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MENTAL HEALTH STRATEGIES TO ELIMINATE HEALTH DISPARITIES: TOWARDS THE CREATION OF A CLIMATE AND CULTURE OF OPTIMAL HEALTH FROM AN AFRICAN (INDIGENOUS) AMERICAN PERSPECTIVE

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I.   ABSTRACT

Many scholars and practitioners concerned about the health of all people question how best to move beyond a history of bias and mono-cultural strategies when it comes to overcoming disparities in health care between African Americans and European Americans (USDHHS, 2001). This presentation introduces the results of a multilevel, community participatory research/demonstration project which explored what optimal health is and developed strategies for how best to achieve it, both personally and collectively, in a toxic, oppressive environment of continued social and economic injustice and disenfranchisement (Myers, 2003). The psychology and model of optimal health which emerge offers a process for transforming human consciousness and the institutional structures it creates, to reshape our health outcomes. With this strategy, regard for, access to, and improvement of quality health care may not only be more balanced, but also dramatically improved for all groups.

While the United States of America has accomplished much over the past two hundred plus years, the area of health and health care has not been an area of great strength. Although it is one of the wealthiest nations in the world, the United States ranks only 72 in terms of the quality of health care it provides its citizens. Given the history of the United States, it should come as no surprise that even with this generally low performance, a major disparity in health care still exists between African Americans whose ancestors' forced labor built this country and European Americans who benefited from their labor. For these people of African descent, whose ancestors for generations experienced the legally and socially sanctioned terrorism of chattel enslavement, careful examination of the society's construction of health is warranted with particular attention to the implications of these constructions for the health of the group. This article will explore the results of a multi-level, community participatory research/demonstration project which examined what optimal health is and how best to achieve it, both personally and collectively, in a toxic, oppressive environment of continued social and economic injustice and disenfranchisement.

To some, this assessment of our history and the current social environment may seem harsh and the immediate reaction may be defensive. However, what we have learned through this project is that only through confronting the worst of what ails us can we move on to health. As an old Ethiopian proverb states, "He who conceals his disease can not be healed."

Giving voice to this reality that has been denied for far too long is not intended to lay blame nor make excuses, but rather to provide an explanation heretofore disregarded and foster the understanding needed to move us all forward in better health. Successful forward movement into the future is impossible without confronting the most powerful forces shaping the future, the present and the past. Taking responsibility for that over which we have control then becomes the next step in achieving optimal health.

II.   NECESSITY AND VALUE OF A CULTURALLY GROUNDED ASSESSMENT

Seldom heard is the perspective of Africans in America whose cultural identification at the level of values, beliefs, and assumptions, or cultural deep structure, is more in line with the traditions of Native, First Americans, the indigenous people, rather than European Americans, the colonizers. From an African (Indigenous) American perspective, health is a cultural issue, requiring collective action, not just individual behavior change. There is an awareness that the collective will influence the environment in which good health is likely supported or disrupted. From social policies and practices that allow pollution of the air and water, the production and sale of carcinogenic food, the burial of toxins, the fostering of addictions, and so forth, to the prevalence of domestic and non-domestic violence, the values, perceptions, thoughts, and actions of people have great bearing on health.

Intended as a training guide for those who are ready for the next level of development, my having done the critical self-reflection and analysis necessary for an honest assessment of the status quo, this manual may be used in multiple ways. Persons in educational institutions, governmental and professional organizations, businesses, and other formal groups can engage in trainings using the format outlined and the collective processes identified to achieve the goal of improved health in all areas of personal and communal life. Leaders and lay individuals can create informal groups that use the guide for their own support and self-help processes. Whether organizations use it for facilitated training or as a

discussion springboard, or individuals use it for independent study and self-development or as a guide for group process, the goal is to stimulate thinking, motivate to action, and organize to stand for improved health and social justice.

III.   SOCIO-CULTURAL CONTEXT

Dr. John Chissell (1998) defines optimal health as the best possible emotional, intellectual, physical, spiritual, and socio-economic aliveness that we can attain. Ideally, our way of life or culture would be holistically devoted to creating the kinds of environments, both social and physical, that would maximize the likelihood of good health. In order to be most functional, a health care system would ideally be comprehensively, cohesively, and coherently organized to influence the best possible aliveness we can attain. Such a system would require a unified model of health that includes the integration of the natural or physical environments, social environments, ancestral inheritance both physical/material and psycho-cultural/psycho-social, and planning for future generations. It would need to be driven by a comprehensive, cohesive, and coherent way of viewing the world and understanding of how life and health work, or at least a good working theory. Our African and Native American cultural heritages, as well as the height of this society's scientific research, all point toward a similar unified model of health. Yet the model driving our social and health policies, decisions, and practices is not as unified.

IV.   PURPOSE AND PERSPECTIVE OF THE TRAINING GUIDE

The production of a training guide and model for creating a climate and culture of optimal health from an African (Indigenous) American cultural perspective is one outcome of Project Sankofa. The purpose of this guide is to provide culturally grounded information and understandings for improving health and health behaviors in the African American and all communities. It brings research and scholarship to bear on ways in which African Americans and others can empower themselves to live the healthiest, happiest, and most successful lives possible in the face of a social context that has otherwise been toxic and often hostile.

While targeting the enhancement of health using an African (Indigenous) American cultural frame of reference, the model has relevance for other populations with similar social issues in context and

similar value orientations in conflict. The model may be very useful in improving health efficacy and working with members of oppressed and dominant groups internationally. The keys to applicability will be an open mind and the willingness to push through the psycho-social barriers to engaging in difficult dialogues for the purposes of healing and growth. Further, the African American community is neither monolithic nor homogenous. Therefore, there may be those, particularly the more highly assimilated and acculturated among us, for whom this guide does not speak or resonate. Readiness in terms of developmental processes is often contingent on degree of self-knowledge, past experiences, and exposures.

I am deliberately presenting the perspective of those whom I have touched in our multi-level, community participatory research/demonstration project, Project Sankofa. This group has an African cultural identification and an American cultural identification more in line with Native or First American cultural traditions, values, and beliefs than European American. They value family and community and are most concerned about the children and their health and education. They are very aware that most programs targeting and operating in the African American community are shaped by theories and methodologies that are not grounded in a culturally consistent health paradigm and are quite limited in their effectiveness, significance, and value.

The use of culturally consistent approaches by mainstream providers in working with ethnic minority populations in this country is in its early developmental stages. Historically the dominant culture's frame of reference has been assumed universal and has been applied as if so. Cultural infusion reflects the extent to which ethnic/cultural characteristics, experiences, norms, values, behavioral patterns and beliefs of a target population, as well as relevant historical, environmental, and social forces, are incorporated in the design, delivery, and evaluation of targeted health promotion materials and programs. The two cultural dimensions of greatest concern are the surface structure (i.e., visible aspects such as language, dress, diet, clothing, music, etc.) and deep structure (i.e., values, beliefs, philosophical assumptions, etc.).

Research looking at program effectiveness suggests that whereas surface structure generally increases the receptivity, comprehension, or acceptance of messages, deep structure conveys salience. Surface structure establishes feasibility, whereas deep structure determines program impact. Almost thirty years ago, I began to build my research around the strengths of African cultural tradition and its relevance for contemporary African American lives. What I found was that from the level of cultural deep structure, a theoretical framework emerged that

spoke to health, resilience, and positive psychology in ways that are just now being acknowledged, investigated, and confirmed by mainstream American psychology and social science. From Oneness, a Black model of psychological functioning developed in the seventies, to a theory of Optimal Psychology based on its premises in the eighties, I, along with other black psychologists, committed to cultural congruence in terms of study, analyses, theory, and interventions. This commitment has yielded research and interventions that can offer an improved climate and culture of health, individually and collectively; however, increased training opportunities are needed. An added bonus of these endeavors is the inherent universality of going back to the collective African beginnings of humanity and civilization to bring forward values and beliefs salient across cultural groups, but non-dominant in most in this modern/post-modern era.

Good health is inextricably tied to questions of human development in all spheres of life, including at a minimum, the psychological (i.e., the emotional, intellectual, moral, and spiritual), physical, and socio-economic. The psychological sphere, which involves our perceptions, values, thoughts, feelings, and subsequent behaviors, has been demonstrated to the most powerful in determining health outcomes, as well as informing all other areas. This sphere directly shapes and is shaped by the society/culture in which we live, the worldview and values to which we adhere. With this interplay, we can see that where we are health-wise is reflective of our individual and collective development in the psychological sphere.

Take for example what some consider to be the most critical public health issue facing this country—terrorism. It provides the perfect illustration of the interdependent nature of personal and collective health and the importance of mental health and psychological development for health outcomes. While the interrelationships may be less obvious in terms of cancer, diabetes, cardio-vascular disease, or HIV/AIDS, upon closer examination it becomes evident that all share common factors. Those factors include: 1) a social/cultural context that supports conditions contributing to the disorder; 2) a psychological orientation that promotes either a holistic and integrative or fragmented and piecemeal approach to addressing disorder; and 3), the necessity to stretch toward an understanding greater than personal ego concerns to find meaningful resolution to the disorder. This African (Indigenous) American perspective seeks to contribute to improving our health and psychological development by offering culturally infused direction and instruction on creating a climate and culture of health.

African cultural values practiced in the American social context have been demonstrated to be a source of strength and resilience. They are undergirded by principles just now being discovered to be psychologically sound and healthy in Western psychology and behavioral health research (e.g., faith and hope). They can account for our still standing in the face of a long history of relentless terrorism, perpetual assaults on our culture and our character, and the multiple generations of psychological trauma, which continues to be inflicted daily. Recognizing resilience is a defining force relevant to all health outcomes and that adversity can either build strength or destroy; this guide will advocate for the use of struggle and adversity as a springboard for reaching the next level of human development, improving health and quality of life.

V.   HEALTH IN BLACK AND WHITE

The collective experiences of racial/cultural groups in this country have been different; that of Black and White Americans, almost totally opposite. The difference in experience has been, for the most part, shaped by the relationship between values for personal material gain at the expense of others and understandings of human development (i.e., what it means to be human). For some cultural groups the pattern of higher value for material gain rather than compassion and responsibility for the health and well-being of others is a tradition. To illustrate the point, a knowingly crude historical overview along racial lines might be informative.

The history of the majority of blacks in America can be described as that of a people who for over four hundred years, generation after generation, have been exposed to extreme violence and terrorism from the group in political power. Denied even the most basic human rights for most of their history in this country by the way of legally sanctioned and socially endorsed bias, African Americans continue to be devalued and dehumanized by institutional policies and practices rooted in a non-comprehensive, non-cohesive, and incoherent mono-cultural world view. Focused almost exclusively on a material universe versus a spiritual/material one, inattentive to the interrelated and interdependent nature of all in the cosmos, and without consistency and whole-sighted (i.e., engaging heart, mind, and soul) reason, this world view full of contradictions allowed the claim of freedom and justice for all, when in reality it meant whites only.

The history of whites in America as a collective is that of a people who have for over four hundred years, generation after generation, been exposed to the economic advantages that come from having taken over

another people's land (colonization) and having enslaved and forced the labor of another group to build personal economic wealth. Social policies and practices have been institutionalized to favor and meet the perceived needs of this group. They benefit from the privileges of a social system that enthusiastically acknowledges, endorses, and reinforces their racial/cultural perspective.

The position of African Americans in this society is unique, with the potential of becoming universal. For example, everyone in the society may now experience a small sense of some African Americans' historic status of living under overt terrorism. African Americans' current disfavored status carries with it a long history of living under a system of legally sanctioned terror where they enjoyed virtually no human rights or civil rights, the latter of which were achieved less than forty years ago. Who would not doubt the capacity of the prevailing European American health care system to meet the physical and/or mental health needs of African American populations?

In order to demonstrate effectiveness, considerable enhancement of the sick care system is required. Interventions to prevent negative health choices and maximize positive health outcomes, restoring resilience to African American families and communities—particularly the most educationally and economically disenfranchised—are most effective when they are culturally sensitive and comprehensive. More culturally infused programming is needed, such as that proposed by the current model, which takes a holistic, integrative, and culturally congruent approach.

Despite African American families having achieved the right to equality under the law over thirty-five years ago, the effect of the prevailing racially biased, often covertly and overtly hostile, social environment on our health remains toxic. Even controlling for socio-economic class differences, progress toward first-class citizenship has yet to yield a close in the gap between the races in terms of regard for quality of and access to health care. The U.S. Surgeon General's report on ethnic and minority health, particularly his supplement on mental health and ethnic minorities released in Fall 2001, makes clear the need to develop and offer services designed specifically to meet the needs, cultural realities, and experiences of each population. Achievement of this goal will require the development and implementation of methods for creating a climate and culture that supports good health in African Americans' communities and addresses the impact of psychological trauma.

VI.   CULTURAL INFUSION IN APPROACHES TO HEALTH

In the early nineties, the Association of Black Psychologists published an African-Centered Behavior Change Model to fill a void in terms of the HIV/AIDS/STD prevention training process. Funded by the Centers for Disease Control, the model developed was based on constructs and theories that had been explicated by black psychologists since the early seventies. Grounded in the self-conscious centering of psychological analysis and applications in African reality, culture and epistemology, our African-Centered Psychology encourages the examination of processes that allow for the illumination and liberation of the human spirit, psyche, or soul. Myers' theory of Optimal Psychology and the Unified Health Model (UHM) presented in this guide are both inextricably tied to this history of psychology. Echoing the Africana womynist voice of Maat (i.e., Black Goddess associated with the embodiment of truth, justice, and righteousness; divine order) in present day, both the theory and the model serve to restore feminine balance and bring a more comprehensive understanding of the reality of the primordial Black Mother.

Relying on the principles of harmony within the universe as a natural order of existence, African Centered Psychology recognizes: the spirit that permeates everything that is; the notion that everything in the universe is interconnected; the value that the collective is the most salient element of existence; and the idea that communal self-knowledge is the key to mental health. African-Centered Psychology is ultimately concerned with understanding the systems of meaning of human beingness, the features of human functioning, and the restoration of normal/natural order to human development. As such, it is used to resolve personal and social problems to promote optimal functioning.

As of late, there is increased awareness that such congruence is essential to successful programming. From program activities and service delivery efforts to treatment modalities, cultural awareness must progress from sensitivity to competence and ultimately to cultural infusion wherein the whole process from conceptualization to funding support, implementation, and evaluation is specific to the needs of the targeted population. Such development is essential in the areas of health and education, although approaches speaking to the cultural realities and experiences of the dominant population are most often in place.

The Unified Health Model (UHM) is supported by the Association of Black Psychologists ("ABPsi") Model, which maintains that culture is a critical construct in the understanding of human functioning, and one's

behavior is largely determined by one's culture. Different cultures have different cultural teachings and ideas about what it means to be human.

The ABPsi Model identifies eight African American cultural precepts:

- consubstantiation—all thing in the universe have the same essence
- interdependence—everything in the universe is connected
- unicity/egalitarianism— harmony and balance is the correct relationship between people
- collectivism—individual effort is a reflection and/or instrument of communal or collective survival/advancement
- transformation—everything has the potential to continually function at a higher level
- cooperation—the optimal way of functioning with mutual respect and encouragement
- humanness—healthy behavior is governed by the sense of vitalism and goodness
- synergism—the performance outcomes of cooperative effort will be grater than the sum total of individual effort

The UHM adds to these precepts the support of a theory and model of psychological functioning which bring the sacrifices and lessons mastered by African people surviving the Maafa (African Holocaust) in America and indigenous, Native people, to the fore in confirmation of their truth. The cultural themes of spirituality, resilience, egalitarianism, communalism, orality and verbal expressiveness, personal style and uniqueness, realness, emotional vitality, and musicality/rhythm, which permeate African American praxis, (re)emerge as central to individual and collective health. Their embrace through UHM provide the bases for moving beyond the pathology of negating, disrespecting, and/or diminishing the worth and dignity of others and ourselves by virtue of any human diversity marker. The roots of racism, sexism, classism, elitism, rankism, and so forth, are all the same, the insecurity fostered an externalized sense of identity and worth which kindles a need to be better than another in effort to establish one's own illusory value.

The UHM is grounded in a cultural tradition in which human authenticity and worth comes from being indisputably connected to that which brought us into existence (the divine creator) and the ancestors without whom we would not be. Those whose cultural tradition assumes

no such connection will evaluate people differently in terms of moral substance and behavior than people who do. When such a connection is assumed, the most healthy functioning human beings would be those in whom collective human will, via spirit, transcends (i.e., moves from one phenomenal reality to a higher level reality) and transforms (i.e., changes one condition to another condition) human consciousness to experience unity with the divine. When this understanding is the cultural substance of a people, yet the particular geopolitical and socio-cultural milieu has through terrorism served to deny, destroy, and negate ·that reality, psychological trauma is the result. The UHM outlines a process for the healing needed to restore health, mend the cultural breach inflicted through multiple generations of oppression, and inform steps to achieving the higher stages of human development.

VII.   THE NATURAL ORDER OF MENTAL AND PHYSICAL HEALTH AND HEALTH BEHAVIOR

For those to whom it may have been unclear before, it is now evident that good mental health is a key to good physical health. Even Western science now shows that the immune system is compromised by psychological stress, recuperation is improved with positive attitudes, and placebos are just as effective as anti-depressant medications and surgeries to improve arthritis in some cases. An individual's own experience can let him/her know that in order to change any and all health behaviors from diet to safer sex to compliance with doctor's orders, it is one's mind and will that must take charge and direct one's emotions and behavior to conform to that which is in one's best health interest. An improved climate and culture of health is needed to support and reinforce good choices. The ancient sacred text was correct, "as a man thinketh, so is he." Relying on the teachings of our trusted and loved ancestors put us ahead of the game, if we go back and fetch the best of our inheritance. Western science is just now coming to confirm what has been known for thousands of years in other cultural traditions.

The descendants of kidnapped and enslaved Africans are faced with the most serious of paradoxes or illogicality when it comes to health in this society. For a group to achieve health (either mental or physical) in a society that has historically placed them in either a less-than-human, or at best, an unfavored status, is a major accomplishment. For example, in the not too distant past (as few as two to five generations) European American mental health professionals of the time unashamedly determined that if kidnapped, enslaved Africans tried to run away and escape their

captors, they were suffering from a mental illness, drapetemania. The dominant culture has historically perceived, diagnosed, and treated the sane behavior of African Americans as insane. Thus, African Americans whose ancestors were enslaved, face the dilemma of having to rely on a society to provide mental and physical health services without having demonstrated the capability to do so.

African Americans are faced with some very serious questions: Has the mindset that would allow such distorted, self-deceptive thinking about African American mental health by helping professionals trained in this society changed, and if so, how? What can and must be done to ensure our good health and that of future generations given the nature of the social context in which we find ourselves? How do we, now thirty some years after having gained equal civil rights under the law (1964 Civil Rights Act), develop trust and rely on a system of health care in a society that has never demonstrated an understanding of health and well-being based on anything other than its own reality, experience, and cultural perspective? What do we bring from our own cultural heritage that the dominant culture in this society is just now discovering? And how do we leapfrog over what they have failed to realize is faulty in their cultural orientation toward health to recapture and embrace the truths that have been our inheritance, ensuring our survival, that of our ancestors and future generations? These are the questions we will be addressing in this African (Indigenous) American guide to healing, recovery, and health.

VIII.   LIVING WITH THE CONSEQUENCES OF PSYCHOLOGICAL TRAUMA

Most should agree that multiple generations of enslavement, lack of human and civil rights, the perpetual negation of one's race, ancestry and ethnicity, and the imposition of values and beliefs undermining one's sense of well-being through terrorist acts would be traumatizing. Shaking the foundation of one's sense of safety and trust, psychological trauma is an emotional shock that can create substantial and lasting damage. The greater the threat and the less prepared we are to handle the terrorism, the greater the impact. Psychological research looking at trauma confirms certain outcomes. Trauma creates a climate of isolation, abandonment, and separation. Traumatized people have difficulty with relationships, as trust is thwarted. Feelings of threat and uncertainty, and the disruption of general adaptive functions can lead to the production of negative affect, depression, and anxiety beyond which the individual can adapt. The essence of trauma has been described as the loss of faith that there is order

and continuity in life.

Over the generations, numerous scholars and researchers such as Edward Blyden, Carter G. Woodson, E. Franklin Frazier, Frantz Fanon, Naim Akbar, Wade Nobles, Thomas Parham, and others, have discussed the multi-faceted impacts of enslavement, colonialism, cultural imperialism, and racist terrorism on persons of African descent. Bruno Bettleheim, a Jewish psychiatrist observing fellow Jews performing the role of guard in Nazi concentration camps, coined the term "identification with the aggressor" to describe what happens to people who find themselves in oppressive circumstances for extended periods of time in which they foresee no escape.

Although African Americans whose identification has been in line with the cultural values and beliefs of their African ancestors have been resilient, they have also been traumatized by the multiple generations of physical and sexual abuse, brutality, and inhumanity inflicted on them. Any human being moved from a tradition in which unity with the creator and nature is the centerpiece, and the development of the cultural group is measured by how well it takes care of the most vulnerable within the group, would experience trauma in a social context without any humane standards of conduct.

The psychology of oppression process instituted through terrorism to take control of the African mind in order to make Africans profitable slaves, required moving them from their cultural center, and included at least five phases. First, through the most brutal and horrific forms of terrorism, the Africans were captured and convinced that their physical well-being (i.e., whether they lived, died, were raped, castrated, beaten, had food, shelter, clothing) was in the hands of their captors.

Second, in the strange land and alien culture of captivity, Africans were denied access to their cultural traditions, or at least its surface structure aspects which their captors could control. The use of their native languages, maintenance of their indigenous diet, spiritual practices and rituals, and family systems were disrupted, normal contact with socio-cultural supports were complicated or dislocated. Third, their culture and history were negated. Everything African was painted as savage, primitive, uncivilized, without merit. Fourth, the culture and history of the captors were elevated, such that the only cultural beliefs, values, and traditions acknowledged were those of the European. To be cultured and civilized in this society was equated with mimicking the European/European American. Fifth, a divide and conquer strategy was put in place, whereby the enslaved Africans were pitted against one another. Those who would do the slave captors bidding were rewarded

with lighter work loads (often overseer), better food, shelter and so on.

The trauma imposed through the psychology of oppression is still fully functioning today. The physical bonds of enslavement are gone (except the prison industrial complex and ill-conceived public housing projects), but the structures and processes for mental bondage are fully in place. Physical and economic well-being (now termed "success") is still largely in the hands of the beneficiaries of the captors; denial of and/or limited access to true African history and culture still exists. Negative portrayals of Africans and the negation of African history and culture are still commonplace. The elevation of a European/ European American worldview and cultural tradition continues to make this country almost exclusively mono-cultural in its focus. The value and credibility of other cultural orientations is most often ignored or discounted. The centerpiece of racist oppression, creating intra-group disharmony through dividing and conquering by skin color privileging, educational and socio-economic access, and geographic heritage, has been so effective that it has caused some to conclude that the biggest problem we as African Americans face today is ourselves. The long-term consequences of these oppression processes are mentacide, the systematic destruction of a people's mind and culture. Mentacidal people become self-destructive, these behaviors are manifestations of internalized oppression, "identification with the aggressor" or what is called in popular culture the "Willie Lynch" syndrome. Reversal of the psychology of oppression process is necessary for good health and healing.

The good news is that in response to this adversity, African Americans can be named the poster children for resilience. As a group, they have turned enough lemons into lemonade to bring a life and vibrancy to popular culture—indeed, one that the world seeks to imitate. They have maintained moral leadership in terms of the fight for equality and civil rights from which all in the society have benefited. Evolving over time, culture is complex and dynamic, within African American cultural tradition increased knowledge, wisdom, and understanding have been the result of adversity. Yet, as generations of African Americans become increasingly assimilated and acculturated into the values and beliefs of an oppressive dominant culture, considerable loss might also be expected. As African (Indigenous) Americans we have had the opportunity to witness the importance of the deep structures of culture— the values, beliefs, and assumptions, in resilience and the transmission of culture. With limited access to indigenous languages, diets, rites and rituals, and systems of organization, the surface structure of culture, African people went deep within their own consciousness and came forth

with an understanding only the deep structures of their cultural heritage could provide. This authentic cultural substance identified by ancient Africans (those ancestors known as Ethiopians, Kemites, or Blacks) as the basis of health, has been proven to hold integrity and validity today and can account for our incessant ability to rise in the face of untold oppositions.

Consistent with African-centered premises, Myers' theory of Optimal Psychology and UHM are rooted in the values, beliefs, and assumptions of the wisdom tradition of African deep thought, which can be traced from the beginnings of human culture and civilization to date (see, *Food for Thought*). This worldview supports the development of a unified model of health, which is comprehensive and much needed, as we seek to restore a more complete understanding of health matters. Like it or not, the health of each individual is tied to another. The enslavement of Africans was contingent on the health of Europeans who developed the market and other Africans who collaborated in the capture process. To the extent that one is unhealthy, the health of all is affected. As all health issues are at some level interrelated and interdependent, when exposed to the toxins of another, if not properly inoculated, survival and well-being is at risk. When possible, having those infected quarantined, is a useful strategy, depending on the nature of the disease. When both social and physical environments are infected with toxins, health issues become even more difficult and complex. The Unified Health Model (UHM) provides the opportunity for movement in the direction of a truly holistic, integrated approach to good health.

REFERENCES

Chissell, John T. (1993). *Pyramids of power: An ancient African centered approach to optimal health.* Baltimore, Maryland: Positive Perceptions Publications.

Center for Mental Health Services. (2000). *Cultural Competence Standards in Managed Care Mental Health Services: Four Undeserved/Underrepresented Racial/Ethnic Groups.* Washington, D.C.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *available at* http://www.mentalhealth.samhsa.gov/publications/allpubs/sma00-3457/preface.asp.

Millet, Peter Edmond et al., (1996). Black Americans' and White Americans' views of the Etiology and Treatment of Mental Health Problems, *Community Mental Health Journal, 32* (3), 235-242.

Moore, Michael. (2001) *Stupid White Men: And Other Sorry Excuses for the State of the Nation.* New York: Harper Collins, Inc.

Myers, Linda James, et al. (2000). Conducting research with persons of African descent. *Guidelines for research in ethnic minority communities.* Council of National Psychological Associations for the Advancement of Ethnic Minority Interests. Washington, D.C.: American Psychological Association, 5-8, 13.

Myers, Linda James. (1987) The Deep Structure of Culture: Relevance of Traditional African Culture in Contemporary Life. *Journal of Black Studies, 18* (1), 72-85.

Myers, Linda James. (1999). Transforming Psychology: An African American Perspective in *Advances in African American Psychology* (Reginald Jones ed., Hampton, Va.: Cobb and Henry Publishers). 9-26.

Myers, Linda James. (1999). Therapeutic Processes for Health and Wholeness in the 21st Century: Belief Systems Analysis and the Paradigm Shift. Perspective in *Advances in African American Psychology* (Reginald Jones ed., Hampton, Va.: Cobb and Henry Publishers). 313-358.

Myers, Linda James. (1992). *Understanding of Afrocentric World View: Introduction to Optimal Psychology* (2nd ed.). Dubuque, Iowa: Kendall/Hunt.

Resnicow, K., et al. (2000). Cultural Sensitivity in Substance Use Prevention. *Journal of Community Psychology. 28*(3) 271-290.

Resnicow, K., et al. (1999). Cultural Sensitivity in Public Health: Defined and Demystified. *Ethnicity and Disease (9)* 10-21.

United States Department of Health and Human Services. (2001). *Mental Health: Culture, Race and Ethnicity-- A Supplement to Mental Health: A Report of the Surgeon General.* Rockville, Maryland: USDHHS, Public Health Service, Office of the Surgeon General.

Woodson, C.G. (1933). *The Mis-Education of the Negro.* Washington, D. C.: The Associated Publishers.