

General Recommendations

1. Lectures, seminars, and small group discussions should be utilized to disseminate current and relevant information from other disciplines such as sociology and anthropology. Autobiographical material should be used to understand what individual blacks believe have been significant influences in their lives.

2. Finally, a major commitment of resources should be made in institutions to generate new information about the special affect of race and racism on emotional health and illness.

REFERENCE

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Beware of Whites Bearing Gifts

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The authors describe their study of four black students who participated in a special 13th year of schooling in predominantly white private schools. They found that the students' difficulties in the program resulted in a loss of self-esteem and the precipitation of an identity crisis to which they were particularly vulnerable because of inadequate preparation and the lack of peer support. The authors present a set of recommendations for prevention of these difficulties in other programs.

IN RECENT TIMES the social conscience of this country has been stimulated to make reparation for past injustices to the black man. One of the most important rights denied him has been that of an adequate education. This paper deals with how four blacks were affected by the attempt to bestow this right through a special educational program. The effects in each case were paradoxical. We believe it is important to illustrate these cases and the unintended consequences of a program sponsored by a sincere and well-meaning social institution. We

hope to obviate repetition of this pattern by alerting social and philanthropic institutions, as well as the psychiatric community, to certain pitfalls.

The four black students are patients at the Hahnemann Community Mental Health Center, a comprehensive mental health facility serving a Philadelphia inner city catchment area population of over 200,000. Sixty percent of this population is black, and another five percent is Puerto Rican.

Although each patient had individual problems, a common theme was noted. All were young black people from the ghetto who developed overt onset of symptomatology just before or during a special 13th year of education in predominantly white private high schools.

This case study will discuss the psychological and social stress placed on these individuals, the ways in which they tried to cope with the stress, and the mental health center's involvement in trying to help them.

In each case, the patient's charts were extensively reviewed and all contacts with therapists were investigated. All therapists were interviewed. One investigator conducted the patient interview; another investigator recorded the session. We were unable to contact one of the patients. There were numerous interviews with the social worker currently in charge of the 13th year program, and written reports of the program were studied in detail.

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At the time this paper was written, the authors were all with the department of psychiatry, Hahnemann Medical College and Hospital, 230 North Broad St., Philadelphia, Pa. 19102, where Dr. Melchiode is clinical instructor, Dr. Gould was a resident, and Dr. Fink is associate professor and director of education and training; Dr. Gould is now in the U.S. Army.

13th Year Program

The 13th year program was established by a settlement house in Hahnemann's catchment area to involve white private schools in Philadelphia in helping young black people bridge a portion of the educational gap between high school graduation and successful performance in college. The plan was to select a group of about 12 high school graduates a year from the two large, predominantly black public high schools in the neighborhood and to offer them a 13th year of education in the 12th grade of a white private school. It was assumed that the youngsters picked would be on shaky academic grounds but would have potential for at least provisional acceptance by some college. It was hoped that they would achieve one or more of the following objectives: 1) have a better chance of doing creditable work in college and be less apt to fail; 2) make a better social and emotional adjustment to college and campus life; and 3) be admitted to a more demanding college than would otherwise have accepted them.

At the time of the study the program was in its third year, with a grant from a national foundation for two more years of operation; the program was subsequently discontinued.

Case Reports

Case 1. N. F., age 18, was seen at Hahnemann in February 1969 at the request of his mother, who desired treatment for him because he had dropped out of the 13th year program, was drinking heavily, and wanted to leave home. Furthermore, she suspected that he might be homosexual. After initial evaluation, he was assigned to a third-year resident for individual psychotherapy.

The patient revealed feelings of being "fenced in," unlucky, depressed, confused, and anxious. He was lonely and resorted to drinking to relieve his problems. He recalled his first awareness of feelings of tension and uneasiness around his classmates in the 11th grade. He handled this by withdrawing and not seeking friends. After graduation he became depressed and suicidal and drank to avoid these ideas. He entered the 13th year program but found that he was unable to concentrate and keep up; he resigned from the program after two months.

N. F. was the second of four children. His father spent ten years in prison for burglary. The patient had no contact with him from the time

he was four, when his father left home, until he was 16. His only memories of his father were of beatings. He felt that his mother had always had high expectations for him, was close to him, and wanted him to do well in school. He remembers not wanting to attend elementary school because he didn't want to leave her. She supplemented his formal education with museum trips and would not allow him to associate with the neighborhood boys because she believed they were a bad influence.

He had done well in elementary school, but his grades began dropping in tenth grade. He graduated from high school in the lowest third of his class. He had no close friends at school, did not date because he felt girls only wanted to "get something" from him, and was not involved in extracurricular activities.

No evidence of psychosis was present during the first interview, and an initial diagnosis of depressive reaction in an inadequate personality was made.

The patient was seen six times during two months in individual psychotherapy. Initially he discussed his relationship with his mother, fears of women, and mistrust of all people. He said he was unhappy at work and expressed a desire to return to school. At the last session he talked about feeling enclosed and discouraged while attending the white private school. He never believed he would complete the school year. It was depressing for him to compare his neighborhood with that around the suburban school. He believed that in trying to improve himself he had become unacceptable to both whites and blacks. After this session he discontinued treatment because a new job prevented him from attending during clinic hours; the case was closed.

During our follow-up interviews in January 1970, he talked about his feelings while attending the white private school. Everything there seemed strange and new, and he felt unprepared for the difficult work expected of him. He became increasingly depressed when he could not do the work despite trying very hard. He got along well with the white students in class but felt their friendships did not extend outside school. He felt like a stranger, beneath the wealthy white kids. He was ashamed when he was assigned to a seventh grade math class because he could not do more advanced work; a week later, he quit school. This disappointed his mother but he could see no sense in continuing. At the time of follow-up, he was working as a clerk and bookkeeper. He hoped to become an accountant but had no idea how he would go to college.

Our impression was that he was still very depressed. He admitted thinking about suicide but expressed confidence that he could handle his own problems. We recommended that he return for

therapy but he has not done so.

Case 2. L. M., age 17, was referred from the medical clinic, to which he had been sent by his mother, with a two-month history of headaches and chest pain. He was admitted to the psychiatric clinic in August 1969 and was treated by a senior medical student therapist. He had been well until his graduation from high school in June. He had a summer job in an office and was scheduled to begin the 13th year program in September. He was worried about his ability to do well in the new school, had problems with his girl friend, and was dissatisfied with his job. He believed his symptoms were unrelated to his emotional state.

L. M. described himself as a good student until 11th grade. In elementary school he considered himself the "teacher's pet." He had no close boy friends, did not like sports, and preferred to "mess around" with girls.

He lived at home with his parents and three younger sisters. His parents have never separated. His father worked steadily as a welder. The patient regarded his father as poorly educated and felt he could not communicate with him. He admitted to competing with his father and taking great pride in dressing better and having more money. He felt very close to his mother, a high school graduate and housewife. He regarded his sisters as noisy, childish, and stupid.

The patient has a half-brother with the same name, one year his junior, the child of his father's divorced first wife. Although his father has never admitted siring this boy, he has paid support for him. The two boys know each other and are superficially friendly, but the patient is disturbed when people say they are brothers.

Mental status examination revealed no evidence of psychosis, and the initial diagnosis was anxiety reaction.

The patient was seen weekly in individual psychotherapy for three and a half months, with marked improvement in his symptomatology. He dealt with problems in his relationships with girls, expressed fears about homosexual feelings, and discussed problems in coping with the work at the private school and his difficulties with his parents. A major area of discussion involved his feelings about his half-brother and his problem in establishing his own identity. Therapy was interrupted in November 1969, because the therapist had to leave the psychiatric service. The patient was free of symptoms, was doing better work in school, and could see no need for further treatment.

During our follow-up interviews in December 1969 and January 1970, L. M. was free of symptoms and still attending the 13th year program. Although he had some difficulty with his school-

work, he expressed confidence in his ability to do better. He believed that the program was valuable for him and would enable him to do better in college. He found the work harder than anticipated and felt his public school education had been inadequate. He thought the atmosphere in class was very competitive. He had difficulty adjusting to the greater freedom in class and to the need for self-discipline.

He was very aware of being black in a white school and did not associate with many people there; he said, "White schools change black students, but they won't change me." He felt generally accepted by his fellow students but was aware of some resentment. He knew that both his parents wanted him to attend college and that he would disappoint them greatly if he failed. His goal was to be an accountant, although mathematics gave him his greatest academic problems.

During the two interviews we were impressed with his competitiveness toward his father and his attempts to impress us with his sexual success with women. He said he was doing well and felt he had benefited from therapy.

Case 3. W. B., age 17, was referred to the mental health center in February 1968 by the settlement house that had placed her in the 13th year program. She had upset her teachers by frequent arguments and continual writing about death, agony, and confusion. She had been dropped from the program after a month because of poor schoolwork and emotional distress; she was enrolled in a local junior college at the time of admission. She admitted to two previously unreported suicide attempts by wrist-cutting in September and December 1967.

The patient was the youngest of seven siblings. Her parents were separated at the time of her birth. Her relationship with her mother was described by her therapists as symbiotic. W. B. admitted that her mother was very "enthusiastic" about her as a child and pushed her into school work at an early age. By the time she was five, she could read, write, and do arithmetic. She entered school in the second grade and skipped another grade. By junior high, however, her grades were extremely variable, with As in some courses and Fs in others. She graduated from her high school's college preparatory program and was accepted in the 13th year program.

Her father, a 65-year-old unemployed alcoholic, returned to the family when he became ill several years prior to her admission. The patient says she never felt close to him. Her 49-year-old mother was described as ambitious and never satisfied with her lot in life. She had attended night school for several years to get her high school diploma and worked as a community coordinator at an elementary school. She had a very close relation-

ship with W. B. and was always involved in her activities. The rest of the family consisted of a step-brother who had received a dishonorable discharge from the service, a step-brother in jail for rape, and a step-brother, step-sister, and two full brothers who were doing well.

Mental status examination on admission revealed marked thought disorder; a diagnosis of schizophrenia, schizo-affective type, was made. W. B. has been hospitalized with little improvement in the day hospital or inpatient unit of the mental health center almost continuously since her admission. At the time of our investigation, she was grossly psychotic and was in our inpatient unit.

Case 4. B. W., age 17, was referred to the mental health center in January 1969 by his mother, who complained of his poor schoolwork and her difficulty in controlling his behavior.

The patient, when seen alone, complained of his mother's possessiveness and expressed discontent with his life situation. He was angry at his mother's attempts to dictate what he should do and he deeply resented demands that he wash dishes and do laundry at home. He felt he was a "thing" to his mother and that she wanted status through his achievements.

His mother described B. W. as passive, compliant to her wishes, and socially isolated before entering the 13th year program. He did fair to poor work in school; after being accepted in the 13th year program, he failed every subject in 12th grade. In the 13th year program he saw his role as an activist; his goal was to change the existing attitudes of the whites in the school toward blacks. He perceived the faculty as being condescending toward him. He was angry at them for notifying the parents of a white girl he had been dating who was then withdrawn from school. During the school year B. W. also rebelled at home. He became angry at his mother for her interference in his affairs and refused to help her around the house. The patient revealed that his ghetto friends always regarded him as a "goody-goody mama's boy", and his peers who were in college saw him as an "Uncle Tom" before his shift to militancy.

B. W. was an only child. When he was two years old his father left home and he has had no further contact with him. He described his mother as possessive and domineering. An uncle seemed to play a significant role in the patient's life, and he had many positive feelings toward him.

The patient was seen as an intelligent, articulate young man without evident thought disorder. He was angry and frustrated. He was preoccupied with separating from his mother and his inability to achieve his goals at school. The social worker who evaluated him diagnosed him as an oral

character in the midst of an identity crisis. He was referred for individual psychotherapy but failed to keep his appointment. There was no record of further contact with the center.

We were unable to contact him for follow-up but we received a report about him from the private school he had attended. They said that his militant and disruptive behavior had succeeded in destroying faculty support for the program. They had reservations about having any 13th year students there the next year because of hostility among faculty and students toward B. W. He did not complete the year at school and we later discovered that he had joined the Navy and was subsequently discharged for inability to adapt to the service.

Discussion

Our discussion will stress both the intrapsychic factors in the lives of the individual students and the social problems raised by their backgrounds and the deficiencies of the program. In order to understand the problems of such patients and programs, mental health personnel must be well grounded in both psychodynamics and psychosocial principles. In discussing the individual cases, we will attempt to explain the developmental problems of these students that contributed to their failure in a program with many sociological hazards.

The Program

At the time of our investigation, the director of the 13th year program revealed there was some doubt that the program would be continued, even though it was funded for two more years. They have encountered many problems, specifically:

1. The program is too expensive. The directors of the private schools have to provide tuition and the settlement house has to pay for food, transportation, and school activities.

2. There are no provisions for on-campus living for these students; this contributes to their isolation from the rest of the student body. A lot of time is spent each day traveling to and from school.

3. The private schools would like a greater variety of students and want to recruit from many schools.

4. The private schools want more say in student selection.

5. Both the private schools and settlement house feel that one year of this school

program is not sufficient. The schools feel that the differences in scholastic pace, race, and culture are too great to be overcome in one year.

6. The quality of the students selected is not satisfactory to the private schools. Many better students go directly to college without wanting an extra year of school. The 13th year program is thus left with relatively inferior students.

7. There is need for a more meaningful relationship among the private schools, settlement house, and public schools. The guidance counselors at the public schools do not cooperate with the settlement house as well as might be hoped.

8. A review of the program reveals a progressively increasing number of dropouts and failures. In the first year of operation, 1967-68, 11 students were enrolled (seven boys, four girls); nine students were accepted by colleges and two went to work. However, the follow-up is not accurate. One of the students listed as in college is a psychotic inpatient at Hahnemann. In the second year, 1968-69, of the 11 students enrolled, five students entered college and six dropped out of the 13th year program (including two of our patients). In 1969-70, eight students were enrolled; four students currently attend private school (one is a patient), one was expelled from private school, two quit, and one received a college scholarship and dropped out of the program.

These problems reflect poor administrative organization; lack of adequate controls, support, and follow-up of the students in the program; and a degree of ambivalence that contributes heavily to the disintegration of the program and the demoralization of the various participants.

The Students

We were impressed with the ways in which each patient tried to handle the scholastic pressure and social isolation of the program within the context of his own character formation.

All four patients had dominant and possessive mothers who instilled high ideals in their children. Their academic difficulties widened the gulf between the actual self and the ego ideal and in each case resulted in a loss of self-esteem and identity diffusion.

It is interesting to note that the patient

who progressed furthest in the program (L. M.) seemed to have a conflict on the oedipal level and exhibited healthier defenses. Although his relationship with his father was stormy, this seemed to differentiate him from the other three patients, whose relationships with their fathers were distant or nonexistent. The three other patients seemed to have conflicts on the oral level, marked by struggles over dependency needs and separation anxiety. They correspondingly used the more primitive defenses, i.e., denial, introjection, and regression.

In each case we noted a feeling of isolation and alienation that existed before entrance to the 13th year program. At a recent meeting in Philadelphia of black college students in integrated colleges, it was reported that the black students were able to overcome these feelings by working together to form black activist groups within the schools. But the students in the 13th year program had no peer support and no opportunity to form groups, and were therefore unable to counteract the additional isolation that they were subjected to in the private school. L. M., the patient who was still in the program, was in a black activist group outside of school.

Recommendations

Such patronizing programs can easily be attacked on the basis of racism, although they were planned and organized with no such intent. It is our feeling that great care should be taken in planning such programs if, indeed, they should be undertaken at all.

Our primary recommendation is that such programs should not be created unless they are planned very carefully to avoid various pitfalls of student selection, student isolation, exaggerated racial imbalance, and arbitrary unilateral development of the program. For example, in this program the agency did not involve the community, the families, or other supporting agencies in its design and operation.

If this program or other such programs are to continue, certain preventive measures should be taken.

Primary Prevention

1. Improved screening techniques should focus on the emotional health of the student and should aim to keep the student with

severe emotional problems from having to face a stressful situation that serves to intensify his already existing personality problems.

2. Several alternatives exist for overcoming the isolation felt by these students in the private schools. One is to conduct the program within an existing black high school. Another alternative is to have a separate, academically elite, black preparatory school within the urban community to supplement public school education. A third alternative is to send all the black students in the program to one private school so that they could more easily form a group.

3. To avoid the sudden exposure to a more demanding work load, we recommend that the black student with potential be tutored more intensively in the earlier grades and perhaps enter the private schools long before the 12th year; or at least not be penalized by additional years of precollege education.

Secondary Prevention

1. There should be very close supervision by psychologically sensitive counselors. There might also be group meetings of the black students, led by psychologically oriented persons. Central to both of the above methods should be the recognition of early signs of emotional difficulties.

2. There should be liaison among the schools, the community mental health center, and the settlement house to provide immediate professional consultation with the counselors, the group leaders, or the students themselves.

3. We also suggest that groups be formed among the white students and faculty so that they can explore their prejudicial and racist attitudes.

Tertiary Prevention

1. The student with emotional difficulties should be treated by the community mental health center. Recognizing that the type of treatment depends largely on the nature of the disorder, we would recommend group therapy along with individual therapy since these patients have problems with psychological and social isolation. If our cases are any indication of the types of problems to be encountered, we predict that a major problem in treatment would be building or restoring the patient's self-esteem.

2. Finally, we recommend better follow-up studies of students who have participated in the program.

We believe that if the black man is to enjoy the same place in our society as the white he must choose between two ways to effect change: he can try to destroy the system through revolution and build a new social order or he can work for change within the existing system. It is naïve to think that the black man will work within the system unless more opportunity for an adequate education is available to him. However, we recognize that problems arise when special educational programs are hastily thrown together without proper consideration for the psychological and sociological disruptions that may occur. To be successful, these programs must avoid such self-defeating factors as those in the program we have described here.