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# Healing Requires Recognition: The Case for Race-Based Traumatic Stress

Thema Bryant-Davis

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# Healing Requires Recognition:
## The Case for Race-Based Traumatic Stress

Thema Bryant-Davis
*California State University, Long Beach*

*Race-based traumatic stress has been studied in the literature under various names including but not limited to insidious trauma, intergenerational trauma, racist incident–based trauma, psychological trauma, and racism. This article reviews and analyzes R. T. Carter's article in this issue. The author underscores and reacts to the trauma of racism as discussed in Carter's article, and also highlights efforts that should be directed to racist incident–based trauma counseling. Counselors have to be trained to effectively conduct assessment and interventions with clients who have been victimized by race-based traumas. In addition, counselors should be aware that intersecting identities can result in multiple traumas or forms of oppression, such as 1 client experiencing racism, sexism, poverty, and heterosexism. While it is important to study the dynamics of race-based traumatic stress within the United States, as Carter comprehensively does, it is also essential for counselors to examine and respond to race-based traumatic stress internationally.*

In his in-depth Major Contribution, Carter (2007 [this issue]) explains the ways in which racism can be a source of stress, trauma, and emotional injury. For counselors to effectively address race-based traumatic stress, they must first be educated and trained to recognize and acknowledge it (Bryant-Davis & Ocampo, in press; Carter, 2007; Sue & Sue, 2003). Race-based traumatic stress has been called by various names including, but not limited to, societal trauma, intergenerational trauma, racist incident–based trauma, insidious trauma, psychological trauma, emotional abusiveness, and racism (Bryant-Davis & Ocampo, 2005; Carter, 2007; Carter & Helms, 2002; Daniel, 2000; Loo et al., 2001; Root, 1992; Sanchez-Hucles, 1998; Wyatt, 1990). Race-based traumatic stress can be defined as (a) an emotional injury that is motivated by hate or fear of a person or group of people as a result of their race; (b) a racially motivated stressor that overwhelms a person's capacity to cope; (c) a racially motivated, interpersonal severe stressor that causes bodily harm or threatens one's life integrity; or (d) a severe interpersonal or institutional stressor motivated by racism that

Correspondence concerning this article should addressed to Thema Bryant-Davis, California State University, Counseling Psychology, 1250 Bellflower Boulevard, Long Beach, CA 90810; tbryantd@csulb.edu.

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causes fear, helplessness, or horror (Bryant-Davis & Ocampo, 2005; Carter, 2007; Loo et al., 2001). To build on the arguments raised by Carter, this reaction article will examine the need for (a) counselor training on race-based trauma, (b) recognition of the parallels between posttraumatic stress disorder (PTSD) and race-based trauma, (c) validation of a separate category for race-based trauma, (d) examination of racism as an additional trauma for survivors of other forms of trauma, (e) cultural competent assessment and intervention for race-based traumatic stress, (f) acknowledgement of the intersection between race-based trauma and other forms of societal traumas, and (g) the need to extend psychologists' lens to include international cases of race-based trauma.

## KEY COMPONENTS FOR COUNSELOR TRAINING

Carter (2007) notes that all counselors, including counselors in training and those who entered the field prior to cultural competence training requirements, need to receive education on race-based traumatic stress. This education needs to include definitions of race, racism, and race-based traumatic stress, as well as assessment needs, effects, and intervention strategies for race-based traumatic stress (Bryant-Davis & Ocampo, in press). Education on cultural competence needs to include not only self-awareness, knowledge of cultural traditions, and skills for culturally appropriate interventions, but also an understanding of power, privilege, and racial oppression (Sue & Sue, 2003). A grasp of these concepts is critical to a counselor's ability to recognize, acknowledge, and address race-based traumatic stress.

## ADDRESSING FEAR OF PATHOLOGY BASED ON PTSD AFFILIATION

In his Major Contribution, Carter (2007) and other scholars (Bryant-Davis & Ocampo, 2005) have noted some resistance to an association between racist incident–based trauma and PTSD for multiple reasons. One of the concerns is that a PTSD diagnosis will lead to victim blaming and pathologizing (Carter, 2007). It is important to note the following: (a) PTSD is one of only a few diagnoses that by definition is precipitated by an event (a traumatic experience) versus other diagnoses such as depression and anxiety; (b) no one who experiences a trauma should be pathologized—postracism

distress is a normal response to an abnormal experience or a sane response to an insane stressor (Greene, 2004); and (c) calling a trauma by another word such as injury will not prevent those who seek to blame victims from blaming victims; therefore, avoiding an association with the concept of PTSD does not truly address the problem. Only education, prevention, intervention, and justice can work against the insidious and tenacious nature of racial oppression, victim blaming, and pathologizing. As scholars and researchers, psychologists can become distracted by debates over labels and linguistics while the traumatic experiences of racism are themselves sorely neglected. It is important for counselors and researchers to find a necessary balance for all psychologists working in the trauma field; this balance is the cognitive space between understanding individual factors that moderate the relations between traumatic experiences and their effects while avoiding the pitfalls of victim blaming.

While trauma and PTSD are not synonyms, researchers and counselors often merge the two, assuming that a person has only experienced a trauma if, as is noted in the diagnostic criteria for PTSD, he or she has experienced a physical violation. This view of trauma is unnecessarily narrow and disregards the severity of such stressors as *nonphysical* violation experiences of sexual harassment, partner/spousal abuse, and racist incidents.

## CASE FOR RACE-BASED TRAUMATIC STRESS

Although it is important to recognize the parallels between racism and other forms of trauma (Bryant-Davis & Ocampo, 2005), one can also make a convincing argument for a specific conceptualization of race-based traumatic stress (Carter, 2007). I would like to agree with and extend the case built by Carter for race-based trauma, although I do diverge from the premise that nonphysical stressors cannot be traumatic. A stressor does not require physical contact for it to be severe or traumatizing. Instead, the case for the concept of race-based trauma is that it provides a more precise description of the psychological consequences of interpersonal or institutional traumas motivated by the devaluing of one's race. There is actual precedent for giving a specific trauma that may result in PTSD a more specific classification. An example of this is rape trauma syndrome, which describes specific psychological manifestations of sexual assault. In this same vein, race-based traumatic stress conceptually gives greater depth of understanding to a trauma that, while sharing some commonalities with other traumas, is also quite unique (Bryant-Davis & Ocampo, 2005).

## RACISM AS AN ADDITIONAL TRAUMATIC STRESSOR

As Carter (2007) significantly observes, it is important to recognize the multiplicative effect race-based traumatic stress can have on survivors of other forms of trauma. Examples of this multiplicative effect include the traumatic race-based and class-based neglect experienced by Hurricane Katrina victims as well as race-based trauma experienced by ethnic minority rape victims in their encounters with the judicial system. It is, therefore, imperative for counselors to be cognizant of the potential for additional race-based traumas facing racially marginalized survivors of other severe stressors such as war, domestic violence, and assault. Given the vulnerability and violation already affecting these survivors, it is particularly vital for trauma counselors such as those working with rape crisis centers, veterans' hospitals, domestic violence shelters, and emergency response workers to be trained in race-based trauma assessment and intervention. In other words, counselors and researchers must consider the impact of being raped physically, and then being emotionally "raped" by systems and institutions that devalue members of one's race, or of being shot, but the impact of this violation being minimized or ignored because of one's race. These race-based violations can add and in some cases multiply the traumatic stress of survivors.

## ASSESSMENT AND INTERVENTION

As argued in Carter's (2007) Major Contribution, attending to issues of assessment and intervention with persons who have been targeted by racism is essential. Societal traumas such as racism receive insufficient attention in assessment and treatment (Scurfield & Mackey, 2001). Counselors need to address race-related traumas and race-related positive experiences, particularly when the client is a member of a racial or ethnic minority group (Scurfield & Mackey, 2001). Culturally competent and ethically responsible counselors respond to reports of racist incident–based trauma with validation, competence, and compassion, as they should to any other trauma (Bryant-Davis, 2005). To conduct effective assessment and intervention, counselors need to create a therapeutic environment that is safe for clients to disclose racist experiences (Goodman et al., 2004). Clients are disserved by counselors who minimize or avoid attending to experiences of racism. Scurfield and Mackey (2001) attributed the minimal attention given to racist incident–based trauma to both confusion about and discomfort with dialogue centered on traumatic experiences of racism. Resisting silence and risking discomfort, counselors should assess for and explore race-based

traumas as well as any of their lasting psychological effects (Wyatt, 1990). Assessment for race-based traumatic stress, according to Bryant-Davis and Ocampo (in press), can be accomplished by (a) creating a trusting and safe therapeutic relationship; (b) establishing counseling as a safe place to process difficult experiences such as race-based traumas; and (c) inquiring directly about the client's full trauma history, including race-based traumas, through the use of either a standard structured interview or standardized assessment tools or surveys. During assessment, the counselor should attend not only to the trauma history, but also to the impact of the trauma(s) on the client's current functioning; particular attention should be paid to reports of intrusive thoughts, hyperarousal, numbing, intense emotional reactions, difficulty concentrating, difficulty with memory, feelings of destructiveness toward self or others, as well as psychosomatic reactions (van der Kolk, McFarlane, & van der Hart, 1996).

Regarding counseling interventions themselves, Comas-Diaz (2000) called for psychologists to adopt an ethnopolitical approach when working with ethnically marginalized clients; such an approach recognizes the impact of oppression and racism. Comas-Diaz argued that counselors must take an antiracist stance in their therapeutic work, which is to say the counselor should never minimize, ignore, or intellectualize racism. Bryant-Davis and Ocampo (in press) recognized that a number of therapeutic modalities have been found effective when working with trauma survivors. These evidence-based treatments include, but are not limited to exposure therapy, eye movement desensitization and reprocessing, supportive group psychotherapy, psychopharmacology, and cognitive therapy. Regardless of the theoretical orientation or therapeutic approach, Bryant-Davis and Ocampo suggested that counselors working with victims of race-based traumas explore and address the following themes: acknowledgement of the trauma, sharing the trauma, safety and self-care, grieving the losses, shame and self-blame/internalized racism, anger, coping strategies, and resistance strategies.

## PSYCHOLOGICAL EFFECTS

Carter (2007) outlines the major effects that a racist incident may potentially inflict on its targets. To delve into further detail, as with other traumas, it is theorized that race-based traumatic stressors have the potential to affect victims cognitively, affectively, somatically, relationally, behaviorally, and spiritually (Bryant-Davis & Ocampo, 2005). Cognitive effects may include difficulty concentrating, remembering, and focusing. Affective effects may include numbness, depression, anxiety, grief, and anger. Somatic

complaints may include migraines, nausea, and body aches. Relationally, victims may demonstrate distrust of members of the dominant group or, in cases of internalized racism, distrust of members of their racial group. Behaviorally, victims may begin to self-medicate through substance misuse or other self-harming activities. Spiritually, victims may question their faith in God, humanity, or both. There has been evidence of race-based traumatic stress resulting in intrusive thoughts, hypervigiliance, and avoidance (Loo, Singh, Scurfield, & Kilauano, 1998). Other effects may include external locus of control, dissociation, and a sense of foreshortened future or hopelessness.

## INTERSECTIONALITY

In addressing an issue that is often overlooked, Carter (2007) acknowledges the importance of examining race-based trauma within the context of people's lives, given their multiple identities. In taking a more complex view of culture and cultural oppression, scholars have begun to examine the realities of those individuals who live at the margins of society as a result of more than one aspect of their demographic background (Suyemoto & Kim, 2005). This has been referred to as multiple identities, intersecting identities, intersectionality, and the multiplicative effects of oppression (Crenshaw, 1994; Suyemoto & Kim, 2005). Carter (2007) acknowledges this important concept in his review of Essed's (1991) work on gender and class oppression. In addition, Daniel (2000) has examined race-based trauma specific to African American women, and Greene (2003) has examined the intersection of racism and heterosexism. Societal traumas include not only racism but also sexism, poverty, heterosexism, and religious intolerance. While in-depth, separate examinations of each of these issues is necessary, it is also important for scholars and counselors to recognize that many clients are confronted with multiple traumas based on their multiple identity markers. Counselors need to be sensitive to the potentially traumatizing impact of all forms of societal oppression.

## INTERNATIONALIZING AND EXPANDING OUR SCOPE

As Carter (2007) extensively explains, it is imperative for counselors to acknowledge, assess, and respond to domestic instances of race-based trauma. It is also critical for psychologists to study and intervene in cases of international race-based trauma. The United Nations hosted a World Conference to address racism, discrimination, xenophobia, and related

intolerances (Bryant-Davis, Okorodudu, & Holliday, 2004). These traumas include, but are not limited to, the treatment of the Dalit in India, the Aborigine in Australia, the Indigenous Peoples of the United States, women and children trafficked globally, and Blacks in South Africa, as well as Islamaphobia and anti-Semitism. Healing the wounds of race-based trauma requires acknowledging them nationally and globally. An issue that calls for immediate study and intervention by culturally competent counselors is the genocide and mass rape of Black Africans in the Darfur region of the Sudan by the Arab militia. Researchers and intervention developers must examine the psychological consequences of racially motivated mass violence in the context of consistent global racial devaluation that results in silence and disregard for the well-being of people of color. What does it mean for one's safety to not be in the interest of those with the power and resources to intervene? How does one heal the scars of a global racial hierarchy that places you and your children at the bottom? These questions and issues appeal to the consciousness of counselors committed to resisting racism. They require individual and institutional intervention, as well as just practice and policy.

As Carter (2007) notes, although there is much literature written about the social, economic, and political effects of racism, much more is needed in understanding and acknowledging the psychological effects of racism. The need for this awareness is seen not only in the United Sates but also on a global level, particularly when one considers the role of psychologists at the United Nations. The American Psychological Association, among other psychological nongovernmental organizations (NGOs), has representation at the United Nations. The role of the psychology representatives at the United Nations includes educating governments and other NGOs about the mental health consequences of issues such as racism that are usually primarily examined economically, legally, and medically (Bryant-Davis et al., 2004). There is a need for psychologists working in various capacities, educators, counselors, researchers, and advocates to come to a greater understanding of the potentially traumatizing nature of racist incidents; this knowledge must then be disseminated globally to protect and improve public mental health.

## CONCLUSION

Carter (2007) provides an in-depth exploration of the impact of racism. Building on this important issue in the context of counseling, research, and advocacy, he outlines ways in which the trauma of racism can be extended. Comas-Diaz (2000) called for an ethnopolitical approach to counseling; in

that vein, it is important for culturally competent counselors to adopt a framework of liberation psychology. Liberation psychology requires the counselor to attend to issues of social justice, cultural context, action research, and resistance (Watts & Serrano-Garcia, 2003). With this framework, which is evidenced in feminist psychology, Black psychology, and Latin American psychology, counselors prioritize transformation of individuals and institutions. The healing of psyches necessitates the dismantling and healing of the source of societal wounds of oppression; active perpetrators and passive privilege recipients of racial hierarchy require redress. As with all interpersonal traumas, individual recovery is not sufficient; collective acknowledgment, justice, and prevention are critical.

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