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In a war-surviving world, dazed and groggy from lightning-jet fighter planes, superfortresses, radar, and atomic bombs, it is difficult for more of us to take a balanced, dispassionate view of racial and cultural relations. But, since modern means of communication have made our world a narrow neighborhood, civilization can only survive by placing the contacts of races, classes, and nations upon a reasonable, brotherly basis.

These contacts are grounded in everyday relations. Race relations are everyday contacts of people of different physical and social inheritance in their places of work, their churches, synagogues, mosques, schools, homes, on the street, and in their social and civic organizations. Intercultural relations are everyday contacts of people whose attitudes and behavior patterns have been conditioned by different religious beliefs, by family habits, by various ways of doing things. Problems of major adjustment between individuals and groups are created by these contacts. Jews and Gentiles misunderstand because of different religious beliefs. Negro and white Americans have problems out of past attitudes and practices. Chinese eating rice with chopsticks and Americans or Britishers eating beef with knives and forks display habits which necessitate more understanding and good will on the part of the community which eats with some other device—or cultural disharmony exists.

Dominant forces in our civilized society, if not in the so-called "uncivilized" societies, are the beliefs, the attitudes, the mores that control behavior. These are mental forces; they are moral; they are religious. They apply to people—individuals and groups.

People who have failed to achieve certain desires or goals become frustrated. Instead of accepting their failure or discovering some weakness or mistake in their own effort they seek scapegoats to compensate for their frustration.

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Those who feel insecure in attained status have similar reactions. The Ku Klux Klan at both times of its power following war is an example. During the recent war there was a large migration to the cities of the Pacific Coast for war work, the majority of them whites and Negroes from the Southwest. With the end of the war boom the older residents, mainly wage earners, fear that the newcomers, especially Negroes and Mexicans, will remain and compete for jobs that will decrease. Out of these fears come the frustration and feelings that give rise to hostile action. Any one who looks at the history of Europe for the past twenty-five years will find other illustrations: For example, many who saw Hitler and his handful of Nazis parading the streets of Munich were amused. But through the Nazis mass hatred was spread; now the German people and the world know it was no laughing matter.

How can we meet these problems and cure these mental phobias, which are more contagious than physical diseases? By clinical methods: by steps toward eradicating the mental ills of fear, suspicion, stereotyped ideas about other peoples and cultures—through the application of confidence, understanding, and good will across racial and cultural lines, which produce *mental health.*

**Interracial or Intercultural Clinics Deal with Community Situations**

In the local community, clinical methods aim to enlighten and orient those who have to meet local problems, to enable them through face-to-face analysis of the situation to reach a consensus of judgment on *what to do and how to do it.*

First, the local leaders whose interests are involved are encouraged to face the facts. Facts about local employment, housing, schools, religious barriers, leisure-time or other situations involving diverse groups. Often some history of the forces that led up to the present tension is required to answer not only the question, "What is it?" but also the other more pertinent one, "How did it come to be?" With these facts in hand, those concerned can make an analysis, a "diagnosis," of the tensions and conflicts of given local problems as a basis for deciding what can be done and the way to go about it.

In passing, one point on the gathering of the facts should be emphasized: The case method should be the basic procedure. Particular local situations become the case material rather than generalities about the problems over larger areas. The situation, of course, should be typical as tested by comparison with similar situations elsewhere and by the use of the statistical average or the modes. For example, to understand the problem of discrimination in employment of Negroes in a given situation, the average proportion or change in proportion of Negroes in certain occupations of the community or of a wider area is valuable for testing the typical character of cases in the situation under review. There is danger in thinking in averages or about employment discrimination in general that the particular type or situation with which the local leaders

have to deal in terms of the individual worker and his family may be overlooked. The social scientist and social and religious worker must analyze and treat concrete local problems in the light of broadly scientific backgrounds.

These forces do not come to focus on a state or national level nor on an international level, but in the everyday relationships; in the neighborhoods and communities where people live and work. If we are to find remedies for these mental-social ills, then we must study the facts in everyday living of individuals and groups.

## The Clinical Approach has Both Scientific and Religious Bases

The clinical approach has both scientific and religious foundations. Our civilization has both a material-physical and a mental-moral-spiritual basis. During the past three hundred years the advance of physical science and the development of mechanical inventions have made us so conscious of our physical environment that we have been inclined to think that is the conclusion of the whole matter. Even many of our religious leaders have given this line of thought the right of way. Karl Marx has so affected our thinking by his use of the Hegelian dialectic that we have been largely dominated by his materialistic interpretation of life and history.

It is true that men and women struggle for jobs as wage earners, for property as home owners or business enterprisers. Many of them mistake wealth for the substance of life. They think they can live by bread alone. People are also voters and office holders; they struggle for power. They will sacrifice the last vestige of wealth to gain power over their fellows. They are also residents and live in local neighborhoods and have families and homes. Children, young people, and adults have various ambitions for personal advancement among their neighbors through various means of education. They aspire for aesthetic and intellectual satisfaction. All of us are related to some common instruments of government for social order. And all must find some means of harmony between the lowly round of our limited lives and the great Spiritual Head that created and guides our destiny and the Universe.

We can see these different drives and desires manifested in every one of our daily relations in the local community. We may classify them into the economic, the political, the intellectual-aesthetic and the humanitarian-religious. Wise and learned students of society realize that, down through history, men and women have striven and sacrificed and lived often as much for the humanitarian-religious as for the economic. Moral and religious desires and aspirations have been powerful forces in every civilization since the dawn of history. These drives and desires have given rise to movements, organizations, and institutions—political and economic institutions. Educational and religious institutions, organizations, and movements have arisen through which all social

life is permeated more or less, at least on the higher levels, with spiritual and ethical values for personality growth and social behavior.

This is what religion has been saying through the centuries. Religious leaders were the first social scientists. They were emphasizing the fact of man's social and moral nature. Religionists have sought through knowledge, wisdom and revelation to apply the dynamic of the inner, emotional, personal growth to social life. "The Kingdom of Heaven is within you," said Jesus Christ. He taught men to pray: "Thy Kingdom come. Thy will be done on earth as it is in Heaven."

## World War Tensions and Conflicts Require Clinical Strategy

The period of World War I and the years immediately following saw widespread racial tensions, riots, and mobs in the United States. During World War II these conflicts showed a similar trend, with the difference that a wave of interracial efforts for prevention followed the first outbreaks in 1943. Dr. Charles S. Johnson states that well over 200 local, State, and national organizations have been established since the Detroit riot that year.[1] Between the two wars the religious and social organizations developed a nationwide structure of local, State, and national movements for interracial and intercultural improvement. These resources were not widely developed during and just after World War I. There is, therefore, greater probability of success in preventing and resolving many of the tensions and conflicts if we have the wisdom and the courage vigorously to undertake the job.

A new strategy to meet the greater stresses of the postwar period has been developing in both public and private agencies. There was widespread development of mayors' committees for civic unity. They were hurriedly set up in many communities following riots during the recent war. There are now sixteen national Protestant church bodies in the United States which have developed some form of social action with organizations with more or less definite plans to deal with racial tensions and conflicts. Under the leadership of the Department of Race Relations of the Federal Council of Churches, which has affiliated with it 135 city and 35 State councils with paid executives during 1944–1945, a well-worked-out plan for interracial clinics has been carried out in seventeen cities of Indiana, Illinois, New Jersey, Michigan, Ohio; Portland, Oregon; and Seattle, Washington.

Upon the initiative of a local church council or ministerial association, a planning committee of leaders of the religious, labor, business, social work, and civic agencies with cooperation of branches of the city government was set up by organizations interested in sponsoring the project. Weeks in advance of holding the clinic a community self-survey was made to collate the facts for an analysis of such local problems as racial discrimination in employment, in health

facilities, in public and private housing provisions, etc. Community resources in public and private agencies available were also surveyed.

Leaders from many interested groups representing all phases of the organized life of the community attended the clinics, which lasted one or two days. In plenary sessions the factual case reports on the problems were presented. The clinic then divided into small face-to-face sections for discussion and decision on what to do. This brought closely together the leaders of the various groups representing the interested parties: religious, social work, business, labor—white, Negro, Japanese-American, Mexican-American, Filipinos, Chinese-American—for face-to-face consultation. In many of the cities these interested parties met for the first time to attempt some agreement. There was developed willingness to understand the other point of view and to find a common ground of mutual interest for the community's welfare. They looked at their problems from the standpoint of the whole community and its unity and not simply from the angle of one group.

This is difficult, because there are those who refuse to meet people of other racial groups who have opposite attitudes and views. Some groups feared for their particular status or interests. Some desired to impose their attitudes and views on others. It often happens in discussion of race relations that opinions and prejudices instead of facts are used and too much heat and too little light are generated.

One unique feature of the interracial clinic has been the absence of speeches from leaders to tell the others what to think. Consultants with wide knowledge and experience in such matters gave counsel and advice but left those who participated to do their own thinking and to make their own decisions. Oratory was ruled out.

There were, of course, different psychological conditionings of the members who faced each other in the clinics. They came from groups with different backgrounds of education, wealth and experience. Some of them represented newcomers who have recently moved into the community from other places and who now faced older residents. Through such face-to-face conversational discussion they did find a common basis of agreement or consensus of judgment on different points. Each small sectional group had a reporter who recorded their decisions and reported them to a summary committee that collated the various points into a whole which was voted upon by all in a closing plenary session.

The interracial clinic does not try to solve the race problem for the whole community or for the nation or for all time. It does try to deal with concrete issues or situations in the local community and to work out a limited program of action for a year or longer. In several cases clinics voted to meet again in a few months to check up on the lines of action they had laid out.

Finally, the interracial clinics did secure action from the regular organizations and agencies of the community that express its group life, such as

churches, schools, labor and business organizations, and the city government, in line with the sound sociological fact that only thus can fundamental social changes be achieved. Some central coordinating and clearance committee usually was set up to implement the program unless such an agency already existed and was accepted by the regular organizations and agencies of the community.

A few examples of results of these clinics held in 1944–1945 are all that space permits.

*Evansville, Indiana*, adopted the following program after the clinic there in February 1944:

> Believing that the strength of American democracy depends upon the good will and unity existing in the individual community and that this unity is jeopardized so long as misunderstanding exists between racial groups, the Evansville Interracial Commission presents this Statement of Policy and program intended to strengthen the community structure:
>
> The Commission firmly believes that interracial problems involve the welfare of the whole community, not merely a segment of it. It seeks
>
> To promote improved relations between the races through mutual discussion of common problems;
>
> To dispel misconceptions and prejudices based on racial differences;
>
> To open the channels of opportunity and recognition as individual talents merit;
>
> To seek better health, recreation, training facilities, and employment opportunities for minority races where these facilities and opportunities are below the general standard of the community;
>
> To encourage the sense of responsibility of minority groups toward the obligation of citizenship and toward community problems.
>
> The Interracial Commission does not anticipate achievement of this program in a day, a month, or a year. It does seek a steady improvement in existing conditions.

The Evansville Interracial Commission followed its words with action. As of June 30, 1945, paid individual and group memberships were more than 450, drawn from the churches, social work, labor, business, and civic agencies. An executive secretary employed since February 1945 has directed several lines of work to implement the program. They held a second Clinic on employment and returning war personnel, November 1945.

*Trenton, N. J.*, formed its Committee on Unity following its interracial clinic September 1944. Its semiannual report tells the story in part:

> We believe the outstanding need is education. We must awaken the community to the problems of minority groups and the need for our Committee . . . It requires a variety of approaches, much time and effort and a great deal of man power. Stamping envelopes, writing publicity, typing, giving a speech, soliciting members or doing research—every job is indispensable to our purpose—to promote in all possible ways the best relationship between races, between minority groups, and between those of different religious faiths in our community.

The report states further that a memorandum on policy about assignment of Negro children and teachers in the public schools has been presented to the Board of Education; about adjustment of cases of job discrimination, encouragement of public and private housing enterprises, and a general community educational campaign through newspapers, radio, movies, literature, speakers' bureaus, churches, and schools. The membership of the committee was built up in eight months to 885 members, 48 of them organizational memberships. They raised locally and spent a budget of about $2,426.

*Michigan:* To face probable tensions following the Detroit riots, clinics were held in seven other cities of Michigan under auspices of the Michigan Council of Churches' Committee on Race Relations during February and March 1945. The reported results seven months later include a three-day institute with workshop techniques to coach leaders from these and other Michigan cities.

*Ann Arbor* enlarged the clinic committee as a nucleus for an interracial council; *Albion* set up an interracial committee to carry out conclusions of the clinic; *Jackson* set up a committee and launched a city-wide housing program; *Flint* started a permanent interracial committee to implement the program; *Lansing* developed a city-wide private committee to implement the clinic program and planned to request the mayor to appoint a public committee; *Battle Creek* organized an interracial committee; adopted recommendations for a program. A Negro teacher in the public schools and a community-relations club are reported; *Grand Rapids* set up an interracial committee sponsored by the Council of Social Agencies and the local Council of Churches.

Several facts indicate other effects: The majority of leaders carrying out the clinics were white. They seemed much concerned that democracy should function in their communities so as to integrate Negroes and other racial minorities. There was usually careful preparation of factual material about local problems gathered by the leaders themselves through community self-surveys and pre-

sented in written reports. There seemed definite desire to face facts, not dodge them.

Again, there was a minimum of oratory and a maximum of straight talk. Constantly they were asking: "What are the facts?" "Why is the situation such as it is?" "What can we do about it?" "How can we get out and do it?" There was dispassionate study, analysis, and discussion of facts with little heated airing of personal attitudes and opinions. Where the facts were too limited, they decided to put the questions up for further exploration.

These clinics are a part of a national strategy worked out and fostered by the Federal Council of Churches of Christ in America through its Department of Race Relations. Although the initiative in this effort to deal constructively with local racial situations was taken by the churches, the striking thing was that councils of social agencies, Y.M.C.A.'s and Y.W.C.A.'s, labor organizations, business associations, civic agencies, and branches of the city government rallied enthusiastically to share responsibility.

Everywhere there has been clear recognition that the interracial clinic is only *one step* in a long-time process. Every one of the clinics voted for some form of permanent interracial council or commission. The follow-up has been more successful in some communities than others but in all cases leaders testify that there has been developed new methods and techniques for treating old social sores.

## NOTES

1. Introduction to Directory of Agencies in Race Relations (Chicago: Julius Rosenwald Fund, 1945).