

Trauma: Mental Unwellness & Racialized Bodies

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Racialized Individuals

For the purpose of this presentation the term 'racialized' is reserved to be used for all persons who are non-caucasian in race or non-white in colour. I want to acknowledge the unique experiences faced by **indigenous individuals** within Canadian society, who continuously face subjugation, racism and violence stemming from colonialization.

I am using the term 'racialized' as a blanket term because it acknowledges the fact that the barriers most non-caucasian bodies face are rooted in the historical and contemporary racial prejudice of society, and are not a product of their identities or shortcomings .

References:

Equity & Inclusion Snapshot Racialized people

Goal - Challenge Deficit Lens



Currently label Racialized Bodies **behaviors** as deviant, distant, disruptive and defiant



View the **behaviors** as symptoms of pain and trauma

Research: Activated Limbic System

- ▶ Study in Atlanta with black children in low income neighborhoods
- ▶ Ages of 10 - 16yrs old, monitored in their daily operations (school, social)
- ▶ Reasons: maladaptive behaviors (criminal justice system, suspension, aggression, defiance, lower academic attainment)
- ▶ **Common theme:**
 - ▶ Limbic system (**fight/flight/freeze survival responses when in stress**): Activated 24/7
 - ▶ Prefrontal cortex (emotional regulation part of the brain): Deactivated
- ▶ **Psychologically:** the children were constantly heightened, hypervigilant because they were anticipating stressors
- ▶ Releasing cortisol 24/7 (hormones to handle stress)(Cushing syndrome)
- ▶ Cortisol: toxic after 30 seconds, with long term psychological consequences

Research: Activated Limbic System Cont'd

- ▶ **Conclusion:** They're operating in a constant state of fear, their emotional resources were focused on survival. They were not emotionally available to retain new info or to be rational. **Many were hyper-vigilant in an effort to detect racial discrimination, especially in school and work.**
- ▶ So we need to **challenge the deficit lens** we use to label racialized bodies behaviours as deviant, disruptive, distant and defiant, and view it as symptoms of pain and trauma!!
- ▶ Reality for most Racialized(Black bodies): **We prep ourselves 24/7 for covert and overt discriminatory stressors.** It's traumatic, especially when this venom is tied to our livelihood!! (Work & School)

Racialized Bodies' Trauma are Rooted in Discrimination & Inequity

Biology/Personal

- ▶ Intergenerational Trauma/Epigenetic trauma
- ▶ Indigenous Peoples (Residential school, sixty scoop)
- ▶ Black Folks (Slavery)

Societal

- ▶ Poverty
- ▶ Housing
- ▶ School System
- ▶ Criminal Justice System
- ▶ Media
- ▶ Politics

Systemic

- ▶ Policies that fail to reconcile:
 - ▶ Poverty, Colonialism, Neo-colonialism, Racism, Anti-Black Racism, Islamophobia, Xenophobia, Gender & sexual orientation etc.

References:

Canadian Race Relations Foundation <https://www.crrf-fcr.ca/images/stories/pdf/ePubFaShLegRac.pdf>

Variation In Trauma: Racialized VS. Non-Racialized

- ▶ Non-racialized (**possibility**) < Racialized (**probability**)
- ▶ Racialized (especially Black bodies) stressors have an earlier onset, last longer, are more potent, more aggressive and are systemically and historically rooted.
- ▶ More importantly Black stress is **COLLECTIVE & ANTICIPATED!!**

References:

Complex Trauma Treatment Network of the National Child Traumatic Stress Network (2016)

Brown, T.N., Williams, D.R, et al. (2000)

Black Health alliance-<http://blackhealthalliance.ca/home/antiblack-racism/>

Variation In Trauma: Racialized VS. Non-Racialized (Cont'd)

- ▶ The **Anticipation** of such chronic stressors is what **differentiates** the trauma that racialized individuals experience from non racialized individuals.
 - ▶ Imagine **anticipating hurt**, that can come from a variation of societal, systemic sources. How do you plan for that?
 - ▶ This pain, especially for Black bodies, never fails to show up. **Black is proxy to criminality, incompetence, defiance, deficits etc.**

References:

Complex Trauma Treatment Network of the National Child Traumatic Stress Network (2016)

Brown, T.N., Williams, D.R., et al. (2000)

Black Health alliance-<http://blackhealthalliance.ca/home/antiblack-racism/>

How Trauma Materializes in Racialized Bodies

- ▶ Self-efficacy
 - ▶ A person's cognitive orientation and belief in their ability to affect future outcomes.
 - ▶ Lower levels of self-efficacy impacts mental health and is associated with deviant' & destructive behaviors.
 - ▶ Hurt people, hurt people but **mostly themselves!!**

Reference

https://pediatrics.aappublications.org/content/pediatrics/124/Supplement_3/S176.full.pdf

Unresolved Trauma Impacts Mental Health

“While it may be difficult to measure racism, perceptions of racism have been found to have an effect on mental health and overall health.”

Reference:

Immigrant Mental Health (2010)

“Black immigrants in Canada are 76% more likely to assess themselves as “unhealthy” than other racialized groups.”

Reference:

Black Health Alliance <http://blackhealthalliance.ca/home/antiblack-racism/>

Mental Health Service Underutilization

Factors that impact racialized bodies from receiving mental health supports:

- ▶ **Stigma** is the negative stereotype and discrimination is the behaviour that results from this negative stereotype.
 - ▶ Critique of stigma-We need to question why stigma exists (ie. informed by realities that are systemically rooted).
- ▶ **Resources** – limited
- ▶ **Limited access to racialized practitioners** - much of the theory and practice of mental health, including psychiatry and mainstream psychology, have emerged from Western traditions and Western understandings
- ▶ **Cultural Re-traumatization** - physical bodies can be traumatizing; The Case for Diversity.
 - ▶ A lot of Indigenous and black bodies issues are attached to racial injustice

References:

MHCC

Cultural Diversity and Mental Health: Considerations for Policy and Practice (2018)

Graduate research

The Harmfulness of the Resilience Response

- ▶ Black and indigenous communities' wellness is measured by their capacity to endure pain and suffering.
- ▶ They are celebrated for this capacity, under the term '**Resilience**'. It's the only time they are credited with having the **blueprint** for something.
- ▶ That 'something' is **survival** in the face of ongoing adversities, adversities that can be mitigated!

Critique of resilience: it's not just that racialized bodies are resilient, it's that they have learned how to suppress their pain. They have learned that their wellness is not paramount!!

References:

Cultural Diversity and Mental Health: Considerations for Policy and Practice (2018)

Be Active Participants in Racialized Bodies' Healing

▶ **Empathy:**

- ▶ Try to understand the individuals you serve within their current and historical context, it is essential for providers to familiarize themselves with the issues facing their clients' communities (especially non-racialized practitioners)

▶ **Encourage:**

- ▶ In order to counteract the effects of living in toxic systems, you have to go beyond the traditional relationships/responsibilities, to strengthen and support relationships which can facilitate trauma recovery.

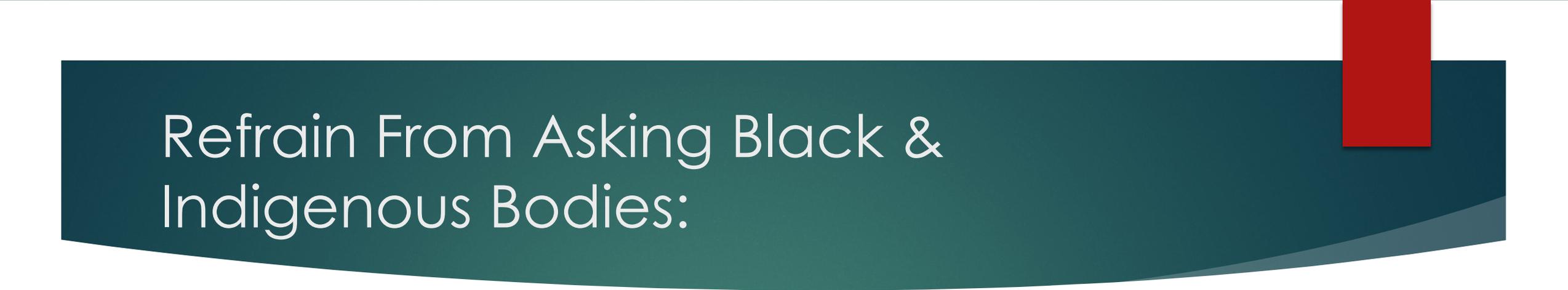
Be Active Participants in Racialized Bodies' Healing (Cont'd)

- ▶ **Understand your limitations:**

- ▶ (Share/give up seats) Take a moral responsibility/stance to not perpetuate further harm on already marginalized folks.

- ▶ **Self-less Ally-ship:**

- ▶ Instead of telling racialized bodies that they are resilient, use your privilege to name, validate, and protest against the realities/system that informs racialized bodies' trauma



Refrain From Asking Black &
Indigenous Bodies:

“What Is Wrong With You?”

to

“What Happened to You?” /

“What is Happening to you?”

Resources

- ▶ Stigma and Discrimination. (n.d). Retrieved from: <https://ontario.cmha.ca/documents/stigma-and-discrimination/>
- ▶ Franke, H.A. (2014). Toxic Stress: Effects, Prevention and Treatment. *Children (Basel)*, 1(3), 390–402.
- ▶ McKenzie, K., Agic, B., et al. (2016). The Case for Diversity Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations [PDF File]. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/2016-10/case_for_diversity_oct_2016_eng.pdf
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- ▶ CAWI, City of Ottawa. (2016). Racialized People: Equity & Inclusion Lens Snapshot [PDF File]. Retrieved from https://documents.ottawa.ca/sites/documents/files/racializd_ss_en.pdf

Resources (Cont'd)

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- ▶ Jones, B. *Legacy of Trauma: Context of the African American Existence* [PDF File]. Retrieved from <https://www.health.state.mn.us/communities/equity/projects/infantmortality/session2.2.pdf>
- ▶ Brown, T.N., Williams, D.R, et al. (2000). "Being black and feeling blue": the mental health consequences of racial discrimination. *Race and Society*, 2 (2), 117 - 131.
- ▶ Reid, O et al., (2005). *Post Traumatic Slavery Disorder-Definition, Diagnosis and Treatment*. Charlotte, NC: Conquering Books.
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