

Understanding The Impacts of Historical Trauma and Its Effects on Help-Seeking for Communities of Color



Keisha Ross, Ph.D.
Licensed Clinical Psychologist
New Horizon Psychological Services (NHPS)
St. Louis, Missouri



Overview

- Define intergenerational trauma and historical trauma.
- Discuss the relevance of historical experiences for minority ethnic groups, and how it impacts their mental/physical health and health seeking behaviors.



Historical Trauma

- Maria Yellow Horse Brave Heart, widely regarded as the “mother of **historical trauma**” by **Native Americans**, describes **historical trauma** as the cumulative emotional and psychological wounding over one's lifetime and from generation to generation following loss of lives, land and vital aspects of culture.



Historical Trauma

- What is it?
 - Historical trauma is most easily described when a specific group experiences trauma during more than one generation.
- Who experiences it?
 - Anyone living in families at one time marked by severe levels of trauma, poverty, dislocation, war, etc., and who are still suffering as a result” (Cutler, n.d.)



Historical Trauma

- Brave Heart and Debruyn (1998) utilized the literature on Jewish Holocaust survivors and their decedents and pioneered the concept of *historical trauma*.
- The current problems facing the Native American people may be the result of “a legacy of chronic trauma and unresolved grief across generations” enacted on them by the European dominant culture (Brave Heart & DeBruyn, 1998).
- The primary feature of historical trauma is that the trauma is transferred to subsequent generations through biological, psychological, environmental, and social means, resulting in a cross-generational cycle of trauma (Sotero, 2006).



Historical Trauma

- Historical trauma is cumulative and collective. The impact of this type of trauma manifests itself, emotionally and psychologically, in members of different cultural groups (Brave Heart, 2011).



Why is Historical Trauma Relevant?

- As a collective phenomenon, those who never even experienced the traumatic stressor, such as children and descendants, can still exhibit signs and symptoms of trauma.

Fearful memories haunt mouse descendants

Genetic imprint from traumatic experiences carries through at least two generations.



- Mouse pups — and even the offspring's offspring — can inherit a fearful association of a certain smell with pain, even if they have not experienced the pain themselves, and without the need for genetic mutations.
 - Kerry Ressler, a neurobiologist and psychiatrist at Emory University in Atlanta, Georgia, and a co-author of the latest study.



Manifestations of Historical Trauma

- Internalized Oppression
 - As the result of historical trauma, traumatized people may begin to internalize the views of the oppressor and perpetuate a cycle of self-hatred that manifests itself in negative behaviors.
 - Emotions such as anger, hatred, and aggression are self-inflicted, as well as inflicted on members of one's own group.



Who Is impacted by Historical Trauma?

- American Indians/First Nations Peoples
- Asian/Pacific Islanders
- Immigrants
- Latinos/Latinx
- African-Americans/Blacks
- Families Living in Poverty

Communities Impacted by Historical Trauma

American Indians/First Nations Peoples

- This population has been exposed to generations of violent colonization, assimilation policies, and general loss.
 - Example of Stressor: The Americanization of Indian Boarding Schools and the forced assimilation among their students.



Communities Impacted by Historical Trauma

Native American/First Nations People

- Compared with all other racial groups, non-Hispanic Native American adults are at greater risk of experiencing feelings of psychological distress and more likely to have poorer overall physical and mental health and unmet medical and psychological needs (Barnes, Adams, & Powell-Griner, 2010).
- Suicide rates for Native American adults and youth are higher than the national average, with suicide being the second leading cause of death for Native Americans from 10–34 years of age (Centers for Disease Control and Prevention [CDC], 2007).

Communities Impacted by Historical Trauma

Asian Americans and Pacific Islanders

- Psychological researchers have documented the effects of transgenerational psychological trauma among Asian Americans and Pacific Islanders.
 - For example, children of Japanese Americans interned during WW II experienced negative psychological sequelae from the internment.



Communities Impacted by Historical Trauma

Immigrants

- Forced migration may be the result of conflict, natural disaster, famine, development projects and policies, or nuclear and chemical disasters (Forced Migration Online, 2012).
- These various populations may have been exposed to discrimination, racism, forced assimilation/acculturation, colonization, and genocide.

Communities Impacted by Historical Trauma

African-Americans/Blacks

- Example of Stressors: slavery; colonialism/imperialism
- Current Manifestations: Mistrust of police; self-worth (Rich & Grey 2005)
- Internalized racism - self-hatred among Blacks/African Americans who act out their aggression on people who look like them.



Communities Impacted by Historical Trauma

African-Americans/Blacks

- This population has been exposed to generations of discrimination, racism, race-based segregation and resulting poverty.
- Members of this population may have been exposed to microaggressions, which are defined as “events involving discrimination, racism, and daily hassles that are targeted at individuals from diverse racial and ethnic groups.” (Michaels, 2010)

Narratives of Historical Factors

- By the time of our country's Civil War in 1861, **eight generations of black children were born, grew up, toiled, and died as the property of white adults and children.** Slaves worked at **hard labor**, from sun up to sun down, for no pay, six or seven days a week.
- The **13th Amendment** to our Constitution outlawed slavery. But many of the four million former slaves were **forced back into unpaid labor.** They became **sharecroppers** on their old plantations. If a white man said a black man was "shiftless," that black man could be **arrested and forced to work** without pay in a mine, factory, or farm. This was **slavery by another name.**

Narratives of Historical Factors

- After emancipation came the “**separate and unequal**” system of **Jim Crow** in the South. This made it **legal to have racially segregated** public schools, buses, restaurants, movie theaters, and occupations. Under Jim Crow, **black lives were cheap**. Over five thousand African Americans were strung up, shot, tortured, mutilated, and burned to death during those one hundred years. Most **lynchings** occurred in the South, but many took place in the North and West as well.
- The **Civil Rights Movement of the 1950s, 60s, and 70s** challenged Jim Crow. The Jim Crow era “officially” ended when **Congress passed the Civil Rights Act of 1964**. However, **white Americans found ways around** many of the gains African Americans made. In “**white flight**,” white parents moved to the suburbs or put their children in private schools. White neighbors signed “**covenants**” not to sell their homes to black families. White unions made it difficult for black workers to become members and advance themselves in the skilled trades. Many African Americans became **trapped in poverty**.



Communities Impacted by Historical Trauma (cont'd)

Impoverished Communities

- Poverty can lead to:
 - family stress
 - child abuse and neglect
 - substance abuse
 - mental health challenges
 - domestic violence

(Wilson, 2005)



Intergenerational Poverty

- Poor individuals and families are not evenly distributed across communities or throughout the country. Instead, they tend to live near one another, clustering in certain neighborhoods and regions.
- This concentration of poverty results in higher crime rates, underperforming public schools, poor housing and health conditions, as well as limited access to private services and job opportunities.
(Kneebone, Nadeau & Berube, 2011).



Intergenerational Poverty

- Poverty in these communities is frequently intergenerational.
 - The lack of access to services, increased exposure to violence, and higher risk of victimization that exist in these communities often results in a much greater potential for experiencing trauma and re-traumatization among residents than in communities that are not areas of concentrated poverty.
- Example of Stressors: Hunger; poor or inadequate housing; lack of access to health care; community crime
- Current Manifestations: Domestic violence; child abuse; substance abuse (Wilson, 2005)

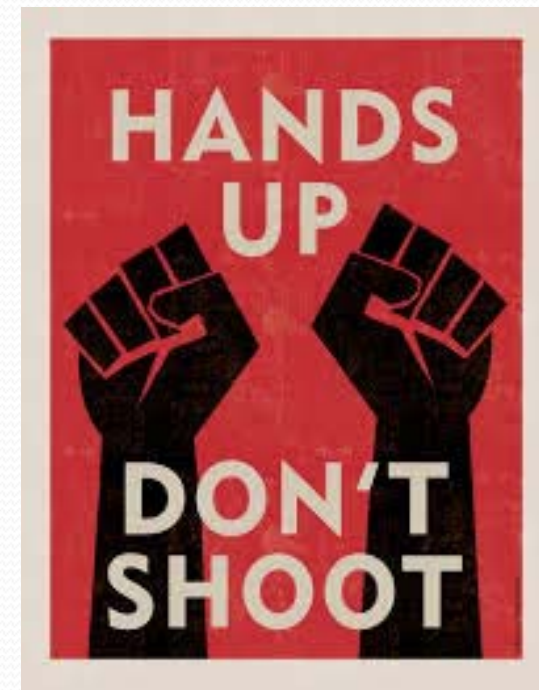
Fear of Utilizing Medical and Psychological Services

- There is a significant history of atrocities against African-Americans that contribute to suspicion and paranoia regarding seeking physical and mental health services.

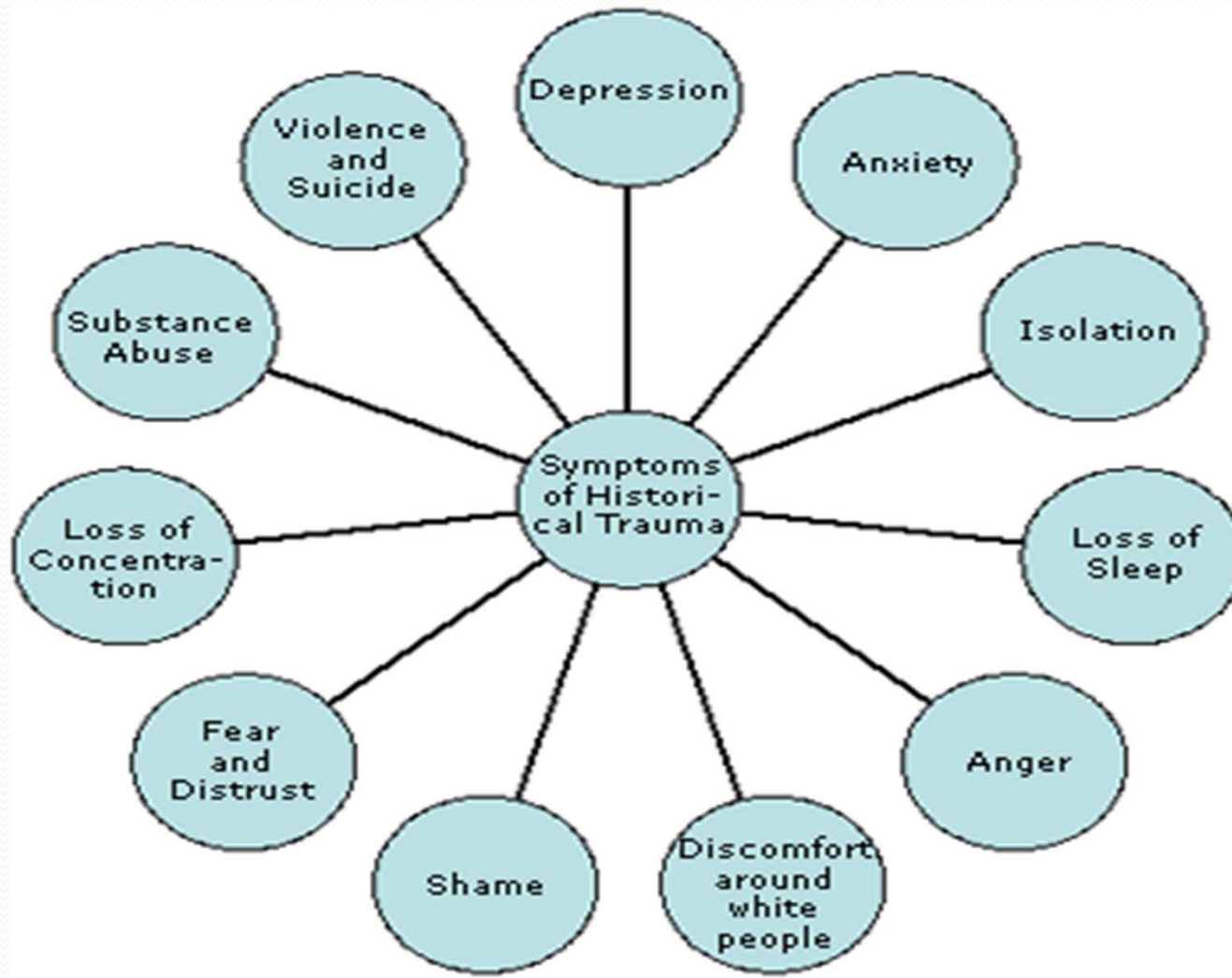


Reasons for Fear

- Slave labor
- Forced migrations
- Forced Breeding
- Stolen property
- Dehumanization
- Apartheid
- Mass incarceration
- Torture
- Medical experimentation
- Discrimination
- Race riots
- Police Brutality
- Racial Profiling
- Lynchings
- Mass murder
- Long-lasting psychological effects (Post-Traumatic Stress Disorder) on survivors and descendants.



Symptoms of Historical Trauma





Historical Trauma and Help-Seeking Behaviors

- African-Americans with high levels of mistrust are more likely to terminate therapy prematurely. (Terrell & Terrell, 1984)
- African-Americans have been found to average fewer sessions and terminate from outpatient mental health services earlier than European Americans (Sue & Sue, 1990).



Historical Trauma and Help-Seeking Behaviors (cont'd)

- Asbury, et al., (1994) conducted an empirical study of African American participation in rehabilitation services that may have relevance for attrition rates noted among African-Americans in therapy.
- The results of discriminant analysis indicated that:
 - Perception of provider competence, self-esteem, emotional support, and attitude toward seeking services were significant predictors of seeking service.
 - Racial similarity, perception of provider competence, and perceptions of the service process determined continued participation.



Results from American's Perceptions of Psychotherapy and Psychotherapists

- ***Lack of Trust***

- Participants reported that while psychotherapy might be beneficial, most psychologists and psychotherapists lacked an adequate knowledge of African American life and struggles to accept or understand them.
- Participants discussed the stereotypes of African-Americans in the larger society and challenged the ability of psychologists and psychotherapists to be free of the attitudes and the beliefs of the larger society.
(Thompson, Bazile, & Akbar 2004)



Results from American's Perceptions of Psychotherapy and Psychotherapists

- ***Cultural Sensitivity***

- Participants reported a preference that race not matter in the provision of mental health services, but a vague fear that it did.
- Most participants reporting this attitude noted that it was based on sensitivity to the issues and experiences that the African-American community has historically confronted.
- Participants believed that therapists were often influenced by frequently encountered stereotypes of African Americans. (Thompson, Bazile, & Akbar 2004)



Results from American's Perceptions of Psychotherapy and Psychotherapists

- *Cultural beliefs*, such as a belief in the need to resolve family concerns within the family and the expectation that African-Americans demonstrate strength.
 - Despite the sense that therapy was required to address certain issues, participants reported that they lacked sufficient knowledge of the signs and symptoms of mental illness, or information on the services available. (Thompson, Bazile, & Akbar 2004)



Results from American's Perceptions of Psychotherapy and Psychotherapists

- The *stigma* of mental illness, with its associated embarrassment and shame, were noted by individuals who received services, as well as those with no prior experience with mental health services, as a significant barrier to mental health services (Thompson, Bazile & Akbar 2004).

Mental Help Seeking Behaviors in Latin Community

- Latino are less likely to seek mental health treatment. A 2001 Surgeon General's report found that only 20% of Latinos with symptoms of a psychological disorder talk to a doctor about their concerns. Only 10% contact a mental health specialist.
- Barriers to treatment:
 - Privacy concerns
 - Language barriers
 - Lack of health insurance
 - Misdiagnosis due to cultural differences
 - Legal Status
 - Natural and Home Remedies

Mental Help Seeking Behaviors in Asian Community

- Cultural Influences of:
 - Language
 - Level of acculturation
 - Age
 - Gender
 - Occupational Issues
 - Family Structure and Intergenerational Issues
 - Religious beliefs and Spirituality

Elizabeth et. al (2002). Cultural factors influencing mental health with Asian Americans. Western Journal of Medicine. 164 (4): 227-231.



Health Disparities

- Despite the unprecedented explosion of scientific knowledge and the phenomenal capacity of medicine to diagnose, read and cure disease, Blacks, Hispanics, Native American and those of Asian/Pacific Islander heritage have not benefitted fully or equitably from the fruits of science or from systems responsible for translating and using health sciences technology (USDHHS, 1985).



Factors Related to Health Disparities

- Studies often focus on patient behaviors such as:
 - Patient preferences and attitudes
 - Lack of knowledge and understanding
 - Mistrust of the health care system
 - Difference in SES
 - Lack of health insurance
 - Problems with access to care
 - Biological differences in response to medication

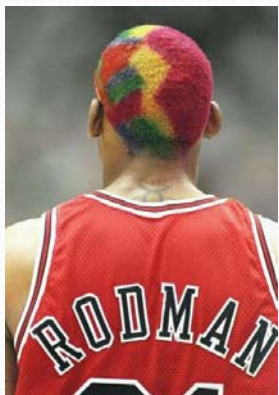
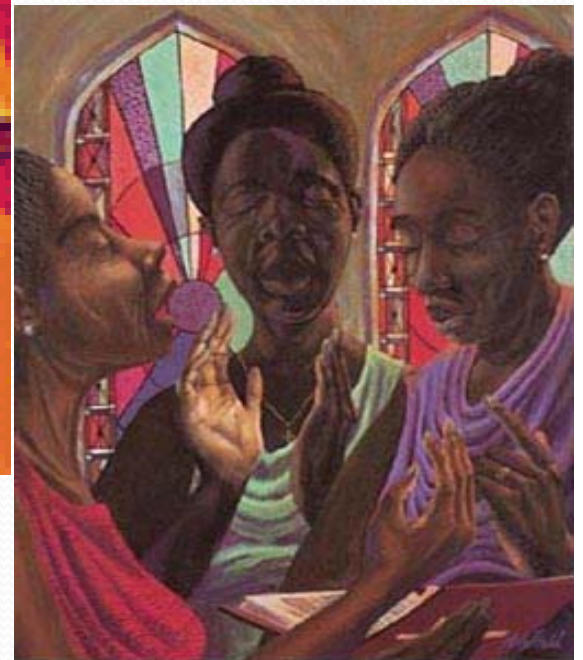


Does Historical Trauma Have Only Negative Effects?

- Not necessarily. There are positive aspects that arise from historical trauma.
 - Resilience / posttraumatic growth
 - Adaptive survival behaviors
 - Evolutionary enhancements

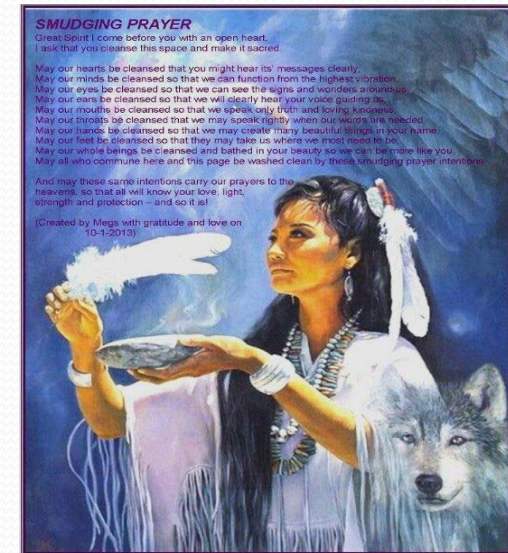
Adaptive Black/African-American Cultural Factors

- Spirituality, religious involvement
- Strong kinship bonds
- Role flexibility
- Communalism
- Rich affectivity,
- “Keeping it real”



Native American/First People Cultural Factors

- Spirituality
 - Sweat ceremonies
 - Talking circles
 - Prayers
 - Smudging
 - Sessions with recognized spiritual healers





Religion and Spirituality

- A healthy psyche is necessary for spirituality.
- When a psyche is damaged the scars can be deep that it becomes masked with religiosity and spirituality.
- Belief systems can become a defense mechanism or a means of avoidance of dealing with psychological issues.



Ways to Enhance Quality of Life Despite Historical Trauma

- Acknowledge and confront historical trauma
- Work on understanding the historical trauma
- Focus on healing of ones self as well as healing within and among the community
- Releasing the pain in healthy ways
 - Spiritual/Religious and/or Cultural Healing Services
 - Psychological Treatment Services
 - Social Justice



Cultural Competence

- At the annual convention of the American Psychological Association in 2001, the Surgeon General of the United States presented a report on the mental health status of racial/ethnic minorities. The report summarized several key findings:
 - A) The mental health needs of people of color continue to be unmet,
 - B) There is a strong need to understand both cultural and sociopolitical factors affecting the life experience of these groups, and
 - C) Cultural competence in the delivery of services is absolutely essential to the psychological and physical well-being of persons of color.



Cultural Considerations for Clinicians Working With Ethnic Minorities

- Culturally competent therapists are:
 - A) Aware of and sensitive to their own racial and cultural heritage and value/respect differences.
 - B) Differences are not seen as necessarily deviant or pathological. Culturally competent therapists are aware of their own background/experiences and biases and how they influence psychological processes.
 - C) Recognize the limits of their competencies and expertise; and realize that it is unethical to work with culturally diverse populations without specialized training or expertise.



Cultural Considerations for Clinicians Working with Ethnic Minorities

- Culturally competent therapists:

D) Culturally competent therapists are comfortable with differences that exist between themselves and others. They realize that discomfort over differences can hinder an effective therapeutic relationship. Further, they do not profess, “color blindness.”

E) Know the biases likely to affect assessment, evaluation, and diagnosis of minority clients.

F) Have knowledge about minority family structures, community, and so forth.

G) Know how discriminatory practices operate at a community level.

We're Done!



For additional questions, or
references, contact
Keisha Ross, Ph.D.
Email: drkeishaross@gmail.com

