The Impact of Racial Trauma on African Americans

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This paper outlines a psychological perspective that can be used to understand the impact of racial experiences on the functioning of African Americans in the United States. A principle aim of psychology is to understand individual variation in functioning by using theories, research, and broad hypotheses that explain and predict human functioning and apply them to understand specific behaviors of individuals. Many of us observe variations in levels of functioning of persons with similar experiences. For example, two children live in the same family, with the same parents, and share many similar experiences and challenges. Yet, one child seems to have little problems managing and coping with stresses, and the other child has severe psychological symptoms with little stress. Psychology not only aims to explain these differences but also uses these explanations to develop clinical interventions that improve functioning.

In this paper I suggest that traumatic experiences and recovery from trauma explain the impact of stressful social experiences on African Americans in a way that explains some of the variations in functioning that we observe. I chose the trauma model because it does not focus on pathology and it explains both poor and exemplary responses to stressful events. Furthermore, the model makes specific suggestions about how to intervene to improve functioning. Many of these interventions are cost effective and non-stigmatizing.

The Trauma Model

A traumatic event overwhelms the nervous system because there is real or perceived danger. We organize our functioning to respond and cope with the threat to our life.

As our nervous systems do not very well distinguish between real and perceived threats, what is dangerous is not universal among humans. A parent raising a fist and threatening violence may cause one child to laugh and another child to withdraw in fear. The laughing child could be old enough to know the parent was joking, but the younger, frightened child was traumatized by the threat of injury. In this way, threatening acts and behaviors are not the determinant of what is traumatic but it is the child's perception of danger that determines what is traumatic. In another example, a racial joke that most people in an office finds humorous can make the workplace dangerous for an African American employee that identifies with the character in the joke.

Because perception shapes what is dangerous, past experiences become important in understanding how people interpret what situations and experiences are dangerous. A man, who as a boy was traumatized by domestic violence characterized by loud, shouting battles between his parents, becomes nervous and agitated when in a crowd of excited, elated football fans. The man holds his seven-year old son's hand while in the crowd and the son associates his father's fear with the crowd noise. The boy becomes nervous in crowds. This example not only illustrates the role of perception in determining what is dangerous but also illustrates how we can learn what is dangerous through relationships and not merely by direct experience. Not long after the September 11th terrorist event I was on an airplane and watched passengers vigilantly watch and track the behavior of a man with olive skin as he entered the plane late and hurried down the aisle. My fear escalated with the looks of panic on the faces of other passengers.

When threatened, living organisms respond in four basic ways: physical distance, emotional withdrawal, freeze, and aggression. When observing large groups of people in danger, this range of responses can be readily observed. A snow storm makes local roads and highways dangerously slippery. Some people drive faster, and others drive very slowly. Some drivers become ambivalent about whether to risk driving, and others avoid driving until all signs of risk disappear. These variations in response to the same threat routinely occur with any threat and dangerous circumstance. No one response is universally best or wrong. *The best human functioning is the ability to respond in any of these ways, and the ability to choose which response is best in particular situations.* If an opposing hill is steep and slippery, driving fast to build speed could be the best response to not becoming stuck mid-way up the slope.

The experience of trauma occurs in two phases. In the arousal phase our nervous system ramps up to respond and manage the threat. Our sense of time narrows to the present and we loose our focus on the future. We become less empathetic and more self-centered, and shift to fight-flight and other primitive responses. We vigilantly scan our environment to look for more danger. We gravitate to persons similar to us and become more suspicious of people different from ourselves. Having control over our lives becomes important to experiencing the world as safer and less dangerous. The best functioning people are able to plan and decide the best course of action while emotionally aroused by the trauma. These persons can creatively invent new responses to threats and dangers, and they can quickly self-correct if a way of responding is not working.

The recovery phase of trauma is how we cope with danger once it is over. The best functioning persons learn from the traumatic experiences, become more confident about managing future threats and challenges, and gain improved coping skills. They function better after recovery than they did before the trauma, and they have found a way to use the traumatic experience to make their lives more meaningful and purposeful.

Poor recovery from trauma takes many forms, but generally persons live as if the trauma is ever-present. They remain vigilant and sensitive to possible dangers. They have intense emotional responses to small threats. They avoid situations, people and events that trigger re-experiencing danger, or they

are numb and do not accurately perceive dangers and real threats. One way to remain numb is to re-create dangerous situations that re-trigger numbness. (For example, a sexually abused teen becomes promiscuous.) Another way is to avoid relationships and situations that trigger strong emotions. (For example, a sexually abused teen avoids dating and intimacy.) And finally, people numb themselves with food, alcohol, drugs, helping others, work, and exercise.

In general, how we recover from trauma shapes our level of successful functioning in the future. *How we respond and cope with a traumatic event shape how we cope with future stresses.* The indicators of successful recovery include the:

- Ability to develop an explanation of what happened that accurately accounts for when future dangerous situations will occur (not over-generalizing or denying)
- Ability to manage traumatic experiences so that they do not interfere with our ability to achieve important life goals (not blaming self or others; not helplessness)
- Ability to self-regulate emotional arousal and thoughtfully assess if future situations are dangerous (not react to every perception of danger)
- Ability to use family and social relationships to manage trauma
- Ability to find meaning and purpose from the traumatic experience

Many persons that experience traumatic events recover because they have high-quality relationships that help them develop the above abilities. When insulted as a child by a racial slur from a store clerk, my father told me the clerk was an insecure person who was frightened by my demands for better service. My father explained that I had to decide in the future whether to expend my energy on arguing and standing my ground in these situations. He offered that I could decide that insecure people will never learn, or I could decide it was worth the effort to force change because I had a right to be treated fairly. My father explained that remaining calm and courteous would keep me in control of myself, regardless of how others behaved.

Racism, Danger and Trauma

While in Chile lecturing about sexual abuse treatment, a colleague revealed that her father's sister was one of the people that disappeared during a past revolution and overthrow of a dictator. The aunt was six months pregnant, and no one knows what happened to her. My colleague's father and his nuclear family never talk about her or the incident. When I asked my colleague if she could speak to her father about this, my colleague became agitated and teary. She nervously laughed and said she would be too frightened to do so.

Large-scale social events that traumatically impact thousands and millions of persons commonly occur in human life. Hurricanes, earthquakes, social upheavals, genocide, terrorist incidents, and war are dangerous events and require people to recover. Racism and other social biases describe social

conditions that contain traumatic events for large numbers of persons. Traumas related to race have three forms.

African Americans experience specific events of danger related to race that overwhelm the nervous system and require us to recover. These dangers may be real or perceived discrimination, threats of harm and injury, police incidents, and humiliating and shaming events. The aggressors may be black or white. These events stand out in our memory and have long-term impact on our perception of ourselves and our social environments. As mentioned in the previous discussion, some African Americans are stronger after recovering from these events, and others have long-term declines in their ability to cope with future stresses and threats.

A second way African Americans experience danger is witnessing harm and injury to other African Americans because of real or perceived racism. This secondary trauma is widely recognized in the child abuse treatment field and occurs to therapists that repeatedly experience the traumas of abused children. Repeatedly witnessing African Americans suffering on television news is painful, and for some triggers very strong emotion. For example, the Rodney King incident triggered very strong emotional reactions to a publically viewed altercation between police and an African American male. Of course, not every African American watching the incident on television is traumatized but some viewers experienced traumatic responses and needed to recover.

A third way African Americans experience danger related to race is living in difficult social conditions because of poverty and race, and traumatic events occur because of these conditions. Segregation by race and social class is common in the United States, and very common in the Pittsburgh region. Living in black and poor neighborhoods increases one's risk of experiencing traumatic events like community violence, police incidents, and domestic violence, and it increases the risk of experiencing secondary traumas in witnessing these dangers. These communities are socially isolated, monitored vigorously by police, have fewer resources for daily living (food stores, gasoline stations, hardware stores), and have high levels of exposure to drugs and alcohol.

During a casual conversation, my cousin's seventeen year-old son who lives in Homewood counted eleven friends who died from drug overdose or murder. He recounted each one without emotion, citing their names and how they died, recalling their funeral services. His numb, matter-of-fact manner of recounting his experiences was stunning and a clear indicator of trauma.

The trauma model suggests our recovery from real or perceived dangers will vary, and in large numbers of persons can be seen across a continuum of recovery.

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Poor recovery **Return to baseline** **Improved Functioning**

Some persons will function better after recovery, some will return to their previous levels of functioning, and others will function poorly and have lower abilities to cope with future stresses and danger. However, increasing the total number of traumatic events in a person's life and clustering several traumatic events into a small period will increase the risk of poor recovery.

Poor responses to trauma are visible in large numbers of African Americans living in racially segregated neighborhoods. Some signs include:

- **Increase aggression** – Street gangs, domestic violence, defiant behavior, and appearing tough and impenetrable are ways of coping with danger by attempting to control our physical and social environment

- **Increase vigilance and suspicion** – Suspicion of social institutions (schools, agencies, government),avoiding eye contact, only trusting persons within our social and family relationship networks

- **Increase sensitivity to threat** – Defensive postures, avoiding new situations, heightened sensitivity to being disrespected and shamed, and avoid taking risks

- **Increase psychological and physiological symptoms** – Unresolved traumas increase chronic stress and decrease immune system functioning, shift brains to limbic system dominance, increase risks for depression and anxiety disorders, and disrupt child development and quality of emotional attachment in family and social relationships

- **Increase alcohol and drug usage** – Drugs and alcohol are initially useful (real and perceived) in managing the pain and danger of unresolved traumas but become their own disease processes when dependency occurs

- **Narrowing sense of time** – Persons living in a chronic state of danger do not develop a sense of future, do not have long-term goals, and frequently view dying as an expected outcome

The trauma model also explains the *double-bind* common to victims of trauma and its impact on recovery. An example of a double-bind is a child that is sexual abused and responds to the trauma by becoming angry and defiant. Subsequently, the child is criticized and shunned by her family because she is "difficult" to manage. The double-binding process re-traumatizes victims and impedes recovery. These types of double-binds are common in our experiences of social biases like racism and sexism.

A common example of the double-bind for African Americans occurs within our social context of strong values favoring individuals who display order, organization, control, and mild expressions of emotion. Our models of very successful persons include people that are neatly dressed, courteous at all times, emotionally contained, organized, accomplish tasks timely, and follow social rules governing appropriate behavior. However, African American are more emotionally expressive, and some African Americans will distance from routine social pathways to adulthood because they perceive them as threatening, unattainable, and not relevant to their experience. Some African Americans develop alternative

pathways to adulthood to increase control and decrease danger. Of course, the double-bind occurs when the alternative pathways to success are viewed and treated as deviant.

Solutions and Remedies

Albert Einstein once said that seventy-five percent of the effort to solve a problem in science is attaining the correct formulation of the problem. The trauma model offers very different kinds of remedies to "problems" than the disease model. The disease model describes and categorizes illnesses and problems, applies treatments, and seeks a cure and fix. Most social service programs use the disease model (Family Support is an exception), and the model has been very successful – sometimes. When the disease model is not successful, we frequently do not change models but instead keep designing new services using the same model.

I believe an obstacle for many African Americans succeeding is their failure to adequately recover from the primary, secondary, and tertiary traumas. Again, many African Americans recover from these traumas, and many are stronger because of them. However, many African Americans do not recover.

Help and services that effectively intervene to manage trauma have common characteristics.

- Help that does not label, categorize or diagnosis recipients as having a "problem."
- Help that creates opportunities for children, teens, and adults to tell their stories of trauma, and re-process and re-interpret what occurred to accurately attribute responsibility and causation.
- Help that teaches yoga, marital arts, meditation, diaphragmic breathing, and other forms of emotional self-regulation, and assures they are regularly practiced and applied when stresses and threats of danger escalate.
- Help that empowers recipients to have control over the kind, type, direction, and amount of their help.
- Helps that uses successful survivors of trauma to guide others.
- Help that explores, teaches, and practices specific alternative responses and behaviors to future dangers.
- Help that teaches information about trauma and its impacts.
- Recovery group experiences that are structured to help recipients learn personal responsibility for managing their responses to trauma and teaches specific alternative ways of managing traumatic reactions when they reappear.
- Help that prepares recipients to relinquish past ways of adapting to trauma, and prepares them to experience increased anxiety, fear, and stress during recovery.

- Help that exposes isolated children, teens, and adults to social experiences of the larger society.
- Emotional support by itself is **not** enough to resolve trauma. Merely talking about the traumatic event does not resolve trauma. Recipients must re-experience the trauma and change their understanding of what has occurred.
- Do **not** place recipients in groups that reinforce their current view of trauma.
- Help must **not** encourage recipients to avoid re-experiencing the trauma – avoidance is a common symptom of post-traumatic stress.

Summary

This paper proposes the rich and abundant data that describes higher rates of social and health problems for groups of African Americans may be partially explained with the trauma model. This model is not a deficit model, and attributes poor responses to trauma occurring for some persons in any population experiencing stressful events and adverse social conditions. The model proposes that recovery from trauma can be achieved with specific interventions that improve coping skills and decrease avoiding re-experiencing the trauma. These coping skills can be taught in a variety of community-based organizations, including schools, mental health center, support centers, and churches, and they can be used with large numbers of children, teens, and adults.

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