



“Is Racism a Mental Disorder?”

A Point of View

by

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Periodically over the years, the question of whether racism should be considered a mental disorder is discussed and debated. Although the idea of including racism in the American Psychiatric Association's Third Revision of the Diagnostic and Statistical Manual (DSM-III) was not seriously considered, in fact, those working on the new DSM are considering incorporating racism, in some form, into the fifth edition of the diagnostic manual (DSM-V). Some psychiatrists argue that interpersonal problems stemming from racist attitudes might be characterized as a relational disorder. Others propose to integrate racism as a subset of Narcissistic Personality Disorder. In order to arrive at an informed decision about whether racism should be viewed as a disease, it is useful to think about how diseases are constructed. What we choose to think of as a disease is just that -- our choice. It all depends on how you want to look at it. Charting the history of how we choose to respond to heavy drinking, stress reactions, or marital discord, shows how diseases are made and unmade over time. In the early days of the Community Mental Health Movement, most of the U.S. public did not consider the behavioral conditions described by psychiatrists and psychologists as mental disorders. It took many years of public mental health education to convince the general public that such phenomena as excessive stress, high anxiety, child misbehavior, child inattention, peculiar or odd obsessions, personal idiosyncrasies, and marital unhappiness were in need of treatment by mental health professionals. Indeed, it took quite some time to persuade the Federal Government and the Veterans Administration that the cluster of symptoms originally called “Post Vietnam Syndrome” should be included in the DSM as Post Traumatic Stress Disorder. Similarly, although the American Psychiatric Association eliminated homosexuality from the DSM-II in 1973, we can still hear some people refer to homosexuality as a “sickness.” What do they mean by that? We suspect that they disagree with the behavior and are using illness or disease as a metaphor in order to communicate their moral disapproval.

The main problem with viewing the attitudes, beliefs, and behaviors that flow from racism as indicators of disease is that the medical perspective diminishes the level of personal responsibility we attribute to the individual who commits a racist act. The person committing the behavior is not held to the same level of accountability we use for most criminal acts. Historically, adopting a disease perspective on non-normative behavior has always been a “kinder and gentler” or more humane way of responding to objectionable behavior. The question we must ask ourselves is whether we really want to adopt this view for acts committed as a result of a belief in race-based group hierarchies. Noted social psychologist James Jones describes individual racism as flowing from the negative aspects of prejudice that also include a conceptualization of race as a bio-genetic construct linked with group-based notions of inferiority and superiority. Discriminatory behaviors in turn flow from racist attitudes. From this perspective, the behaviors committed by racists result from an ethnocentric political ideology. As a result, I argue that they should be judged within a moral framework and responded to by punishment, rather than from a medical perspective, where the perpetrator qualifies for treatment.

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CRECH scholars complete a successful year

Jay Pearson



The 2004-2005 academic year was a busy one as I moved closer to completion of the PhD in Health Behavior and Health Education. Progress toward this goal has not been without challenges, but the successes have outweighed the disappointments.

Specifically, and perhaps most importantly, I formed a dissertation committee and successfully defended a dissertation proposal entitled “The Color of Money: Race-Ethnicity, Socioeconomics, Cultural Orientations and Health.” The committee consists of Drs. Arline Geronimus, (chair) Woody Neighbors, Gilbert Gee and John Bound (cognate).

This dissertation examines the influence of socialized racial categorization, racial/ethnic discrimination and ethno-cultural orientations on the distribution and application of socioeconomic resources, and their effects on self-rated health for Jewish Americans, non-Jewish Black Americans and non-Jewish White Americans.

During the past academic year I was also able to complete and submit a paper for publication which was drawn from the literature review, explanatory framework and conceptual model sections of the dissertation proposal. The paper, titled “Can’t Buy Me Whiteness: Race/Ethnicity, Socioeconomics and Health – New Lessons from the Titanic” was not accepted for publication by the first journal it was submitted to. Despite this, it received helpful comments and positive suggestions from reviewers and is being revised for submission to journals more appropriate for the arguments it makes.

In the spring I was awarded funding to work with Arline Geronimus on additional publication projects during the 2005-2006 academic year. Finally, I began preparing the application for the Robert Wood Johnson Health and Society Scholars program.

My experiences with CRECH have been wonderful and I am grateful to the program’s staff, Lynda Fuerstnau and Mindy Finnigan, for their support and encouragement, and faculty, Drs. Neighbors and Schulz, for their guidance and training. I am also particularly indebted to the first-year cohort, Naima Wong, Darian Tarver, Drs. Edna Viruell Fuentes, and Debbie Barrington, for the numerous thought-provoking and passionate conversations and debates we have engaged in over the years. As I move toward completion of this phase of my formal training, I continue to call upon ideas, concepts and insights gained during these interactions with like-minded brothers and sisters dedicated to the struggle for social justice and equity. Thank you.

Jay Pearson, MPH
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Linking Health Behavior with Influential Contextual Factors



Carl Hill

While volunteering with the Fulton County (GA) Health Department’s Male Health Clinic in the Summerhill community of Atlanta, I pondered this relationship on many occasions. Many of us blamed the men of Summerhill for their indiscretions, poor health behavior and overall lackadaisical attitude toward maintaining their own health. Through various experiences with the University of Michigan’s Center for Research on Ethnicity, Culture and Health (CRECH), I have come to realize that many factors influenced these men’s decisions. Specifically, I have discovered that negative beliefs about these men, combined with their own beliefs about masculinity, may have influenced some of the health behaviors that we observed.

While a research fellow with CRECH, I have participated in activities that were designed to review the influence of race, ethnicity, and culture on health. For example, I’ve completed courses like Dr. Arline Geronimus’s “Health and Poverty,” which adds great context to a specialized focus on the health behaviors of individuals. I

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Māori Health Today

On March 25, 2005, invited lecturer Dr. Clive Aspin, Executive Research Officer at Ngā Pae o te Māramatanga, The National Centre of Research Excellence for Māori Development and Advancement based at the University of Auckland in New Zealand, addressed a large University of Michigan audience on “Māori Health Today: Strategies for improving Māori Health and Well-Being.” Dr. Aspin is a Māori researcher whose work focuses on indigenous public health, HIV/AIDS, sexuality and community development. In addition to providing a well-versed historical background of New Zealand and the Māori (the indigenous people of New Zealand) origins, his lecture encompassed Māori integration into modern urban life, keeping alive traditional cultural practices, and strategies to reduce the significant health disparities that continue to exist between the Māori and non-Māori people. This lecture was co-sponsored by the Department of Health Behavior and Health Education and the Center for Research on Ethnicity, Culture and Health (CRECH) at the University of Michigan School of Public Health.



(l-r) Amy Schulz, (CRECH Associate Director), Clive Aspin and Barbara Israel, (Health Behavior & Health Education)

To view Dr. Aspin's slideshow and/or obtain contact information, [click here](#).

Report on the 19th Annual Minority Health Conference

March 11-12, 2005

Ann Arbor, Michigan



PHSAD Public Health Students of African Descent

The 19th Annual Minority Health Conference was held Friday and Saturday, March 11-12, 2005 at the Michigan League. The theme of this year's conference was “Motivating Change: Encouraging a Multi-Disciplinary Approach to Bridging Academic Inquiry and Public Reality.” This annual event is presented by The Public Health Students of African Descent (PHSAD). Collaborators for this conference were two other School of Public Health Student Organizations -- La Salud and the Asian American Public Health Association. Richard Lichtenstein, UM SPH Associate Dean for Academic Affairs and Associate Professor of Health Management and Policy, kicked off the conference with the Welcoming Address on Friday evening.

PHSAD is a student organization committed to creating

and fostering a sense of community and collective responsibility primarily among African American students in the School of Public Health at the University of Michigan. PHSAD also provides a familial environment for students as they pursue their degrees at the School of Public Health.

This conference offered a diverse group of speakers and workshop presenters who spoke to the core of the theme. The youth component of this event continues to expand, exposing young people from Flint, Ypsilanti, and other surrounding communities to the conference to learn more about the field of public health.

Presentation slides from faculty associated with CRECH are available on the CRECH Web site or by clicking on the links immediately following the lecture title.

Cleopatra H. Caldwell, Ph.D.,
University of Michigan
”Stories from the Field:
Preliminary Results from the
Flint Fathers and Sons Evaluation
Project.” [Click here to download.](#)

Gilbert C. Gee, Ph.D.,
University of Michigan
”Neighborhoods and Health
Disparities: Challenges and
Resources within our
Communities.”
[Click here to download.](#)

Richard Douglass, Ph.D.,
Eastern Michigan University
”Medicaid Dependence and Long-
Term Care in Detroit: On the Brink
of Crisis.”
Executive Summary
Literature Review
[Click here to download](#)

CRECH/NIH National Advisory Panel Session

The CRECH-based doctoral educational program, “Promoting Ethnic Diversity in Public Health,” held its annual national advisory panel meeting in Ann Arbor on March 7, 2005. This program is designed to bring more PhD-trained minority students into public health. CRECH Director, Harold W. Neighbors, and Associate Director, Amy J. Schulz, met with panel members Drs. Diane Brown, (The Institute for the Elimination of Health Disparities, UMDNJ-School of Public Health), Ronald Braithwaite (Morehouse School of Medicine) and Thomas LaViest (Johns Hopkins University), to review the new and expanded components of this educational program that has supported doctoral students of color since 2000. In order to build on and expand the success of the first funding period (2000-2004), Dr. Neighbors reviewed changes the program expects to carry out during the next four years.

- Adding two departments (Biostatistics and Environmental Health Sciences) to the three departments (Epidemiology, Health

Management and Policy and Health Behavior and Health Education) that comprised the program’s initial funding cycle. The challenge to identify potential doctoral students, who are members of the designated underrepresented groups and have an interest in the study of racial and ethnic health disparities, from within these departments was addressed.

- Dr. Neighbors reported that the second development was to add a new student plan focused on master’s students. In addition to supporting doctoral students, it is expected that with this new initiative, master’s students will have access to

support, mentoring, and research experiences earlier in their graduate studies. The importance of increasing the participation of ethnic minorities in public health and research-oriented careers during this important level of the training pipeline was discussed.

During this all-day meeting, the panel members were joined by CRECH Scholars for lunch and an informal discussion session.

This program is funded by the National Institute of General Medical Sciences (Grant # R25 GM58641-05).



Linking Health Behavior

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have also attended presentations and seminars that provided exposure to current research in racial and ethnic health disparities. Of note, Dr. Norman Anderson spoke about physiological responses to social determinants of health among racial and ethnic groups. I’ve also been fortunate to work with Dr. Harold Neighbors in an examination of the measure, analysis and overall influence of racial discrimination. These experiences, with both the Fulton County Health Department and CRECH, have sparked my interest in contextualizing the health behaviors of Black men.

I’m currently assessing the influence of stress and ethnicity on the health behaviors of Black men. This involves using the National Survey of American Life (NSAL) to assess similarities and differences in perceptions of racial discrimination among African American and U.S. Black Caribbean men. Preliminary findings indicate that reports of racial discrimination are linked to poor health behaviors of both ethnic groups of Black men. However, I’ve found that resources to reduce the deleterious effects of racial discrimination may differ by ethnicity. It is my hope that results from this dissertation research may inform the academic study of Black men’s health, and assist public health practice aimed at motivating Black men to cope effectively with discrimination, enact positive health behavior, and maintain their own health.

M-Bridge to the Doctorate Program Meeting

CRECH hosted its first M-Bridge to the Doctorate Program meeting last March to bring together this year's Bridges students, their UM summer faculty mentors, and home faculty mentors. The purpose of this meeting was multifaceted. It provided the students an opportunity to be introduced to the UM faculty mentors they will work with this summer, orient themselves to the Bridges Program and CRECH administrative officers, and introduce themselves to the School of Public Health disciplines by attending the PHSAD conference. This event was held in conjunction with the UMSPH Public Health Students of African Descent (PHSAD) Conference (see page 3 of newsletter).

The M-Bridge Program has become a critical part of a web of diversity educational training programs developed by CRECH. This unique program is designed to increase the pool of ethnic minority students from underrepresented groups who move from master's training to doctoral programs in schools of public health. The M-Bridge Program continues to maintain and build upon the partnerships established with master's programs from Eastern Michigan University, the Morehouse School of Medicine, and the University of Texas at San Antonio. The Michigan Bridge to the Doctorate Program is funded by the National Institute of General Medical Sciences (NIGMS), a subdivision of the National Institutes of Health (Grant # R25GM066329-03).



Front (l-r) Imani Ma'at, Ed.D, MSM Partner Site Co-Facilitator, Harold Neighbors, PhD, CRECH Director, Richard Bright, Med, MSM Academic Faculty Mentor. Standing (l-r) Stephanie Triana, UTSA Bridges student, Maimouna Toliver, MSM Bridges student, Derek E'lon, EMU Bridges student, Patrick Melia, PhD, EMU Partner Site Coordinator, Shaun Nelson, EMU Bridges student, Frances Silva, UTSA Bridges student, Rashid Njai, MPH, UM Bridges Graduate Student Coordinator, and Tralonda Triplett, MSM Bridges student.

Poem for Bridges Program

An old man, going a lone highway,
Came, at the evening, cold and gray,
To a chasm, vast, and deep, and wide,
Through which was flowing a sullen tide.

The old man crossed in the twilight dim;
The sullen stream had no fears for him;
But he turned, when safe on the other side,
And built a bridge to span the tide.

"Old man," said a fellow pilgrim, near,
"You are wasting strength with building here;
Your journey will end with the ending day;
You never again must pass this way;
You have crossed the chasm, deep and wide;
Why build you a bridge at the eventide?"

The builder lifted his old gray head;
"Good friend, in the path I have come," he said,
"There followeth after me today,
A youth, whose feet must pass this way.

This chasm, that has been naught to me,
To that fair-haired youth may a pitfall be.
He, too, must cross in the twilight dim;
Good friend, I am building this bridge for him."

--William Allen Dromgoole

The CRECH Bridges Student Tracking System is Ready for Student Interaction!

The mission of the CRECH Web-based Student Tracking System is to create a secure integrated information technology environment for current and former students, CRECH staff and administration. The Student Tracking System is a program developed by CRECH to facilitate the management and evaluation of all educational training programs administered by CRECH. Monitoring the success of CRECH students and postdoctoral scholars allows CRECH to determine whether the goals and objectives of the programs were achieved. Student participation is critical in obtaining the required information to make this tracking system successful.

Click here to go to the Student Tracking System if you are a BRIDGES student!



Environmental Health Disparities Workshop, May 24-25, 2005

Community members, scientists, and policymakers convened at the University of Michigan this past May to discuss how environmental conditions may promote health disparities. Although research suggests that environmental conditions can cause gaps in illness between disadvantaged and advantaged groups, there is yet no systematic effort to track these conditions over time. Without attention to trends, it is difficult to assess whether progress is indeed being made by policy actions and regulations.

Participants of this workshop sought to build a base from which to set future tracking efforts. One unusual aspect about this workshop was the attention paid to broader social factors, including residential segregation, the distribution of power, the presence of institutionalized racism, and the production of health from multiple levels.

That is, the tracking of environmental health disparities does not simply mean the tracking of mortality rates, specific illnesses or particular environmental hazards (e.g. soil lead). Rather, participants suggested that the tracking of illness and physical and environmental toxins must occur alongside the tracking of social conditions, including residential segregation, poverty, and social attitudes. Race/ethnicity and economic status are fundamental and critical factors to consider in tracking both physical and social environmental conditions.

Conference organizers, Drs. Devon Payne-Sturges and Gilbert C. Gee, are preparing a report of the workshop's proceedings alongside several scientific manuscripts. Dr. Payne-Sturges is with the Office of Children's Health Protection at the Environmental Protection Agency (EPA) and Dr. Gee is an Assistant Professor in the Department of Health Behavior and Health Education and a CRECH Associate. CRECH and the University of Michigan's School of Public Health joined the EPA and the National Institutes of Environmental Health Sciences (NIEHS) as co-sponsors of this workshop. In attendance were also representatives from Akwesasne Task Force on the Environment, the Coalition for West Oakland Revitalization, Detroiters Working For Environmental Justice, Urban Habitat, the Centers for Disease Control, NIEHS, the EPA and several state agencies and universities.

A Point of View

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While some racists may have a mental disorder, racism itself should not be thought of as a disease, that is, "as if" it were a disease, metaphorically speaking. When it comes to racism and the discriminatory behaviors that flow from that ideology, it is the mental health professional who should decide whether a racist person is also mentally ill. To view racism as a disease would be politically objectionable to many victims of racism activity. To do so would be politically objectionable to many victims of racist activity. Let us hold all racists, irrespective of race, personally accountable for the negative effects of their actions. In short, let's be careful about creating new diseases. Many phenomena are disturbing, objectionable, or troubling. And while we always have the choice of looking at such acts "as if" they were diseases, that does not mean they are worthy of disease status. Mental illness is not a myth – the pain that many of us experience during long periods of very low mood or debilitating nervousness is a painful reality. But which forms of behavior we decide to view medically, and which ones we choose to view morally is our choice. So while racist acts can cause serious emotional pain, racism itself is not a mental disorder.

KUDOS!

Congratulations
to our recent SPH/CRECH
Scholars who received
their doctorate in 2005!

Debbie S. Barrington, Ph.D.

Department of Epidemiology
Dissertation Title: "A New Perspective
on the Black/White Disparity in Infant
Low Birth Weight: The Role of
Intergenerational Socioeconomic
Position, Socioeconomic Status
Incongruity and Wealth"

Jacqueline G. Two Feathers, Ph.D.

Department of Health Behavior &
Health Education
Dissertation Title: "Racial and Ethnic
Approaches to Community Health in
Detroit: Development, Implementation
and Results of a Diabetes Lifestyle
Intervention for African Americans and
Latinos"

CRECH is pleased
to recognize and
congratulate the
following scholars
for their outstanding
accomplishments this
year!

Dr. Carla Stokes, former CRECH
predoctoral scholar, was awarded
Honorable Mention in the 2004
Distinguished Dissertation Award
Competition representing the best
scholarly work published in Rackham
dissertations last year across a broad
range of disciplines.

Kai Bullard was selected to
receive a Dorothy Fletcher Green
Award! Dorothy Fletcher Green
was born in the early 1900s. Her
philosophy was that an education
was a way for people of color to lead
better lives, and she instilled this
belief in her loved ones. This honor
was made on behalf of the Dean and
the Executive Board of the Horace H.
Rackham School of Graduate Studies.

Iman Kalifa Martin was
recognized for her exceptional
research abstract entitled, "Exploring
the Relationship between Spirituality,
Communalism, and Breast Cancer
Stage at Presentation" in global
health. The award was presented by
The New Investigators in Global
Health Program at the Global Health
Council Annual Conference on May
31-June 3, 2005 in Washington, DC

Darrell Hudson was awarded
a Rackham Merit Fellowship at the
University of Michigan. Darrell
begins his doctoral studies in
the Health Behavior and Health
Education Program this fall.

**To All CRECH
Scholars:**

**Please keep CRECH Staff
informed
of any change of address or
other contact details!**

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This newsletter is published
to inform the public about
educational, research and
training activities of the Center
for Research on Ethnicity, Culture
and Health at the University of
Michigan School of Public Health.

Spotlight on Bridges Scholars

Keri L. Norris

University of South Carolina doctoral student and post Bridges student, Keri Norris, was the recipient of the spring 2005 Harriet Hampton Faucette Student Research Award from the Women's Studies Program for her work on the relationship between Sojourner Syndrome and Black Women's Health. Keri's work in this area began during her participation in the Bridges 2003 Summer Internship at the University of Michigan working with U-M mentor, Dr. Amy Schulz. This award is designed to assist Women's Studies graduate certificate students with research and professional development.

Kanika Harris

Congratulations on being accepted into the U-M Doctoral Program in the Department of Health Behavior & Health Education this fall!

Jesusa Arnett

The National Head Start Hispanic Institute was held January 31 - February 4, 2005, in Albuquerque, New Mexico. More than 2,200 people attended the event, which was hailed by both the Head Start Bureau and Institute participants as a resounding success. Eastern Michigan University graduate student and post Bridges student Jesusa Arnett's presentation at the workshop was entitled, "Building a Culture of Inclusiveness for Latino Families in Head Start and Early Head Start Programs." The number of Latino families Head Start and Early Head Start programs serve continues to increase, making it crucial for programs to recognize the need for inclusiveness.