

African American Behavioral Health CENTER OF EXCELLENCE

Why is the struggle for behavioral health equity so hard?

For our society, for our field, for the people we serve—and for the people we are?

*Essay from the African American Behavioral Health Center of Excellence
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A well-loved piece of wisdom is this quote from Chicago columnist Sydney J. Harris: "The three hardest tasks in the world are neither physical feats nor intellectual achievements, but moral acts: to return love for hate, to include the excluded, and to say, 'I was wrong'."¹ These words give us a few clues about why behavioral health equity is so hard to build.

- For those of us who have been wounded and scarred for centuries by hatred and abuse coming from people who don't even know us—and from people who know us well enough to know better—the prospect of **returning love for hate** might seem like an impossible feat, a betrayal of all that's right, or permission for the haters to do their worst.
- For those of us whose senses of identity, self-esteem, history, and belonging were formed in families and communities with long traditions of devaluing and excluding others, the prospect of **including the excluded** might seem like a threat to—and a betrayal of—our own identity, worth, history, prosperity, and place in this world.

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- Sydney J. Harris 1917 - 1986 : Journalist and author

- And for those of us who have clung to a sense of certainty about the way we've been taught to see history, race, and culture—and confidence in the ways we've handled or avoided questions of racial equity—the prospect of **saying, “I was wrong”** might feel like we're denying our own judgment and morality—or even our own worth.

Behavioral health equity—the reduction of disparities in the safety, accessibility, effectiveness, and cultural relevance and appropriateness of services for underserved communities²—is a large and daunting goal. Reaching this goal will require changes in systems, policies, practices, perceptions, insights, attitudes, behaviors, conditions, communication, and outcomes—and those changes will require that we cultivate greater self-awareness, courage, determination, and acceptance of ourselves and others. This transformation has little hope until we build the psychological, social, and political will to do things differently. It's up to us, and it will take a lot of returning love for hate, a lot of including the excluded, and a lot of saying, “I was wrong.”

Why is all this so hard? Think about where we started as a society—the history we're trying to recover from through these efforts. It's true that all cultures have developed hierarchies in our quest to keep order and keep the species alive. But not all cultures have institutionalized the kidnapping, subjugation, traumatization, deprivation, or random torture and killing of whole segments of society based on arbitrary marks of caste like skin color, religion, gender, sexual orientation, culture, or country of origin.³ That's not what human beings—any human beings—were born to do.

So **of course** our struggle is difficult. It **should** be difficult. It's an unnatural history that we're struggling to escape. We can't leave it behind us, because it has shaped much of the present, and because we **all** carry its trauma in our bodies. Beneath the skin, we were all born to be moral beings. So moral trauma attaches itself, not only to the one who has been wronged, but also to the one who has carried out the wrongs and the one who has stood by and done nothing. Moral wounds are painful. And, as we in the field have learned so well, “hurt people hurt people.”

So how can we harness those three challenges—returning love for hate, including the excluded, and admitting we were wrong—in service of behavioral health equity? And where in the past or the present can we find wise counsel to help us defy the forces working against equity?



Dr. Martin Luther King, Jr.

How do we practice returning love for hate?

The activists of the 1960s Black Freedom Struggle had ample practice learning to return love for hate. They knew their love was strength rather than surrender, because it was such a powerful option. Consistently defying the hatred he received for his leadership in the struggle for basic civil rights, the Rev. Dr. Martin Luther King, Jr. told his followers that “Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that.”⁴

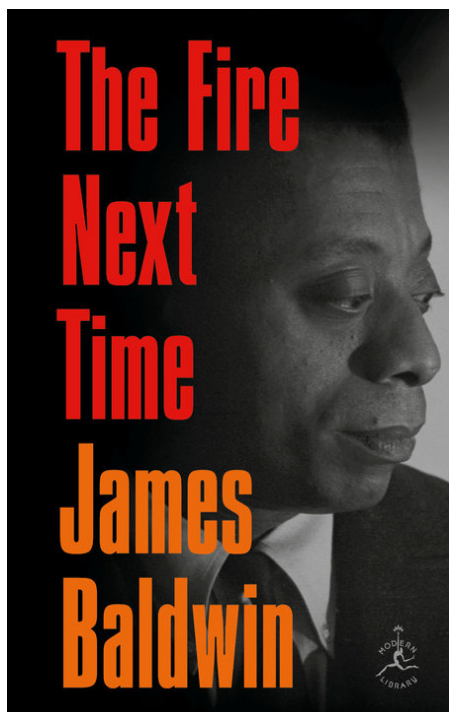
Of course, as author and visionary James Baldwin wrote in 1963, “It demands great spiritual resilience not to hate the hater whose foot is on your neck, and an even greater miracle of perception and charity not to teach your child to hate.”⁵

In 1965, 17-year-old Ruby Sales joined the Montgomery-to-Selma marches, then left college at Tuskegee to work full time registering voters in “Bloody Lowndes” County, Alabama.⁶ That same year a dear friend, a young White seminarian named Jonathan Daniels, pulled young Ruby out of the way and died taking a White supremacist’s bullet meant for her. The experience left her all but unable to speak for the next seven months, but she was determined to testify at the killer’s trial. He was acquitted, of course, but her dedication to the Movement and her commitment to nonviolence were only strengthened.⁷



Ruby Sales

In a 2016 interview, Rev. Sales reminded us that “love is not antithetical to being outraged—let’s be very clear about that. And love is not antithetical to anger.” But “there are two kinds of anger,” she explained. “There’s redemptive anger, and there’s non-redemptive anger. And so redemptive anger is the anger that...moves you to transformation and human up-building.”⁸ Ruby Sales is founder of the SpiritHouse Project, an Atlanta-based not-for-profit organization and inner-city mission dedicated to Jonathan Daniels, the young seminarian who saved her life.



In behavioral health, much of the trauma we see has been cultivated in hatred—or in fear, resentment, bitterness, and rage that look and act like hatred. Those toxins have invaded our service participants’ life experiences and the histories that have shaped their resilience, their adversities, their vulnerabilities, their opportunities, their beliefs, their attitudes, and their stress responses. We try to give people skills that will help them let go of any self-hatred they have learned and help them manage the stress responses that can block their capacity for love and compassion.⁹ We respect and support their struggle to learn the dance between anger and love, self-protection and forgiveness, and power and acceptance—as we continue to learn this dance ourselves.

It can be hard, and it can be terrifying. In James Baldwin’s words, “I imagine one of the reasons people cling to their hates so stubbornly is because they sense, once hate is gone, they will be forced to deal with pain.”¹⁰

A loving critic of his time and his ailing society, Baldwin kept believing in the redemptive power of love: “...if love will not swing wide the gates,” he wrote, “no other power will or can.”¹¹

Whether we’re using love to help heal an ailing person, an ailing system, or an ailing society, it is a skill we have to keep practicing, a choice we make—and act on—over and over again. It’s definitely not easy, but in the words of contemporary journalist, author, attorney, and change agent Van Jones, “When it gets hard to love, love harder.”¹²

How do we practice including the excluded?

One thing that all forms of inequity share is the fact that some people are included—the “haves,” the favored, the fortunate, the “superior” ones—and others are excluded. Many in our field believe exclusion is **not** divine will, the natural order of things, or a reflection of the basic superiority of the included. It’s a human distortion of ancient animal survival impulses.

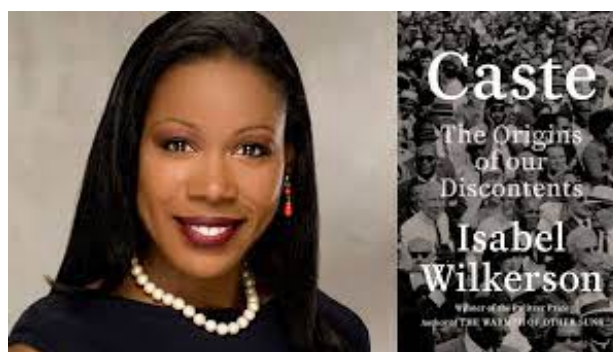


Heather McGhee

The brains of mammals are wired to notice differences, and differences often activate defensive responses.¹³ For example, many herd animals in the wild will repel outsiders and exile any ill or injured members of the pack, to keep the herd healthy and running quickly enough to escape potential predators. Human castes and prejudices are examples of what happens when these ancient, primitive instincts meet the clever, complicated, calculating human brain.

Though the brains that thought up and “justified” prejudice, discrimination, and exclusion may have argued that those evils would promote the greater good, that is **not** what has happened.¹⁴ For example, as author and policy expert Heather McGhee has demonstrated thoroughly in *The Sum of Us: What Racism Costs Everyone and How We Can Prosper Together*, denying resources to some people ends up reducing resources for many people—and ultimately for all of us.¹⁵

Isabel Wilkerson, author of *Caste: The Origins of Our Discontents*, warns us of the physical toll of these chronic forms of exclusion. “The friction of caste is killing people,” wrote Wilkerson in *Caste*, citing the work of multiple contemporary public health researchers.¹⁶ “Societal inequity is killing people. The act of moving about and navigating spaces with those whom society has trained us to believe are inherently different from us is killing people, and not just the targets. Studies are showing that prejudice



Isabel Wilkerson

itself can be deadly...The combination of reduced blood flow, constrictions to the circulatory and digestive systems, and the breakdown of muscle by cortisol can lead to life-threatening damage to the heart and the immune system and to death before one's time."¹⁷

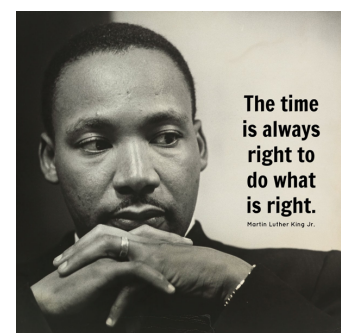
The first step toward including the excluded is often just **noticing** the excluded, and noticing the exclusion itself. The more we have been included in important ways, in general or in particular situations, the harder it might be to notice when others have been excluded. If we're used to being among the people sitting at the table, we don't always automatically notice who is **not** at the table. This is particularly hard for people who were raised to consider themselves "color blind" and dismiss the importance of race and culture. They often have the hardest time learning to support equity, because **inequity** comes as such a surprise to them.¹⁸

Under social pressure and/or time pressure, it can be particularly hard to recognize and respond to opportunities for bystander intervention—for example, in response to a racist comment or a decision that would further disadvantage African Americans and other people of color. Unless we are well versed in the many forms that exclusion can take, primed to notice it when it happens, aware of our responsibility to intervene, and more focused on principle than on people's approval, our opportunities will be gone before we have time to figure out what to do.

Once we have learned to notice exclusion, we must also learn to include, and that takes courageous choices. When we include those who have been identified as "less than," we often go against the social grain in conspicuous ways. Will **we** be judged "less than," too? And which will matter more, the fact that our acts of inclusion may have lowered our value in the eyes of many influential people—or the fact that those acts may have raised our value in our own eyes and the eyes of people we have deeper reasons to respect?

In behavioral health, what do we risk by pointing out the inequities we see in our own organizations, systems, policies, guidelines, procedures, and practices? What do we stand to gain by speaking these truths, and what do we risk by staying silent?

How do we practice saying "I was wrong"?



Dr. Martin Luther King, Jr.

In substance use disorder treatment and recovery, many of the people we serve have learned that admitting their mistakes and acknowledging the harm done can be one of the most difficult things for humans to do—and one of the most healing and rewarding. Though the concept of moral injury is relatively new to the behavioral health field, moral healing and moral repair have been vital components of spiritual, religious, social, and therapeutic practices for centuries. Self-searching involves risk, but, as Dr. King said, "The time is always right to do what is right."¹⁹

And what if we find out we have failed to explore and learn about conditions that have hurt or disadvantaged people who lacked our privilege, conditions we may even have exacerbated? Do we focus on our regrets, our embarrassment, and our shame—or do we focus on using our new insights **now**? As Isabel Wilkerson wrote, “The price of privilege is the moral duty to act when one sees another person treated unfairly.”²⁰



Ta-Nehisi Coates

As adults in a society, we have a moral duty to find out what’s going on—and the historical momentum behind it—assess the scope of the problem, and tell the truth about what we learn. Author and journalist Ta-Nehisi Coates, alarmed by our country’s avoidance of many truths about American history, wrote that “We cannot escape our history. All of our solutions to the great problems of health care, education, housing, and economic inequality are troubled by what must go unspoken.”²¹

According to Coates, “what must go unspoken” might include some of the most important pieces of information. For example, “If you are attempting to study American history, and you don’t understand the force of White supremacy, you fundamentally misunderstand America.”²²

Exploring a history that is so full of violence, trauma, and pain is a daunting prospect. “This is hard work,” said author and Princeton historian Eddie Glaude Jr. in a 2022 presentation. “We’re going to have to run toward our fears.”²³

In spite of the controversy associated with our past—and our present—“We have to become better people by fundamentally transforming the conditions of our living together,” wrote Prof. Glaude. “This will require setting aside our comforting illusions.”²⁴

For many White Americans, these illusions might include things like:

- believing that slavery, Jim Crow, and their effects are in the past, so the healthiest thing is to move on and concentrate on all the progress we’ve made;
- believing that, as long as we have no ill will or conscious prejudice toward people of color, it’s highly unlikely that we will accidentally hurt or insult them through our words, actions, body language, or facial expressions.
- believing our personal accomplishments have been based on our own merit and effort, and our levels of advantage and opportunity were not affected by our race; and
- believing that the high achievements of some African Americans indicate that the effects of racism are more or less resolved and we are moving toward a “post-racial” society;



Eddie Glaude Jr.

And what if clearing away those illusions brings us face-to-face with our own mistakes and failures? Van Jones is used to that. “So I share the mistakes and failures, as well as the successes,” said Jones in an interview for the My Hero project, “because that is the truth of my journey—and of anyone’s journey.

“If the road to social transformation can be paved only by saints who never make mistakes, the road will NEVER be built.”²⁵

Do we have to strive for behavioral health equity?

More than a few of us in the behavioral health field have heard the people we serve protest, “I can’t do this! It’s too **hard**!” So why can’t we just say we **tried** to make systems, policies, and services more equitable, but there was just too much to change, too little time, too few resources, and too little will?



Van Jones

Well, it wouldn’t be the right thing to do, and it would also hurt our field and our positions within the field. We are judged—and one day we will probably be funded—by our ability to make human lives, families, and communities better, safer, healthier, and more productive. Failure to address our inequities would continue to impair our ability to get the outcomes we all need. It would hurt our own personal and collective chances for success.

In very few fields is diversity a more crucial issue than it is in behavioral health. And “In this new century,” said Jones in 2019, “the absolute prerequisite superpower for success is how do you perform in a radically diverse environment. That will determine your success or your failure in this new century.”²⁶

In a society that is wrestling vigorously with the concept of diversity and competing approaches toward addressing it—or avoiding it—why should our field jump into these efforts? After all, many of the inequities that make people less healthy are rooted in the larger society, beyond our sphere of influence. What can we do about these powerful influences on health, or even about inequities in our own systems? What can we contribute to the national conversation?

In other words, what superpowers do we already have? Here are just a few:

- Overall, our constituent base has been highly diverse for a long, long time. We might not have opened or adapted our services to that diversity as well as we should, and our workforce and leadership might not be as diverse as we need to be, but as a field we are not strangers to diversity—or to people of different colors and cultures.

- Every day we see the effects of historical—and contemporary—trauma, deprivation, exclusion, racism, stigma, shame, and hopelessness on human beings, families, and communities. We know how to describe these forces and their effects, and we how to contrast these with the health and well-being we are committed to promoting.
- “As a profession,” wrote author, presenter, and therapist Mark Sanders, “we still have our advocacy movement, which will continue to be an important tool in achieving behavioral health equity. Through this movement we have mobilized people nationwide; shifted from acute care to recovery-oriented systems of care; changed our language, e.g., from ‘addict’ to ‘person in long-term recovery’; written second chance and expungement legislation; provided alternatives to incarceration; passed the Mental Health Parity and Addiction Equity Act, so that insurance companies can no longer discriminate against people with mental health and substance use disorders; created watch groups to make sure these laws are followed—and more.”²⁷
- No matter what we do or what we believe as individuals, as a field we are apolitical. Many of us have been called upon to provide in-depth services to people whose viewpoints are worlds away from ours, and we have done so well and faithfully. And in our advocacy efforts, we have worked with many people whose political affiliations don’t match our own. This gives us some credibility.
- On a professional level, we know a thing or two about the social, psychological, and neurobiological factors that contribute to things like hatred, exclusion, denial, and alienation. We can temper our human reactions to inequity with a deeper understanding of the attitudes that often keep people from questioning their contributions to inequity.
- Love, empathy, compassion, understanding, fairness, and humility are among the most important tools of our profession. We know how to talk about, model, and help others build the skills that will help them live by these virtues.
- And—perhaps most important—**we’re good at not giving up on people.**



Mark Sanders



James Baldwin

A Black man of vision who had suffered greatly in a country steeped in racism, James Baldwin warned his contemporaries that the problems of hatred, exclusion, denial, and inequity would not resolve on their own. He urged “the relatively conscious whites and the relatively conscious blacks” not to wait for future generations to solve these problems, but to work together to heal our national consciousness before the consequences grew more serious.

“Everything now, we must assume, is in our hands,” wrote Baldwin. “We have no right to assume otherwise.”²⁸

And now it is in **our** hands. Let us take up this work inspired by the wisdom and determination of all those who have joined the struggle toward health, equity, recovery, and basic humanity. May we continue to be guided by the love and purpose that have led us to one another and given us the courage to try.

Endnotes

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