

Therapists Are Learning to Treat Racial Trauma

By Jaime Alfaro on Monday August 8th, 2016



Understanding How Cultural Experiences Can Lead to Mental Disorders

In 2004, spoken word artist Bassey Ikpi was hospitalized after a major bipolar breakdown. She'd been quietly diagnosed with the disorder eight months earlier while on tour with *Def Poetry Jam*, an HBO slam poetry television series. Hushed by the fear of stigma, Ikpi weathered the storm in silence for as long as she could.

“Everything I’d ever heard about mental illness was either negative or shameful,” said Ikpi, who was partially raised in Nigeria, of how she learned to process her experiences. “You do what you need to do to take care of it, but we don’t discuss it.”



Bassey Ikpi on Def Poetry Jam

Lacking a meaningful support system and feeling isolated, Ikpi was not prepared to accept her diagnosis or that it required a lifetime of careful monitoring and a strict regimen of medication. After six months, she stopped taking her meds, crashed, and was hospitalized for the first time in her life.

A Cumulative Experience

At the time, she didn't draw a connection between how she was feeling and the experience of racism. Race-based trauma describes the physical and psychological symptoms people of color often experience after being exposed—directly or indirectly—to stressful experiences resulting from racism.



Deep-rooted feelings of racism can help create psychological disorders

According to a report by Boston College's Institution for the Study and Promotion of Race and Culture, frequent exposure to racism intensifies symptoms of trauma. "Racial trauma is a cumulative experience, where every personal or vicarious encounter with racism contributes to a more insidious, chronic stress," the researchers wrote. This stress is often magnified by the lack of space to name, express, and heal from it, as Ikpi experienced.

"Most clinicians are White, so they don't experience these things."



Black Trauma Matters

Recent media attention to the spate of highly publicized police killings of unarmed Black men has amplified awareness of systemic racism, but experts on racial trauma say that there are currently few adequate therapeutic structures in place to help Black communities process these experiences. Underlying the steady stream of sensational, violent images are more everyday abuses—the discrimination, exclusion, and economic hardships that also compound trauma.



How do we make trauma therapy available for black communities?

“Most clinicians are White, so they don’t experience these things, so they don’t see them, and so they’re not thinking about them,” said Monnica Williams, an African-American clinical psychologist and director of the Center for Mental Health Disparities who specializes in racial trauma. “It’s important to always find out how much of a role stress from racism is playing in [patients’] lives and if it’s to the point where it’s traumatic.”

A Clinic for African-American Health

Williams, who treats most of her patients at her clinic in Louisville, Kentucky, is in the process of opening a clinic in Connecticut that will specialize in African-American mental health. In January, she opened a second Louisville clinic focused on treating refugees. She points out that only in the last 15 years have researchers made a clear connection between racial discrimination and negative health outcomes like depression, sleeplessness, anger, numbness, and loss of appetite—symptoms she regularly sees in her patients.

“We know these things are lethal.”



Monnica Williams, Director of the Center for Mental Health Disparities

How Trauma Affects Communities

The effects extend to communities too. Christen Smith, an assistant professor of anthropology and African diaspora studies at University of Texas, Austin, has studied police violence against Black people in North and South America and describes the psychological aftermath of violence as a slow eating away of Black communities. “We can take the case of Tamir Rice, a 12-year-old boy who was killed in Cleveland, Ohio,” she said. “His mother, Samaria Rice, talks about not eating, depression, trauma, and we know these things are lethal.”

“I started working with people who were what I would term to be the survivors of police violence—the mothers, the sisters, the aunts, the community members—who are left to try to grapple and survive in the wake of these deaths,” Smith said. She found that on top of the actual deaths—mostly of Black men—community members were being traumatized beyond basic grief: They were literally dying, slowly, over time, in the aftermath of death. After the 2015 police killing of 16-year-old Roberto de Souza, his mother, Joselita de Souza, passed away from complications resulting from anemia and acute respiratory failure. Family members say she had stopped eating after her son was slain.



How can communities overcome racial trauma?

Trauma in the Age of Social Media and TV

In a 2016 report called “Stress in America,” the American Psychological Association said that nearly 40 percent of African-American men reported being treated unfairly by police or law enforcement—unfairly stopped, searched, questioned, and physically threatened or abused. In a 2014 *American Journal of Public Health* study of young urban men, 85 percent of participants reported being stopped at least once in their lifetime; and those who reported more intrusive police contact also experienced increased trauma and anxiety symptoms.

Traumatic impacts don’t just come from live encounters. Although social media can be a powerful tool for documenting and processing trauma, the constant stream of violent images can also trigger difficult responses. “It’s painful to go on social media and see people die,” said Smith. “Watching the footage of Philando Castile being shot—it was heartwrenching, it was horrible. I stayed up all night.” Experts believe that healing these wounds requires several steps, from creating practices and clinics designed to recognize and address race-based trauma to destigmatizing it in the first place.



Developing trauma from what we see on TV or social media

A Guidebook for Real Listening

One of Williams' first clients was a woman who had been traumatized by racism on the job. "She had every classic symptom of PTSD from what most clinicians wouldn't even consider a traumatic event," Williams said. Although her patient was high-functioning, she left work after a complete breakdown. "We gave her the research manual treatment for PTSD, and she got a lot better. But she was still afraid to go back to work. She was still essentially disabled."

Williams took a full step back to ask what was missing from the treatment that kept her patient from full recovery. "It was more than just one trauma," she said. She found that her approach hadn't addressed the racial component of the abuse or what it meant to her patient—and that her field generally lacked the awareness, knowledge, and skills to competently address racial trauma in a clinical setting.



Therapists with the skills to treat racial trauma are few and far between

“I had to go out on my own to figure out how to help her.”

“There was nobody at the place where I worked who had any experience with that, so I had to go out on my own to figure out how to help her,” Williams said.

She collaborated with African-American peers who had done work in this area before to better understand how to help her patient and others like her. She found that people who get post-traumatic stress disorder have usually experienced a set of traumas throughout their lives, which they navigate until they reach a tipping point.

Looking further into her patient’s history, Williams discovered that the patient had several experiences with racial and sexual harassment in the past.

But there is no guidebook for measuring and assessing the compounded psychological impacts of such incidents.



Getting to the roots of racial trauma

A Clinical Recognition of Racial Trauma

Williams would like to see racial trauma recognized by the American Psychological Association as a valid route to PTSD, as well as more clinical practices and therapists trained to treat it. For example, while driving from Louisville to Tuscon, Arizona, to meet with an African-American patient on death row, Williams wondered, “How many of my students would even know what to ask him?”

To this end, besides opening a handful of new clinics designed for this, Williams created a structured interview protocol for clinicians with questions that address the cultural experiences of African-American patients. Part of the goal is helping therapists understand and take seriously the experiences leading to racial trauma so that patients feel safe in sharing them.

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Finding ways to address cultural experiences of African-Americans

“Research shows that many African Americans may be misdiagnosed. They may have negative interactions with psychologists that negatively impact that relationship,” said Erlanger Turner, assistant professor of psychology at the University of Houston-Downtown. These experiences make it less likely that patients finish the therapy process.

Part of Turner’s work includes establishing guidelines that, like Williams’, make sure psychologists understand the importance of cultural and racial factors that might affect the relationship with a client. He is talking with clinicians about the importance of integrating culturally relevant family and community values into the treatment process, how to be comfortable talking about issues related to racism, and de-emphasizing the notion of “color-blindness,” which discounts the impact a person’s race or ethnicity has on their daily life experiences.



From trauma to healing

A Base for Healing

Black communities need a period of healing, says Smiths, but the routes are often blocked. Social media has helped open them. It has been “fundamental as a base for healing.”

“This is not just a political thing,” she said. “This is an emotional, long-lasting trauma, and the effects can be felt and will be felt in all aspects of life.”