

Addressing the Trauma of Racism from a Mental Health Perspective within the African American Community

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Abstract

The combined impact of police enforced fatalities and racially charged viral videos, specifically those targeting African American youth and adults, has sparked a global outcry concerning the mental health and traumatic effects of racism within the African American community. While racism in America has been considered dormant or nonexistent in the 21st century, it has impacted the everyday lives of African Americans since the early 1500s. This article will provide an overview of how racism creates and instigates long term traumatic effects on the mental health of African Americans with some concrete recommendations for mental well-being.

Historical Perspective of Trauma

To those looking from afar, the mental and emotional survival of African Americans looks like perseverance. The determination, tenacity and sheer fortitude of people who have been enslaved, oppressed and denied basic human rights looks like strength, willpower and grit. However, if we dare to take a closer look, we will see the pain, scars and anguish of generations of trauma. According to the Merriam-Webster dictionary, trauma is defined as a) an injury (such as a wound) to living tissue caused by an extrinsic agent and b) a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury.¹ When most people think about trauma, the initial tendency is to think about those who have been exposed to war, combat, natural disasters, physical or sexual abuse, acts of terror, and catastrophic accidents. While these are surely some of the most profound forms of trauma, a person does not have to personally undergo an overtly distressing event for it to significantly affect them. The experience of African Americans in America historically has and continues to be characterized by trauma and violence more often than for their White counterparts and impacts emotional and mental health of both youth and adults.²

When I was child, there was a nonviolent retaliatory song that was used to taunt bullies, “sticks and stones may break my bones, but words will never hurt me!” As a psychologist, I can definitely inform you that “sticks and stones” and “words” are both detrimental when incessantly repeated over an extended period. The first can be deemed as physical assault or abuse while the second is clearly mental abuse. Both harmful in their own ways and both leaving emotional scars that turn into negative thoughts about one’s being and/or value. This can be akin to how the trauma of slavery and racism leaves long lasting effects on the mental health of African Americans. Racist comments and aggressive and often violent racist actions such as the murder of a multitude of unarmed African Americans by White people have a cumulative negative effect on African Americans both directly and indirectly.³ When addressing the vileness of slavery and racism, African Americans are often told by White people to simply “get over it” or “that was in the past, let it go” or “go back to Africa if you don’t like it here.” Subsequently, research across all helping professions have shown that derogatory comments and discriminatory

actions like these often result in higher instances of depression and anxiety in the African American community, in addition to contributing to the racial trauma.⁴⁻⁸

Structural, institutional, and individual racism born from historical dehumanization, oppression, and violence against African American people has cultivated a healthy mistrust and less affluent community experience concerning the delivery of care in the health system.² African Americans living in the United States have unknowingly been trying to cope with the long standing effects of mental and emotional trauma due to slavery and racism since the early 1500s. For centuries African people were enslaved, tortured and abused by White people through slavery, sharecropping, Jim Crow laws, white supremacy culture, police brutality and exclusion to services beneficial to White people. The relentless mistreatment and disdain for the African American body and mind has caused reluctance to seek both physical and mental health care which can often be attributed to a general distrust of the medical establishment. This distrust is not without merit: historically, African Americans have been misdiagnosed at higher rates than White patients and experience higher rates of mortality. In addition, Black communities have been exploited by the U.S. government and medical community (Tuskegee Experiment, Henrietta Lacks, et al.) in the name of medical advancement.⁹

Finally, African Americans tend to have worse underlying health conditions in large part because they are regularly more exposed to health hazards than their White counterparts. These health disparities and inequities are neither a reflection of genetic nor behavioral differences, but of policies that harm African American communities.³ Research has revealed that rates of mental illnesses in African Americans are similar to those of the general population; however, much like access to good medical care, disparities exist regarding mental health care services resulting in African Americans receiving poorer quality of care and lack of access to culturally competent care.¹⁰

Results of Racism on Mental Health

Recent headlines have declared that the U.S. is facing two pandemics: COVID-19 and Racism. It is true that both have devastating effects on human welfare and family structures, as well as sociopolitical economic structures. However, there is one glaring difference between the two. COVID-19 with its sweeping unknown origins is relatively new, while Racism has been maliciously seething in every aspect of American culture for centuries, disproportionately eating away at the psyche of African Americans. This intersection of events has forced them to process and deal with layers of individual trauma on top of new mass traumas from COVID-19 (heightened anxiety, isolation, depression, uncertainty, and grief from financial or human losses), police brutality, and divisive political commentary which has resulted in compounded layers of complexity for individuals to responsibly manage.²

Dr. Joy DeGruy, author of *Post Traumatic Slave Syndrome*, developed a theory that explains the etiology of many of the adaptive survival behaviors in African American communities throughout the United States.⁹ She explains that it is a condition that exists as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery, a form of slavery which was predicated on the belief that Africans were inherently genetically and biologically inferior to White people. As such, Africans were dehumanized as being without spirit, emotions, soul, desires and rights. However, once chattel slavery was abolished and dismantled, African Americans became the targets of institutionalized racism which continues to perpetuate injury today. DeGruy's research lead her to the acronym

M.A.P. which concludes that 1) **M**ultigenerational trauma together with continued oppression leads to 2) **A**bsence of opportunity to heal or access the benefits available in the society which ultimately leads to 3) **P**ost Traumatic Slave Syndrome or PTSS. She also proposed that the ability to identify a shared cultural experience and have a descriptive term—Post Traumatic Slave Syndrome—allows for individuals to identify the experience, articulate it, and express it without guilt, fear, blame, or anger and is a source of healing and strengthening within the African American Community.

Inadvertently due to living in a constant state of survival, many African Americans with mental disorders are unaware that they have a diagnosable illness at all. They have convinced themselves that life in general has many struggles and the only solution is to make do with the hand one has been dealt. As a result, they are even less aware that effective psychological treatments exist for their specific problem. Within the African American community, talking about mental health issues is considered “taboo” as it is believed that “what goes on in this house, stays in this house!” and “we don’t need White folks thinking we’re all crazy.” Because of the taboo surrounding open discussion about mental illness, African Americans often have little knowledge of mental health problems and their treatments.¹¹ Consequently, as a result of how mental illness is portrayed in movies, TV and the media, most people have an image of the typical psychologist as an older, begrudged White male with a notepad. This contributes to the perception of African Americans that psychologists would be insensitive to the social and economic realities of their lives. As a result of their views on talking about mental health issues and psychologists in general, African Americans are grossly underrepresented as mental health service providers within institutions as well as in private practice.

Despite the slow consistent progress made over the years, racism continues to have an impact on the mental health of African American people. Stigma and judgment prevent many African Americans from seeking treatment for their mental illnesses despite the severity of the symptoms of the illness. Unfortunately, African American people with mental health conditions, particularly schizophrenia, bipolar disorder, and other psychoses are more likely to be incarcerated, misdiagnosed and over medicated than people of other races. Research indicates that African Americans believe that mild depression or anxiety would be considered “crazy” in their social circles. Furthermore, many believe that discussions about mental illness would not be appropriate even among family.¹² Likewise, African Americans may be resistant to seek treatment because they fear it may reflect badly on their families—an outward admission of the family's failure to handle problems internally.¹¹ It is important to note that reservations against treatment may be rooted in actual experiences of racism and encounters with medical professionals lacking cultural awareness.¹¹ When considering treatment, African Americans look for subtle cues to determine if a therapist holds racist attitudes, as many are afraid of being mistreated due to their race or ethnicity.

Summary and Recommendations

Just as racism has been and continues to be consciously and subconsciously woven into the tapestry of American history and culture for centuries, it must be acknowledged that there is no quick fix and there are no “cures” for racial trauma. This is particularly true within the African American community where racially charged trauma occurs on a continual basis. In the absence of a “cure” for racial trauma, it would be in good interest for African Americans to adopt a mindset and attitude of healing these ancestral wounds through unified community efforts. The

healing process must include every aspect of African American life but particularly mental health and well-being. Additionally, any effort or plan to eradicate the effects of racism and the trauma that has been inflicted on the mental health of African Americans will do well to include spirituality and religion, education and family support.

In her work on Post Traumatic Slave Syndrome (PTSS), DeGruy recommends finding God, spirituality and religion as healthy tools to promote healing.⁹ Studies by the Pew Research Center reveal that African Americans are among the most religious of any racial or ethnic group in the United States, with 87 percent reporting a formal religious affiliation. As such, prayer and faith are often seen as a salve for mental health woes and may be favored over clinical medical and mental health treatment.¹³ Additionally, religion and spirituality played a crucial role in the mental and emotional survival of enslaved Africans and their descendants and it can be deemed that spiritual connectedness continues to be practiced as a way for African Americans to try to heal by reverting to African traditions of kinship and community to cope with the mental and emotional confounds of racism and trauma.⁹

In addition to spirituality and religion, education about mental illness, diagnosable disorders, effects of psychotropic medication and the treatment process is critical to reducing barriers to treatment within the African American community. White established suggestions for overcoming this barrier by recommending public education campaigns (e.g., mass media), educational presentations at community venues (e.g., Black churches), and open information sessions at local mental health clinics.¹² Implementation of these campaigns will not only provide much needed education but also provide opportunities to lessen the stigma and taboo of discussing, acknowledging and accepting mental health concerns within the African American community especially as it relates to the symptoms and effects of racial trauma. It is also important to note that the facilitators of these educational campaigns must come from the African American community in order to build trust in the mental health system.

Moreover, incorporating the family into the mental health treatment is another crucial aspect in overcoming barriers to treatment. By gaining familial support, such as acceptance and acknowledgment of mental health diagnoses, open discussion about mental health treatment and symptoms, and participation in family therapy, there is a greater possibility that treatment will be consistent providing peace of mind as well as diminished fear of being outcast or stigmatized. Additionally, individual family members would be more forthcoming concerning experiences of racial trauma and injustice that occurred outside of the home providing a safe haven of support and empathy.

In conclusion, DeGruy suggests that the work to alleviate PTSS will require a collaborative approach from those within and outside of the African American community.⁹ According to White, "It's crucial that we tell stories that prove that people can overcome mental illness and lead rich, fulfilling, successful lives. This requires a shift in the way we portray mental illness in film, TV shows and the media as a whole."¹³ Regardless, when trauma is on the table, avoidance of addressing the traumatic impact of racism on the mental health of African American people does not work in terms of providing the necessary support, education and avenues of healing and strengthening the community. Rather, the best way out of the matrix of racism perpetuated against African Americans is always by incorporating spirituality and religion, education and family support. DeGruy provides a distinction between healing, health, and well-being by stating that "healing will take us part of the way, working towards health and well-being will take us to

our goal.”⁹ Nevertheless, there is much work to be done in order to address the trauma of racism from a mental health perspective within the African American community.

Many hands make light work ~ African Proverb

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