteristic on our list is "feedback." Whenever the system performs any function that generates output, and information is produced which can be directed back to the system (input), it is termed feedback. When this information is received the second time, it may serve to keep the system going the way it was or change its present functioning. Whether or not change occurs depends upon the type of feedback. Negative feedback (a wrong or unacceptable response) will, assuming the system is functioning properly, cause the system to make corrections; positive feedback indicates that the proper response has been made, and no corrective action is required. Most systems have what are called feedback loops that insure the availability of feedback. However, the mere existence of such a mechanism doesn't guarante the efficient and/or effective use of feedback. Figure 2 shows the way in which information and/or other inputs flow through open systems.

Figure 2

A Simple Feedback Scheme



It is important to keep in mind that system is operating in and is an integral part of the whole environment. In looking at any system, whether biological or social, it is important to view the system in relation to other systems and how they fit into the environment. This notion of "environmental fit" introduces the concept of ecology or ecosystem.

Ecology and the Concept of Ecosystems

The concept of ecology and ecosystem are important because they provide a kind of gest view of the interrelatedness and interdependence of all systems. There, we assume that everything in the universe is interconnected and a change in one system will influence change in all other systems. Also, it is essential that all systems function in such a way as to maintain an equilibrium, not only with each system but throughout the universe.

Ecology has emerged as an integrated study of populations, communities, and ecosystems.[5] Populations are regarded as groups of organisms having a common origin, form and function. Communities are associations of populations linked by some interdependent function. Ecosystems are conceptual systems formed by relating a community or communities with the totality of prevailing environmental factors. These basic ideas have contributed to the thinking of biologists, anthropologists, ecologists, and community psychologists about the role of environmental factors on various forms of life and human behavior. The discipline of ecology has more recently evolved to the study of living systems in relation to one another and to their environment.

Figure 3

The Interconnectedness and Interdependence of a Sample of Systems and How They Exist in the Environment as Part of the Ecosystem

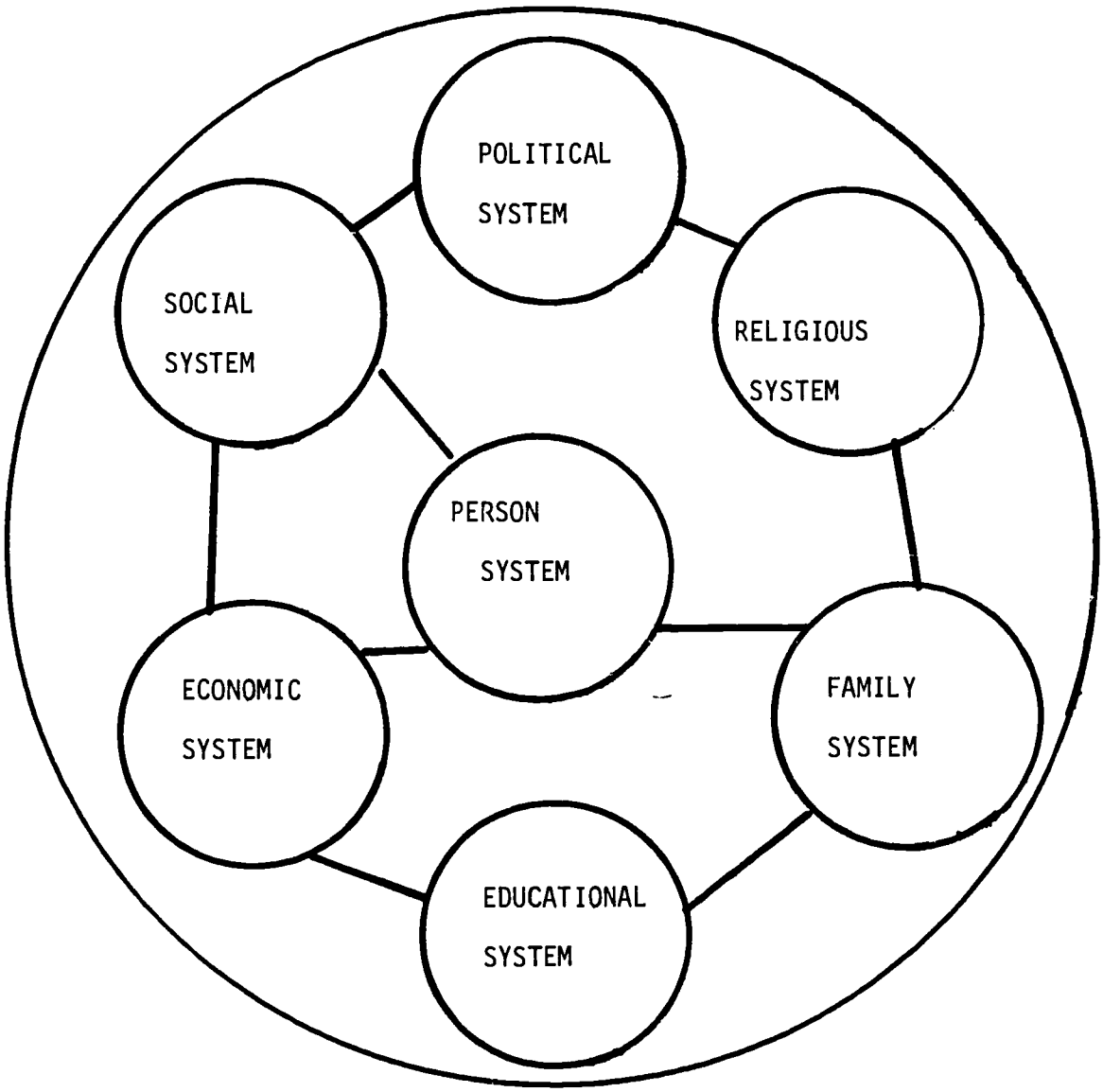


Figure 3 shows the interrelatedness and interdependence among systems. Obviously, all of the systems that exist are not represented here. We simply took a sample of those that have relevance for our present discussion.

This relationship is most evident when one considers the most current definition of ecology as the study of ecosystems.[6] As mentioned previously, the systems approach emphasizes the essentially holistic views of colony, which were incorporated in the ecosystem concept.[5] Ecology as it is now understood is the study of populations and communities as a whole in relation to one another and to their total environment. Regardless of where one chooses to intervene, one should proceed with an expectation that whatever influence one manages to have will affect systems beyond the immediate situation. The notion of multiple cause for behavior along with a view of systems, hierarcy of systems, and ecosystems should serve to reduce the infinite complexity of the mental health problems we are currently concerned with and suggest some strategies for dealing with these problems.

HUMANS AS SOCIAL PRODUCTS

The use we make of the ideas discussed in the preceding paragraphs depends in part on our conceptualization of the person; in other words, how we answer the question, "What is a human being?" The nature of this answer determines whether a psychologist's analysis of a behavioral event focuses on the individual person and his/her characteristics, the social group and its organization and functioning, or some combination of these elements. It also dictates whether values and value conflicts are recognized as legitimate aspects of human interaction regardless of their nature or the contexts

in which they occur. Finally, and perhaps most important, the character of this conceptualization defines the ultimate goals of all interventions.

A human being is neither a blank sheet on which experience etches its characters nor an entity which emerges complete with all ingredients for further development and growth. A human is a unique configuration of elements whose exact dimensions and characteristics are a joint product of the interaction of these elements and the person's physical, social, and psychological environments. Furthermore, the person has intrinsic value which the environment either enhances or curtails. This intrinsic worth or value is what makes human beings, themselves, values.

This notion of humans as values is the cornerstone of our conceptualization of a person. It is a view of humanity which holds that people have a basic inherent worth which must be nourished and respected. This basic worth results from the capability each of us possesses for mastery of our being as well as our environments. We all have the potential for greater development of our own personal effectiveness and for the creation of surroundings supportive of this functioning. Thus, every individual person is of value, although his/her actions may be valueless for the group and even highly undesirable, for example, a drug addict or an alcoholic. One implication of this position for intervention is that it (intervention) must focus on the development and cultivation of psychological, social, economic, political, and moral environments capable of enhancing and sustaining this humanness.

People exist in a complex, symbiotic relationship with their surrounding environments. In fact, we are active elements whose behaviors produce

environmental changes and modifications. Yet, we are simultaneously shaped and molded by these forces. A simple physical illustration of this relationship is the case of a group of persons in a room in which the temperature is a chilly 50 degrees. Because of the temperature, the people are naturally cold. So, being a group of pretty wise folks, they move about and stay close together, thus generating heat which in turn raises the temperature in the frigid room. From this simple illustration we can see that this symbiotic relationship produces harmonious human activity which is both self- and group-enhancing. An analogous relationship holds for all human environments including those which have very few physical properties, such as our ideological, political, economic, and social surroundings.

It is the interplay of these abstract environments and their relationship to physical environments with which we are mainly concerned because much, if not most, of what we think of as the quintessential characteristics of humans is of a psychological nature. Our psychological worlds, including our attitudes, values, beliefs, and perceptual styles constitute a large part of what we see as being the human person. Therefore, to fully grasp the essence of the idea of humans as both products and creators of their environments let us examine these concepts more closely.

Our psychological worlds are profoundly influenced by the socio-cultural matrices in which we are embedded. When a person is born, a unique arrangement of elements, for example, the person's physical make-up including sex, race, body structure, neurological temperament, and immunological systems, begins an interaction with a multiplicity of belief systems and their resulting

customs, and organizational patterns and, as such, exert pressures which influence the psychological beings we become. For example, when a black, female child is born her parents give her a name consistent with their beliefs about what a black, female child should be named and one which will meet their expectations for her. These parental expectations, by the way, are themselves partially products of their social group's customs and values. The baby girl's psychological world is steered in a particular direction as a consequence of this act of naming, for a name or label directs others as to the ways to behave toward that person or object and, hence, it tells something about the character or quality of the person or object. To get a feel of the impact of the naming act on our conceptualization of ourselves, try to imagine yourself with a name inconsistent with your idea of yourself.

Of course, the pressures outlined are not the only determining factors, no more than the weight of a hammer is the sole factor determining the depth of an indentation in a piece of steel because other factors, such as the force behind the blow and the angle at which the blow was delivered, must also be considered.

Environmental pressures shape the person primarily though three channels. First of all, they define the realm of possibilities for the person. This is accomplished through the reactions and expectations that others exhibit toward us as well as through our access to information about what is possible and for whom it is possible. The psychological literature is replete with studies demonstrating this effect.

Second, they shape our perceptions and knowledge. In other words, they influence what we see and the conclusions we draw when we look out on the world. For example, when you meet a black person it is these forces which determine whether you see a new world negro whose beginnings are in Western slavery or a continuation of a long and glorious history that has nearly triumphed over an episode of Western slavery and oppression.

This point, in particular, is highly relevant for intervention in mental health from two perspectives. First, from the angle of the intervener, it is these forces which make it mandatory that mental health workers examine their definitions of a situation before attempting an intervention. This holds for blacks working with the black community as well as mental health workers from other ethnic groups. We must remember that the view taken of a situation determines what actions to take in the matter. The implied action to be taken for a half-filled glass is different from that for a half-empty glass. Secondly, from the point of intervention itself, this effect of the environment on our knowledge and perceptions suggests that this area itself is a possible point of intervention.

The third channel is through the values we hold. Values are the degree of emphasis or importance we attach to objects or ideas. They are our preferential ratings of the various elements which surround us. These include conceptual entities, such as honesty, integrity, respect, etc., as well as objects possessing physical properties, such as money, cars, houses, etc. One measure of the value of any entity is the extent to which we strive for it. The characteristics of the systems in which we exist and our locations

within them help to mold the values we come to hold. This molding process is accomplished through a number of means, both direct and indirect. Parental exhortations to be honest is an example of a direct means of value acquistion; whereas exposure to value orientations embedded in mythology, movies, television shows, folklore, the "top ten," and other forms of popular culture is an example of acquisition through indirect means.

The values we develop constitute a primary channel through which we impact on our socio-cultural surroundings. For they are, in part, the determiners of the relative emphasis placed on the various elements in our surroundings, thereby indirectly influencing how we perceive events.

Values are seldom, if ever, constant. They rise and they fall. They push other values aside and are in turn pushed aside. They are not constant across social groups. Different groups may emphasize different sets of values. For example, a dominant western culture emphasis is on contemporary machines and the development and enhancement of human and social relations is significantly more dormant. The ascent or descent of any value is a function of environmental contingencies, for example, the relative controlling power of a particular group of people or the survival demands in a situation.

It is the ascendency of certain values that has led to the contemporary perception of a people as servants to the machine rather than to views which emphasize the enhancement of humans. To fully grasp the means through which any values come to predominate it is important to understand their current material or economic basis as well as the history of their ascendency.

Unfortunately, most existing training models in mental health and human services do not emphasize this point. Consequently, mental health personnel are often ill-equipped for intervention based on such an analysis.

If we take a close look at modern psychology we can see that, for the most part, its perspective emphasizes making people fit into existing molds. The value of the human is a function of his/her fit. Intervention strategies are geared toward control of misfitting behaviors. Little emphasis is directed towards behavior enhancement and possible resulting environmental changes. Furthermore, the existing molds constitute a narrow sampling of the possibilities which exist in a pluralistic society. Often these alternative possibilities are not pursued because of ignorance, ethnic bias, and fears of possible social reorganization. Before discussing the implications of the above for training procedures and intervention strategies, let us examine the idea of community which is the context in which our interventions must occur in order to have maximal effects.

WHAT IS COMMUNITY?

Since the rise of interest in the "community" approach to mental health, which began in the mid 1960's, there have been many attempts to define "community psychology." Most efforts have proven inadequate in capturing the subtlety of this rather amorphous approach. The major difficulty seems to lie in accurately identifying what is, in fact, "community psychology." Community has proven to be an elusive concept and the experts have generally opted for over-simplification in their efforts to adhere to something concrete.

Such over-simplification has worked against the effective application of the potentially powerful concepts of community psychology.

In most general terms, community is a network of interconnecting processes which form the physical, mental, and spiritual environments for effective human development. These processes constitute the various shared definitions which interconnect human beings into a web of experience.

Community, on the one hand, is a definition of who the person is, what are his allegiances, and what are his responsibilities. In this sense it is an important source of one's self-concept which is nourished by the person's identifications from the various planes of community.

On the other hand, community is a set of resources or environments in which the various components of the self receive nourishment for growth. In this sense, community is an ecology or atmosphere which both confines and unites diverse expressions into a unified matrix of survival.

Physical Community

The most basic (and most usual) definition of community is the physical definition. This physical definition defines the relationship between people as being based on the sharing of some particular geographical boundaries. It can be small physical boundaries, such as a particular neighborhood, housing project, or even a building. It can be as broad as the geographical boundaries of a nation. Either level of this geographical boundary definition still constitutes community to the extent that it leads to people adopting a shared self-definition on the basis of those geographical boundaries. It is not

unusual for people to identify themselves as belonging to the "Oaklawn area" or some similar neighborhood as a significant definition of self. Particularly if that neighborhood is readily associated with some particular attributes of wealth, prestige, status, cohesion, ethnicity, etc.,one's self-concept may be heavily influenced by that definition.

The common element is that the people who occupy some particular plot of land come to define themselves on the basis of that plot in very significant ways. That shared location becomes the foundation for one's orientation as a community, or interacting unit. Usually, the shared geography also encompasses the intense affective ties. Not only are primary relations most usually found in closest physical proximity, but people tend to be more intimately attached to those who occupy proximal turf. The extent to which such affectionate ties do not exist among the physically proximal could be the basis for community instability and consequent human stress.

The physical community provides crucial elements for human development. In addition to the obvious attributes of shelter and other services for human maintenance, there are indirect factors which grow from the physical aspects of community. The active relationships among people who make up physical communities require systems for distributing power, goods, and services. Government, politics, economics, etc., all arise as systems for the maintenance of ecological balance in the physical community system. These processes are dynamics of community which facilitate the constructive growth of human life within. Therefore, the effective measure of adequate community systems is the quality of human life which emerges from it. Too often the

human being is assessed as inadequate when, in fact, improper attention has been given to the atmosphere or community which has produced that life. This takes us to the heart of the conceptualization of community psychology which addresses the community system that surrounds and affects the person. The recognition that physical community is the womb of human life, in a real sense, is the essence of the meaning of a community psychology. It then becomes impossible to conceive of a human being without considering the environment out of which he is produced.

Contrary to many thinkers, we do not conceive of governmental, political, and economic systems as entities of themselves. In a "humanocentric" conceptualization, these are merely vehicles for the facilitation of human growth. They are actually subsystems of the physical community system. Therefore, their utility must be assessed by their adequacy in maintaining the community system. If all subsets of members of the physical community do not receive adequate participation in government regulation, economic resources, political power, and dispensation of justice, then the community system is dysfunctional. If human beings fail to develop those characteristic sensitivities and values which typify fully functioning human life, then the physical community is dysfunctional. Mental disorder from this perspective becomes a symptom of community dysfunction rather than personal dysfunction. This captures the real essence of the assumptions of community psychology.

What are some of the characteristics of an effectively functioning physical community? As we have pointed out above, communities are environments for successful human growth. Therefore, the conditions of an adequate community

should facilitate that growth. Communities should provide protection for both the physical and human quality of life. In other words, communities should be reasonably secure from the danger of enemies or other destructive intruders. An effective security system provides the people in the community with a sense of safety which is necessary for limiting stress. The human quality of life is protected by preventing the influences in the community which destroy the dignity, self-respect and general well-being of people in the community. Inhuman treatment and subhuman behaviors, such as brutality and uncontrolled impulsiveness, are conditions which reduce the quality of human life.

Communities are able to accomplish those mutually necessary physical functions only if contact is maintained among those within the network of community. Therefore, communication is vital for an effectively functioning physical community. Because of the widely shared functions and services among people in physical communities, there must be ways of communicating mutual responsibility for those functions and services. Without such communication of shared responsibility, communities become dysfunctional.

Decisions regarding community operation must be reached by mutual consent. The extent to which members of a community are absent from decision making affecting community is the degree to which they do not feel bound by those decisions. When decisions are imposed externally or decided by a minority, the physical community functions begin to fall apart.

There are many other specific features which characterize effectively functioning physical communities. There are critical resources which must be provided, such as opportunities to acquire products for survival, facilities for recreation, etc. The current discussion prohibits greater detail in this regard. The essential point of these brief illustrations is to demonstrate specifically some of the characteristics of the effective physical community. As indicated above, the criterion for a sound community is the degree to which it facilitates and nourishes the growth of human life. Any community characteristic can ultimately be judged by this criterion.

Mental Community

It is generally ignored that there is a higher definition of community that transcends geography. This is the mental or intellectual community. Mental community defines the interrelationship among people on the basis of shared ideas, concepts, ideology, and systems of organizing knowledge. People who share such ideas may or may not occupy related turf, but are nonetheless tied together by an invisible bond which unites them in their orientation to the world. They form, consequently, a mental community.

People who share mental communities define themselves in accord with their ideas, ideologies, or systems of knowledge. A psychologist shares a mental community with other psychologists in China, Nigeria, wherever; those who accept the idea of democracy are bound together with other people who share these ideas; etc. Often these ties of mental community are more powerful than those of physical community. Physical communities are more easily identifiable, but they are equally deceptive by their appearance. Many behaviors which are

incompatible with effective physical community life can be understood by the stronger influence of mental community.

The mental community as an ecology for human growth is seen primarily in its contribution to problem solution. People utlilize the resources of their mental community for means of solving problems. The organization of experiences and the conceptualization of those experiences receive structure based on identification with one mental community The lawyer looks at a law-breaker from the perspective of his legal knowledge; a psychologist views the same person from the standpoint of his intrapsychic functioning; the warden views him as a custodial case, and so on. The same event, or problem is viewed differently depending on one's mental community.

The amount of time and energy devoted to technological development, scientific pursuits, philosophical debate, or recreation is directly connected with one's mental community. Choices and priorities are to a great extent determined by the mental community.

Obviously, the mental community is greatly determined by the learning experiences which people have. These experiences may be obtained in formal educational settings, such as schools, or more informally, such as in families, through the media, or through other cultural experiences. Though one's mental community is intangible and it transcends physical perimeters, its source is fairly tangible and identifiable. Since the mental community affects one's self-concept in that it lays a foundation for people's priorities and their problem-solving orientations, it is worthy of consideration in understanding

people's choices. When working to bring about change in the self-concept and community activity, it is particularly important to closely scrutinize the educational settings in determining with what mental community students are being encouraged to identify.

Observation has revealed that the encouragement can be no more than the system of thinking that is presented in the educational settings. One of the arguments from the proponents of the community school concept is that such schools foster a symmetry between physical and mental community. To the extent that such communities are conducive to effective human growth and do not foster elitism, separatism, or other forms of bias which retard balanced human growth, such a concept is commendable. It certainly reduces much potential stress that may emanate from the disharmony between the physical and mental communities. In areas where careful scrutiny of the educational setting is not possible, assurance that the building of the mental community is occurring within the physical community can be a safeguard.

It is important to recognize that much physical community discord and personal individual stress can be attributed to disharmony in mental community membership. Much of the personal stress suffered within the confines of a particular physical community has its origin in the person's alienation by virtue of his membership in some other mental community.

The criteria for assessing adequate mental communities is the degree to which the ideas, concepts, and ideologies foster effective human growth and expansion. If those ideas restrict the human intellect or clog the mind with

unrealistic biases and superstitions, then that mental community is inadequate. If the mental community offers problem solutions which are ineffective for mastering and facilitating functicning in the physical community, then careful attention must be given to the mental community. If the mental community fosters alienation from oneself and one's primary relations, then that mental community should be carefully evaluated.

The mental community should give a person greater expression, growth, effectiveness and contact than does the physical community. It should begin to release the person from the limitations of his physical community and bring him into contact with an even larger human community. In combination with one's physical community, one should be able to be nourished physically and stimulated for intellectual growth.

Moral Spritual Community

The shared geography of the physical community finds expansion in the shared ideas of the mental community and reaches infinite bounds in the shared ideals of the spiritual community. We define spiritual community as those shared values and ideals which unify people in terms of their human aspirations. We use the word "spiritual" advisedly, knowing the plethora of superstitious ideas surrounding such a concept. We feel that the ideals and values of the moral life are the real substance of the spiritual life. As the mental life is a more exalted -- though less tangible form of the physical life -- so is the spiritual an even higher order of human experience. This, too, forms a community in the sense of our definition of those interconnecting processes which form the environment for effective human development.

The moral ideals which structure the spiritual community are capable of over-riding the influence of either the physical or mental communities. People's concept of the human essence and the consequent values from those concepts foster far-reaching control over their choices.

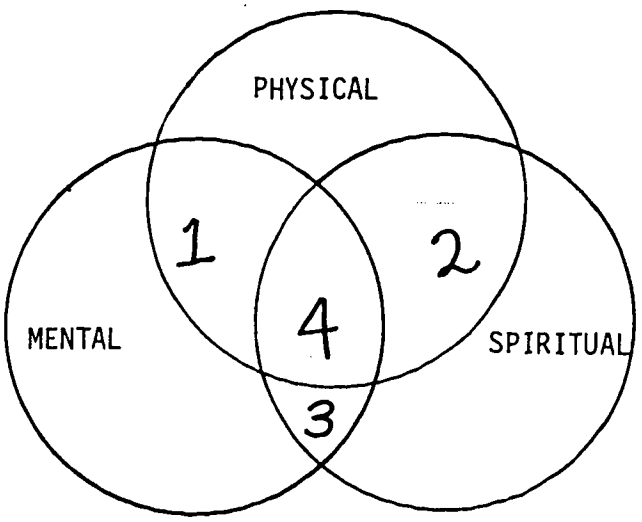
A person's affiliation with a spiritual community can have the most powerful influence on self-concept. The ideals of the spiritual community define the nature of man, the destiny of man, and organize at a higher plane the experiences of the physical and mental communities. Membership in a particular spiritual community can either nullify or validate the processes of the less powerful communities. If the boundaries of the physical community are defined by some geographical border, and boundaries of the mental community are defined by a certain knowledge or set of ideas, then the boundaries of the spiritual community are as broad as man can conceive and it is usually expressed in the infinite image of God.

Adjustment in people's physical communities and mental communities is often regulated by spiritual community membership. The degree to which people adequately shoulder the responsibility of physical and mental community membership is often determined by the degree to which those goals and objectives are in accord with the spiritual community. As social scientists, we often miss critical information regarding community functioning and human adjustment because of the tendency to ignore this least tangible but most influential of the communities.

The spiritual community should ultimately tie the person with the broadest possible contacts. As the mental community transcends physical boundaries, the spiritual community should help the person transcend boundaries of ideas and concepts. It should open the person to the highest expression of himself; it should be the basis for reconciling any discord that may occur in either of the other communities.

THE INTERRELATIONSHIP BETWEEN COMMUNITIES

All human life occurs in communities. Every human being with enough rational faculty to still be called human finds himself constantly participating in these three communities. The community experience for any individual can take on various combinations of these three planes of community and much can be understood about the person by understanding their relationship. The possible intersections of community experience are summarized in the following diagram.



Intersect 1: This is the area in which interconnections of the physical community interface with interconnections from the mental community. An example is when people who share the same ideas or occupations occupy the same physical area, e.g., capitalists living in America.

Intersect 2: This shows the overlap between the physical and spiritual communities. An example is the situation in which people with the same values and ideals share the same terrain, e.g., Jews in Israel.

Intersect 3: The interconnection between the spiritual and mental communities is illustrated here. An example is the situation in which people who share the same spiritual ideals and values, also share the same knowledge, e.g., doctors who are Roman Catholic.

Intersect 4: This is the shared intersection among all communities. This particular example demonstrates the situation in which a portion of the person's total community contacts all intersect with each other. An example would be, an Orthodox Jewish physician living in a medical complex in Brooklyn. In such a setting all of his communities are likely to intersect though not fuse, because he would undoubtedly share each of these communities with groups which do not overlap.

Philosophically, one might postulate that the human objective is to increase the overlap in area "4" and to reduce the disconnected portions of one's experience. The ideas of non-overlap constitute areas of individual stress and potential community discord. The degree to which "Physical" does not overlap "Mental" represents a separation between the activity of the two communities. The same is true for all disconnected areas. To the extent that each community provides an aspect of the person's self-definition, the self should ideally be united.

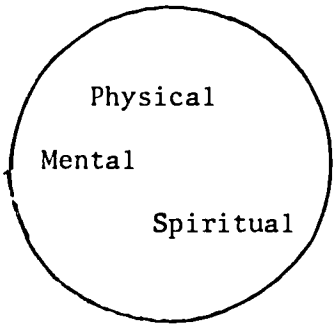
Area "4" is the area of maximum activity and stability. It represents the union of one's activities, relationships, and self. It is the area of greatest harmony. The other spheres of community activity are areas of potential disharmony and conflict. The symmetry within this area should not be accomplished by increased restriction on one's other communities, however.

In the Western world, there has been a destructive tendency to attain symmetry in one's various communities by greater and greater restriction of those communities. People have attempted to define their physical communities as smaller and smaller areas with great restrictions for membership; they have adopted excessively rigid and conservative ideas and concepts which have narrowed their intellectual contacts and mental community, and they have viewed the universal in ever-narrowing terms with ideals of limited applicability which has restricted the spiritual community. In so doing, they have attained a deceptive overlap in area "4" which gives the appearance of a harmonious and stable community but with the necessity to police one's borders constantly to keep the unfamiliar out.

Not only do these communities represent the separate spheres of community activity for people, they also represent the stages of any single community's evolution and development. Be it the entrance of a new human being into the world or the clustering of a new group of people, the initial basis for contact is that of physical community. An infant finds itself in the same geographical area as its parents and this forms the first community. Later the community grows from simply a shared geography to shared ideas, concepts, and knowledge. This makes for a more substantial community than one simply tied together by

geography. The child is soon tied to his family by mutual knowledge both of each other and of the environment. Ultimately, the community grows to become a spiritual community in which the inhabitants come to share the same values and ideals of human destiny. A thoroughly united community is one that has evolved through these three stages and comes to share one common sphere of activity.

Returning briefly to the philosophical notion, an ideal model would have all three communities united as below:



In such a model one's physical, mental, and spiritual communities would all merge into one community. If the definition of physical community could in fact become a world community then, the Earth as a whole would be the limits of this community. If Truth guided ideology and knowledge, rather than partisan interest, then the mental community would become one as well. Finally, if the spiritual destiny and ideals of man were focused on a unified image of God, then the spiritual community would become as one. Though clearly idealistic, given the current state of affairs in the world, it is imperative that we conceptualize models to work for. In so doing, there can be some absolute standard by which we can assess human development and community functioning.

The human and community problems which we observe are a result of the incompatibilities among the person's various communities. Those incompatibilities result from the faulty or inadequate self-definitions which come from any one of the communities. The other source of discord is the degree to which any of the communities does not provide the kind of adequate ecology for constructive growth.

ASCENDING VS. DESCENDING SYSTEMS HIERARCHIES

The concepts of ascending and descending systems hierarchies are important for determining where to intervene in a system and what to expect from our interventions. Along these same lines, it is important to understand the distribution and control of power as they relate to the maintenance of a system. All systems, from the basic cell to the most complex social systems are characterized by an interplay of elements or forces which serve to provide movement in the system. Anyone who intends to intervene in a system must learn where the control is located and bow power is distributed throughout the system. As discussed earlier, one way of organizing our thinking about systems is to conceptualize in terms of a hierarchy. There are essentially two kinds of hierarchies, ascending and descending.

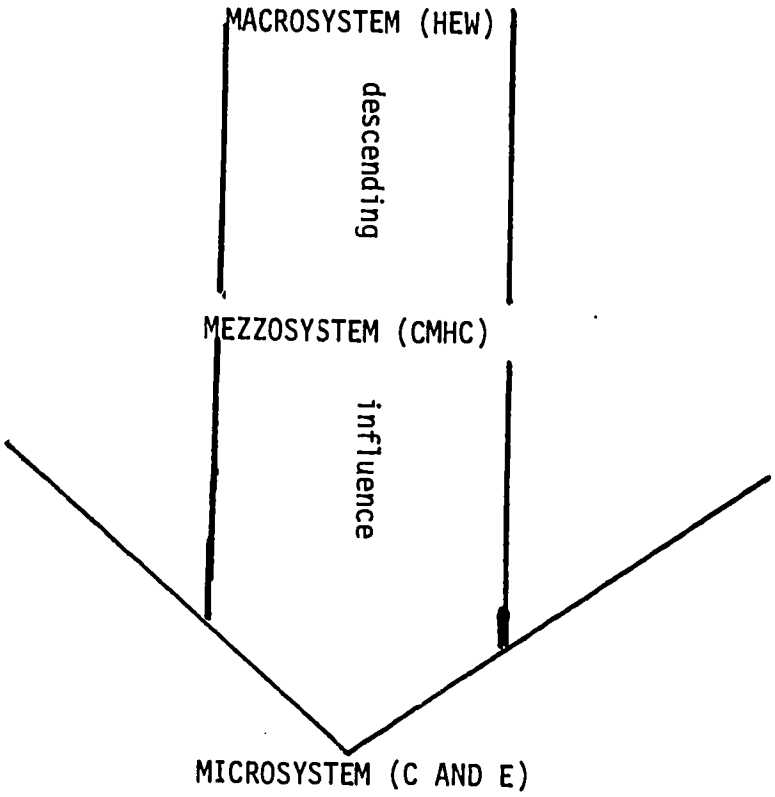
The ascending hierarchy is one in which the source of power or control is localized within the micro system and flows upward through the mezzo- and macrosystem levels. If the microsystem were removed, then the source of power or energy for the system would cease to exist and the system's functioning would be seriously affected if not discontinued altogether. The cardiovascular system is a good example of what we mean. The heart may

be considered a subsystem of the human body (a system) and is integrally related to all of the body's functions. Though the heart may be influenced by other subsystems and by what we may choose to call a macrosystem of the body (i.e. the brain), the source of power for the body is directly related to the functioning of the heart. Should the heart stop, then the body would cease to function and the macrosystem of the body (the brain) would be directly influenced.

The descending hierarcy is one in which the source of power or energy originates with a macrosystem and flows downward through the mezzo- and microsystem levels. The funding policies of federal agencies are a good example of what we mean here. The Department of Health, Education and Welfare (HEW) may be considered as a macrosystem of which the Community Mental Health Center (CMHC) is a subsystem (mezzosystem level), and of which the Department of Consultation-Education (C and E) of the Community Mental Health Center is also a subsystem (microsystem level). If the macrosystem (HEW) decides that funding will be provided to Community Mental Health Agencies specifically for C and E activities, then the end result will probably be improved C and E services to the community. The source of influence originates at the macrosystem level and descends to the mezzo- and microsystem levels. If the systems interventionist is concerned with influencing C and E services, then he must not only address himself to the micro- and mezzosystem levels and directly impact the C and E department and the Mental Health Agency, but he must also attempt to influence the macrosystem level (HEW) at which the policy decisions are being made (see figure 4).

Figure 4

A Descending System Hierarchy with the Source of Power Originating at the Macrosystem Level



While figure 4 shows a descending order, by reversing the direction of the arrow we can indicate an ascending order. The reader should keep in mind that the designation of an agency at any level of analysis is somewhat arbitrary and by no means indicates that the relationships being described at the moment are the only ones relevant to the problem. Clearly, within the department of

HEW there are several subsystems which could be designated at the mezzo- or microsystems level. However, because our concern is with the relationship between the broad macrosystem (HEW), the Community Mental Health Center and the C and E department, it is not necessary to complicate matters with the inclusion of the various subsystems of HEW. On the other hand, if we were concerned with how decisions are made and flow within HEW, then we would analyze that system in terms of its hierarchial structure. This level of analysis may be necessary for the system's interventionist to have the greatest impact on the HEW system and to influence the delivery of C and E services.

Thus, it is important to study systems and how they function and how they relate to other systems as well as where and by whom the power is controlled. This control may rest within a macrosystem, which is the case with most social problems, or it may rest in some microsystem, such as a powerful individual member of a system. Problems of maladjustment may also originate within individuals or they may begin within the interrelations of many people. Where we intervene will depend upon where we judge the problem to be primarily controlled. The traditional models of psychiatry assume that the individual is the source of his problems and that the conflict is localized within the human microsystem. As a consequence of this type of reasoning, there has been a proliferation of therapeutic techniques directed toward internal intra-psychic conflicts to the exclusion of external variables which may have some influences on the problems. More contemporary modes (i.e. social learning theory, general systems theory, and social ecology) assume there are

external forces operating on the individual's ability to make social adjustments and that these forces must be understood and manipulated to maximize the effects of therapeutic interventions. Clearly, once we move beyond the individual and consider the complex relationships that exist among a number of seemingly different forces as they relate to a problem, then we must adopt models of conceptualization that serve to organize our thinking around more complex issues and suggest where to begin working to improve the situation. Systems theory and the concepts of ascending vs. descending systems hierarchies provides such a vitally needed framework.

The decision as to where to intervene rests with the intervener. Those who are competent in dealing with the socio-political forces may choose to work at the macro- or mezzosystems levels, and those who are competent in persuading individuals on a one-to-one basis may choose to work in smaller microsystem circles. Though one should keep in mind that the interrelatedness of all the systems is in question, where we choose to invest our energy is to a great extent a matter of personal preference.

INTERVENTION

Values and Tensions Associated with Intervention

Intervention in systems, whether families, communities, or larger societal networks, is not value free. Values play a significant role in most decisions made concerning the intervention process. To clearly understand the role of values, let us look at three decisions which must be made in any intervention.

First, an intervener must make a decision regarding when to intervene. Is intervention warranted if only one person is detrimentally affected? Or must a group effect be present before intervention is justifiable? If a person is functioning successfully although adversely affecting the immediate social group, for example, the case of a drug pusher or a person who can cope as long as he/she wears a scarf over the face, should intervention be initiated? Associated with these questions is the question of "What is a detrimental effect?" Or in other words, "When is behavior undesirable?"

Second, the intervener must make decisions as to where to intervene. At what point in the system should intervention occur? Should it be at the immediate source of the disruptive behavior or at a more distal point? For example, in the case of a problem student in a classroom, should the student be the intervention point? Or, should the organization of the classroom, or the teacher, or the organization of the school, or the student's family network be the intervention point?

Third, decisions must be made as to the nature of the intervention. What should be done? Should re-education of elements within the system be attempted? Should systemic re-organization be attempted? What are the limits on the techniques which the intervener can use?

All of these questions are certainly answerable. However, the answers are in part based on values. In most cases, the values are some combination of the intervener's personal set of standards, those of the profession, and those of the broad social order. In some instances, the values from the

various sources may all be the same; in others, conflict may exist. In such instances, the intervener's own values appear to take precedence.

Although the various value systems outlined above impact on decisions regarding the intervention process, there does exist a standard by which interveners can assess the decisions they make. Throughout this paper, enhancement of human effectiveness has been emphasized. This forms the basic criteria against which intervention decisions must be made. Actions and techniques are warranted to the extent to which they facilitate the effective support for human life.

Of course, this standard itself is a value, and in terms of translation into practical terms raises a number of questions, since the standard of facilitation of effective functioning does not remain constant, but, rather, is a dynamic entity whose shape changes as the cellular boundaries of the one-celled amoeba change.

Related to this is the effect of the value orientation of the system in which intervention is to occur. The success of any such venture is a function of the nature of this orientation as actions and techniques at odds with it are likely only to enounter opposition, either actively or passively. For example, intervention emphasizing personal enhancement is unlikely to be enthusiastically received by a system for which this is not a priority value without some attempt on the part of the intervener to relate this value to the system's existing values.

Once intervention is undertaken it does not solve all problems, even successful intervention; in fact, it often creates new problems. We shall refer to this phenomenon as the tension-producing character of change. Generally, we define a system as being in need of intervention when tensions or negative forces exist. Intervention, regardless of its nature is designed to alleviate these tensions. However, to the frequent dismay of many interveners, these efforts themselves often produce unforseen tensions. The reason for this is that within systems, changes in one area have repercussions for connecting areas. For example, the desegregation of the public school system in the South resulted in a decrease in the number of teaching positions and a subsequent loss of both positions and status for black teachers and principals.

While the intervener can in no way anticipate all possible systemic effects of a change, one can anticipate some and be alert to the likelihood of the occurence of others. This awareness of the possibility of the unforseen effects and their resultant tensions is extremely important as it can prevent disillusionment on the part of the intervener.

Modalities of Intervention

How then do we bring about change? The question of effective intervention for the purpose of bringing about change in the lives of human beings is the ultimate question of the mental health practitioner. Our discussion which has defined the human being as an interactive entity with a socio-cultural matrix certainly suggests real limitations with any form of individual intervention. The systems approach rather vividly describes the interaction between processes. So, with an understanding of those forces which bring about change in systems

and systems' responses to change, we can now look at the community as a system and discuss intervention at the level of community.

As we have discussed, the effectiveness of the community system can be assessed by its success in nourishing human life. A community which fails to produce effective, productive, developing human beings is a dysfunctional community. The basis for intervention is to correct or reduce those processes which inhibit proper human development and to improve those processes which facilitate this function.

We can systematically look at means and areas of intervention by returning to the levels of community. The degree to which the physical, mental, and spiritual communities function as a medium in which human life develops is a description of how to improve human life in these dimensions.

Intervention in the physical community. The level at which intervention is most observable and most manageable with traditional resources is in the physical community. A baseline condition for effective human functioning and development is the provision of a physical environment conducive to human growth. Conditions such as cleanliness, security, proper health care and the availability of nourishing food, and protective shelter and clothing are essential "basics." Abraham Maslow, in his hierarchy of needs, has described the necessity of such resources for the initiation of human development.

As apparent as these necessities for physical maintenance are, a considerable number of mental health workers fail to assess the adequacy of such resources before assessing the intrapsychic individual conditions. Certainly,

one would not expect an "adequately" functioning human being under conditions that were inadequate for human life. Realistically, the starved, dirty, physically ill, unprotected human being can only respond in humanly disordered ways. Physical environments which deprive human beings of such survival necessities are environments that are destructive to human life.

The first level at which we must intervene in the physical community is to insure that minimal conditions for human physical needs are met by that environment. Filthy, unhealthy, unsafe communities must be made reasonably clean, healthy, and safe; shelter and clothing which protect against the elements and meet minimal standards of human dignity, modesty, and cultural appropriateness must be available at the level of the physical community. If some in the physical community "have" and others do not "have," then the community is dysfunctional. This is particularly true when there are systematic barriers which prevent the "have nots" from having. We are not suggesting any kind of unrealistic utopia whereby there is a thoroughly equitable distribution of resources throughout the community. We are suggesting that a functional community must provide for the minimal necessities of its inhabitants and that those with excess should not be permitted to monopolize the vital resources.

Whatever may be the processes by which these basic resources may be obtained is the level at which community intervention must occur. If the hindrance is in governmental bureaucracy, then "city hall" must be confronted. If the barrier is with inadequate employment, then industry, merchants, and other potential employers must be confronted. If the barrier is with general

human apathy and neglect, then the people must be generally confronted and motivated to correct their own physical community.

Another aspect of the physical community at which intervention may frequently be necessary is in terms of affective human relationships. Other people with whom we interact are the carriers of belief systems, customs, and organizational patterns. So, an essential part of what comes from the physical community is transmitted through other human beings. The tie which binds human beings together is generally an affective or emotional tie. How one receives messages from other people is to a great extent determined by the nature and quality of the affective ties.

There are various ways to improve the affective ties among people. Many of the traditional group and family therapy methods are effective for this purpose. The basic idea is to recognize that one's emotional reaction to family members and other significant people in the physical community will determine one's ability to gain from the physical community. Therefore, it often becomes necessary to facilitate contact, communication, and positive reactions to those in the physical environment. The degree to which people share a physical environment and operate either distantly or with hostility is the degree to which people are unable to receive proper benefits from the physical environment. Proper growth and development is not possible in an environment with negative effect. Community awareness groups, basic encounter groups, block clubs, and other activities foster positive ties. As we mentioned earlier, the ancient adage of "love thy neighbor" could be a basic principle

of community facility. In fact, the very universality of this proverbial statement is suggestive of its critical necessity for community life.

Related to the need for good affective ties within the physical community is the necessity for justice. The only way that people can develop a sense of predictability and, consequently, trust in their environments, is when there is a system of reliable justice. When justice does not reign equally, life in the physical community becomes characterized by suspicion and distrust. The necessary respect and cooperation among members of the community begins to disappear. The result is that members in the community begin to display reactions which are likely to be characterized as disordered. Therefore, the mental health worker has a responsibility to remain in contact with the system of justice. It is necessary that occasionally there must be intervention at this level in order to encourage a functional system of justice. A part of the mental health worker's role is that of an advocate for people in the physical community to insure that their environment is regulated in a balanced system.

Community systems must remain open, or at least semi-open, to effectively interact with people and other system levels. The vehicle by which this exchange takes place is communication. As a general rule, there must be an open system of communication within the physical community that effectively informs people.

The communication system has the vital responsibility of providing feedback to those within the physical community. Feedback is essential for bringing

about constructive changes in systems. Therefore, the mental health worker must occasionally intervene, or certainly monitor, the system of communication, since this system is so critical as a shaper of people. Even the direct service role to a client or system within a community is one of providing critical communication. The mental health worker must, therefore, understand the processes and be aware of the particular content of communications entering that physical community. The shared root word "commune" for both communication and community is indicative of the inseparable connection between the two processes.

In general, the physical community is a womb for human growth. It must be carefully watched and corrected when it fails to offer those things critical for the development of life within it. Intervention at the physical community level goes far beyond "patient" or individual contact in the same way that an obstetrician cannot examine a fetus without examining its mother. Intervention must effectively be accomplished through the vessel that feeds the developing life within.

Intervention in the mental community. As with the physical community, the mental level of community provides an environment by which people define themselves and through which people's developing lives are nourished. Therefore, the assessment of the mental community must be viewed in light of its effectiveness in cultivating human potential.

There are some basic questions which should be asked about the quality of the knowledge, ideas, and concepts which are disseminated in the mental

community. The degree to which educational institutions are the source of such ideas is the degree to which these institutions must be impacted by mental health intervention. Other components of the society, such as the media, are powerful purveyors of ideas which form the mental community and should also be viewed in this light. The questions which should be asked are related to the adequacy of the concepts and ideas for the stimulation of mental growth and human survival.

One basic question which must be addressed to the mental community is whether the concepts and ideas which characterize that community facilitate the solution of personal and community problems. If a body of knowledge and concepts are being disseminated for the purpose of improving human life, then the real test of those concepts is whether or not they equip people to bring about such change or improvement. For example, we should assess the quality of the social scientist's concepts by his effectiveness in solving social problems. We should be able to assess the calibre of an ideology by the quality of human life that is produced.

Another question which must be asked in assessing the mental community is whether or not people's choices based on these ideologies facilitate group and personal development. If an Afrikan-American scholar has internalized concepts suggesting that the most effective scholarship is that which occurs in a predominantly Caucasian educational environment, then he is likely to contribute his skills to the development of those institutions. By making such a choice, he deprives the Afrikan-American institution of his potentially valuable skills and, if continued systematically, these

institutions will die because of such neglectful choices. With such destructive choices being made, one would need to question the quality of the mental community and, perhaps, plan to make some systematic alterations in the knowledge that's being disseminated.

Another question which must be asked of the mental community is "Does the knowledge of mental community foster self-knowledge and a positive self-concept?" Do the attitudes, ideas, and beliefs which are acquired from the mental community facilitate a positive view of oneself? Does the cultural, historical, and general information acquired expand the person's knowledge of himself and of his historical antecedents? This is a critical question because, as the vast self-esteem literature on Afrikan-Americans has demonstrated, the absence of a positive self-esteem can seriously retard human development. The absence of accurate and meaningful knowledge about one's origins, development, and functioning can seriously retard one's self-esteem, self-concept, and effectiveness in the community. Many of the identified mental health problems are actually rooted in low self-esteem, general ignorance, or misinformation about oneself and one's potentials.

Intervention at the mental community level can be one of the most important points of impact. It is also the most likely to be ignored because of the level or calibre of activity which must be performed to impact at this level. The nature of the opposition to new ideas, concepts, and undeveloped knowledge is likely to be vehement and intense; the tendency to maintain an existing system of knowledge is rigorously defended. Therefore, the workers who see fit to intervene at this level must be prepared to endure considerable opposition.

In addition, the worker must be committed to high quality research, scholarship, and criticism and he must exemplify creative thought as well as a good mastery of the foundation of the existing mental community. This, of course, involves intervention at the highest ranks of the mental community. At less advanced levels, the community intervener should simply be aware of the needs of the person from his mental community and be capable of helping that community facilitate a more serviceable dispensation of knowledge. It may involve meeting with teachers and providing them with information about Afrikan-American or Hispanic contributions to world civilization. It may simply involve sensitizing teachers to the realities of cultural variation and effects it has on people, both in their perception, expectations, and behaviors. It may involve meeting with school boards or college administrators about making changes in their curricula that will better accomodate the needs of certain students. It may involve contacting libraries or local educational TV stations about making changes in their offerings to provide better, more effective knowledge for the public that they serve. All of these are ways to intervene in the mental community to create effective environments in which human beings can grow.

Intervention in the spiritual community. As intangible and difficult as the mental community is to identify, the spiritual community is even more nebulous. By its true nature, direct intervention in the spiritual community is probably out of the range of possibility for most mental health workers. The spiritual community brings us into the realm of the potential, the sphere of the ideals, and the unrealized areas of human possibility. The ideas and

concepts of the mental community have the tangibility of being descriptive of observable patterns and behaviors. Concepts are reflected in certain organizational forms and rational structures. You can test the logic of such organizational forms with certain objective rules of reasoning and internal consistency.

In the spiritual community, many ideals are not necessarily rational, simply because they reflect what is potentially real rather than what is already real. The spiritual community ultimately represents a goal which in its highest form is not realizable in this life. It offers merely a direction for attaining a higher form, but has reality in an unobservable and future reality. Despite the intangible quality of the spiritual community, it is still a vital and influential determinant of human growth and functioning.

Though we cannot directly intervene in the spiritual community, we can assess its adequacy. Despite its futuristic form, it must offer some observable impact on the life of the developing human being. Therefore, there are questions which can be asked which can tell us about the adequacy of the spiritual community, at least as it offers meaningful direction for the human being.

The first question is: "Does the spiritual community stimulate human aspiration or human decay?" In other words, do the ideals of the spiritual community encourage human beings to be more humane -- more in control of their lives and more effective as masters of their environments? If the ideals invite the person to a kind of hedonism and loss of personal control, then one must raise questions about the adequacy of that community. If the ideals

encourage a surrender to animalistic impulses and behaviors, we must view those ideals as detrimental to the higher human form. We view as adequate those spiritual communities which encourage human beings to develop their rational processes and moral processes. These represent the unique powers of the human being and the spiritual community should foster the development of these powers.

If the person's vistas are limited by his spiritual community and he finds himself incapable of growth, improvement, perfectability, then the community is deficient. Or, if the spiritual community fosters an unrealistic self inflation whereby the person does not deal with his human limitations, then the ideals are destructive. If the ideals of this community encourage a kind of ego-mania that breeds disrespect for higher causes, purposes, and processes, then the ideals render the person self-destructively vulnerable to the greater power of those forces.

The next question that can be asked in assessing the spiritual community is: "Does this community facilitate a harmonious relationship at other levels of community experience?" For example, does the spiritual community offer direction for living more effectively with other people in the physical community or does it encourage a kind of elitism which makes compatible relationships with other people difficult ? Does it offer direction for obtaining a stable and harmonious life from the resources of the physical community? Do the spiritual ideals consistently foster conflict with rational and sense experiences? Are people encouraged to reject sense information in order to aspire for spiritual ideals? Such reactions result in an unnecessary

alientation from the mental community. As we described earlier, the ideal relationship is for the various communities to increasingly overlap; this can be facilitated by the nature of the ideals in the spiritual community.

As a related perspective in assessing the adequacy of the spiritual community, it is important to ascertain the appropriateness of the ideals to the solution of contemporary problems. Occasionally, the spiritual community can project such a futuristic perspective that people become alienated from the "here-and-now." They become incapable of dealing with current physical and mental community realities because they are suspended in a "pie-in-the-sky" state.

Such an orientation bcomes maladaptive for effective human development. If the spiritual community sits apart and separate from the person's other community experiences, then it encourages a fragmentation in the human being. Such fragmentation prohibits effective value formation, self-mastery, and general functioning.

Intervention at the various community levels is the key to resolving human problems. The degree to which the person is a by-product of the impressions made by these communities places the onus of human failure on the community. Defect in the human material becomes another topic of consideration and is probably only a minor determinant of the vast number of mental disorders which plague our society. Certainly, the overwhelming emphasis over the last 100 years has been on the defects in the human material. Until

the growth in the community mental health movement, inadequate attention had been given to the detrimental effects of community on human functioning.

Case Study in Systems Intervention

To aid the reader in translating the ideas which have been presented into forms which can be utilized in mental health practice, we present the following case study in systems intervention.

A problem faced by many urban communities is drug abuse among adolescents. This problem can be viewed at each of the systemic levels.

The elements of concern at the macro level involve the culture's orientation toward drugs and drug use -- its emphasis on drugs as a means of alleviating all aches and pains from periodic insomnia and reaction to problems of social interaction. Also at this level is the role of organized crime and its relationship to drug traffic.

At the mezzo level, the elements of this problem involve the degree to which the neighborhood and community are involved with the distribution of drugs and support of the drug traffic in the community. The focus at this level would be on those elements in the community which have an impact on drug use, for example, institutions which facilitate the drug traffic and the economic and political organization of the community which frequently results in the successful drug dealer being identified as a symbol of success. This level would also identify potential agents of intervention, such as churches, community mental health centers, drug treatment centers, and other community organizations.

Intervention at the mental community level involves altering those ideas and attitudes which encourage dependence on drugs. This encompasses efforts to alter the cultural motif which legitimizes drug usage for resolution of personal and social ineffectiveness. It is in this arena that re-education programs directed toward individuals and groups could be provided. The objective would be to provide people with maximal information about the potential positive and negative consequences of drug use.

Intervention at the level of spiritual community involves the communication of values and ideals which encourage a perspective of self-mastery as opposed to self-indulgence and destructiveness. By self-mastery we mean an orientation directed towards communal and personal enhancement. Self-indulgence, on the other hand, connotes an orientation toward self-satisfaction at the expense of communal considerations. Through the churches and other value-instilling institutions, values and ideals which bind the community together can be fostered. By doing this, influences producing community fragmentation will be eliminated or reduced. Through the inculcation of such values we can effectively behead the dragon of drug abuse.

This case illustration demonstrates the utility of the concepts of systems, the human being as a social product, and the three levels of community -- physical, mental and spiritual.

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