Medicine & the Black Mind - Part 2 Transcript

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Introduction and Sponsor Message

This is Dr. Greg Hall once again with Better Black Health brought to you by Genetic Sequence Multivitamins, the only multivitamins made specifically to address the unique nutritional needs of African Americans.

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Back again today, Dr. Tim Gohler, sociologist, educator, and public health scholar, whose work explores how structural racism, intergenerational stress, and life course changes shape our mental and emotional well-being of the black community.

So when we last talked, Tim, how you doing? I'm doing well, I'm doing good. Thanks for asking. When we last met, boy, Deepness, we went into the deep, right?

We talked about how your grandmother who was born into slavery kissed your face. That's how far away we are. from all the ravages related to slavery, not that far.

How I was born in a time when we didn't have a lot of rights, even though I wasn't aware of that. And so that is also an issue.

Slavery, Jim Crow, and Generational Trauma

And so what that oppression that we've experienced over the last 400 plus years has gotten us where we are today, really, really a pickle that requires a degree of urgency.

So now I'm a physician, you're a sociologist, and so one of the things we talked about last time was how medicine is not really capturing We're not doing our job as it relates particularly to black patients in terms of recognizing where a lot of the diseases we see now a lot of the stress and depression and anxiety and overdoses that we see in the black community.

We're not we as physicians and clinicians are not addressing Problem you said as it relates to being an African-american that a lot of things we see hypertension obesity of these stress-driven things are actually a result of this multi-generational oppression Did I sum that up relatively well, too?

Yeah, I mean Well, let me just say I wouldn't say that you weren't Solving the problem. I mean, you know we operate in silos and And I think for what you do, I mean, you're the best at it, right?

I mean, so I wouldn't say that you're not solving problems, but the disconnect between what's going, you know, the, and we'll get into it, the kind of the cultural memory, the generational traumas that weighs into what you're seeing in your office.

Right. So, yeah. Well, I didn't take it personally, so don't worry. I was like, please don't take it personally. And where we are, and we're not. And we talked about how I wasn't trained to do what I think you need me to do.

But before we get to that, so let's talk about, so like, are we all traumatized? Is every African-American traumatized in a way? Absolutely. So the question is whether we realize that we're traumatized.

Yeah, we are. Because we are absolutely traumatized, the question is. But let me just go back just to give you, because you mentioned it earlier, let me just hit on it how closely tied we are to the trauma, right?

slavery ended in 1865, right? It seems like this was a long time ago. Like, oh my God, that's so long. Why are you still talking about it? Well, that's when it legally ended, right?

1865. Well, I was born in 1965, right? I mean, so we had from the time slavery was over from 1865 to 1965, That whole time period was under Jim Crow. That was all no rights, no nothing, nothing.

We didn't get voting rights until I was born. Right, right, right. See what I'm saying? Yeah, right. So none of these systems, none of this stuff was designed for our health, right?

How Trauma Shapes Black Patients' Care

So yeah, the trauma is very, very close. And when you say earlier about my grandmother, right? It wasn't my grandmother that I kissed. It was my, it was her.

mother. Okay. Her mother, that was her grandmother. Right. You know what I'm saying? Grandmother's grandmother. My grandmother's grandmother that I kissed.

Grandma Rose. Right. Who was born in the 18th, you know, the 19th, you know, right, like she was born 20 years right after slavery ended in 1877, I think, around 1870. So, so I'm saying you know, imagine all the things that she felt that was in my great-grandmother, then that was in my grandmother, and that's in me.

Right, right, and because that you, you know, that's that nature-nurture thing. The nurture part is where that stuff is passed on, right? Right. So how do we, for the people who have no idea they're suffering from this, what's the first step for them?

Right, you know, so, I'll put it, let me, how is this emotional trauma, right? Or this cultural memory, if you will, because that's what we're talking about, this shared history, how does it shape the way black people experience care, right?

It shapes everything, absolutely everything. your patients don't just walk into your clinic, into your office and sit in your waiting rooms as a blank slate.

Their slate is actually full. I mean, what we're saying is that they're coming in there carrying generations of stories, generations of lessons and wounds within us.

And for our people, For our people, mistrust isn't just paranoia, it's memory. That kind of hesitation you see when you're dealing with your pain or when doctors are dealing with their pain or the silence.

It isn't avoidance, it's protection. It comes from this knowing, this kind of knowing even before we can even name it. We don't even know, our people don't even know that these systems that are in place weren't always built for us or with us in mind.

Right? And so it's just this cultural memory, but I'm talking about this kind of a, we all have, as black people, we all have a shared history, right?

And so, and that's what we're talking about. And in this shared history, it includes a whole lot of adaptation, having to adapt and figure out how to survive in spaces that weren't, you know, weren't where our needs were centered or where our pain isn't fully seen.

I mean, we can talk about this all day about, and from your space, from the medical space about how black women go into the doctors and they see, physicians and stuff see black women's pain.

Some by and large see, there's research that says that they see black women's pain differently, that they can, They can withstand way more pain than the normal.

Which is not objectively not true, right? But yeah, but yeah, they, you know, they feel black women particularly feel not listened to. Uh, data shows that, you know, people that discount much of what they say, you know, like if you come in with chest pain, you're less apt to get an EKG and have them rule out chest, you know, a heart attack or you come in with, with cold symptoms, you're less apt to get treatment for that.

Right. And so those things have been, have been shown to be there, but how do we get off of step the first step. I mean, like, what's the first step? I mean, we've got these whole, we've got some people, just like anything, right?

There's people that will use alcohol, for example. There's people that know they're an alcoholic. There's people that are alcoholics and have no idea that they're an alcoholic, right?

And then there are people who aren't alcoholics and people that don't drink. We've got, we've all, you're saying we're all traumatized. and it certainly makes sense that we would be based on what's happened in these United States over the last 400 years.

I wonder if you're not traumatized, what happened, right? And so now we've got the situation, I have patients that know they were traumatized by their childhood, by their upbringing, by their neighborhood, and say, you know, that's how I, you know, I had a guy, who needs a CPAP machine.

And he said, my brothers used to torture me when I was little. They waterboarded me. They suffocate me.

Recognizing Trauma and the Need for Awareness

They'd cover my mouth. And now I can't have anything covering my mouth. So now in my mind, he's got to die from sleep apnea because his brother's traumatized him because his parents didn't supervise him properly.

But they were doing all that because of everything they were exposed to. So it's not only his brother's fault. So he knows he's traumatized. But then I got people to come in.

who are traumatized and have no clue. And you don't, I'm not the person to tell them that they're traumatized. Who can tell them? Well, it may not be you the person who tells them, right?

But, okay, I think we're talking outside of this traditional medicine in a sense. We are. Even this conversation we're having, right? This is not a conversation that is a folks in medical school and folks in getting PhDs in sociology are not talking about what we're talking about right.

Right. Because they because the way the education system is set up is set up to be siloed. But this conversation is what we need to be having in terms of like, so yes, you might not say that, right?

Or you might say, well, you traumatized, but it's the recognition that the whole person has to, it's like even when care is available, even when you, and sometimes we don't, You know, we, you know, when we don't, we can't, or we don't fully engage it, right?

We have to take in consideration if we have, if the care doesn't take in consideration or acknowledge kind of the, what you're just mentioned, and I keep, I'll call it the cultural memory or our shared history, if it ignores that, You know, it ignores what we're carrying and not just as brothers, right?

Because as brothers act the way they act because of how we've been acculturated, what they know. They don't know what they don't know what they don't know.

Right. So when it looks like resistance from the outside might be, you know, folks, you know, trying to survive, you know? Right. I'm saying that it's up to us.

But I say the burden is on the one who knows. So if you know this. Right. Yeah. Right. If you know this, if we know this as people that love our people and want to see us healthy and thriving, regardless of what is I mean, we don't

have to say, we don't have to act as if we're giving some kind of therapeutic, you know, you're not a psychiatrist.

And what you're saying, I mean, but really is that I can actually talk about it in a sense to say that we are all traumatized. Just like if you're in an AA meeting, we're all alcoholics.

So no one's pointing a finger at anyone. And so the same thing could be true for if you're a white provider, then it's like you've been traumatized by these last 40 years, and I'm sorry for you, and I'm sorry for what my ancestors did to you.

That's not really moving the needle as much as saying, look, whether you realize it or not, we've all been traumatized. I have this conversation with everyone.

Whether you realize it or not, you're vitamin D deficient. You don't know, but I'm about to draw this blood test, but I'm telling you now it's gonna be low and it causes all these diseases.

And so people look at me like, huh, I'll just eat better. Well, you can't eat your way out of this. And all this trauma we're seeing, you also, we can't just live past it.

We've got to kind of reconcile with it. Isn't that what you're saying? Yeah, well, I'm saying what… What was the last book you wrote? Wasn't it about focusing on African-Americans and their health?

Yeah, right. You have vitamins that focus specifically on, it's because you understand the cultural context. You understand that what moves us from just addressing symptoms is also understanding that there is something special, if you will, about our experience as African-Americans in this country.

And by recognizing that, that's how you end up building trust and making real connections with people, right? And so you inherently understand this, but that's just you.

You need some help. You need some help, right? Which is really what this is about, to talk about it and say, how do we, and having the person realize that they are in some way traumatized, definitely more people more traumatized than others, right?

But let me just say, well, I'm just going to say this idea of being traumatized, right? Trauma becomes such a, you know, it's like, oh, everybody's suffering from trauma, right?

I mean, you know, it becomes more of a catchy phrase. Right. But it's really clearing out the fog that we have in our minds as black people. We have been so conditioned by the conditions of the space.

I mean, you can look at what's going on today. I mean, they're trying to ban books and erase the erasure of us, right? And you think that doesn't have an impact on You know who we are as a people, and once you have a sense of your identity in terms of not I'm not talking about sexual identity.

Once you have a sense of your identity. Then you move differently, you know, you, you, you, you know, you. you pay more attention to your health, you pay more attention to your relationships, not just with yourself, but with your family, with your community, right?

And so for many of us, the problem of our health is not that we don't care about our health, it's because our clarity has been challenged over time.

Identity, Self-Perception, and Black Men's Health

And that has had a profound impact on how we move through the world and how we treat ourselves and others. See what I'm saying? So the trauma part, I don't want to get hung up on the word trauma.

Right, right. Because it's not just an issue of trauma. It is an issue of how we actually think every day. That's how

we think. Right, and we're thinking, we're not thinking clearly.

No, we are not thinking clearly. Give me an example of not thinking clearly. Look at the, I'll just, look, I happen to be a black man and you happen to be a black man.

A lot of our black men are not thinking clearly, have not been thinking clearly. What I mean by that is we have not, if we were thinking more clearly, our families would be intact.

Our relationships would be more whole. Our community would be strong if we were thinking clearly. It's not that we have bad intentions. It's not that we are out in the world trying to do, you know, not make good decisions.

But what's compounded on us, I mean, and this is just a fact. Since we've been in these United States, it's been a concerted effort to diminish black men.

And that has have had a tremendous impact on who we are and our families and our community. And I said, and I think I shared this once before I said that the sanity of our community.

is heavily dependent upon the sanity of black men. Right, right. So, so, so, you know, I mean, who has, Dr. Hall, who has the most, I mean, the most health disparities?

I mean, usually it's black men. Yeah, no, absolutely. We've got the worst. The worst. Yeah, no, there's no question about it. Worst cancer, worst all of that.

And that's, because we're kind of like second class citizen number one. I mean, we talked about the number one cause of death from age one to 42 for African-American males.

The number one cause of death? Homicide. Homicide from one to 40. Right? That's crazy. So we're either someone's killing us or we're killing us, you know, each other, right?

I mean, but imagine that, right? I mean, I, I, we, we, we, we, if, if it is us killing each other, right? Cause remember the whole used to be this black on black crime, right?

If it is us killing each other, it's not because, uh, it's a, it's more of a symptom of, I don't love myself, so I look at you and see you as a reflection of me, and so I don't love you either, and I'm not afraid of you, and so I'll kill you.

Right, right, right. If we knew who we were, if we knew, had a sense of own identity, which is driven by love, I would be looking at you like, but I love you, brother.

And then we can work, whatever we need to work out, we work out. I'm not looking at you like I hate you, but it's the, It's our conditions. I mean, environment, a lot of times, dictates behavior.

Right, right. Right. So yeah, I mean- And I'm not liking yourself. The question of not liking yourself. So what I'm trying to say is that our health conditions, our physical health conditions, are intrinsically tied to how we think.

But when we go to diagnose from a medical sense, you know, a lot of times we miss that part because that's not part of the, you know, the medical diagnosis is the mental part.

Right. And so it takes, and vice versa, you know, from whoever is a psychiatrist, you know, a social worker, whatever, is having the understanding of the complete person the shared history of the people.

So when do you take the time to look at yourself and, you know, and say something? I mean, people, sometimes people have to be deliberate about saying good things about, you know, self-affirmation.

I'm a good person. I'm a good husband. I'm a good father. You have to tell yourself that. You have to make a point of telling yourself because That's not your gut reaction, right?

I mean, that's not your gut reaction. I have to kind of go through this process of doing it because that's not, I'm not good, I'm not good, and I don't make as much as, I should have done this, I should have done that, right?

And so that aspect of how we look at ourselves, you know, do we, how do we get out of that? That is the hard part, right? The hard part is, I mean, it's very difficult to, question your own inherent beliefs, right?

Because we're born into what we think we know, right? I mean, I was born, and now I'm a Pentecostal. I'm born into being a Catholic. I'm born into a certain ideology, right?

So when we're born, we're born into us. grew up in Glenville, you know what I'm saying? Instead of Shaker Heights, right? And so that's the hard part, right?

Healing Through Reflection and Community

And so I think the one way is to continually talk the truth to people because it is I think inherent in everybody is is love and I think that people know I mean once they once the truth hits people they go oh that makes sense right but it's very difficult to unlearn and that's what part of the thing we have to be able to figure out how do you unlearn the distortions right right you know learn about that's in our head How do you, right, how do you, how do you, it takes, it takes a person, man, female, to be able to be humble to themselves.

That is very difficult. That's very difficult to be, you know, and with, especially today, with all these distractions we've got in the world. So it takes, I think, it takes, you know, you know, as they say, it takes a village, but it takes people.

uh, continuing to like what we're trying to do right now is share, uh, truths and share information about what we need to do to try to be in a better place, health wise, mentally and physically.

And it takes people to want to have the desire to be better. Right. And I think that's, that's the problem. Um, there are people that this, that's just not a priority.

Their health is not a priority and I had a guy who was, um, He was a maintenance man for a big building. And I said, so I know you know preventative, the benefits of prevention.

You change the filters in the furnace. When there's a leak, when it rains outside, you know what part of the building is potentially going to leak. You know where to put the bucket so it doesn't destroy other things.

So you know how to do prevention. But when it comes to our own health, it's not important and really what i'm sort of now the light bulb coming from me is is because.

They really don't care about themselves they really don't like themselves and that's why, like you say with the with the black on black crime and. in a sense, or they're not a priority, or they can't see themselves as the beautiful person that they are.

But it's deeper than I got other priorities, which is always what people say. I got the family, I got to make a house note, I got a car note. I don't have time to get a colonoscopy.

I don't have a time to take blood pressure medicine or to exercise 30 minutes a day. Right. But the key is not time. The key is how they feel about themselves.

Yeah. That and, you know, here's the question. How do you heal when the damage feels like home? Right. Wow. Yeah. How do you heal when the damage feels like home.

What I'm saying is we only know what we know, what we know, what we know, right? And so a lot of people are just comfortable. We are living and there's nothing you can tell me that my mind is not clear, that I am not, I have a, I'm vice president of such and such.

I'm the president of such and such. I'm the executive director of such and such. I'm the mayor. I'm the president. I have a good family. I drive a nice car.

I have a PhD. All of these things look as if all is well. All is well. So how do you heal? You know, how do you heal when the damage feels like home? You're good.

You don't even know you need to heal. You don't even know you need it. So that's part of the, that's part of the, and then a lot of times, so it's a, it's a, it's a process.

I mean, it's a process, but I, but you know, you, you, you, you get people get comfortable. I'm making my money. I I'm good. I got money. Um, and then you can think about, you know, how that plays out in terms of what we consider to be community.

Right. Right. You know, um, I'm black when convenient, otherwise I don't got nothing to do with you. Right. Cause I got mine. Right. You know, so, you know, uh, uh, but you gotta want, you have to want to be, but you know, you have to want to be, um, whole if you will right right so it's a it's a it's a challenge it's definitely a challenge you know but um i think that uh it's it's where we are right i think that's where we are and so when we when we get to the point where we realize that we're not whole then what's the next step i think the next step when you begin to realize that you're not whole is the desire to kind of want to so you we have to you know somebody's I asked somebody that same question I just posed and somebody said the first thing they said was pray right right well and that's usually the question that that's usually what you know in our community that people will say and that's like mindfulness it's just like yoga I mean it's like it's just getting into your getting get into your head That's what prayer is.

You know, I'm saying, you know, it's just kind of you and God or but it's you in your head. Yeah, being still being able to be still being able to be be be like you said, be mindful to be able to be thoughtful.

Right. It took me a long time. Just personally, it took me a long time. When I was younger, I thought, you know, I'm just out here trying to figure it out, you know, and I thought whatever moves I was making, I was moving based on what I thought I was doing right.

But I never thought that how my actions affected other people. It took me a long time before I got to a place where I was said, well, I need to be more thoughtful.

In order to be more thoughtful, you have to kind of pause. You gotta be in yourself. And part of always being busy also is a trauma response.

Closing Remarks and Promotion Update

Constantly being busy, constantly. And you know this too well about how people, everybody's busy. Yeah, I'm busy, I'm busy, I'm busy, I'm busy, I'm busy, I'm busy, I'm busy.

And then you look around and say, well, what's changed? Right. Yeah, with all that busyness. What have you changed? What have you moved on? Yeah. What's changed?

The community looks the same. Matter of fact, it's getting worse. Our families are not strong. Right. They're fragile. And everybody's busy. What? Crazy, crazy, crazy.

Well, listen, Tim. You wrote an article called to Unmake a People in the Real Deal. And we're going to talk about next time we come together, because really it's like we are where we are right now.

Now, how do we get reborn or how do we unmake us the way that we are? And so again, Dr. Tim Goller, sociologist, educator, Out down at Norfolk State University Just got a promotion tell us about that I just got promoted from assistant professor to associate professor.

It's a big deal. It's a big deal. They take their time promoting us in the academic world. Let's just say this about that. I'm happy that they were able to do that and we're happy to have you.

We look forward to having you back next time. Yeah, I appreciate it. I'm looking forward to it too. All right. You take care. Take care.