

# **Insights and Innovations in Community Mental Health**

**The Erich Lindemann Memorial Lectures**

**organized and edited by  
The Erich Lindemann Memorial Lecture Committee**

hosted by William James College



**WILLIAM JAMES  
COLLEGE**

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## Foreward

The Erich Lindemann Memorial Lecture is a forum in which to address issues of community mental health, public health, and social policy. It is also a place to give a hearing to those working in these fields, and to encourage students and workers to pursue this perspective, even in times that do not emphasize the social and humane perspective. It's important that social and community psychiatry continue to be presented and encouraged to an audience increasingly unfamiliar with its origins and with Dr. Lindemann as a person. The lecturers and discussants have presented a wide range of clinical, policy, and historical topics that continue to have much to teach.

Here we make available lectures that were presented since 1988. They are still live issues that have not been solved or become less important. This teaches us the historical lesson that societal needs and problems are an existential part of the ongoing life of people, communities, and society. We adapt ways of coping with them that are more effective and more appropriate to changed circumstances—values, technology, and populations. The insights and suggested approaches are still appropriate and inspiring.

Another value of the Lectures is the process of addressing problems that they exemplify: A group agrees on the importance of an issue, seeks out those with experience, enthusiasm, and creativity, and brings them together to share their approaches and open themselves to cross-fertilization. This results in new ideas, approaches, and collaborations. It might be argued that this approach, characteristic of social psychiatry and community mental health, is more important for societal benefit than are specific new techniques.

We hope that readers will become interested, excited, and broadly educated. For a listing of all the Erich Lindemann Memorial Lectures, please visit [www.williamjames.edu/lindemann](http://www.williamjames.edu/lindemann).

*The Erich Lindemann Memorial Lecture Committee presents*

THE THIRTY FIFTH ANNUAL  
ERICH LINDEMANN MEMORIAL LECTURE

## **Bonds That Matter: Stenghtening Family Resilience in the Face of Adversity**

Individuals and families are the basic unit of society. How do they deal with life crises and predicaments? How do intergenerational relationships contribute to family resiliency? How do mental health professionals and programs contribute to these natural community mental health resources? This program discusses various population groups, stresses, and responses encountered in family mental health. Included will be: the importance of multigenerational support and grandparenting; multicultural family issues; and the effect of and response to various forms of trauma.

### **Speakers**

**Alan Jacobson, PsyD**, Senior Vice President of Programs, Jewish Family and Children's Service; Clinical psychologist for families and adults; Clinical and strategic consultant

**Elaine Pinderhughes, MSW**, Professor Emerita, Boston College Graduate School of Social Work

**Richard Pinderhughes, PsyD**, Associate Director of Administration and Multicultural Consultant with VISIONS, Inc.

**Elena Cherepanov, PhD, LMHC, CTS**, CBFS Program, North Suffolk Mental Health Association; Coordinator of Trauma Studies Program at Cambridge College; Board Member of the Association of Traumatic Stress Specialists

### **Moderator**

**David G. Satin, MD, DLFAPA**, Assistant Clinical Professor of Psychiatry, Harvard Medical School, Chairman, Erich Lindemann Memorial Lecture Committee

**June 22, 2012, 2:30 – 5:00 pm**

*Massachusetts School of Professional Psychology  
221 Rivermoor Street, Boston, MA 02132*

## Introduction by David G. Satin, MD

Erich Lindemann contributed to the development of Crisis Theory, which is the recognition that life crises are to be expected, test existing coping capacities, and offer an opportunity for preventative intervention- encouraging adaptive rather than maladaptive coping strategies. He was dedicated to recognizing and strengthening community resources to accomplish these ends. The family is the basic social structure, and a course of coping capacities and teaching them to succeeding generations. Thus, it is appropriate that this Lindemann Lecture focuses on understanding how families maintain and regain mental health under normal and abnormal crises and trauma. We will hear about family structures, cultural settings, and the effects of trauma.

Today we will start with our three speakers who will be talking with us about strengthening family resilience in the face of adversity. Dr. Alan Jacobson will be discussing his experience with grandparenting and multigenerational structure in strengthening families. Mrs. Elaine Pinderhughes and Dr. Richard Pinderhughes will be addressing race and intergenerational issues in career choices. Finally, Dr. Elena Cherepanov will be discussing the effects of trauma on family, its intergenerational effect, and coping and recovery. Afterwards we will have a discussion among the speakers and the audience.

## Alan Jacobson, PsyD

*Senior Vice President of Programs, Jewish Family and Children's Service; Clinical Psychologist for families and adults; Clinical and strategic consultant*

### Introduction by David G. Satin, MD

Our first speaker is Dr. Alan Jacobson, who is the Senior Vice President of Programs at Jewish Family and Children's Services of Boston. He was a past Manager and Director of Children's Services at Riverside Community Care and The Providence Center. He currently provides clinical and strategic consultation and educational workshops, and is in private practice with adults and families.

### Alan Jacobson, PsyD

Thank you. First, I have to start by telling you a story that today reminds me of. It was probably about 10 or 12 years ago, I gave my first big talk to an audience of about this size and it was almost the exact same weather that we have been having lately. We were in Worcester and if any of you know Worcester, the air is just a little more still and the air conditioning was broken. So all I could think about this week was 95, 98, 97 degrees and let me just hope that the air conditioning is not broken. I just have to say this is a terrific turn out considering it is a Friday afternoon and the weather we have been having, so welcome to everybody.

Let me give you a few statistics. There are 5 million grandparents in the United States who are the primary caretaker for their grandkids. That includes 1.8 million couples. So, 3.6 million of that 5 million are raising the kids as a couple, and about 1.4 million are raising the kids as a single grandparent. 1.5 million of those 5 million are still working close to full time. 930,000 of those grandparents- this is all from the census- it had been 5 years or more that they were the primary caretaker for their grandchildren, so it was not a temporary thing. 732,000 of those 5 million grandparents had a disability, and the median income of those households uh was \$44,400. That is the median income of those households that were raising their grandparents. As far as grandchildren go, 6.6 million kids are being raised by their grandparents, and that is actually 30% of kids in the country who have a grandparent who is one of their primary caretakers. So this is why I am here.

Who here knows of a grandparent who is a primary caretaker for their grandkid? And what is funny about that is had I asked even 20 years ago, only about half that number of hands would have gone up. There was a stigma and there was a hesitation even as little as 20 or 30 years ago to have grandparents be the primary caretaker of their kids. Now it is accepted and routine. So let me talk to you about one of the things I

learned when I give talks, and it is probably particularly pertinent when you give a talk on a Friday afternoon. People are going to come away remembering 3 things. So I always look through my papers and say boy, which 3 things are they going to remember? Well, I want you to remember this thing that I'm about to say. The most important thing to keep in mind when grandparents are raising their grandchildren is that there are 3 very distinct levels that you need to be thinking about as a grandparent, or as someone who is going to help that grandparent or support that grandparent.

The first level is that a grandparent taking on the primary responsibility of caring for the grandchild is going to have to go through, no matter what shape the kids are in and what the reason for them taking over as the primary caretaker, there is going to be a disruption in that grandparent's life. There is going to be a financial disruption, there is going to be a disruption as far as time, there is going to be a disruption as far as energy, as far as effort, as far as the goals, and thoughts, and hopes that that grandparent had for how they were going to spend those years. Not necessarily negative, by the way, notice that I did not say it was necessarily negative, but it is definitely a change.

The second level that you have to consider is that a lot of times these kids have experienced something, have experienced a change that has led to the grandparent being the one who is going to be the primary caretaker. So in most of these cases, these kids may have some sort of reaction to the fact that their life is changing and they are going to be raised by the grandparent.

The third level is the one that we sometimes forget about when we are working with grandparents, and that is the fact that the grandparent may be concerned about whatever the reason is, as it relates to their own child. The grandparent may have a psychological distraction or need to be worried about their child at the same time that they're trying to parent their grandparents. So these 3 levels- it is too easy for us as clinicians or as supports or as extended family to forget that there are these 3 distinct levels when we are thinking about our grandparents raising grandchildren.

So, the first thing that you have to assess, whether you are a support system for a grandparent or a clinician or a professional working with the grandparent, is the reason why. Why did the grandparent become the caretaker? Was it out of a need, or was it out of a failure? The need might be: both parents have to go back into the workforce, or the single parent has to go back into the workforce, and the grandparent comes in to help out. There is a financial need, someone goes back to work, the grandparent helps out. That goes in the need bucket. In the failure bucket, it might be abandonment, it might be imprisonment, it might be something like that. That's in the parental failure bucket, ok? And sometimes it is not so clear. Sometimes it is neither bucket when there is a death. I guess you would put that in need, but it is not really need because need is usually a little more hopeful.

The other thing you need to assess is if it temporary, permanent, or unknown? So again, temporary might be we are so far behind in our bills so and Mom is going to have to work for a year. But after a year, she can probably pull out of the workforce, and this is going to be a temporary situation. Permanent again if there is a death, if there is a long-term incarceration, if there is abandonment then you are looking at more of a permanent situation. And of course, most of the time it is unknown. You may think you know, you may think it is temporary, and it does not turn out to be temporary.

So you can imagine that when we talked about the secondary and the tertiary stressors or the second-layer and the third-layer stressors, those were the effects the kids are bringing into this, and the effects on the grandparent of worrying about their kids. When it is failure, and when it is permanent, you are most likely to have much more severe secondary and tertiary effects, or second or third-layer effects. The first-layer effects probably don't change, no matter what. You are raising the kids; you are raising the kids. It disrupts what you want to do in life and what your plans were, but those secondary and tertiary effects are going to be much worse when it is a permanent thing and when it is a failure. So, let's talk about resilience.

As far as first-level stresses...So again, you are someone who is going to support a grandparent who is taken on raising their grandkids, or you are a professional who works with grandparents who have taken on parenting their grandkids, or a friend or a neighbor. The first level stresses depend- addressing the first-level stresses is a three-step process- all of this is in three's for some reason, I don't know why. It just worked out that way.

The first thing as far as resilience and as far as success is how realistic was the grandparent when they knew they were going to take on their kids- their grandkids? Okay, so the chances of success are most positive when the grandparent had a realistic expectation of what this was going to be like. So when I work with grandparents who are going to take on or have just taken on their grandkids, one of the things I do is have a sort of harsh reality talk. It is sort of a no holds barred "Here's what it's going to be like." Success is higher when the grandparent goes in knowing what this is going to be like, not downplaying what it is going to be like and in some ways not exaggerating what it is going to be like, but really having a realistic picture of what it is going to be like. That is the first key to success.

The second key to success is something we can't do a lot about and that is personality type. How does the grandparent respond to change in their own life, what is their stress tolerance, and that kind of thing? We can help with stress tolerance. We can't help with some of that, but a lot of it when you look at the research is sort of this- what personality does the grandparent bring into things, and I am not sure how addressable some of that is, but that is the second factor. The third factor is the obvious one, which is

their financial status and their health. The healthier they are, the grandparent is physically and the more stable things are financially, the more they are going to have success taking on their grandparents. So these three things have been born out in studies. It really does not sound you know all that complicated.

The fourth one that is not here is the extent of the support system. So I don't know why research has not pointed to the fact that the support system would be vital. And I have a feeling it is because when you have these three top things, maybe you tend to have a good support system, so the support system was buried in this fact. In other words, if you have a personality type that accepts change and is ready for anything and whatever, maybe you have also built a support system. I don't know why. Those three things are the three things borne out in the research and the support system is not.

So the second-level stuff, what about the kids? These are probably the things we can do we can do a lot about. The secondary things as far as helping when the kids are experiencing problems, the first thing is education. Going to a workshop like- well like this, if it was focused on grandkids, getting their own therapist who is going to tell them about child psychology, being prepared for anything as far as the child's psychology. So getting educated, that is the first key to success as far as grandparents raising kids, as far as the reactions the kids could have.

The second thing is knowing what supports are available for anything that the child might have, if the child is depressed, if the child is anxious, if the child is worried, if it is a post-trauma situation, knowing the supports that are available, and knowing to respond quickly. Knowing how to get a therapist, knowing how to get help if the child has ADHD, you know, knowing how to sit through a school meeting and advocate for the child. So we need to teach grandparents how to get help and support for their kids. Being able to put aside their own feelings about their child, especially in the failure situation or a loss situation is important. Success as far as the child's behaviors is the grandparent's ability to put the other stuff aside as far as the other worries they have for their own parent, or for whatever situation led to them being a grandparent raising the kids.

So, what specific advice can we give grandparents that are going to care for their grandkids. Okay, so here is the second thing. Remember I said you are going to remember three things? So here's the second thing. The first one was those three levels, the second one is here. The multi-generational identity of a grandparent is usually most often when they are not in a caretaker role, as someone who is going to give the child a lot of attention and affection and emotional nourishment. You go to your grandparent's house, you have a blast, then you come home. That is a lot of the generational identity of a grandparent. The key to success for these grandparents is to be able to come in and out of that role as necessary. We don't want grandparents to take on the parent role and substitute that. And suddenly they are not a grandparent anymore, they are just a parent.

You also would be probably too permissive if you just stayed with your grandparent role. You actually need to find success by weaving yourself in and out of the two roles; of the parent and the grandparent role. If the grandparent takes on that parent role solely, that is a real threat to the child as far as their thoughts about their parent, their residual thoughts about their parent, no matter what the reason is why the parent is not there. The child does not want anyone else to become the parent. So the grandparent weaving in and out of the parent-grandparent role is going to have the most success. In fact there was a recent study that I found yesterday that said that children raised by grandparents, one of the first things they said was they didn't want to lose their grandparent- they didn't want to lose that relationship with their grandparent. And they would be sad if their grandparent could not be their grandparent anymore.

The other thing that I will say is that what we have to watch out for when grandparents are raising their grandkids is that there is a higher level of depression, a higher level of isolation, and of course a higher level of stress when grandparents are raising their kids. So we really have to be aware of that when we have grandparents raising kids, so it is very important. We are all sort of built so that when we are very busy and we are very stressed, we sort of ignore our own needs. We ignore our own needs, so it is very important that grandparents have supports, those of us professionals, those of you who would be their friends or their neighbors or their or their extended family. Depression can come on and they can sort of ignore it, and not know it is there, so it is important to see.

Let me tell you something exciting. Massachusetts has a law. There is actually a Commission on the Status of Grandparents Raising Grandchildren. Among other things, this commission is going to connect grandparents in a way so that supports are well known and available, so that lawmakers know to think about this group when laws are being passed that might affect them, and that there is literally money in budgets to address the issues that the grandparents might face if they are if they are raising their kids.

If there is one thing that everyone takes away from this. Those grandparents that you all know that are raising people, those of you who are at MSPP and you are a clinician or you are from elsewhere and you are a clinician. It is absolutely vital that we keep our eyes on the three levels of what it takes for a grandparent to be successful. The first level is adapting to just the fact that their that their life is going to change. The second level is knowing there is going to be an effect on the kids and be able to deal with whatever the effects are on the kids of the change. And the third level is being able to deal with their own feelings and their own you know potential depression or upset about whatever happened to their own child. And once we deal with all three of those things, all the research has said that grandparents can be very successful in in raising their kids. So

I am going to stop there, and I look forward to the questions when we are when we are all done. (Applause).

## Elaine Pinderhughes, MSW

*Professor Emerita, Boston College Graduate School of Social Work*

### Introduction by David G. Satin, MD

Elaine Pinderhughes obtained an A.B. degree *summa cum laude* from Howard University and a Masters degree in social from Columbia University. She currently works in a social work practice and does supervision and administration, as well as provides training in clinical practice and diversity in a wide range of agencies and countries. She is an *emerita* Professor and Chair of the Clinical Sequence at the Boston College Graduate School of Social Work, and the past holder of the Moses Chair at Hunter College School of Social Work. Ms. Pinderhughes has also been the past President of the American Orthopsychiatric Association and has received awards from the Massachusetts Psychological Association, Massachusetts Chapter of the National Association of Social Workers, and the American Family Therapy Academy. She has also been the author and co-author of *Understanding Race, Ethnicity, and Power: Key to Efficacy in Clinical Practice*, *Power to Care: Clinical Practice Effectiveness with Overwhelmed Clients*, and *Group Work with Overwhelmed Clients*.

### Elaine Pinderhughes, MSW—Strengthening Family Resilience in the Face of Adversity from a Multigenerational African-American Perspective

I am especially pleased to be here today at this Lindemann Lecture because my husband, Dr. Charles Pinderhughes, was a colleague of Dr. Lindemann and I heard him speak of him on occasions always with great respect. We have altered the topic that we are speaking on. It is the same topic, but we have a different title. It's called "Strengthening Family Resilience in the Face of Adversity from a Multigenerational African American Perspective." About three weeks ago, I was standing in line at a supermarket paying my bill and I went to sign my name, and a voice behind me says, "Sign it with an 'x.' Hahaha!" What response to such a boundary violation would indicate resilient functioning? (laughter) What would prepare a person to deal with such unexpected insults and attempts to humiliate? What would prepare a person to cope effectively with the ongoing occurrence of such events?

There is an organization called The Multicultural Institute-Family Institute of New Jersey that gives an annual conference. This conference is on diversity issues and these conferences have been held for I think over twenty years. The subjects at the conference have been a variety of topics about diversity. They have looked at many different topics, but it recently morphed into a sessions where about 200 people sat in a room and had a dialogue about diversity, about their own experiences with diversity, about trying to have

a conversation with someone from a different background, about the misunderstandings and confusions. They are trying to have a conversation where people with a lot of pain and a lot of concern would stay at the table and these have been very, very successful. There were there were lots of interesting controversial issues that were brought up and a lot of feelings expressed. It has been a wonderful experience and each year the attendance continues to increase.

Recently at a conference, a Native American woman became frustrated with the continuing lack of comprehension of her people's desperation over the devastation of their culture, their land, and their way of life. So she screamed, "You are standing on my land!" Was this an outburst of a "crazy Indian gone berserk," or an example of resilient behavior in a context where your people have been trapped in a long-term holocaust while those around you continue to ignore it?

What is resilience? Resilience is a scientific term, and the definition is that it refers to the ability to bounce back to an original state. Well, what then constitutes family resilience? What constitutes resilience for African American families, given the specific adverse dynamic that African Americans and other people of color face such as racism? I find it interesting that recently, the literature on racism now views it as trauma. I don't know how many of you are aware of that, but it is now being spoken of in those terms as trauma. There is so much to say about understanding the intergenerational family experience related to racism, how it affects families, what constitutes resilience under those circumstances, what the implications are for our work. I have written many articles on this topic of how to understand this. I have written articles on the effect of racism on couple and family functioning, and I have applied this understanding to my own family in an article that has been published several times, having done my genealogy and looked at the transgenerational impact of racism on the family and I will talk to you about that now.

I am going to focus on one significant residual of racism that I believe all subordinate populations are vulnerable to, and one that I think in your work might be helpful to understand and have some clues about how to work with it- internalized oppression. So I have to talk about my family, I have to talk about background.

I grew up in Washington D.C. in an ideal environment, very comfortable middle-class supportive environment, behind the walls of segregation. We went to excellent schools, we didn't know it but the schools were excellent. I went to the famed Dunbar High School, whom some of you may have heard of. Several graduates have become very famous such as Ralph Bunche, who became an early UN official and was a Nobel Peace Prize Winner for his peace negotiation between Palestinian Arabs and Jews in 1949. Another was Charles Drew, the discoverer of blood plasma and the inventor of the blood bank. A third was Edward Brooke, our senator here in Massachusetts. Seven of my

classmates in 1939 became physicians, many became teachers and government employees. My husband graduated from that high school, went on to Dartmouth College, and graduated with honors. This was behind the walls of segregation. No connection to White people except I guess the teachers did with the White administration. The teachers were committed to excellence. They taught us constantly about the many achievements of Negroes- that was what we were in those days. They never mentioned racism, but they taught us that our goal should be to make our parents and our community proud of us, so we could all be proud of our race. On the walls of our assembly hall was a poem by the poet Paul Laurence Dunbar: Keep a-plugging away:

Keep a'plugging away,  
If at first you don't succeed,  
Keep a'plugging away.

It was in large letters and the assembly hall was a huge, high building where you saw it every time you were in that assembly hall. We had well-known speakers who lectured on the achievements of many Negroes that were not found in any of our textbooks- on the unfairness of segregation and legal discrimination, we had debates about the 13th, 14th, and 15th amendments that supposedly granted the descendants of slaves equal rights under the law. But at this time, when I was growing up as a teenager, there were still lynchings in the South and the circus of the ongoing Southern congressmen's filibustering that blocked the anti-lynching bill year after year.

Seriously, I took these these lessons very seriously and became a very good student who won two fellowships. Then I graduated from college and went onto Columbia to the School of Social Work, and most of my close friends went to graduate school, somewhere back in 1943. To me these messages of what I must become meant that I had to excel and never be like the stereotype of Negroes. We were constantly bombarded with movies and news articles that challenged our attempts to counteract White people's efforts to belittle and humiliate us. The only images that we saw on the screen were those of Stephenfchet, the groveling comic clown and the maids in the stories with silly, anxious souls.

So despite all we did to counteract these messages and images that they conveyed, it made us angry, of course, and ashamed. Our defense was to work hard, striving not to look like them, act like them, or talk like them. But these humiliations could happen any time. One day when I was 7-years-old, maybe 8 or 9, I was walking down the street and this White boy passed me and began to call me a "nigger." Now, no one had ever called me that. I didn't know how to react, and I was totally overwhelmed. I never told my

parents, I just made sure that when I walked down the street passing Black boys especially, I crossed the street.

The humiliations could happen in the books we learned from. In our history books, there was only a brief mention of slavery in the Civil War but what I never forgot was that it always mentioned that the slaves were happy. That is what our history books said. So I developed a hatred of history. Our teachers who were so dedicated and ambitious for us and taught us so well in so many ways, also played a part in these humiliations. I will never forget that our music teacher...and we loved this, we loved the music. She taught us to sing:

Rule Britannia!  
Brittania rule the waves!  
Britons never, never, never  
Will be slaves.

And we little Black children, Negroes in those days, sang that song, not thinking about what we were internalizing. But there was one episode I will never forget which had a different outcome. My sister and I went into the neighborhood drug store and we asked for I think an ice cream soda. And the druggist, whom we had seen in there many times said, "Take your black paws off that counter!" Well we ran home, and luckily our father was home, and so he took us right back. Now, my father was a dentist and many of his patients had their prescriptions filled at this drug store. He gave us a lesson in how you should behave when you are insulted. And I just remember him saying, "We will never come to this drug store again and neither will any of my patients." So here was a lesson that one *could* and one *should* fight back.

But despite the almost ideal growing up experience I had, the educational and community supports to achieve, the belief that I, *I* had the right to a pursuit of happiness, that I should and could have a successful life- I entered adulthood burdened with two areas of internalized oppression. One was about skin color, a particularly destructive issue for African American women. Although I think it is better now, but it has not disappeared. And the second is about the sexual exploitation of African American women.

When I was growing up, you could not avoid knowledge that light-skinned folks were more valued. So many prominent citizens, community leaders, doctors, teachers, persons in the better positions not only in government, but also within community organizations were light-skinned. A sizeable number even looked White, and so few were dark-skinned that at that time it is hard not to reach this conclusion- they were the children who got the leads in the school plays. They could pass for White and go

downtown to the movies, restaurants, and other establishments. It became their badge of superiority. They could try on clothes in department stores and have their family photos taken by the leading White photographers sitting in their homes where they proudly displayed it with the name of the photographer in a prominent place.

I later learned that Washington D.C. was the place that many slave owners sent their offspring for education and a better life. Thus, many of the families in D.C. were the biological descendants of slave owners and some of their ancestors had arrived in D.C. 2 or 3 generations earlier. They had a head start on the rest of us. My point is that there were many subtle ways that the superiority of White was reinforced by discrimination and legal segregation, but also by Negroes' reactions to it.

In my own family, the lessons of light-skin superiority were both subtle and blatant. My mother was light-skinned, and even Negroes did not recognize her as Negro, she was *that* fair. My sister and I looked more like our father. We were always stared at wherever we went and never seen as her children, but as belonging to someone else. One day when we were downtown my sister became ill. Now we were quite small and I remember as we approached the street, cars couldn't see the tops of our heads. My mother was trying to hail a taxi to go home. She was so upset about my sister being ill. This taxi screeched to a stop, opened the door, took one look at us, closed the door and drove on. My mother was furious.

On Sunday drives when we went out for recreation- we would be in the back- we would drive along to a stoplight and when we stopped, we would wait because we knew what was going to happen. A car would drive up beside us, one head would look and then all the heads would look. My sister and I would be sitting in the back of the car, on our knees looking out the back. Was that a sign of resilience? Forget that! Forget that!

When I was in junior high school and The Depression had seriously descended upon the country, we were about to lose our house and my mother said, "When you come home, there may be a sign on the house." They couldn't pay their bills they couldn't pay the taxes, the mortgage. So my mother found a job passing for White and every day she would get in the car with my father, and he would drive her within 12 blocks of where she worked and let her out. She did that for 2 years and she saved the house. It was only later that I began to think about what that had done to my father's self-esteem, that she went into this hostile territory, where if they had found out who she was she would have certainly been fired and maybe worse. He could not protect her. My mother's beauty was not that she was light-skinned but that she really was a beautiful woman. She was idolized and idealized by everyone, including her husband's dark-skinned family. My father's brothers were all were professionals- one was a physician, one was a pharmacist, and my father was a dentist. And they had all married light-skinned women, not as beautiful as my mother but still light-skinned.

I remember as a little girl thinking that I could not be a mother because all of my friends' mothers were fair skinned. I thought you had to be fair skinned to be a mother. I was quite small then, but that kind of thinking that young kids have. As an older girl, I remember thinking that my father would never marry anyone as brown as me. That in fact proved to be true, because his second wife was also fair-skinned but with big, blue eyes. All of this seemed proof to a child of the value of Whiteness. To complicate the messages I was getting about skin color, I remember being aware that my father of whom I was very proud did not value *his* skin color. It was something that I understood, I knew it, but it was never talked about. I can't remember a single conversation with anyone about that subject, and skin color has been and still continues to be a potent issue. But we knew that everyone knew it was morally wrong to value people by the way they looked. We also knew that people were embarrassed about having such reactions while at the same time it was never talked about, and the practice persisted.

Then there was the blatant, but very poignant, example of a family member teaching skin color superiority. My mother died when I was 16-years-old and that is another whole story about a family challenge. My father's sister, who looked exactly like my father and was also dark-skinned, came to live with us. We called my Aunt Weeba the best cook ever. She had worked for wealthy people in New Orleans, but her presence raised the troubling issue of skin color to another level for me. As I said, she was dark-skinned like my father, even darker than my father. And I was secretly ashamed of her, because she looked just like Aunt Jemima on the pancake box, which had always been a racist symbol to most Negroes. So I was ashamed of her, and I was also ashamed of being ashamed of her.

One day I came in with a friend, Bernard Johnson, his name was. He was a friend, and my mother loved Bernard and she even said, "You know he is a wonderful boy for you- you should like Bernard." My aunt saw me come in with Bernard, and she said, "What are you doing dating him?" And I said, "What do you mean, what are you doing dating him?" But I knew exactly what she was thinking. And she said, "Aint no need to keep a dark man up the family." I couldn't believe that she had said that. The recognition of how this loving, giving, talented woman had internalized the issue of dark skin undesirability to such a painful degree was very shocking to me. I went in the next room and I cried. But her message to me was, "This is what it means to be dark-skinned." I buried this memory of her pain but not the negative evaluation of dark skin. I did not really come to grips with it until I began to do a genealogical study of my own family. So I never discussed these thoughts and feelings with anyone. It remained an unmentionable subject. And as I have conveyed, I had learned few coping mechanisms to counteract them.

The second area of internalized negativity the sexual exploitation of Black women, an issue that is also connected to the skin-color issue. It was rarely, if ever, examined in my family or even among my friends, and it is not much explored even today. There is not a great deal of talk about the fact that any African American person who does not look totally African, probably has White blood to some degree, and a great deal of this White blood and intermixture came from the sexual exploitation of African American women.

I was always curious and uncomfortable about the subject of my mother's father. She was evasive the few times that I did ask about him, and the message again was don't talk about it. So while I wrote her name, Alibourgeois. My family was from Louisiana. That was her maiden name and she carried her father's name. So while I wrote that on every record, her father, who he was, and what he was had to remain a secret. I thought this was because her parents had not been married which hard as it is to believe today, that was an issue of great shame when I was growing up. So that is what I thought it was about, and then of course I knew that intermarriage was illegal. But more than that, this was a situation of 3 *other* family members- my mother's mother, her mother's sister, and the daughter of her mother's sister. All of the fathers of these women were conspicuously absent. Nothing was ever said about these fathers and at the same time that their *names* were given to the children that these men had fathered.

All 4 of these women...and it took me a very long time to let this burden go. It was really again not until I had done my genealogy and was middle-aged that I was able to let this go. I became inspired by my interest in family therapy and the issues of genograms, which led me to do the family work that I did and uncover these family secrets. But I was unwilling to face the fact that all of these situations would probably be recognized; these situations of these four women in the family would be recognized as having been the result of rape today. But I could not see it as that. Why, I asked myself, would such a thing happen? How powerless must they have felt to have named their children after men who had so exploited them? Or was this an act of courage? Or was it an attempt at some sense of control by establishing a known connection for their children with the men who had fathered them?

I believe that it was this discovery plus the issue of skin color entrapment that gave me the steam to do the writing that I have done on racism, how it functions, the purpose it serves, and what should we be doing to help our clients who are trapped in it, and ourselves, because everyone is trapped in it; we *all* are trapped in it. So how do we understand coping, now? What would constitute coping in a situation where the realities were such as I have described? Before I talk about that for a few minutes, I want to say that I looked at a dissertation that was recently completed here on this very subject and I found that it was one of the finest things that I have ever seen on the topic. It had the

language, the explicit articulation of the issues that are so fuzzy, so confusing, so contradictory, that is hard to get hold of them in order to cope with them. This dissertation, which was done here at Massachusetts School of Professional Psychology by Lisa Bibuld and I think she called it “Narratives of Mothers and Daughters.” In it she interviewed a number of women and their daughters about how they coped with racism. I recommend it to each and every one of you because the language is so absolutely excellent in terms of the way she articulates these complexities. Here is what she said about resilience:

Key components of resilience in families are developing connections with others, communication, common values and belief systems, and seeking opportunities to express feelings and emotions, the existence of mutual support and having hope. It includes actions, acts of resistance that are intended to change systems that oppress and subjugate, while others aim to protect integrity. It means becoming cultural interpreters and brokers of the nuanced messages prevalent in society that can be potentially destructive.

And she found that the important work of developing cultural and political viewpoints pertinent to the cultural experience and where children learn and form their identities to effectively resist marginalization and oppression are what constitute true resilience. She talked about the quandary, contradictions, and paradoxes that people face as they try to give voice to what they are experiencing so that they can learn to cope with it. She describes it beautifully: “Framing their minority status in the social, economic and political context of culture, along with affirming Afrocentric cultural experiences; - these are important components of effective resistance.” And one other thing that she emphasized that I touched on was the issue of resistance- learning to fight back, learning to not accept the internalizations that people seek to um force you to accept.

So applying this articulation to what I have said, I see resilience as seen in the coping mechanisms that people devise to reject the humiliation, to reject the insults. What you saw in *my* history was a model of success that we had, that was a wonderful thing. We knew that it was possible. There was no way that we could say we could not do it because some people had already done it. We had the model of rejecting humiliation that my father taught me. I even found the strength when, the summer after I graduated from college, I used one of my fellowships to go to an experience in Colorado. I was supposed to travel to Europe, but it was wartime so we couldn't do that. So I went to a fellowship group in Colorado that was a work camp and we were supposed to help communities with whatever was needed. We ended up at a conference in Denver, which was the Fellowship of Reconciliation it was holding the conference there because there

was a Civil Rights Law in 1943. But this Civil Rights Law was not being respected, and so they were holding workshops to convince people that they must change this practice. Well, I joined the picket team that was set up there and ended up in jail. So I was learning now to fight back, even though all these internalizations that I have talked about had not yet been dealt with.

In my story you heard the model of the caring community that encourages, supports, and protects. But in my community there was not support for understanding the internalized oppressions, there was no support for that. And most important, what you did not find in my story but most important in terms of the coping mechanisms that indicate resiliency is understanding the context. Understanding the context protects people's self-esteem, their energy, their sanity, and their health. It is sometimes referred to as meaning-making; out of pain, out of the injustice, and out of the struggle. We externalize the problem, which in psychiatry we have been told is something that that can be problematic, but externalizing this problem and making sure it is clear that this is not *me*. It is out there. This is paramount, and the kind of understanding that a person must get means understanding the purpose of racism, how it operates, the problems it creates, and recognizing all the dilemmas that are inherent in in how it operates.

It also means understanding how to cope with paradox and contradiction. That is a major skill that needs to be developed if one is going to be resilient. I want to give you a couple of examples that I have written about that illustrate the kinds of paradox that people are trapped in. It is from an article on African American marriage, in which I talked about how racism affects the relationships between couples among African Americans. African Americans' responses to the stresses of their social roles have undermined their marital roles. Their efforts to manage these stresses push the flexibility, the mutuality, and adaptive compensation that denote healthy family and couple functioning to exaggerate it at destructive levels. Hard work, which we were taught that we must engage in, can slip into driven dedication. Being strong and tough can become domination and abuse of power. The flexibility that have to have can lead to disorganization and inconsistency, and caution can slip into immobilization, passivity, or withdrawal under stress. Thus African Americans are confronted with *this* dilemma: to maintain healthy family and couple functioning they *must* manage the anger and frustration stemming from their societal role, such that the vulnerability and mutuality so necessary for intimacy are not destroyed by the invincible stance and readiness to struggle that are needed to cope with their role.

That's just one of the dilemmas. They *must* maintain intimate relationships in the face of ongoing disruptive circumstances that demand very different behaviors. They must not channel their anger and frustration into their bodies or discharge their feelings onto their mates or children. Males have especially to guard against using domination in

their relationships as a compensation for social injustice. This requires a state of carefully-regulated flexibility and vigilance. The current condition of African American, male-female relationships indicates the herculean nature of that task. Any solutions to the decline of African American marriage must take into account this stressful dilemma.

So I am saying that one of the things we have to help our clients to understand is this paradox, and one of the things we have to do is to give them ways to cope with it. Of course one way is to understand it in all its complexities, and help them develop the recognition that they have to have the energy to cope with these complexes, to keep seeking to understand what they are trapped in. It is a challenge, even for African Americans to help other African Americans to do this, and I think it is probably even more of a challenge for people who are *not* to understand this and to be able to help their clients. But it is my hope that you will continue to think hard about it, to examine yourselves and your own issues that you bring as you work with your clients, and be aware of all that is needed to help them develop the resilient functioning that they need to continue to function. Thank you. (Applause).

## Richard Pinderhughes, PsyD

*Associate Director of Administration and Multicultural Consultant with VISIONS, Inc.*

### Introduction by David G. Satin, MD

Dr. Richard Pinderhughes obtained a B.A. degree from Boston College and a Doctorate in Psychology degree from the Massachusetts School of Professional Psychology. He has taught at the University of Massachusetts Boston in family therapy, counseling, and school psychology and is now the Associate Director of Administration and Multicultural Consultation for a consulting and training organization called VISIONS. He has practiced individual, group, and family therapy and has an interest in older adoptions. Dr. Pinderhughes has long-time experience with issues of racial identity, institutional racism, and racial and cultural issues in clinical practice.

### Richard Pinderhughes, PsyD—Strengthening Family Resilience in the Face of Adversity from a Multigenerational African-American Perspective

Hi everybody! I am much more of a feedback loop kind of person, so the first thing I want to say to you is that I enjoy speaking, I enjoy teaching, I enjoy training, and I get excited sometimes and sometimes I get louder. So if I do and it's too much, please raise your hand and let me know. I just want to say I am also basking in the circularity of the experience of...this is the first time I have been able to present something with my mother. There is two-thirds of my family here, so that's cool! Another piece of circularity is, yes, I did go to MSPP and I did graduate, finally! And a third piece of circularity is my first-year placement was at the Freedom Trail Clinic at the Lindemann Center. So this is getting deep y'all! So I really like circularity.

I am going to also begin with a vignette. Some years ago, I was on my way in town and had seated myself in the middle of an empty bus. By the time the 3 White youths had gotten on, there were 2 others on the bus sitting in the front. The 3 youths were sitting in the back of the bus and were very loud with their conversation. I was reading my book and found it only mildly distracting. At some point, I began to hear them mention each had had fights with black youths. "Oh man, I shanked that nigger good! You should have seen it! Take a look at this. How much would you pay for this knife? Man that nigger aint never coming back there." All of this took place over time. It was about a 20 minute bus ride. This was all loud enough for everyone including the bus driver to hear. So what might resilience look like in that situation?

I also remember and hope you do as well, the movie Crash. The last time a diversity training will get an Academy Award, right? The internalized oppression is a big nut to crack and it is something that is very powerful for me, and I am very glad that my mother

had spoken on it. I will continue to talk a little bit about it too. The scene in particular for me was Terence Howard and Tandy Newton. After she is sexually violated by the police officer. He frisked her in public in front of her husband. She is enraged at her husband, who was also in turn immobilized by his own emotional trauma of watching this take place, fear of reprisal should he attempt to defend her, leading to his feeling of impotence. I wonder what each character's multigenerational family experiences around racism would have helped us understand what each one brought to that situation.

In the article that you had cited, Mom, there is another connection to your comment about the connection to African-Americans' responses to stressors affects their marital roles and their support of each other, and there was a blatant example of that in this scene. You have heard the sterilized definition of resilience as elasticity and the ability to bounce back. How is this possible, given that experience or experiences affect us and change us? To what degree do we bounce back given trauma, stress, crisis, and ongoing significant challenges? Walsh - and I guess now Bibuld - define resilience as the capacity to rebound from adversity strengthened and more resourceful. It is an active process of enduring, self-righting, and growth in the response to crisis and challenge, the ability to withstand and rebound from a disruptive life challenge or challenges. Curor's take on it was resiliency was families' ability to cope with stress and not only survive but thrive. And one more, Simon et al. said "The ability of a family to respond positively to an adverse situation and emerge from the situation feeling strengthened, more resourceful and more confident than its prior state." There is a range!

Situations of multigenerational resilience, I would love to share with you the experience I had as I was being raised by race-conscious parents, and there were both successes and misses in that process in terms of the messages that we received around how we handled internalized oppression. On one hand, we received very clear communication about a system that was created to benefit Whites; that this was wrong and needed to be addressed. On the other, as I mentioned, I received little or no information that would help me understand what internalized oppression was, where it came from, and how to deal with it.

Among the many experiences I had or heard about with or from my parents were some of the following: the empowering experience of attending the march on Washington in 1963 carrying my own plaque as a 8-year-old. By the way, our family is in the stock footage, so you will see us. Another was having Dick Gregory come to the house and speak to a group organized by SNCC and the Unitarian Church that we were a part of, the many community meetings at Freedom House in Roxbury. I remember hearing my father tell a story of his experience in the South. He was in an officer's uniform and he was travelling on a train. The car that was for colored people only was full, and the car behind it was almost completely empty. He saw a Black family get on that would not be

able to fit into the seats left in the “For Colors” car. So he moved back to the next car behind as a support for this family and he sat himself down a little bit further behind them. They took some seats at the foremost point of that car, and he sat several seats back. Apparently, this did not go over well for the White people who were further back in the car, and they complained to the officials on that train. Later, a White train employee came to him and stated that that he should move, to which he politely refused or should I say declined. I vaguely remember him telling me that either this employee or another decided to sit next to him as a way to challenge him. He knew that he could not sit next to or behind a White person on a train. My father moved up one seat. The White employee then moved up and sat on the seat next to him. This happened another time before my father ran out of room, so he merely stayed put. Now sitting directly behind the family that he was supporting a few stops before.

After a while, the White employee left the car and another stop or two later, he was approached by a Black porter who let him know that the train officials had radioed ahead and there would be some authorities waiting for him at the next stop. He thanked the porter and got up and moved into the colored car. He apparently knew when to stop. My father said with a laugh, “The next stop was Lynchburg.” I remember no more conversation on what his thinking or feeling was during this process. And I did not understand what he had done, and at least a part of what he was trying to do in telling me this story, but without the teaching of the nuances of how to address something and when to address it and when to let it go.

I had the task of interviewing my grandmother on some of her experiences, and actually this was related to a first-year MSPP assignment. One of the stories she told me was in 1915. She and some of her friends had decided to go see the movie, “The Birth of the Nation.” They went to the movie, sat in the balcony as they were only allowed to do so, and then when the movie began to run they threw their eggs at the screen. As much as my parents demonstrated that racism existed and was to be met by collectively challenging it, what I was unprepared for was the way in which members of the Black community treated each other as a result of the collective experience of oppression. What she referred to as something that the Black community practiced yet never talked about; skin-color.

The original message that I took in when I was very young, was that my color was not good enough. I often heard that through a variety of statements, being called “Whitie,” being accused of trying to pass, and while there are some places in the U.S. where color descriptions of shades of African Americans is merely a term, I was called “yellow” with a snarl. I later came to understand this as a backlash message around skin color from within the community passing on the relevance of skin color, meaning, the message of the right to exist and call oneself Black. Of course, these earlier experiences

were totally confounded by the light skin privilege accorded to me later on through my interactions with Whites and institutions. I have since been able to utilize the complexities that exist having membership in those various categories, where I can experience the benefits and costs of various privileges and lack thereof, as guides in helping both myself, my family and the families that I see, as they deal with some of the complexities that exist for them.

When I was very young, I can remember no explicit messages as I have said about the value of skin color that were passed on, no explicit ones. But the one incident that made these messages truly explicit was the reaction my mother had as she completed her, and therefore *our*, genealogy. Indeed, there was sadness and anger that I had experienced in hearing the story of my bi-racial grandmother probably the product of rape, living in her light skin and treated so badly by my step-siblings and step-father, all of whom were very dark, that she was sent away at the age of seven or eight to live with an aunt. This was the first explicit message I remember receiving about skin color. As my mother was learning about this information and as she said to you, holding it and not knowing how to deal with it, trying to figure out her own process with this, I was probably 18 or 19, and the words that came out of her mouth were, “I don’t want any white women or ugly black women in this house!” Translation: no very dark-skinned women. There was so much pain and loss and rage in that comment. Being a teenager, I hadn’t heard the data, I reacted to it as a teenager. “How could you be so prejudiced?” I even went so far as to tease her. She would ask me when I came home from a date, was the person Black or White? And I said, “Ah, I forgot to ask! I promise that the next time I go out with her, I will ask her and I’ll let you know,” not knowing the impact that that would have. It is funny now, and I don’t know what that would have- the need to know was probably very powerful, and yet, I didn’t have the data.

Learning this information later really put a lot of this into perspective. And we have a saying at VISIONS- “All behavior makes sense given enough information.” It does not excuse the behavior, but I can be sure to understand the genesis of it, and why this person is shown up like this and that really made a lot of sense. Her comment made a lot more sense to me. It was out of pain, out of rage, out of her own sense of being resilient in her own way, of keeping that trauma out of this family. I just answered my next question, which was: how do we understand my mother’s resentment when we think about the conversation of resilience?

For years I had coded that particular story as trauma, so I had my own process with this story, the rape of my great-grandmother- loss, rejection, inexcusable ostracizing behavior of a child based on her being. It took me many years to experience this story through a resilience lens- as an adoption story! That there was someone at the other end welcoming her, raising her, and the connection between this story and a well-

documented practice of Black families over the years begun in this country during slavery and firmly rooted in African family practice. Black families faced with the task of raising someone else's child, particularly a relative's. This informal adoption story that is part of my multigenerational story and a part of why I look the way I do. Might this demonstration of resilience have anything to do with my choice to work with adoptive families for 23 years? Might it have anything to do with my sister Ellen's choice to study adoption-related issues for a huge portion of her celebrated career as a psychologist? Does personal reworking of multigenerational issues and events count as resilience? And just to let you know, my brothers have all worked or are working as professionals dealing with race and the complexities around inequities that relate to race. Two are sociologists and one worked in the National Bone-Marrow Donor Program. One was also a Black Panther for several years. I do not think this was an accident.

To me this is clearly related to our topic today; that our family has practiced and our parents have communicated to us the many of the processes that Walsh describes as essential in family resilience- a shared belief system around race and racism; the ability to make meaning of crisis situations; facilitate a hopeful and positive outlook; development of an "I can get through this" attitude; and a sense of connectedness and collaborative problem-solving.

My mother has told you a lot of experiences that we could categorize as effects of overt and old-fashioned racism. That was quite prevalent as *she* was growing up. I was born at a time when old-fashioned racism still existed, yet that began to shift with the Civil Rights Movement and legislation. However, we all know that the attitudes and feelings did not disappear. They just found other ways to emerge, more subtle ways that require more effort to identify with clarity, and therefore address. We still see this today, for example, on an interpersonal level: "You're really articulate!" I know of no White colleagues who have experienced that. On an institutional level there are practices of law enforcement, and justice departments working in such a way that there is a huge differential impact on the incarceration rates of African American, Latino and Native American males as compared to Whites for the same or similar offenses.

An example of a more subtle way that racism has played out for me was one that made it very challenging for me as a teenager to clarify and therefore address. I was a sophomore in high school at a prestigious independent school here in Massachusetts. I was taking a math quiz. I was very good at math, usually getting good grades, and actually I was doing fine on the quiz except I was having a problem with one of the problems. And the teacher was walking around the room as he usually did. I should also say that this is one of the teachers that had been at the school for many years prior to my brother, Robert, having entered the school as the first Black student ever to go to that school in 100 hundred years of its existence. So the teacher comes up to me, sees me

stumped, squats down to give me some hints, and when I still could not get it he said quietly, “You dummy!” and chuckles and walks away.

I was clear that he said it loud enough for at least half the class to hear it. What puzzled me at the time was that I was a high achiever in math, and why would he consider me a dummy? So I was stuck with that lens. I was so focused on that confusion that I could not see any other possibility. He had coded his disdain for me in the problem of the quiz, yet underneath was his disdain for something else about me. He was also notorious for this, this particular teacher. That it had eluded me, I had allowed it to allude me or I had not yet learned the skill of identifying a more modern version of racist behavior that was designed to confuse me yet still impact me. My mother saw through all of that. Later that day or the next I let it slip in a conversation that this happened. I don't remember getting in the car, I don't remember the car ride, and this was a 30-minute ride from Roxbury to the school. What I do remember is the image of my mother in the headmaster's office, with the dean of students present, and this teacher and the headmaster. All of them seated with my mother standing over this teacher with her finger in his face doing this (gesture), and speaking in an angry tone and a very loud voice. Is this resilience? Powerfully so! Makes me want to revisit the question of, “You are standing on my land!” And ask *that* question again.

Clearly there is a connection multi-generationally to what she learned watching her father, and what she was showing me. I have often thought of specific times that I have witnessed my parents in these types of interventions, and/or hearing their stories, and I remember the impact on me both at the time and in my reflection. I am personally driving my own kids crazy with my attempts to talk with them about the more subtle ways that race is involved in many of the experiences and interactions that they have, as well as the bombardment of messages about race in the media, making many moments teachable ones. I feel strongly that this is an added piece, that at times I would have liked the connection of the intervention with an explanation of the issue, an explanation of why the intervention was taking place, and an explanation of why it was taking place in the way it was taking place, or why not. I say this now that I would have wanted that, and I also know that particularly as a teenager I probably wasn't gonna hear it anyway! I am trying to add to what I received as I raise my children, and as I work with families, and in retrospect what I would have benefitted from a way to promote more efficacy in resilience, and a broader range of ability to be resilient, both individually and as a family.

In my practice I have used these experiences and stories to inform how I work with families that I have seen and how to invite them to advocate for themselves. I use that term “invite” purposefully, because I am well aware that as a middle-class person working with working-class families, for me to tell them to just go in and advocate for themselves is a setup! So I need to find a way to have them understand the complexities

of every part of the situation and the differences that I have with respect to those families, so that I am not setting them up for failure and for *not* being resilient, or learning that resilience is really not an entity that I can achieve.

I have found it informative and even fun to get the stories that people were told from and about their parents and grandparents, and what explicit messages they receive regarding certain aspects of family existence and functioning. To this, I add the importance of explicitly accessing *untold* stories, the *unstated*, *implicit* messages that get passed on from generation to generation. For a family to make what has been *unspeakable*, *speaking* is to assist them in empowering themselves to shift generational messages that are powerful yet not addressed. We can partner with our clients in this process.

Sometimes cultural humility can be a very supportive for a client. For me, it was perfect. That bus ride? I was on my way to therapy! How cool is that? The world works in mysterious ways, right? It was a test! I also want to say that my therapist at the time was Dr. Steve Fisher, who was a former MSPP faculty member. And this was before I came to MSPP actually. I struggled with getting off the bus and not putting up with this, and being late for therapy- my loss, right? I struggled with staying on the bus, feeling unsafe, unable to concentrate, because I did not know if they would confront me directly or if they were just talking trash. Again I lose because I was thinking about them. I did choose to stay on the bus and get to therapy on time. So it was a coping, it was not a resilience from that resisting humiliation standpoint that my mother was referring to. I didn't see that at the time as an option that it would have been safe. It was an option and it might not have been safe.

When my therapist asked me, "How're you doing?" I burst into tears of rage and feeling violated. The healing was after some tears and all he said was, "I cannot imagine what that's been like for you," meaning racism as well as this incident. The tears became tears of connectedness, of gratitude, of being held and safe. And he was a White therapist. So that was a beautiful way of expressing a certain kind of cultural humility, and a lot of us as graduate students particularly when we are exposed to the medical model version of therapy, we are taught to know and to be right. Where does cultural humility fit in that equation? It doesn't. So, I have chosen to let go of some of that as I have practiced with my clients. In this changing world that seems to be bringing additional stressors, for example, lately significant financial challenges to an even larger population, there seem to be more obstacles for families who need to take time to have these conversations on their own, let alone in the context of a clinical relationship, by sharing more implicit and explicit multigenerational messages and the related stories, the relational aspect of resilience is held, the allowance for multiple realities with regard to oppression can be shared and embraced. This can minimize the sense of aloneness

that an individual can experience or use as an approach to crisis, trauma, stress, sets the stage for collective collaboration, or at least members feeling empowered to seek support from others and utilize a more collaborative approach. And in that connectivity a positive outlook and a sense of hope and confidence and competence to problem-solve and overcome such obstacles –such obstacles. Thank you. (Applause).

## Elena Cherepanov, PhD, LMHC, CTS

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### Introduction by David G. Satin, MD

Dr. Elena Cherepanov is a clinical psychologist and psychotherapist specializing in individual, collective, and cultural trauma, as well as community and refugee mental health. She is a Senior Faculty member and Coordinator of the Trauma Studies Program at Cambridge College, and works in the Community Based Flexible Support System program at the North Suffolk Mental Health Association. In the past she has taught at Moscow State University, the University of Toronto, and other schools. She works with non-governmental international relief organizations on a variety of mental health projects in countries such as Armenia, Chernobyl, Chechnya, Kosovo, and Liberia. She was recently appointed consultant to SAMHSA on trauma-informed care and justice. She is a past recipient of the Carol Hacker award for contributions to the field of trauma, and has authored more than 40 publications.

### Elena Cherepanov, PhD, LMHC, CTS

Thank you very much. It is very difficult to talk after these powerful presentations, and I will just narrow down the topic to trauma and different views of trauma in context, specifically. Very briefly I will talk about individual trauma, for instance, what happens when the family member comes back from war or is raped. In fact, I don't think that individual trauma really exists in family systems because it is a deal for the whole family and it changes the function of the whole system. We will talk about family trauma and community trauma very briefly. Examples of family trauma could be the situations when the whole family is exposed to the traumatic event, such as a family member commits suicide, was a victim of violent death, or the family went through the refugee experience.

Then there is also cultural or community trauma, which is a fascinating area. I am not going to stay too long on that, partially because we had absolutely wonderful presenters. They described some of the issues that happened in the community when there are large groups of community members and underwent victimization, extreme poverty, or other highly traumatic events. Just one word about group trauma or collective trauma- the effect of community trauma is very complicated and one examples may be at the end of August 1997 when Princess Diana died. Do you remember the effect that this had on the communities and societies? People were crying and it was unbelievable. Just to mention...at the same time about 6 million children were dying

annually of malnutrition in Sub Saharan Africa. I specifically went to the headlines of the newspapers and there was nothing about that. So the way we respond and how we respond to particular events depends on many factors and that goes a little bit beyond the scope of our presentation, especially since several aspects have already been addressed in a very powerful way.

Then of course there is a transgenerational trauma. So what happens to the family that was traumatized is that they make sure that nothing like that will ever happen to their children. Then we go back to the idea not to blacken the family because it is a survival message, right? That is how I want to ensure that the family is safer. So that is what parents want and indeed it does come up. There are a lot of controversies and I also mention some of them related to my culture, the Russian culture.

You do not want me to talk about this- PTSD, correct? Does anyone insist? OK, so we are moving on. The reason why I brought it up is that if you read it literally, what this tells us about PTSD, we must try to reconstruct what a person with PTSD presents with in the family. Here it is- before trauma the trauma, the person was perfect. Now after trauma, the person is depressed. Just imagine this person in the family life- depressed, anxious, hypervigilant, unable to relax, talks all the time only about trauma, dissociates every time when there is important issue to discuss, has uncontrollable outbursts of anger, is prone to violence, has problems with concentration, memory, sleep, alcoholism, withdrawn, avoids important family activities, unable to have loving feelings, and does not care about the future.

In reality it does not work like that, but the whole DSM suggests what happens to the family when we get a traumatized family member. Although the science mostly shows that the family needs to show compassion, because these people did not choose to be traumatized. How much you can expect from a family in this situation? That is why more and more systems are focusing right now on supporting families because they need almost as much supports as the survivors in this situation. Trauma indeed is associated with very high rates of the families falling apart.

Next is the way the family system responds to trauma. Indeed, there are several major paths that we can analyze. One is regression- when the system regresses, the family regresses and begins to treat the traumatized family member as if this person was a child, which is not the case. If the person is traumatized, this person is still grown-up and that is something that we are struggling with in the community mental health system, because we tend to paternalize people with trauma or serious mental illness and to see them as children who are not able to make their own decisions. Another possibility here could also be disorganization. If parents divorce, family members are falling apart and then each of the family members needs to have very long road to integrate that experience. Another scenario is stabilization or conservation. This is not considered to be

a good scenario for the system development. I don't know if you have seen in your practice those families who say, "Yeah, it was terrible, but from now on we need to move on as if nothing happened." It does not work like that. It feels good, but it does not work like that, and eventually it leads to the regression or disorganization.

However, more and more importance is being given to a paradigm called post-traumatic growth. The idea is very logical and relates to the concept that we are working in the community mental health. That indeed, trauma is a bad thing, but eventually it leads to a maturity of being able to understand others and being able to help others. Of course we would rather not have it, but it is just how we deal with what happens to us and how we grow. So that is important. Post-traumatic growth suggests focusing on the resiliencies, and there is more and more attention paid to work focusing on the family's strength and resilience. You have heard absolutely wonderful examples today so I will not talk more about that.

In family therapy there are five steps. So I will briefly talk about treatment models. Gerald Sigel has a classic five-phase treatment of post-traumatic stress disorder for families and the idea is mostly based on the cognitive reframing, understanding meaning, finding meaning, and identifying ways to cope with future challenges. Chris Hurst and the crisis intervention model is based on the idea of crisis intervention. It includes stabilization, identification of family resources, and strengths so the family will be able to deal with the crises in the future.

So sources where we can find family strength and coping as well as prognostic factors. The family support is the one single most powerful resilience factors for coping with trauma in children. So the rest of the coping factors are much behind that. Walsh is a theorist and advocate of using post-traumatic growth in the family systems. She suggested that the prognostic factor for coping and resilience are family belief systems.

Spirituality and hope are extremely important. Unfortunately, trauma is one event that does target spirituality and hope, and that complicates and challenges a lot of mental health interventions. I can explain why but I think its kind of obvious, right? If you have a sense of the foreshortened future...if a child does not expect to live beyond 16-years-old like I saw in Chernobyl, how can we explain to them that they need to go to school? "Why should I? If I'm not going to get a job, if I'm not going to do anything, I could enjoy myself as well." This is spirituality is well. Trauma survivors face extreme challenges finding the answers to existential questions. How could have it have happened? When it works and when it is functional, it is wonderful and it is one of the most powerful supports, coping skills, resiliencies, and strengths that a person can have.

Next is identity of survivor vs. identity of victim. Whenever a person starts seeing themselves as a survivor, there is a huge potential for recovery. Everybody is a survivor if the person is still alive. Sometimes you have a person who went through horrendous

experiences in their lives, and they are coming to you and nothing good has happened to them since birth. But they survived, and that is something that we can help them to identify as a strength in themselves, because they not may not always appreciate that experience themselves.

Another is transgenerational learning, which goes back to the family messages. What are the parents telling the children to help them to survive? As an example, in Russia there was a writer, Alexander Solzhenitsyn, who formulated a survival code for prisoners of the labor camps. There were 3 major rules. 1) Don't ask for help, because it is not safe. 2) Don't make any plans, because all the plans are going to go away, and 3) Don't trust. A lot of these messages we all know. One very common one is "Be nice to everybody, because you never know when these people will be needed to help you." Familiar, right? This one is my personal favorite- when the child leaves home and the mother says, "Be careful!" Then the mother is surprised when the child develops major anxiety attacks whenever the child leaves the house. Because the child tries to be careful at all times. Don't ask me how I know about that! (laughter).

The one that is very close to my heart is that you need to eat all the food and empty your plate. Because you know, a lot of people starved so that is a very interesting reality. On the one hand, these messages are designed to help us, and on the other hand they are also traps. You understand that if a child of a survivors lives with the idea that he or she should not be asking for help or disclose anything because it is not safe, this person is not going to be reaching out for help when it is needed. It really raises the potential for re-traumatization. So working with the family messages means to identify those who are much more productive and allow working through the traumatic experiences should they occur. I think we had wonderful examples today about resilience, how to defend ourselves, and how to establish your identity.

Of course a major prognostic factor for trauma recovery across cultures is the community. So anyone, or at least most people, can deal with trauma if they have enough supports and that is a postulate of community mental health. So that is why we are trying to approach helping with trauma recovery through the community. It is complicated and you gave wonderful examples of how in the community there are their own dynamics as well, but it seems like it becomes a prioritized direction in the developing the community mental health systems to support people. Part of that is trauma-informed care, which suggests that no matter how we are trying to help person, we always need to assume that this person is traumatized unless proven otherwise, because unless person feels safe it is very difficult to make any progress. If person feels safe, it is possible to identify sources of resilience, coping, strength, and to look towards the future. Some of the sources in the community indeed could be post-survival experience. The community went through a

lot, they survived, and they succeeded. So what is it that allowed them to survive and for people to internalize their survival skills?

Another example is that by the end of the day, before you go out in Chernobyl, it is very hot. The situation is very dark and it still is, and probably there will be no resolution in sight at any time. The humor there is overwhelming. One example is the symbol of the Russian Empire which is a double-headed eagle. Guess what Chernobyl residents are saying about that? It is a Chernobyl-related mutation. Another joke that is widely circulated there is a lady standing in the market and selling apples, these huge red apples. And she is yelling, "Buy the apples, Chernobyl apples!" And someone comes to her and said, "Why are you advertising these apples are from Chernobyl? Nobody's going to buy them." And she says, "Oh no, they buy! Someone for the mother-in-law, someone for the boss!" (laughter). OK, thank you! (Applause).

## Discussion

**David Satin:**

I haven't heard the answer yet!

**Audience Member:**

Could you just formulate it, say it again?

**David Satin:**

What is the role of the mental health profession and mental health professionals in dealing with family trauma and family resilience, or does it all have to come from within?

**Richard Pinderhughes:**

I feel very strongly that mental health needs to be in partnership with clients, families, and both individuals and families. It is not something we are doing to or for our clients. I have long since fallen in love with systemic family therapy because of its role in humility and the emphasis placed on learning from our clients. They are the experts. There is a phrase that I also live by and it does come from within *and* I could easily have it squeezed out of me. If I don't have a Steve Fisher, if I don't have someone, whether it's a White person or it's someone outside my family that is working with me and helping pull it out of me, that's ok with my mess as I'm trying to make sense of it...because it is going to be messy as I try to make sense of it, particularly when trauma is involved. There is no formula for how that is going to be depicted in a story. It is not linear, it is not a nice picture. It often does not come in one telling, and the narrative that takes place in the working through of it is very powerful and is always in my mind done in relationship.

**Audience Member:**

I am struck at how all of you have talked, especially Elaine and Ricky. I want to start with your two definitions of resilience. Elaine, you said resilience is back to where you were, to reestablishing an equilibrium. You said, resilience involves an issue of growth. And I wonder if the two of you don't illustrate that in a way, that your trauma growing up was something to be survived and mastered. Yours was more subtle, it was inherited, but also you were given the strength to move beyond it and have a different perspective about it. Could you talk about that?

**Richard Pinderhughes:**

Age before beauty. (laughter).

**Elaine Pinderhughes:**

Well, I am not sure what to say about that, Ray. We certainly had different contexts and what we gave them was based on *our* context. And what he has said is that we were a fortunate family, we are really trying to make the point that we were a fortunate family and *still* there were issues that we did not prepare him for. I do think that one reason, yes there were, there were the prohibitions against talking about all of these things, which was a way people did often handle things in those days. But also it was just a different time, and we were not as aware of how things had changed, moreover, where we lived, there was a total segregation, and so my parents would not have prepared me for what do you say when somebody calls you a “nigger,” because there was so much separation that was that was not expected. So their preparation was work hard and all the things I said. The generational thing is big and I think that is so what clinicians need to understand when they’re surfacing what the client’s experiences are and then what the family told them about the family strengths, to recognize that there can, that there were there were different situations. The point is to be looking for evidence that what they were told was useful and trying to build on that because it was a strength.

**Richard Pinderhughes:**

I really like your question. As I was thinking, I was realizing that there was an interruption in the family process, and that for me the nodal point is her doing her genealogy because then things became speakable. So we then began to talk about skin color and it was really the first time that we were explicitly talking about the impact of it, we were having conversations about it, and I don’t know if I would have the same viewpoint without that experience. I might have still become a clinician and yet I doubt if I would have the lens that I have now, and so I feel like the way in which I’m trying to put an add on to the teaching that I have gotten. I got the model, because she interrupted a process and added something on from what she was learning and from what she had learned. And I think that it helps me to do all kinds of stuff with my kids that of course they are not happy about, but they will talk about this later. In therapy or somewhere.

**Audience Member:**

There are just so many nuances of how one can approach this, but I wanted to mention to Elena that I loved your phrase and I am not sure I can paraphrase it, but it was basically trauma-induced growth. And I think it is so important because so many clinicians are empathic and sharing the pain that they forget that they are just digging in with that pain and not helping the client see the potential to move on, and I think it is a wonderful thing and I hope you write more about that.

**Elena Cherepanov:**

Thank you.

**Audience Member:**

Just to add to that there is some stuff happening in the community right now with a presentation in New Hampshire in October about *vicarious* resilience, because we are often talking about vicarious *trauma* with our clients, and so to think about if we focus on the resilience for them, we can also vicariously become more resilient ourselves. So if we shift our entire field to really think about post-traumatic growth, we can also think about vicarious resilience rather than trauma.

**Fran Mervyn:**

I'd like to just link that to Lindemann's original crisis intervention, which said the reason you intervene in a crisis is you want to prevent regression, and you want to encourage the opportunity for growth. You are saying the same thing.

**Audience Member:**

It is a crisis theory.

**Fran Mervyn:**

Yes.

**Audience Member:**

I would like to say something. I work with minority populations and lower SES populations in a community health center in Boston and I myself am a working-class woman. The issue of race, culture, and class come up always. I am a White woman, I have my own experiences which I bring into the room in order to help if you want to call it vicarious learning, learning from the client about resilience and social activism with the trust that develops. These are people who the family and the community did not respond to. So regarding the original question, how the individual therapist fits in vis-à-vis the community- the way I see it is that people who have been marginalized may not be able to get the support within their families at that particular time because of a disruption in the family system and in the community. These are Black lesbians, these are people with disability or mental illness issues, these are people with learning disabilities, it goes on.

So if we work with these individuals to do all of the things that all of you have been talking about up there so beautifully. Then we can empower these individuals to be doing this systemic work back not only in the family but to meet with other people who have similar issues and to begin to do social activism. One Black lesbian client developed a support group for Black lesbian women and got tons of support and that group went on

for about 6 years. And people who have poor literacy issues and can't even tell their families they can't read begin to come out to their families and find the multigenerational members of their families with learning disabilities. So there I do believe there is a very powerful role for individual therapists and a really powerful role for community intervention, and the intersection of the 2 is how it will continue the community growth will continue to have it be fueled by the individuals who have been marginalized.

**Richard Pinderhughes:**

I hope you are *not* done. You can continue to go on!

**Elaine Pinderhughes:**

You can come up here and...

**Audience member:**

I just want to know what you told that person who told you to put X by your name.

**Elaine Pinderhughes:**

I asked him I asked him if he signed *his* name with an x.

**Audience member:**

That's a wonderful intervention on numerous levels.

**Elaine Pinderhughes.**

I think what you said was so important- the whole issue of the community. We didn't talk a lot about that, but we know that community *can* be critical in family resilience and I think when we are individual clinicians we may forget about that. How often do you direct them or find ways to help them get connected to community kinds of activities that will allow them to be supported and held by the community. I am a social worker in the midst of these all you psychologists and, of course, that is one of the things that we see as critical and there are now clinicians who are saying...There's a psychiatrist his name is Ramon Rojano who develops with his patients, he helps them when they are recovering from mental illness, that is not the end of the work that he is doing. He is a community psychiatrist, but he is helping them to learn how to join together with people in the community to change things that need to be changed in the community. He is helping them learn how to become people who testify and go to participate in civic activities. It is giving them a sense that they are in control of what is happening around them. I do happen to believe that having a sense of control is so major that we don't often focus on it in that way, but people need to feel that they have a sense of control over the

things that are important in their lives, and community work offers them a chance to make to make a to make a difference there. There is a lot in the literature about that now.

**David Satin:**

I want to thank you all for coming to the Thirty-Fifth Annual Lindemann Lecture. I want to thank all of our speakers who have brought such a varied sense of perspective and such strong narratives about what has happened in their field of endeavor, and given us thoughts about how we are going to put these to use and together. Since we have had Lindemann lectures 35 times, I hope you will come back for the Thirty-Sixth Lindemann Lecture next year. (Applause).