The Legacy of Slavery: Towards an Aetiology of African-Caribbean Mental Health

By Nigel Pocock
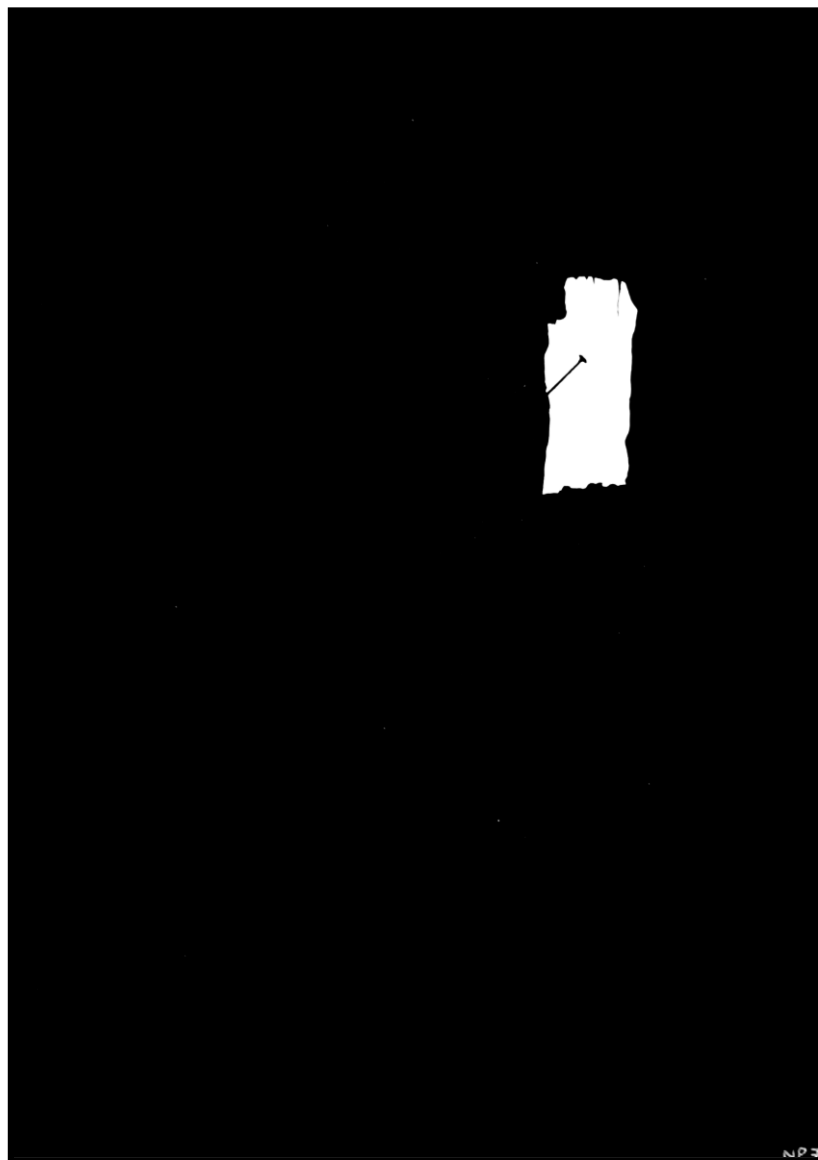
The Legacy of Slavery: Towards an Aetiology of African-Caribbean Mental Health

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Introduction

An 'aetiology' is an attempt to explain the origin of something. Most Caribbean societies accept that there is an unquestionably a link between features of their cultures and slavery. But can this be demonstrated *scientifically*?

I believe it can. Psychiatrist Prof. Frederick Hickling of the University of the West Indies has bravely attempted this in a figure (fig. 1 of this paper, based on Hickling). This illustrates well the themes and social and biological forces that I will be looking at.

Fig. 1: An aetiology of the effects of Caribbean slavery. Multiple variables interact and compound or ameliorate each other.
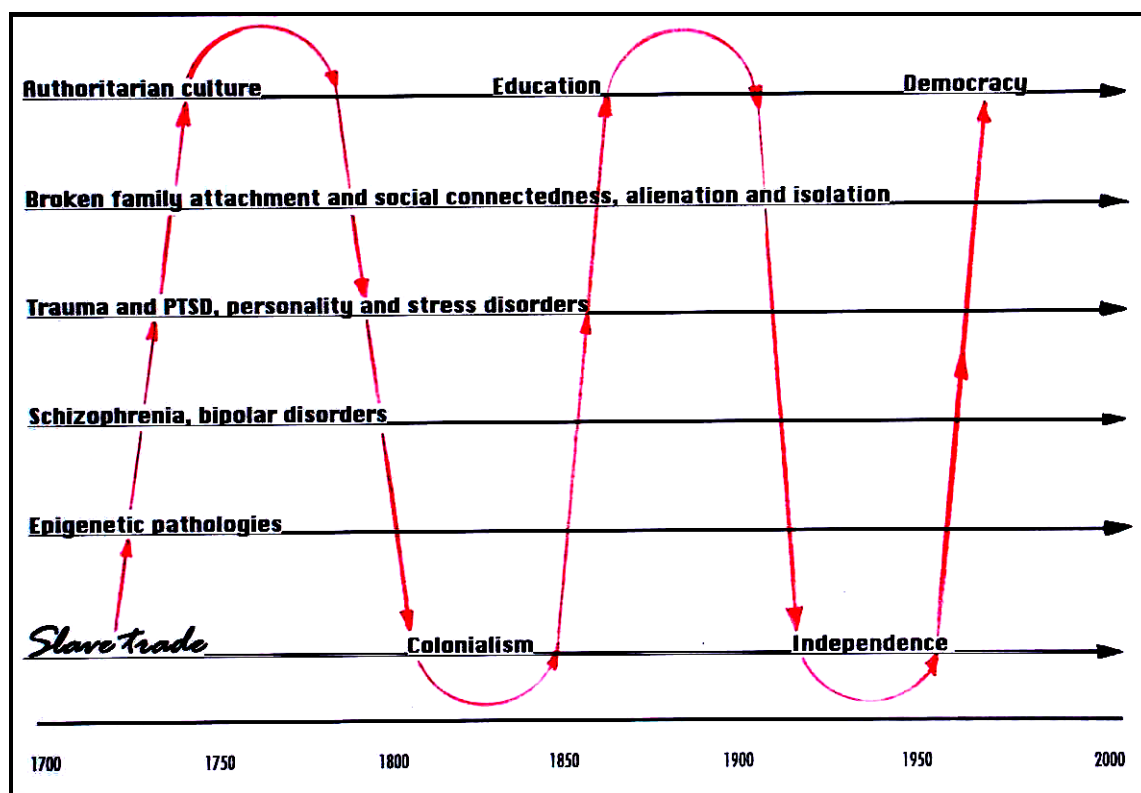
1. Self-evident?

Attitudes of Caribbean people are highly conflicted over their past history of slavery. They either want it fully acknowledged (the 'injustice gap'), or to 'move on' (and forget it, because denial makes coping with the shame easier). These objectives appear to be incompatible. Most are profoundly aware of the resultant family dysfunctions (in a way that western liberals are not, and indeed want to have a 'silent space' over, so that it cannot be discussed, again a form of denial, of not facing the shame); Caribbean people want related issues of mental health and crime addressed. They want self-esteem and justice. But how can justice be achieved if the past history is not acknowledged or addressed, in depth? I believe that people *must* acknowledge this past, if they are to find healing, both personal

and social.[1] According to Professor Everett Worthington, an open discussion (with appropriate rules of engagement) is essential if true empathy is to be developed between victims and perpetrators.[2]

In a very interesting paper on forgiveness and coping strategies, Kenneth Pargament and Mark Rye make the points that the key factors lie in whether or not a situation is felt to be controllable or non-controllable. If it is felt to be controllable, then 'action' strategies are best (changing the local administration of justice, health and education); if non-controllable, 'emotion-based' strategies work best (beliefs regarding self and the social and spiritual universe).

Forgiveness makes for personal peace, but may not make for justice. Pargament and Rye conclude with the remark that 'we cannot dismiss this troubling scenario: a forgiveness that facilitates the well-being of the forgiver, but at the same time supports the perpetrator's misbehaviour'.[3] Ideally, therefore, for society to work, and both personal healing and social healing to be realised, both of these apparently conflicting objectives must be implemented. The emotional (personal forgiveness) and the demands of justice, are compatible, and can be pursued at the same time.[4] What is not needed is personal vengeance, but restoration of both offender and offended into wholeness and healing. 'Action' strategies and 'belief' strategies can be pursued in parallel, and can be compatible: much depends on the trajectory of both—whether leading to increased healing, or increased pathology.

2. Schizophrenia and bipolar disorder

Another key factor in the escalation of mental illness, especially for African-Caribbean people, appears to be a perceived sense of alienation and social isolation. Ann Olson believes that there is a 'causal circle' of alienation and schizophrenia. She writes that the 'action' and 'emotion' strategies are related to personality, with extraverts using an action strategy, and introverts an emotion-based approach.[5] This would not be surprising, and further research would be helpful. Therapeutically both approaches should be married together for greatest healing personally and socially.

Olson also remarks that there is a synergy of the three main features of schizophrenia: (a) divergent thinking, (b) alienation, and (c) introversion, leading to ever-increasing social dysfunctionality. This dysfunctionality impairs a person's mature ability to make fine social distinctions,[6] causing problems in social

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[1] Scott Peck defines mental health as an 'ongoing dedication to reality at all costs' (1993, *Further along the Road Less Travelled*, page 75). Prof. Everett Worthington believes that these seemingly disparate objectives of forgiveness (from oneself) and justice (for society and oneself) are however compatible, as one is concerned with emotions, and other is not. It is possible to pursue one without the other; it is also possible to pursue both at the same time. See Everett Worthington (2012), *How Do I Forgive?* Downers Grove, IVP, 19 *ff*.

[2] *Op cit*. Also see E. Worthington (2003). *Forgiving and Reconciling*, Downers Grove, IVP.

[3] Kenneth I. Pargament & Mark S. Rye (1998). Forgiveness as a Method of Religious Coping, in *Dimensions of Forgiveness: Psychological Research and Theological Perspectives* (Ed. Everett L. Worthington, 1998), London & Philadelphia, Temple Foundation, 70-71.

[4] Worthington, *op cit*.

[5] Ann Olson (posted 17th March, 2015). The Interpersonal Consequences of Schizophrenia, *Psychology Today*.

[6] In an interesting paper, Gordon Allport and Michael Ross found that the 'pro-religiously indiscriminate' were the most prejudiced of all the groups as they defined them. 'Intrinsic' religious commitment was least prejudiced, while 'extrinsic' (means to an end religious commitment) was more prejudiced. An inability to make fine distinctions, was, in their view, a likely factor in prejudice. Interestingly, since this paper was written two generations ago, the Flynn Effect has

relationships. This, in turn, leads to failure to negotiate life in the real world. Given that these patterns are likely to be related to poor childhood and early adult social relationships, past family and social history are certainly implicated.[7] That there is a 'downstream effect'[8] from slavery seems all but certain.[9]

That there is a need to examine family support structures is made clear by research that shows that there are clear differences between ethnic groups. Asians show an important lower risk of schizophrenia than African-Caribbean people, even if they are similar in other significant ways, such as their experience of racial discrimination, social disadvantage, and the same time in which they came to the UK as immigrants. The raised rates for African-Caribbean people and, to a lesser extent, for Africans, does not apply to their countries of origin. Similar studies of immigrants from Surinam into the Netherlands support these findings.[10] Causal factors therefore lie in the country to which the immigrants seek to make a new life, not in the countries of origin. However unsatisfactory, dysfunctional and perhaps predisposing towards mental illness the Caribbean family may be, it appears that increased loss of social support following emigration is the key variable.

Kwame McKenzie *et al* have published a helpful paper[11] in which they summarise the well-tried explanations, such as misdiagnosis, (traditional) genetic predisposition, selection factors in migration, birth complications, childhood risk factors, cannabis use, the effects of urban living, social disadvantage, family dynamics and attitudes, racism, psychological factors that shape attitudes, such as education, and self-esteem. All of these are likely to be important. McKenzie and his colleagues conclude by saying that African-Caribbean people in the UK are at higher risk of meeting 'operational criteria for schizophrenia' than either people in their countries of origin, or UK white people. Such people also show a higher affective (mood component, *e.g.*, sadness) than white people; related to this is an increased rate of mania (bi-polar disorder). It seems clear from previous research that environmental factors are acting on second generation patients with schizophrenia who are in vulnerable families.

Social factors therefore seem to be disproportionately implicated, and that 'operational definitions' are not working well cross-culturally, *i.e.*, some things, such as religious manifestations, are being misinterpreted as mental illness. Indeed, one piece of research even showed that white people were 50% more likely to have a *biological* reason for their schizophrenia, than black people.[12] Put in another way, this means that black people's causal mechanisms are likely to be *cultural*.

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apparently demonstrated increases in the capacity to juggle these fine, culturally relative, social distinctions more effectively.

[7] Olson, *op cit*.

[8] I owe this term to Michaeline Bresnahan *et al* (2007), Race and Risk of Schizophrenia in a US Birth Cohort: Another Example of Health Disparity?, *International Journal of Epidemiology*, 36, (4), 751-758.

[9] The fine biographical study of Antiguan artist Frank Walter (2017) by Dr. Barbara Paca, illustrates this very well.

[10] Paul Fearon & Craig Morgan (2006). Environmental Factors in Schizophrenia: The Role of Migrant Studies, *Schizophrenia Bulletin*, 32, (3), 405-408.

[11] Mandy Sharpley, G. Hutchinson, R. Murray, K. McKenzie (2001). Understanding the excess of psychosis among the African-Caribbean population in England: Review of current hypotheses, *British Journal of Psychiatry*, April 2001, 178 (40).

[12] Reported in BBC News (on line), 14 July, 2000, citing Prof. Robin Murray and Dr. Kwame Mackenzie on research at the Institute of Psychiatry, London.

In one very interesting piece of Dutch research,[13] alienation and loneliness were analysed under four helpful identity types, namely (1) *integrated identity* (an identity with both their ethnic group, and wider society), (2) *separated identity* (a strong ethnic identity, but weak national identity), (3) an *assimilated identity* (a strong national identity only), (4) *marginalized identity* (no identity with either their ethnic group, or wider society). Unsurprisingly, the alienated nature of marginalisation is associated with the greatest increased risk of mental health pathologies. Second generation immigrants are at a greater risk, and this is likely to be a function of an identity that is more amorphous and less cohesive as they struggle to identify with the wider society, at the expense of their ethnic community. The paradox for liberals is that greater separation and less assimilation makes for stronger local communities and improved mental health.[14] Does this mean that some form of multiculturalism is the ideal option for social policy planners, at least from the perspective of mental health, with cohesive groups being the healthiest option, and amorphous ones the most dysfunctional and unhealthy?[15]

This, however, is completely at odds with the surrounding 'Me Generation' culture, with its motto of 'follow yourself', or 'follow your dreams' 'be right by yourself', and similar folk sayings that are the standard pop existentialism in response to every social problem.[16]

These findings again make it unlikely that the main variable is genetic, at least as understood by traditional genetics, as opposed to epigenetic causes (see below), in which genes are impacted by socio-cultural pressures. The Dutch researchers qualify their findings by pointing out that everything depends on the sociocultural value put on the ethnic group. Being subject to discrimination and racism may threaten self-esteem, and coping may take the form of a 'black is beautiful' (or similar) strategy to counter this. This is an inward, 'emotion-based' strategy, arising out of a felt lack of control, but which could also be an 'action-based', outward strategy if the media are impacted successfully with positive, pro-social images of black people. An opposite coping strategy is to deny ethnic identity, and to identify with the wider culture. This however may reduce the effectiveness of the coping, as the threat may be increased, instead of diminished: an increased sense of injustice, failure, humiliation, and unrealised aspirations may occur instead, as a comparison is made with people in this larger society. Where an individual is already genetically vulnerable, the stresses arising may then lead to mental health pathologies such as schizophrenia, bi-polar and depression.

In the 1950s a 'Third Generation Hypothesis' was articulated by Will Herberg (on white immigrants into the USA),[17] and then researched more fully by Lazerwitz and Rowitz, in Detroit.[18] This provides a useful tool for understanding the relationship between location in society, world-view, personal identity, and mental health, over time. As a social group lose their local identity, pathologies increase, both

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[13] Wim Veling, Hans Hoek, Durk Wiersma, & Johan Mackenbach (2010). Ethnic Identity and the Risk of Schizophrenia in Ethnic minorities: A Case Control Study, *Schizophrenia Bulletin*, 36 (6): 1149-1156.

[14] In one measure, known 'cases' were compared with general hospital admissions, and a statistically significant correlation ($P = < .001$) between schizophrenia and weak ethnic identity was found. Conversely, a negative national identity was correlated to a lower risk of schizophrenia.

[15] The authors of this paper refer to stress in neighbourhoods where an ethnic minority is too small to help reinforce identity effectively, as being vulnerable to mental health pathology.

[16] For an excellent treatment of this theme see Jean Twenge (2006), *Generation Me*, Free Press, NY.

[17] Will Herberg (1955). *Protestant, Catholic, Jew: An Essay in American Religious Sociology*, New York, Doubleday.

[18] Lazerwitz & Rowitz (1964). *The Three Generations Hypothesis*, American Journal of Sociology.

social and psychological. As Kira Asatryan notes, lonely and alienated people are not lonely because they don't know how to talk to people. It is because they are scared of 'messing up'.[19] This matches the suggestion that black people who develop schizophrenia may do so in relation to how strongly they stand in awe of white culture. This creates a vicious cycle of 'physical isolation' and 'fear of isolation'.

Fig.2. Social anxiety creates a feedback loop, in which fear of failure creates isolation, which, in turn, feeds more anxiety and depression **Change to Fear of failure/'messing up' on left**
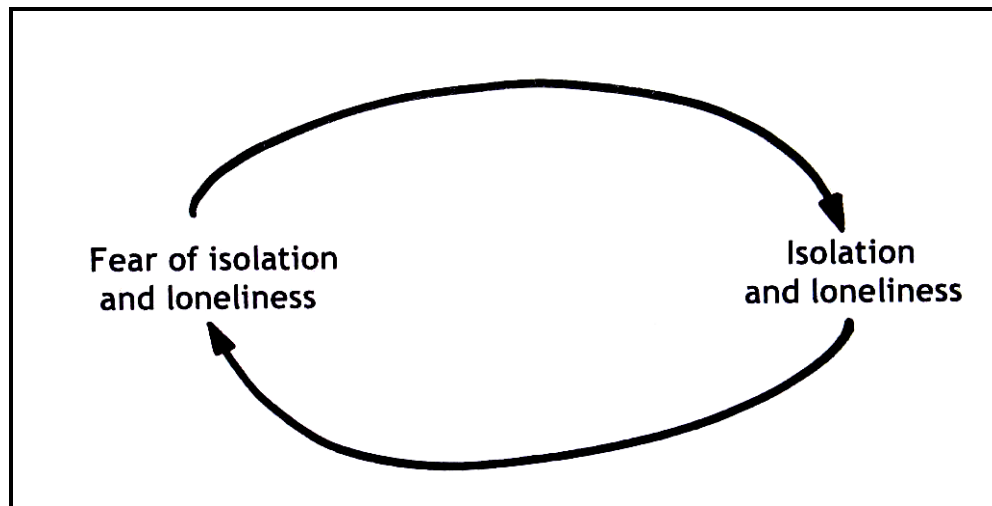
Boydell *et al* (2001) in their study of schizophrenia in Camberwell, south London, summarise their research with the comment that [their] 'data show an inverse dose-response relation between the proportion of people from a non-white ethnic minority group living in an area and their incidence rate for schizophrenia'. In other words, this points to

> . . . a possible mechanism is increased exposure to, and/or reduced protection against, stress and life events. Specific stresses for people in ethnic minority groups could be overt discrimination, institutionalized racism, and perceived alienation, and anomie. The more isolated a member of an ethnic minority, the more likely he or she may be to encounter such stresses. People from ethnic minorities may be more likely to be singled out or be more vulnerable when they are in a small minority. Reduced protection from the effects of such stresses could be due to reduced social networks or social buffers in small or dispersed ethnic minority populations.[20]

It is not difficult to see how reduced strength in terms of plausibility structures[21] could lead to weakened identity, and hence to increased vulnerability to schizophrenia and other mental health pathologies (as well as related physical disorders, such as cerebrovascular disease, obesity, heart disease, and much more) and a vicious circles of social isolation that comes about with these disorders. As noted, the 'Generation Me' puts a poor value on community, reducing its support

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[19] Kira Asatryan (posted 23rd July, 2015), Disorders That May Thrive on Loneliness, *Psychology Today*.
[20] J. Boydell, J. van Os, K. McKenzie, J. Allardyce, R Goel, R. G. Mc Creadie, R. M. Murray (2001). Incidence of Schizophrenia in Ethnic Minorities in London: Ecological Study into Interactions with Environment, *British Medical Journal*, 323: 1336.
[21] On 'plausibility structures', see Peter Berger (1969), *A Rumour of Angels*, Harmondsworth, Penguin, 50 *ff*.

for people. Such groups as churches (which depend on community) all report huge drops in support.[22]

Building on Boydell *et al's* research, Paul Fearon and Craig Morgan (2006) add that

> Some further clues are offered by a small case-control study of first-episode schizophrenia in Camberwell and Ealing. This found that unemployment and long-term separation from parents before the age of 17 were particularly associated with an increased risk of schizophrenia in the African-Caribbean group.[23]

This is an important remark. Family dysfunction was an important feature of slavery in the Caribbean, and it seems very likely that this is one of the 'downstream' effects of the past history of people from the Caribbean. Fearon and Morgan make the helpful suggestion that

> Studying the potential protective factors (such as strong social and family networks) may provide some clues that may help to clarify why some groups appear to be relatively more protected from psychosis than others.[24]

This is a significant point, and may indeed prove the key variable in mental health pathologies. It is not at present politically correct to admit that different family styles yield very different health outcomes. This is an unfortunate blockage to research, as it prevents the formulating of social policies that might address these issues. But then, it is said that politicians 'grease the wheels when they squeak', and they can only do this if they are voted into power.

Writing in *The Times,* Mary Anne Siegart draws attention to a contradiction common to politically-correct relativism and decidophobia[25] ...

> We heard it again from Alan Johnson, the Education Secretary, this week. In a big speech on families, he admitted that "marriage represents the pinnacle of a strong relationship", but then went straight on to say: "But that does not mean that all children from married couples fare well, nor that every kind of alternative family structure is irretrievably doomed to fail. Our family policy must be bias-free."
>
> What? Let's recouch that in smoking terms. "Not all non-smokers live long, healthy lives, and smokers are not all doomed to die young. We must not therefore preach the health benefits of giving up smoking. Our smoking policy must be bias-free."
>
> It was particularly extraordinary given that, later in his speech, Johnson produced this horrifying statistic: "Children of lone parents are 70% more prone to develop psychological illnesses in later life." [26]

Politicians, therefore, must pander to popular demand, and special interest groups representing every conceivable family style are part of the potential market for votes. If bestiality were demanded in sufficient numbers, all the parties would call

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[22] Jean Twenge (2006). *Generation Me*, New York, Free Press.
[23] Paul Fearon & Craig Morgam (2006). Environmental Factors in Schizophrenia: The Role of Migrant Studies, *Schizophrenia Bulletin*, 32 (3): 405-408.
[24] Fearon & Morgan (2006), *op cit*.
[25] A fear of making decisions—a term from Walter Kaufmann.
[26] Mary Ann Siegart, Marriage maketh man, but Labour fears to say so, *The Times,* 1/3/2007.

for its legal recognition. It also suggests that one (questionnaire) hypothesis of this research should perhaps be

> That there is a positive correlation between strong and stable families and reduction in mental illnesses, *within* Caribbean groups.

Is a 'Me, Me, Me' (anti-community) attitude correlated to increasing mental illness? We suspect that it is. However, the roots of this relativism and introspection may not be the same (one might be philosophical or cultural, and the other a personality trait, for example), although they may act on each other to increase the degree of health pathology.[27]

While we have heeded the important findings made in south London, very similar findings come from a study of African-Americans. Michaeline Bresnahan and her colleagues[28] also draw similar conclusions as regards possible causal pathways, adding that SES (social and economic status) is an important part of this equation, as well as family structure. In this US birth cohort, African-American mothers were 3-fold more likely than whites to be diagnosed with schizophrenia, and that SES appears to be partly or wholly responsible for this difference. Since Bresnahan *et al* measured family SES at birth, it is likely that a longitudinal study might reveal a cumulative effect if measured later in adolescence. Can the agreement of UK studies with US studies be mere coincidence? This seems unlikely. The common features of both are racism, relative deprivation, and a common past history rooted in slavery. Part of this is family dysfunction, absent fathering, broken attachment of the mother and child, and more. All of which amounts to a hugely powerful (in social effect) story, which is missed by people outside of this story.[29]

Protective factors are clearly the reverse of these: the stable, loving family. Stable loving families don't just happen. There has to be a social push-pull rooted in a value system that is not simply based on selfishness and 'Me, Me, Me', as psychologist Raj Persaud has entitled one of the chapters in his book.[30] It would helpful to see (in addition to SES) if there might be a correlation between a supportive social group, length of attendance, and the values of the group, and improved mental and social health, as well as other variables such as (say) personality type.

The paradox is that people who fear 'messing up' may actually be able to read social cues better than those who cannot, who march into a situation in ways that are totally inappropriate and lacking in sensitivity to the situation. Indeed, this suggests that such people are both immature and have a mental health problem with reading appropriate behaviour, by definition.[31] It may therefore be that there is an intrapsychic conflict involving conscience, and, by implication, a strong set of values in which 'cognitive dissonance' needs to be resolved. The Antiguan 'primitivist' artist, Frank Walter (1926-2009) was clearly unable to resolve the dissonance between his upper-class, 'white' education, and his known slave ancestry. He maintained a 'coping' strategy by both a belief system that explained

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[27] This depends on how 'mental health' is defined. 'Appropriate behaviour', for example, under the Nazis, is a pathology today. See C. D. Batson, Patricia Schoenrade, W. L. Ventis (1993), *Religion and the Individual*, Oxford, OUP, 235 *ff*. Some people would see total self-centredness as good mental health, legitimated as 'self reliance', *etc*.

[28] Michaeline Bresnahan, Melissa Begg, Alan Brown, Catherine Schaefer, Nancy Sohler, Beverley Insel, Leah Vella, Ezra Susser (2007). Race and Risk of Schizophrenia in a US Birth Cohort: Another Example of Health Disparity? *International Journal of Epidemiology*, 36 (4): 751-758.

[29] Russ Parker (2001). *Healing Wounded History*, London, Darton, Longman & Todd.

[30] Raj Persaud (1997). *Staying Sane*, London, Metro, chapter 5.

[31] Asatryan, *op cit*.

(to himself) how he could be both 'white' and yet appear physically 'black', and as he grew older, to retreat from all disconfirming evidence by removing himself from people, to the extent that he lived without either water or electricity at the end of his life. His story is a very sad and poignant one.

This suggests that social equality is an important factor in health pathologies. A more Freudian view of mental health pathology sees such illness as being driven by intrapyschic conflict, and this was certainly the case of Frank Walter. He struggled with such internal conflicts over his identity all his life. Was he 'black' or was he 'white'?

Mental health is arguably not best served by the 'silent spaces' of some supposed liberals, but by open recognition of the right of a special interest group to exist, provided it accepts the core values of the wider society, while drawing its main identity from within its own minority community. 'Silent spaces' (where no critical thinking is permitted, except what the arbiter of the 'silent space' itself decrees, being both judge and jury)[32] reduce discussion, albeit painful, but which are a means to a new synthesis and 'gestalt' if worked through. Democratisation should not close down discussion (as is the habit of some post modernists) but should open it up. Facts and values should be harmonised, science and morality should live together, without compromising either, but should be open to admitting where each may be mistaken, or in need of development through 'falsification', as Karl Popper has observed.

(*Illustration 1*): Schizophrenic Self-Portrait, by a 26 year old artist. He experienced a brutal childhood, and was almost unable to talk. Total isolation, being physically abused and placed in a cell, treated like a puppet, as vermin, as a specimen, crushed to death, overwhelmed by a sense of hopelessness—all must have been the psychological experience of the slaves—leading to epigenetic changes. Art can capture the inner experience and social reality of the vicious cycle of divergent thinking, alienation, and introversion of the schizophrenic.

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[32] It is ironic that the very post modernism that is against tyranny, has itself become a tyranny! See J. R. Middleton & B. J. Walsh (1995), *Truth Is Stranger than It Used To Be*, London, SPCK.

(*Illustration 2*): This is a picture of depression and despair, by a middle-aged woman. Unipolar depression shares the characteristics of a vicious cycle of isolation and social dysfunctionality with schizophrenia.
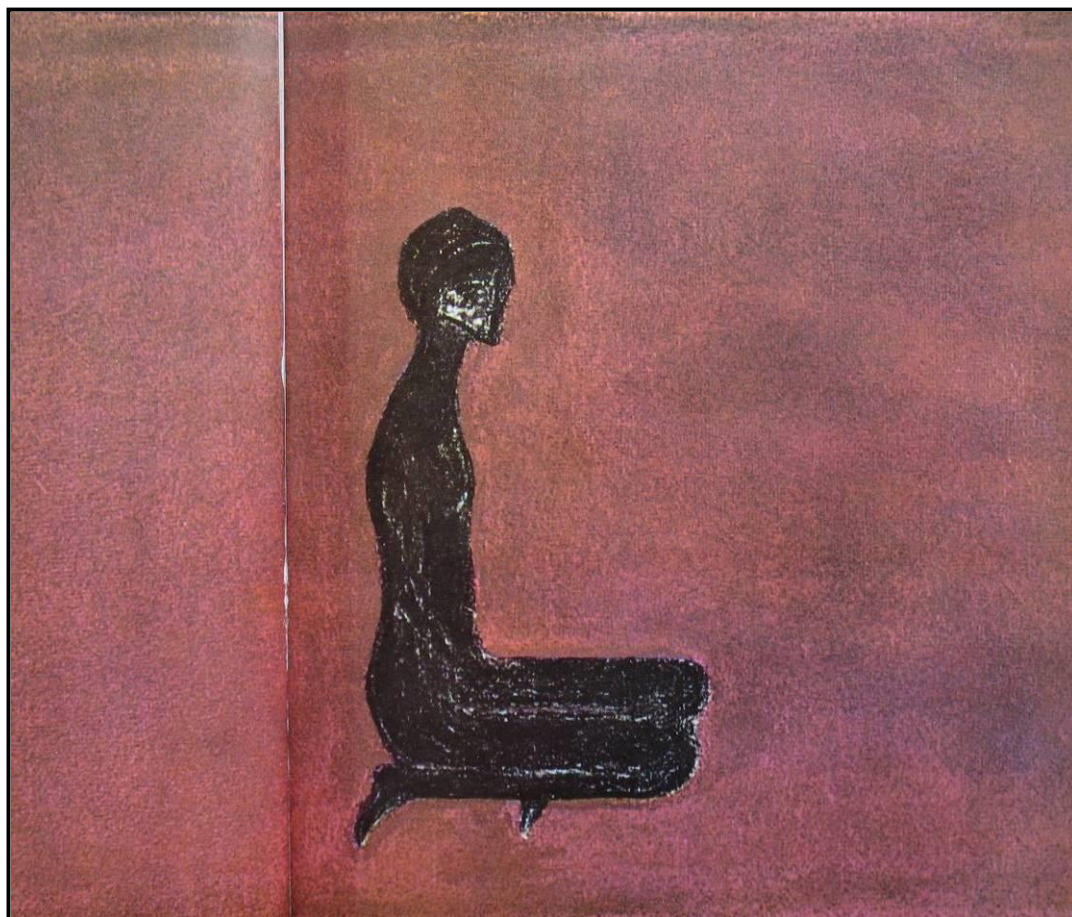

Figure 3: There are four main determinants of levels of mental illness within a society—inequality, alienation from one's ethnic group, poor self-esteem and consequent social anxiety, leading to failures of healthy gene expression due to these stressors.
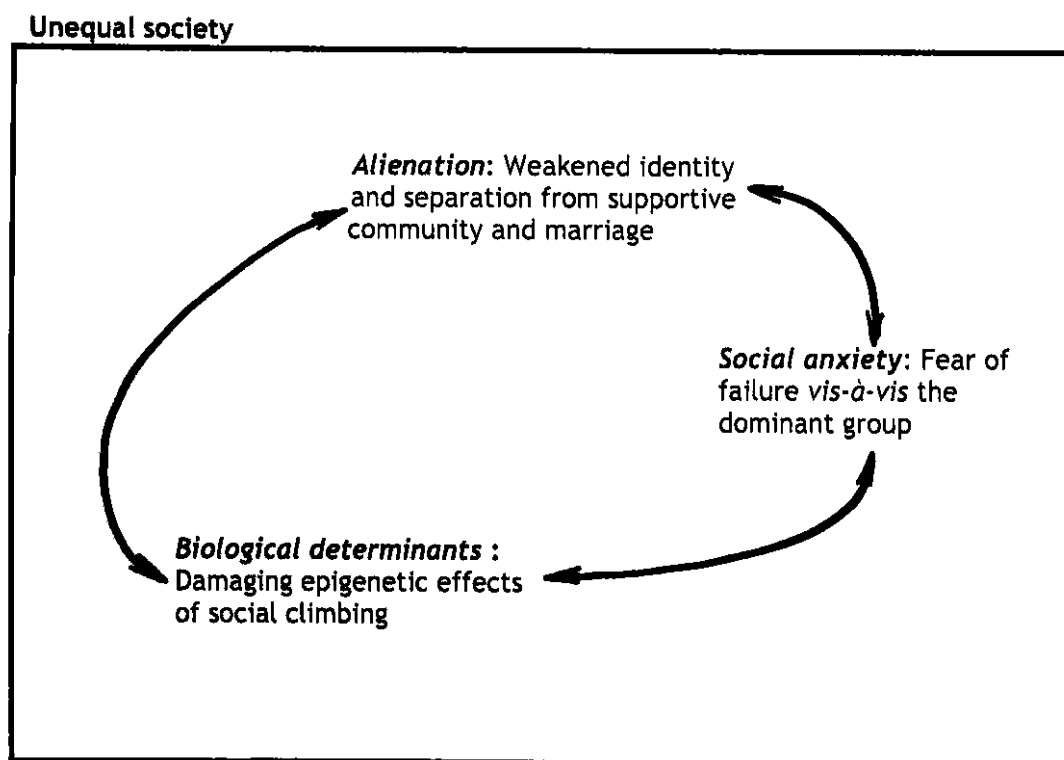
Figure 4: Schizophrenia levels in the UK.[33] These are nine times higher for UK African-Caribbean people than for UK white people.

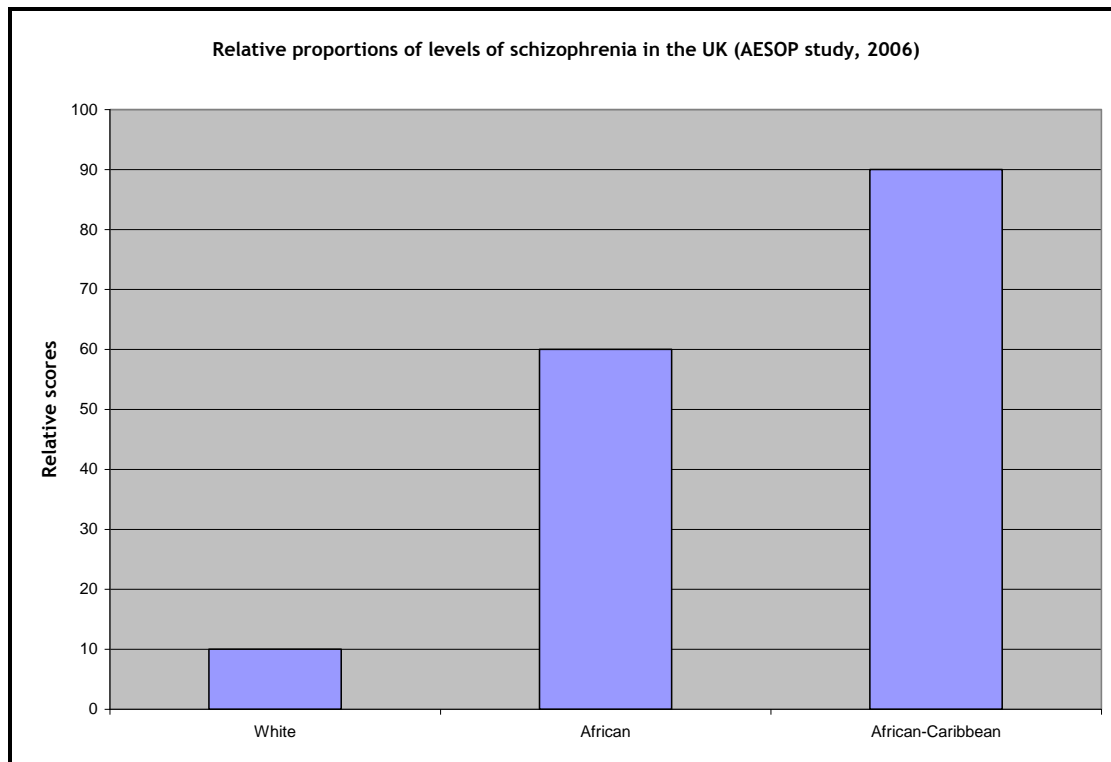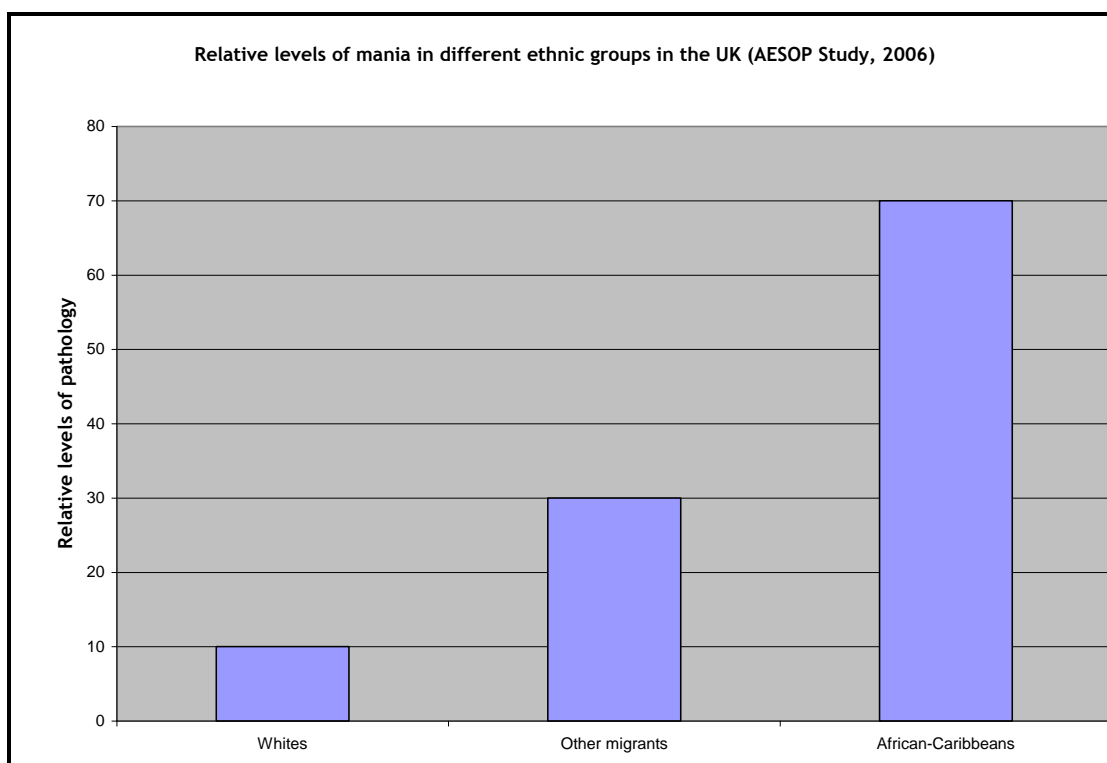Relative proportions of levels of schizophrenia in the UK (AESOP study, 2006)

Fig. 5. Mania (bi-polar) in African-Caribbean people compared to whites.[34] These are seven times higher for UK African-Caribbean people than UK white people.

Relative levels of mania in different ethnic groups in the UK (AESOP Study, 2006)

[33] P. Fearon, J. B. Kirkbride, C. Morgan, *et al.*, (2006). Incidence of Schizophrenia and other Psychoses in Ethnic Minority Groups: Results from the MRC AESOP Study, *Psychological Medicine*, Vol. 36, 1541-1550.
[34] *Ibid.*

2. *Status Anxiety, fixed mindsets, fragmented connections, shame: Features of a culture that encourages schizophrenia*

Status Anxiety

These four characteristics are all related, and are motivated by fear of what people may (or may not) be thinking about us. It is increasingly evident that 'status anxiety'[35] and self-perception as an ashamed 'loser' are very much a part of this. When 'brains make up their minds'[36] they then attach extremely negative meanings to life experience, and these meanings are highly damaging to health. They need to be repealed. These meanings are culturally-derived. The 'morality gap' (in which people see their offences as less than those of their opponents) is part of this.[37]

By labelling the imprisoned Africans as 'naturally inferior', and thereby 'by nature' losers, there was quite literally nothing such incarcerated people could do. They were nature's pre-programmed non-achievers. But is human potential *really* so 'fixed'?[38]

Psychologists and neurologists now know that such 'loser' labelling is a self-fulfilling prophecy. The smallest of things can promote it, such as a tick on a form, indicating whether a person is Black, female, or old, leading to *immediate* drops in performance.[39] Similar experiments have been set up between children in India in relation to caste (merely telling children they belong to a superior caste leads to increased performance, *vis-à-vis* a 'lower' caste, who experience decreased performance), and with brown and blue-eyed children (telling them that eye colour means higher mental skills leads to the superior group performing well in relation to the supposedly inferior group—with the results being immediately reversed when the children are told the teacher got it the wrong way around).[40]

Fixed mindsets

This destructive cycle is (or can become) a 'fixed mindset', and people with such an attitude tend to be insecure, defensive, aggressive, hypersensitive to criticism, and afraid of risks.[41] All of this is represented at a neurological level. Richard Wilkinson and Kate Pickett argue that there is a mutually reinforcing circle between anxiety, depression, mindset and equality (or lack of it).[42]

Shame

'Shame' is defined as a 'painful emotion resulting from an awareness of having done something wrong or foolish'. Caribbean people believe that their ancestors did precisely this, resulting in a 'fixed' negative self-perception. Negative responses to shame include: denial, avoidance, aggression, defensiveness, scapegoating, feelings of rejection and inferiority, cover-ups, retaliation,

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[35] Following Alain de Botton (2004), *Status Anxiety*, London, Penguin.
[36] Walter J. Freeman (1999). *How Brains Make Up Their Minds*, London, Weidenfield & Nicholson.
[37] See Paul Bloom (2016), *Against Empathy: The case for rational compassion*, London, Bodley Head.
[38] Carol Dweck (2000). *Self-Theories: Their role in Motivation, personality, and development*, Psychology Press, Philadelphia; (2006), *Mindset: How You Can Fulfil Your Potential*, New York, Random House.
[39] Robert Adler (30/9/2000). *New Scientist*, 29-31.
[40] Richard Wilkinson & Kate Pickett (2010). *The Spirit Level*, London, Penguin, 113-114.
[41] Carol Dweck, *op cit*.
[42] Wilkinson & Pickett, *op cit.*, 35 *ff*.

helplessness and powerlessness, degradation, humiliation, and a sense of irredeemable badness—a 'fixed identity'. This leads to a 'fixed mindset', in which people become obsessed with their public image, their status. Thus, status anxiety, fixed mindsets, and shame, are deeply intertwined.

Broken family attachments

Connected to this is a principle characteristic of Caribbean slavery—the fragility of the family. Mothers could be separated from their children at any time, either by death, or being sold off. Attachment theory in psychology has shown that this break in the mother-child bond causes profound trauma for both mother and child, deeply affecting the child's ongoing brain development. The more the child then has instability and multiple carers (so typical of Caribbean slavery), the deeper the trauma. After a period of intense grief (marked by screaming and crying, looking for the absent mother, which may last for many weeks), the child enters quiet grief, which is misinterpreted as recovery. The child then grows up incapable of stable familial relationships. The sooner the father leaves home, the sooner the daughter will start sexual adventures, thus perpetuating the unstable family. Attachment trauma becomes not just a feature of a damaged brain, but is perpetuated by a social structure that greatly increases these traumatic brain changes.[43]

Fig. 6 : Neurological state and society profoundly affect each other
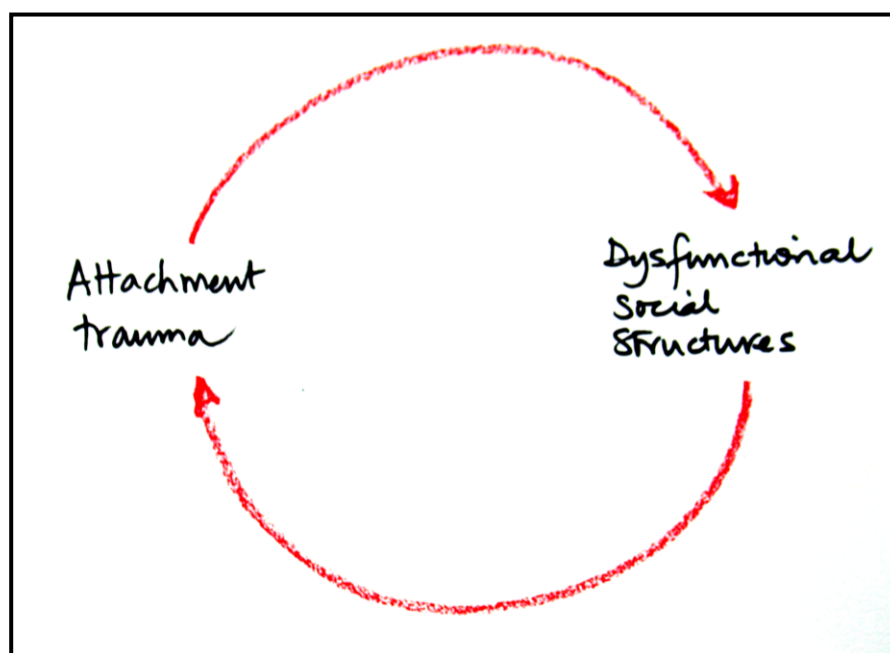
This generates a loneliness and social isolation which establishes whether or not this will become a life-long trait, something that that can be seen in Frank Walter's sad story.[44] As John Cacioppo has shown in his excellent book, to deny or prevent the basic human need for companionship, is an absolute mental (and physical) health disaster. Such a social environment will exacerbate any fragility that is already there, triggering schizophrenic episodes.[45]

[43] Sandra Bloom (2nd edition, 2013). *Creating Sanctuary: Toward the evolution of sane societies*, New York & Abingdon, Routledge.

[44] J. Cacioppo (2008). Loneliness: *Human Nature and the Need for Social Connection*, New York & London, Norton, 132.

[45] *Cf.*, J. Leff (2001). *The Unbalanced Mind*, London, Weidenfield & Nicholson.

Fig.7: A child's carers with age. Only about 25% of Jamaican children have a relatively stable home with married parents.[46] But over 60% of 16 year olds have *no* parents with them. This is a key factor in mental health pathologies.

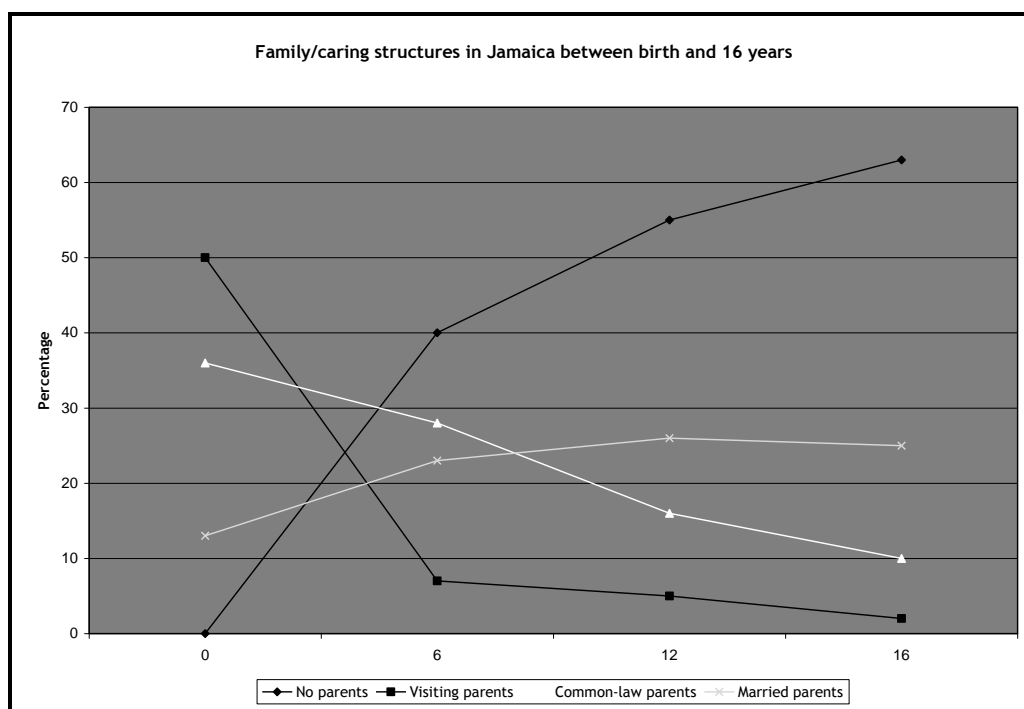Family/caring structures in Jamaica between birth and 16 years

Fig. 7: Students high on loneliness reported lower levels of social support, higher levels of shyness, poorer social skills, higher anger, higher anxiety, lower self-esteem, higher fear of negative evaluation, lower optimism, lower positive mood, and higher negative mood. This matches both fixed mindset and status anxiety. Loneliness and alienation lead to destructive physical and mental illnesses, growing out of the cumulative effects of the eleven criteria and their resultant poor self-care and coping skills.[47]

Ohio State Study (High and Low Lonely participants)

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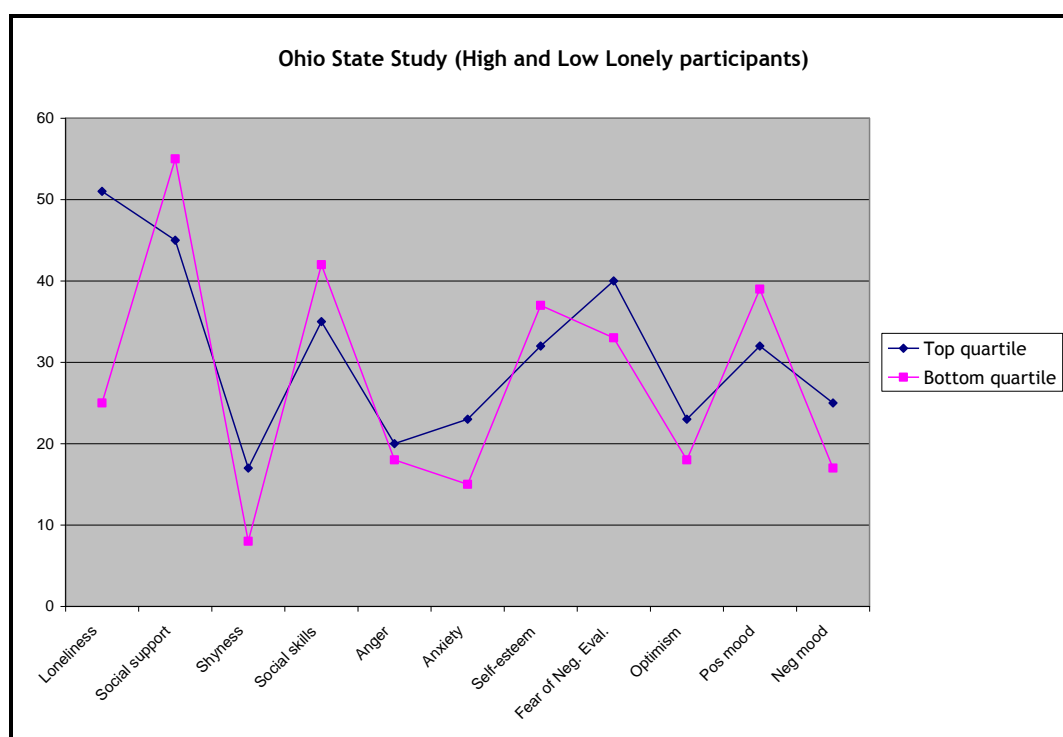
[46] Maureen Samms-Vaughan (2008). Developmental Psychology in Caribbean Infants and Pre-Schoolers, in F.W. Hickling *et al* (eds), *Perspectives in Caribbean Psychology*, London & Philadelphia, Jessica Kingsley, 187.
[47] Cacioppo, *op cit*., 91, 101. For example, lonely people consume much more fats than those who are not lonely or alienated.

3. Epigenetics and trauma

There is scientific evidence from a growing new science known as epigenetics—'added onto genetics'. At the heart of this approach is the study of chemical attachments to the cells containing the genes. These attachments then control the ability of a gene to be 'expressed' or not expressed. What has emerged is the finding that trauma, especially in pregnancy, but also at other times, will affect the next generation, even if they were not themselves traumatised. In practice, this means that the next generation will be more susceptible to schizophrenia, mood disorders such as bipolar, and depression, amongst other (physical) things, such as cardiovascular disease and diabetes.[48] John Cacioppo, for example, found that experiences of loneliness and alienation increased cortisol levels twenty four hours later, leading to changes in gene expression in coping with inflammation, itself related to increased cardiovascular disease.[49]

$$\text{Social pathologies} \quad \rightleftharpoons \quad \text{Destructive gene expression}$$
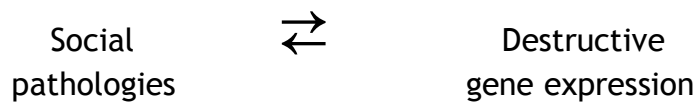
Set this within the vicious circle of socialisation into dysfunctional family structures, and you have a rolling stone that gathers constant epigenetic reinforcement in the form of mental illnesses. Since epigenetic processes carry on for a whole lifespan, differences, for example, in identical twins as they age, are likely to be the results of their responses to stress and epigenetic changes.[50] These changes are also profoundly related to mothering, with good mothering leading to demethylation, and bad mothering, the reverse. The earlier these effects, the more pronounced are they are.[51] The implications for Caribbean people are profound in terms of of social and health pathologies that are then transmitted down the generations.

Finally, there is a fascinating possible connection to vitamin B deficiency, especially folic acid, and changes in DNA transcription according to the degree of polymorphism of the methelenetetrahydrofolate reductase gene.[52]

In 1865 Juan Hava reported that beriberi was endemic in Cuba. In 1873 it was reported that mortality from beriberi was at as much as 75% on Cuban *ingenios*.[53] This disease is due to dietary deficiency, in particular a lack of thiamine. Thiamine is part of the vitamin B complex, and is water-soluble. The slaves were on high carbohydrate diets, and this was their energy source. Carbohydrates require thiamine for metabolism. This means that the slaves were low on this essential vitamin, and unable to process carbohydrates for energy. They must have been physically exhausted, as well as ill. It is at this point that historical narratives, personal biography, social and individual pathology is developed.

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[48] Kevin Dutton (2012). *The Wisdom of Psychopaths*, London, Heinemann, 150-151.

[49] Cacioppo, *op cit*, 105-106.

[50] Richard C. Francis (2011). *Epigenetics: How environment shapes our genes*, London & New York, W. W. Norton & Company, 47.

[51] *Ibid*.

[52] M. J. Dealberto (2007). Why are Immigrants at Increased Risk for Psychosis? Vitamin D Insufficiency, Epigenetic Mechanisms, or Both? *The Journal of Allergy and Clinical Immunology*, Volume 68, Issue 2, pages 259-267.

[53] Spanish, Plantations.

As already indicated, research shows that genetic 'expression' is altered by social factors. These include excess labour and the diet needed to cope with these stresses. This stress leads to over- or under- chemical attachment to the genes (such as by methyl), resulting in diabetes and schizophrenia, depression and mood disorders in the next generation. Famine has indeed been shown to have long-term effects epigenetically. Thus, diet and disease are not only connected in the short-term, but the epigenetic long-term also.

Studies on the DNA of victims of famine from the permafrost in northern Norway from 200 years ago, have supported this. As have research findings from traumatised victims of Nazi oppression in Holland, where 200,000 died in 1945, and on which longitudinal studies from that time to the present day, have been made. Similarly, victims of the holocaust have been found to have passed on epigenetic changes to their offspring. In all of these cases there has been increased susceptibility to schizophrenia, bipolar disorder and depression.[54] This is only the tip of the iceberg. A study from July this year (2016) at Northwestern University, Illinois, revealed yet another twist to this story. In this study of African-American youth, genes were epigenetically switched off by the stress of trying to succeed in the face of racial prejudice, leading to premature aging.[55]

What is it that helps to reverse these specific epigenetic effects, especially those of vitamin B deficiency? It is folic acid and vitamin B12, the very vitamin, the lack of which, is implicated in the dietary pathology of the slaves! These can reverse the epigenetic effects of the destruction caused by malnutrition on the foetus in the womb![56] It therefore may be the case that beriberi was not only a cause of death on the plantations, but was also a part of a social environment (such as over-cooking) that led to malfunctioning gene expressions in the womb, these in turn giving rise to schizophrenia, depression, mood disorders, and diabetes—to be transmitted down succeeding generations.[57] This ought to reinforce the morality of any call for reparations.

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[54] Richard C. Francis (2011). *Epigenetics: How environment shapes our genes*, London & New York, W. W. Norton & Company,
[55] By Prof. Gregory Miller, at Northwestern University.
[56] Richard C. Francis (2011). *Epigenetics: how environment shapes our genes*, London & New York, W. W. Norton & Company, 58-9.
[57] For a pioneering article, see Kenneth F. & Virginia H. Kiple (1980). Deficiency Diseases in the Caribbean, in *Health and Disease in Human History* (ed. Robert L. Rotbert, 2000), MIT Press, Cambridge, Massachusetts, 231-248.

4. Pulling it all together

Fig. 8. *Findings from a Jamaican sample (in Jamaica).*[58] 'Intrapsychic conflict' is a Freudian definition of pathology, and freedom from this implies good mental health. Karen Horney (1951)[59] held this view, which she summed up by saying that neurotic internal conflicts between an ideal self people feel they should have, and a real self that falls short. The result is self-hatred, and the answer is freedom to accept oneself as one is without worry and guilt.[60] Hickling therefore shows that at least eight areas of internal conflict need to be addressed. This requires both individual therapy, and collective political action. What is needed is to face the pain, not to go into denial about it. For Frank Walter, this was an intraphysic conflict between an 'ideal self' versus a 'real self'.This means developing psychological maturity, which can be a difficult and challenging process.
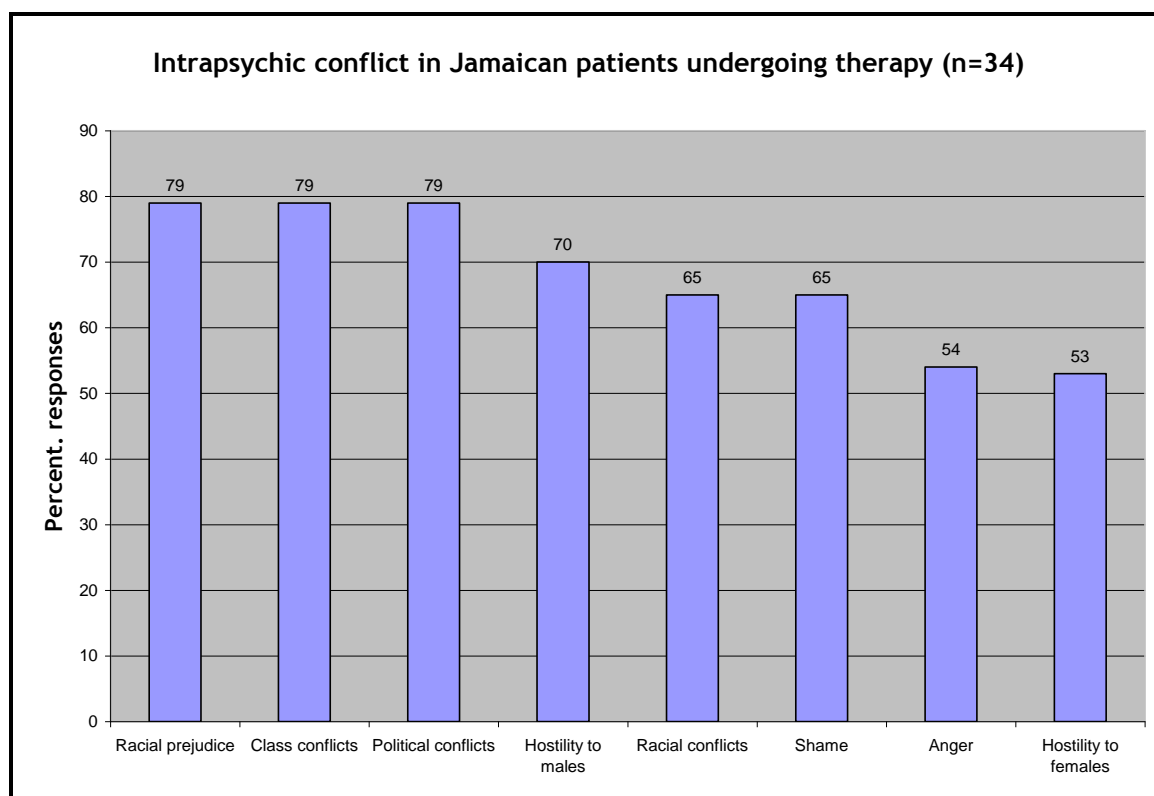
Social factors seem to offer the best explanations for mental health pathologies within Caribbean populations, but these are interwined with many variables, and epigenetic pathologies. The ÆSOP Study[61] showed that parental separation and loss before sixteen years was strongly correlated to the onset of psychosis.[62] Absent fathers correlate to Caribbean households.[63] One study showed a dose-response

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[58] F. W. Hickling, Jacqueline Martin, Allison Harrisingh-Dewar (2008). Redefining personality disorder in Jamaica, in F.W. Hickling *et al* (eds), *Perspectives in Caribbean Psychology*, London & Philadelphia, Jessica Kingsley, 275-276.

[59] Karen Horney (1951). *Neurosis and Human Growth*, New York, Norton, esp. pp. 102, 236.

[60] See Batson *et al, ibid*. Clearly this has limitations, *e.g.*, for a psychopath, who has very little, if any, guilt.

[61] Aetiology and Ethnicity in Schizophrenia and Other Psychoses.

[62] ÆSOP, cited in Rebecca Pinto & R. Jones (2008), Schizophrenia in Black Caribbeans living in the UK: An Exploration of Underlying Causes of the High Incidence Rate, *British Journal of General Practice*, 58 (551) : 429-434.

[63] C. Morgan, J. Kirkbride, J. Leff (2007). Parental Separation, Loss and Psychosis in Different Ethnic Groups: A case Control Study. *Psychological Medicine*, 37 (4): 495-503. Cited in Pinto & Jones, *op cit.*.

relationship, suggesting that increased discrimination may trigger schizophrenia.[64] Pigmentocracy therefore likely plays a part, as darkness of skin invites greater racial prejudice.[65] Perception of discrimination increases the risk of schizophrenia.[66] However, there may be a partial evolutionary argument, as Frank & Gilovitch have shown in their experiments with football players who wear black, and referees who penalise them.[67] The evolutionary argument suggests that people have a natural fear of darkness which plays into aggression and defensiveness. Blacker people will likely experience more pigmentocratic based prejudice.

Fragmented parenting is also correlated to poor educational achievement, and educational achievement is correlated to literacy and democracy. Pinker's researches[68] suggest that increasing democracy can only help improve both education, and hopefully (eventually) a realistic and scientific acceptance of the psychological deficits of fragmented parenting.[69]

5. *The Unequal Society*

Another part of this bigger equation is the role played by equality of opportunity and income, as epidemiologists Richard Wilkinson and Kate Pickett have shown.[70] In Frederick Hickling's figure (which I have expanded) there are many social factors which have been analysed in detail in Wilkinson & Pickett's excellent book. I will look at some of these here, and attempt to develop some testable hypotheses based on their researches, or researches that they cite. However, there have been some memorable views on equality, captured in Churchill's famous quote, 'the inherent vice of capitalism is the unequal sharing of blessings, the inherent virtue of socialism is the equal sharing of miseries',[71] and Ruskin's comment that 'The socialist, seeing a strong man oppress a weak one, cries out—"Break the strong man's arms;" but I say, "Teach him to use his strength to a better purpose." ' The synthesis of these two perspectives suggests that the generation of wealth should not be discouraged, but that it needs to carried out in an ethical and prosocial manner. How this should be achieved is too big a task for this paper, but we will return to a Christian value perspective, in order to suggest an answer.

Looking at the figure (below) based on Frederick Hickling's own diagram (below), we can discern an aetiology of mental health pathologies that derive from slavery.

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[64] I. Jannsen, M. Hanssen, M. Bak *et al* (2003), Discrimination and Delusional Ideation, *British Journal of Psychiatry,* 182:71-76. Cited in Pinto & Jones, *op cit*.

[65] D. R. Williams (1999). Socioeconomic Status, and Health: The Added Effects of Racism and Discrimination, *Annual of NY Academic Science*, 896: 173-188. Cited in Pinto & Jones, *op cit*.

[66] W. Veling, J-P Seleten, E. Susser, *et al* (2007). Discrimination and the Incidence of Psychotic Disorders Among Ethnic Minorities in the Netherlands, *International Journal of Epidemiology*, 36 (4): 761-768. Cited in Pinto & Jones, *op cit*.

[67] Mark Frank & Thomas Gilovitch (1988). The Dark Side of Self and Social Perception.: Black Uniforms and Aggression in Professional Sports, *Journal of Personality and Social Psychology*, 54, 74-85. See also D. G. Myers (1995, 4th edition). *Psychology*, New York, Worth, 26.

[68] S. Pinker (2011). *The Better Angels of Our Nature: The Decline of Violence in History and its Causes*, London & New York, Allen Lane.

[69] Secularism has its blind spots, and does not have an adequate degree f hermeneutical suspicion as regards family structures in particular, and dysfunctional religious values and practices, including its own. Is 'bullying people into silence' (Trevor Phillips, *Radio Times*, 18-24 February, 2017, p. 101), if their views are old-fashioned, good for democracy? Is the 'best way to protect diversity . . . to stifle debate' (*ibid*)? See also John Marsh (2012), *The Liberal Delusion*, Bury St. Edmunds, Arena.

[70] Richard Wilkinson & Kate Pickett (2009). *The Spirit Level: Why Equality is Better for Everyone*, London, Penguin.

[71] Cited by Ian Morris, The Growing Divide, *History Magazine*, April 2017, page 83.

Fig. 9: An aetiology of the effects of Caribbean slavery. Multiple variables interact and compound or ameliorate each other.
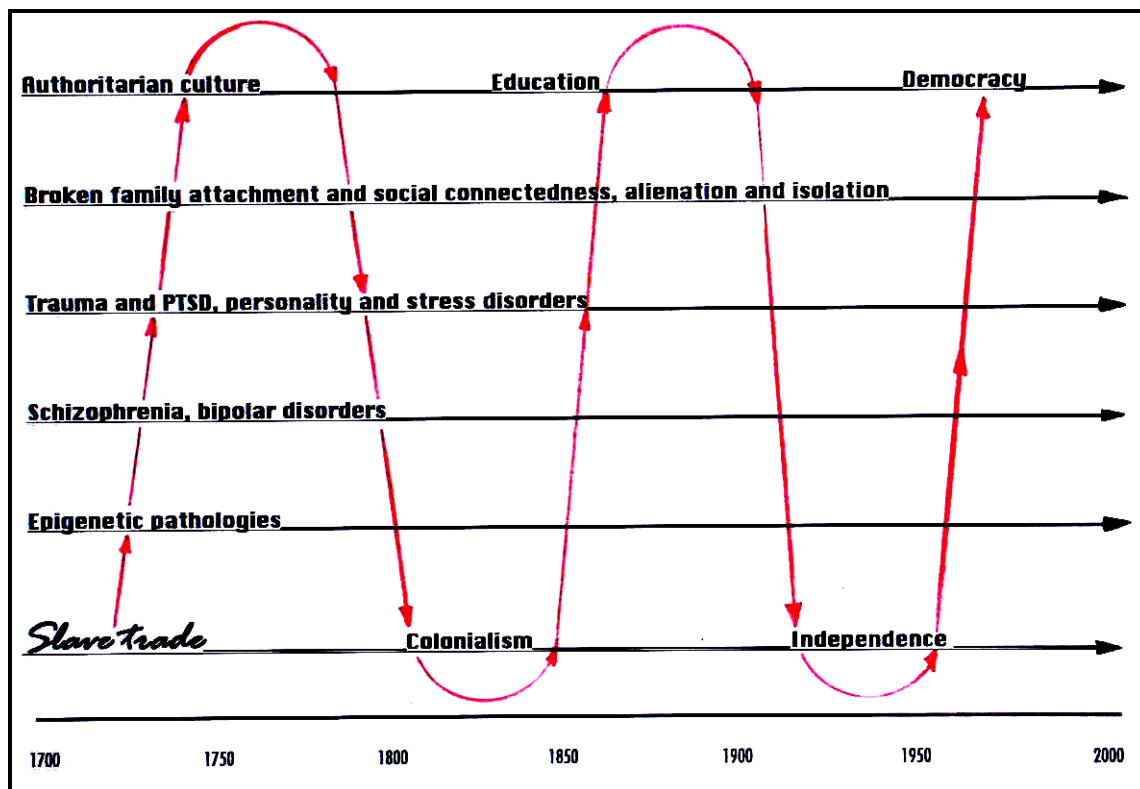
In his recent very original book, *Against Empathy*, Paul Bloom[72] criticises the modern tendency to over-value the 'hard science' of neurology. He points out that the brain scans that are so valued today merely represent a psychology—in short an electrical activity within the brain that we already knew about from psychology, the study of the mind. The implication for slavery studies is that we need to start an aetiology of the pathologies of slavery with history (the story of individual and collective mental health pathologies), and its expression in the form of ideologies (measurable in both psychologies and brain scans) and their imposition on both the powerful (through 'pluralistic ignorance') and the weak. Only then should we work towards a more 'scientific' neurobiological understanding.

History suggests that the aetiology of slavery is driven by *culture* (values and world-views, not race, *per se*). This, in turn, has had a profound effect upon marriage and family structures in the Caribbean and southern US states. As we will see, the former states of the Confederacy perform less well on every social dysfunction, than the states of the Union, and that this appears to owe a very great deal to the absolute hierarchy (extreme inequality) that existed between slaves and the plantocratic white leaders of the Confederacy. The 'blessings of capitalism' were certainly theirs; the slaves were in total subjection and misery, and this was by no means a socialist vision! Far from it. Everything was justified by a distorted 'Christian' legitimation.[73] The statistics for broken attachment in both marriage and family are mutual and inter-related, and reflect psychological states, and their neurological descriptions. These are arguably universal,[74] and reflect the

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[72] Paul Bloom (2016). *Against Empathy: The Case for Rational Compassion*, London, Bodley Head.
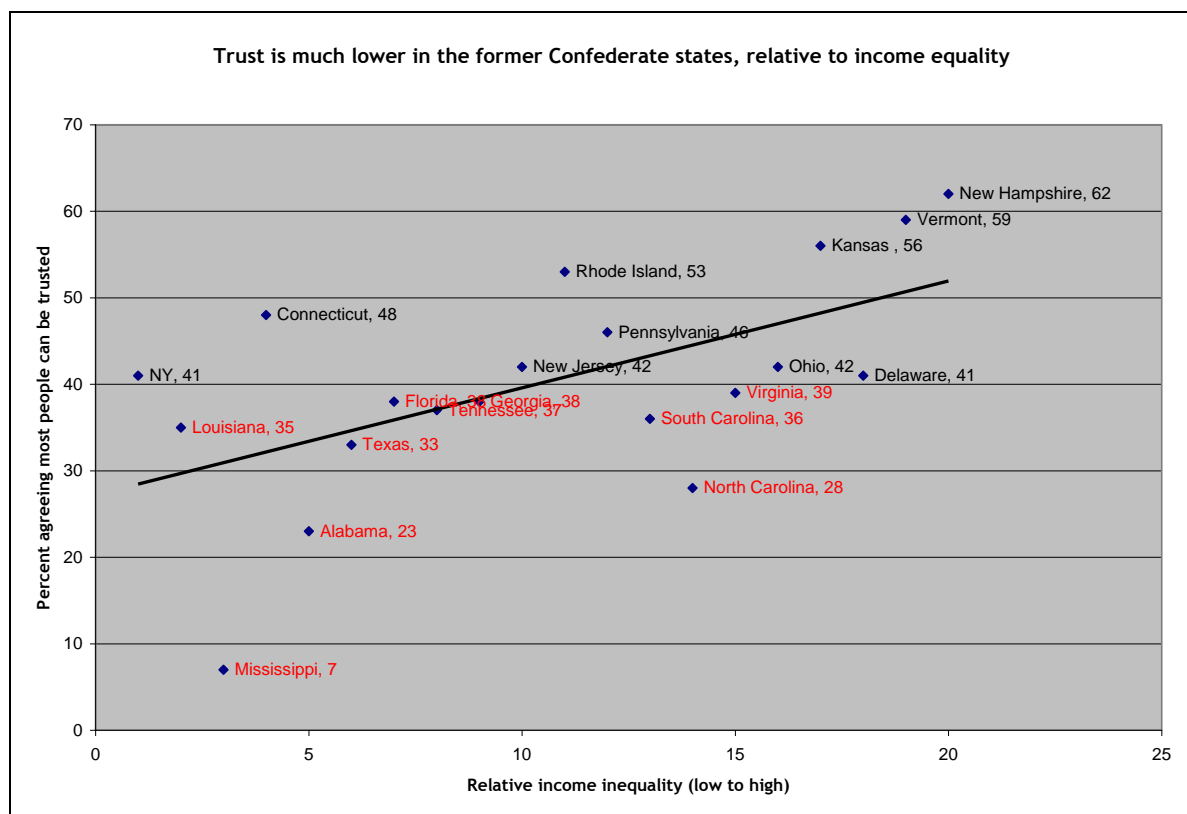[73] See Willard Swartley (1983), *Slavery, Sabbath, War & Women*, Scottdale, Herald.
[74] See Pinker (2011) *op cit* (above) for a list of universals, and G. P. Murdock for an earlier list (1945), The Common Denominator of Cultures, in Ralph Linton (ed) *The Science of Man in the World Crisis*, New York, Columbia University Press, 123-142.

evolutionary psychology of the human species; the descriptions of the deficits and pathologies of broken family attachments are not local (in time and space), although previously local factors (bioregionalism)[75] might exacerbate such trends.[76]

Bloom recommends a 'rational compassion', an idea not so dissimilar to the New Testament idea of *agapē* (άγάπε), a disinterested love, in obedience to Jesus' example of God's love for the unloved. Thus, a person's value lies not in their possessions, but in their generous use of them, springing not out of compulsion or legalism, but from the heart.

What we want to do therefore, is to hypothesise that planter ideology has been carried on in communities such as the former Confederate states. It is surely right that the commandment not to covet is so important in the *Decalogue*, for it drives all the others, *viz.*, not to commit adultery, not to steal, to commit murder, and so on. Human nature has not changed in thousands of years, with natural selection playing its part. The converse of a society with such an extreme inequality of power, is one based on two simple factors, both part of the notion of 'social capital', namely the degree of trust, and the number of organised groups a person belongs to.[77]

Fig. 10 : Trust is much lower in the former Confederate states (in red), relative to the former Union states, and income equality. Greater hierarchy and social distance, reduces trust. Slavery was the ultimate in social hierarchy.[78] (*Erratum*: Horizontal axis should read 'equality')

Trust is much lower in the former Confederate states, relative to income equality

Percent agreeing most people can be trusted (vertical axis) vs. Relative income inequality (low to high) (horizontal axis)

New Hampshire, 62; Vermont, 59; Kansas, 56; Rhode Island, 53; Connecticut, 48; Pennsylvania, 46; New Jersey, 42; Ohio, 42; NY, 41; Delaware, 41; Virginia, 39; Florida, 38; Georgia, 38; Tennessee, 37; Georgia, 38; South Carolina, 36; Louisiana, 35; Texas, 33; North Carolina, 28; Alabama, 23; Mississippi, 7

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[75] I owe this term to Peter Berg, cited in Howard Clinebell (1996), *Ecotherapy*, Haworth Press, and also in Russ Parker (above) *op cit.*, 38.

[76] For example, the 'me, me, me' culture of today, with its anti-authority bias in western culture.

[77] R. Sapolsky (2017). *Behave*, London, Bodley Head, 292.

[78] From the US federal government's National Opinion Research Centre, *General Social Survey*, Chicago, 1999-2004, cited in Richardson & Pickett, *op cit.*, 53.

Fig. 11. The Mississippi delta of Mississippi and Louisiana, together with Alabama and South Carolina, and to a lesser extent Virginia and North Carolina, had the highest concentrations of African American slaves. There were small pockets in the border states of Kentucky and Maryland (adjoining Virginia). (*Webster's International Encylopaedia*).
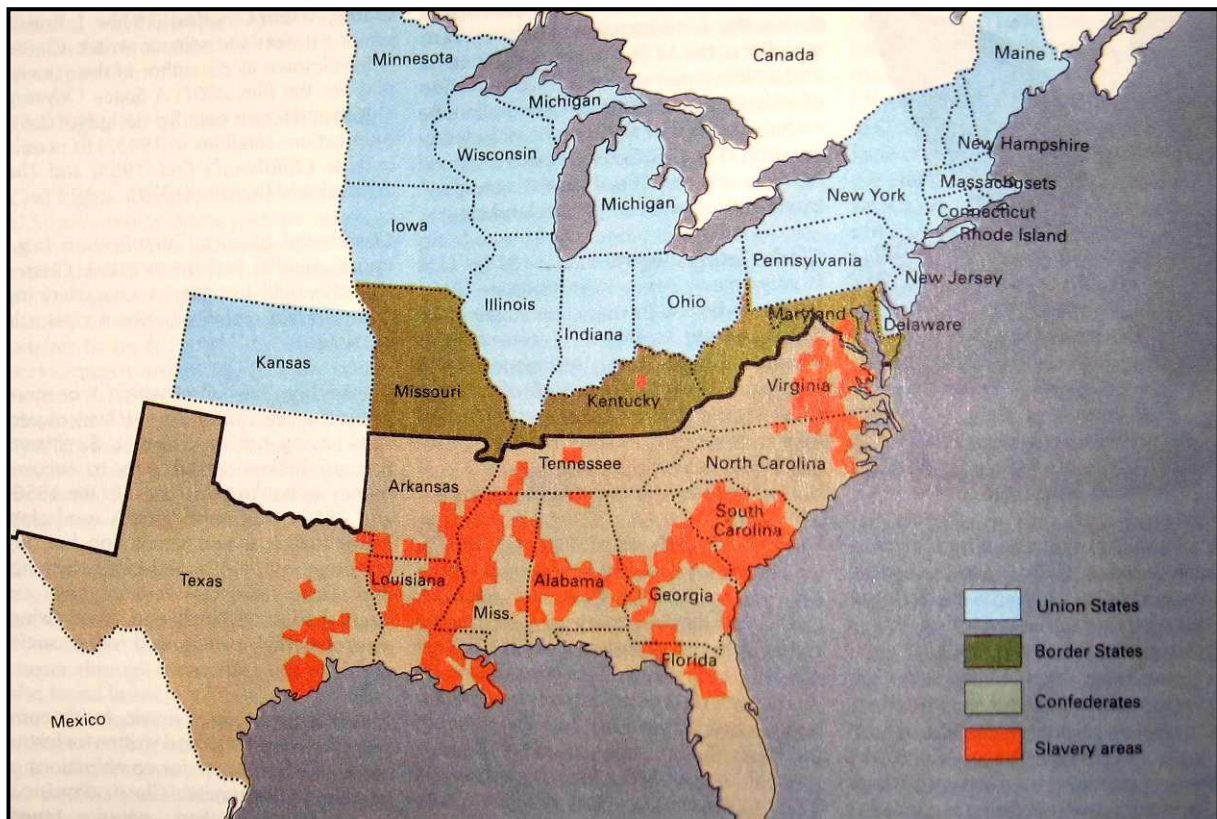

Fig. 12: A more democratic culture in England impacted the culture of violence in the slave trade: absolute monarchy vs. incipient parliamentary democracy. This supports Pinker's hypothesis. Autocratic France had a slave mortality rate that showed a slower rate of decline.[79] An open education is therefore a key tool in combating the negative effects of society on mental health.

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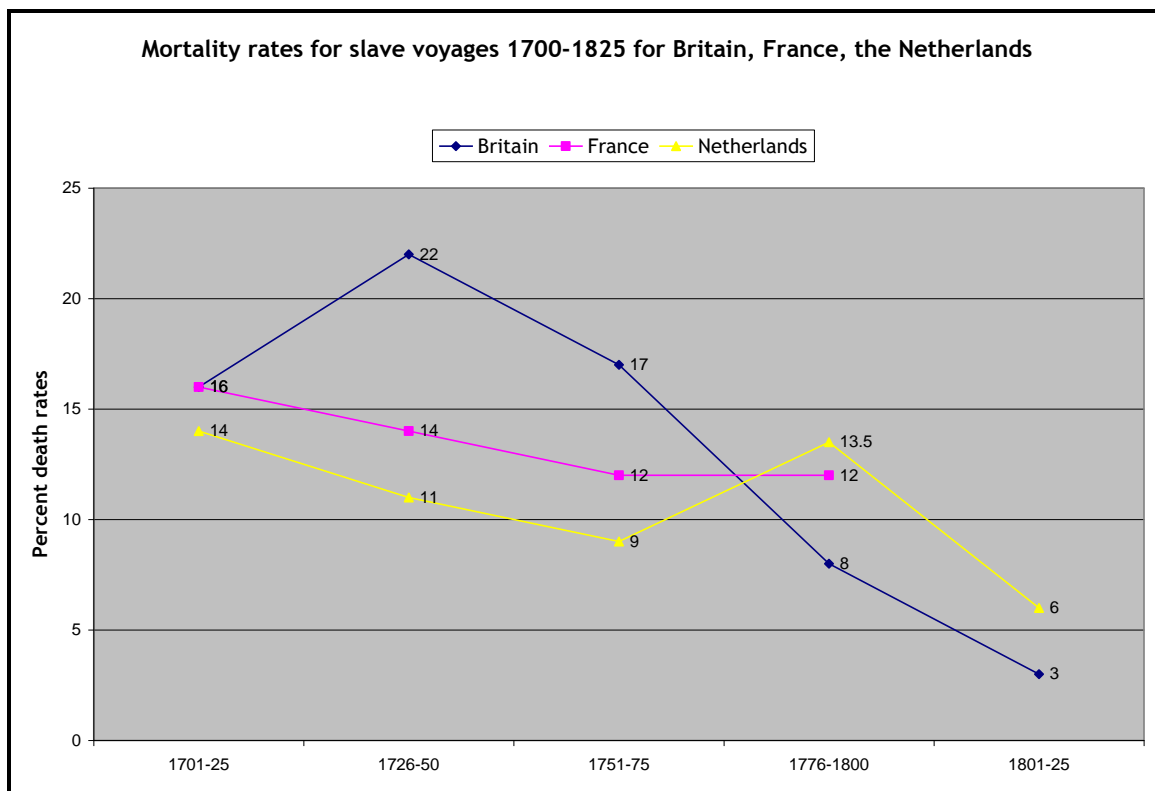
[79] Figures computed from the *Transatlantic Slave Database*, CUP, 1999.

Fig. 13: Abolition of official torture 1675-1875. Democracy and Protestantism are probably correlated.[80]
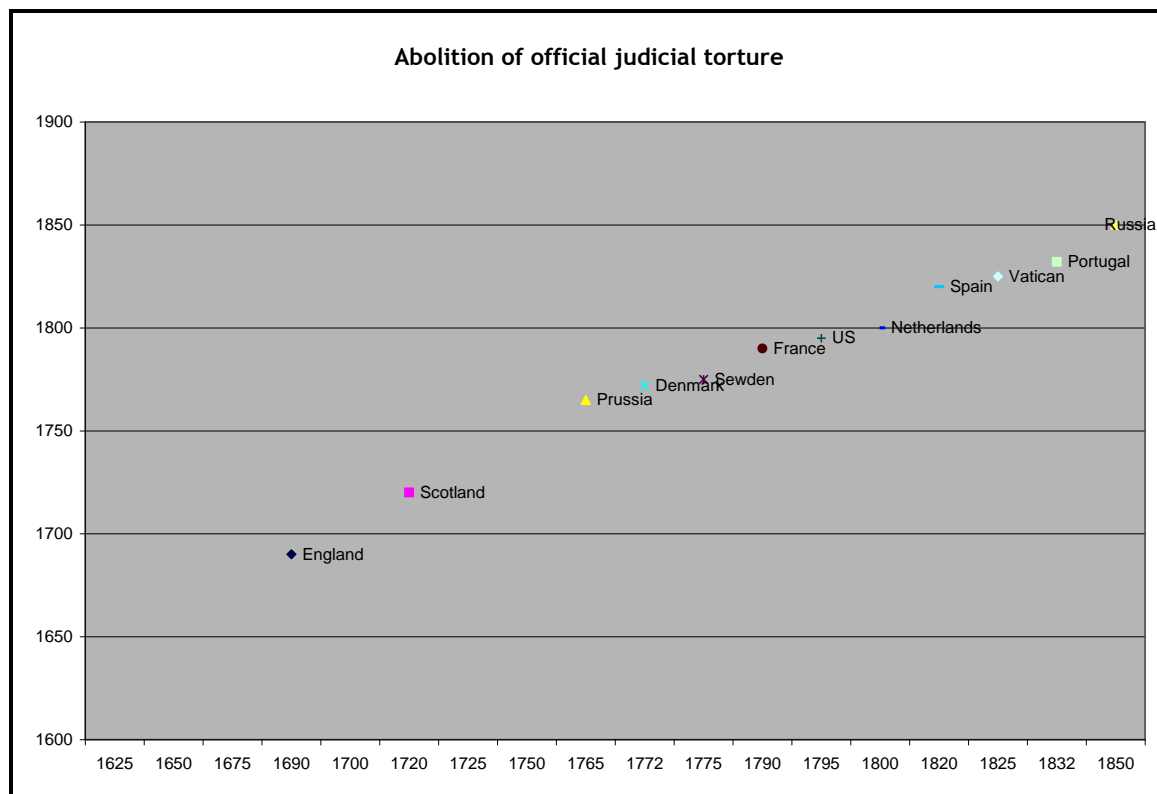
The challenge is to create a plausible aetiology of slavery and pathologies. Present epidemiology cannot demonstrate a causal relationship, as they are concerned with much more recent social and medical factors. Pinker's research does however suggest real possibilities. Figure 1 (above, based on Hickling) attempts this.[81]

The best explanation at present is represented by the following

In the Caribbean

1. Dysfunctional + Broken social + Perceived   = Mental illness
   family   connections   alienation

In the UK

2. Dysfunctional + Broken social + Perceived + Perceived   = Mental illness
   family   connections   alienation   racism

[80] S. Pinker (2011). *The Better Angels of Our Nature: The Decline of Violence in History and its Causes*, London & New York, Allen Lane, 149.
[81] Hickling *et al, op cit.*, 277.

5. Research

It is hoped to progress the above further, utilising a combination of standardised questionnaires, new questionnaire designs, and epigenetic testing.

A number of hypotheses could no doubt be generated, at different levels.

Deriving from the work of Professors Richard Wilkinson and Kate Pickett,[82] it is hypothesised that the former Confederate States of the US should show higher levels of inequality, and that this inequality is causally related to lower levels of mental health in the African-American population (that is, slave descendants) through the transmission of cultural values, itself leading to epigenetic effects.

QUESTIONNAIRES

MJR—'justice and reconciliation'. It may be that beyond this seminar, we need to be looking at the processes of forgiveness and reconciliation, alongside current research projects.

The questionnaires are an initial proposal for an empirical study of the correlations between growth mindset, broken parental attachments, and alienation.

Some research suggests that there is a huge gulf in perception between perpetrators and victims in the forgiveness process, with victims believing that they are at the beginning of a journey, and perpetrators believing (with a sigh of relief) that they are at the end of it. But that is another story.[83] Nonetheless, even if both Black and White people, politicians and activists, and the 'ordinary voter', cannot live with bucketfuls of pain being thrown at them, nonetheless they can, and should, strategise on the reality of this pain, and take steps that will implement healing. This is the beginning.[84]

The cure of a culture of envy and coveting?

Mennonite sociologist Donald Kraybill[85] wrote that when Jesus talked of the 'least being the greatest', and the 'greatest being the least', that there was a humourous twinkle in his eye. As he points out, this can only mean complete equality, as both are cancelled out. This is surely prophetic of the Kingdom of God, that is both to be realised now, and in the age to come? As Wilkinson & Pickett point out, this does not mean the 'same'. I would suggest that it means 'equal' in the sense of equal access to empowerment and hence the sense of personal and community identity which flows from this. What goes on in community profoundly affects what goes on neurologically. Where there is equality, stress is reduced, and thereby violence. As Robert Sapolsky points out, there are actually only two questions that are needed: (1) How much trust do you experience? and, (2) How many

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[82] Richard Wilkinson & Kate Pickett (2010). *The Spirit Level*, London, Penguin.
[83] R. F. Baumeister, Julie Juola Exline, Kristin L Sommer (1998). The Victim Role, Grudge Theory, and Two Dimensions of Forgiveness, in *Dimensions of Forgiveness: Psychological Research and Theological Perspectives* (Ed. Everett L. Worthington, 1998), London & Philadelphia, Temple Foundation, 79-104.
[84] For some, this raises the question of the innate goodness (or otherwise) of people, and the 'noble savage' hypothesis. On this, see Steven Pinker (2002), *The Blank Slate: The Modern Denial of Human Nature*, London, Penguin.
[85] Donald Kraybill (1978). *The Upside-Down Kingdom*, Marshalls.

organisations do you belong to? Positive answers to both of these suggest a healthy society, physically and emotionally.

Fig. 14: Cancelling out the unequal access to human and physical resources brings both the 'greatest' and the 'least' to a common baseline of zero . . .
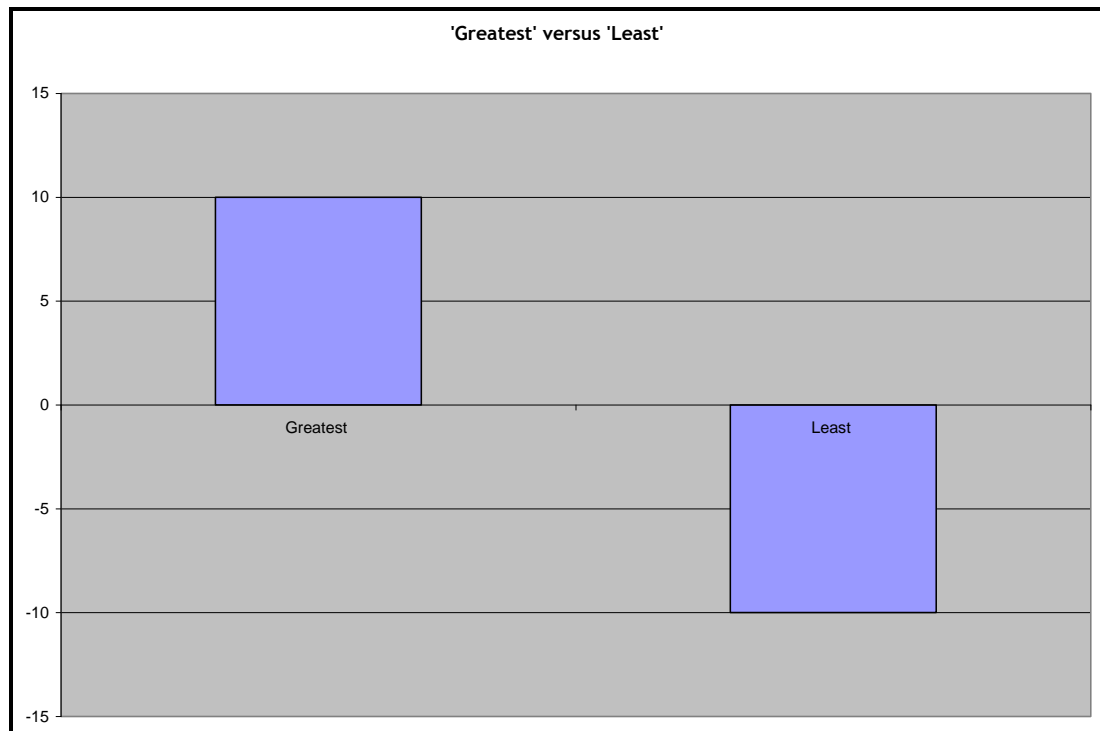
6. *Afterword*

This is where the MJR *Zong* project and the MJR research projects meet each other: At every venue where the *Zong* docks, there will be community projects. These events require listening—both ways. Especially to shame, lack of trust, and community barriers. Out of these, there may be a catalyst for research directions with impact on both social, physical and mental health, for these cannot be separated. Let us therefore be a community open to listening!

Nigel Pocock
Movement for Justice and Reconciliation
2017