

Conversations about Historical Trauma: Part Two

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"African Americans have another kind of injury that underlies all other injuries, and that is the history of slavery."

- Joy DeGruy, PhD, author, Post Traumatic Slave Syndrome

Part One of our series on historical trauma (see IMPACT Spring 2013) introduced the concept that multigenerational trauma affects individual and familial response to trauma and loss. In practice, clinicians must be mindful that the pain children experience may be related to the pain that their parents, grandparents, and ancestors experienced, noted Vivian H. Jackson, PhD, a member of the NCTSN Advisory Board and a faculty member at the National Center for Cultural Competence at the Georgetown University Center for Child and Human Development.

For African Americans who are descendants of enslaved Africans, the dynamics of slavery itself; the institutionalized segregation and violence that followed emancipation; and ongoing struggles for racial justice continue to have a multi-faceted impact on African American life. IMPACT spoke with several Network members and a nationally known expert to further understand these impacts and the implications for clinicians who work with children and families.

Post Traumatic Slave Syndrome

Bradley C. Stolbach, PhD, Associate Professor of Clinical Pediatrics at the University of Chicago Pritzker School of Medicine, and Lead Technical Advisor for the Midwest Region of the NCTSN's Complex Trauma Treatment Network, said that,

"While in some ways individual trauma affects people in a fairly universal manner, historical trauma that has not been addressed will shape the way people respond to current traumatic experiences."

Joy DeGruy, PhD, Assistant Professor at Portland State University School of Social Work, believes that sensitivity to the legacy of slavery can provide a useful lens through which to understand how

African American families respond to and heal from trauma. "Slavery yielded stressors that were both disturbing and traumatic," she said, "exact[ing] a wound upon the African American psyche which continues to fester."

After studying PTSD in African Americans, DeGruy developed and published the theory of post traumatic slave syndrome.¹ The theory takes into account the development of survival adaptations necessary for enduring the hostile slavery environment, and how these adaptations, both positive and negative, continue

to be reflected in African Americans' behaviors and beliefs. DeGruy said that, as with other groups who have survived massive generational trauma, such as Holocaust survivors and their descendants, the unresolved and unaddressed trauma of slavery has resulted in patterns of behavior such as vacant self-esteem, ever-present anger, and racist socialization, all of which can "serve to undermine our ability to be successful."



The concept of post traumatic slave syndrome also acknowledges the resilience and resourcefulness that made it possible for individuals and families to survive slavery. DeGruy's routes to healing for her community (presented in a study guide² accompanying her book) build on the primacy of family relationships, strong community, and faith within African American communities. Before the healing can take place, however, it is important to acknowledge the history of what happened to African Americans in this country — and what continues to happen to marginalize their communities.

Ongoing Injury and Reminders

At the Chicago Child Trauma Center at La Rabida Children's Hospital, clinician Shawntae Jones, MS, works primarily with African American families from Chicago's South Side. Daily reminders of racial discrimination often exacerbate her clients' responses to trauma. Last year, a foster mother told Jones that the bodies of two young black men killed in a shooting were left on the street for hours before detectives and coroners removed them. She was angry that neighborhood children, including her foster daughter, were exposed to this lack of human dignity, yet another reminder that her neighborhood receives a lesser level of police and municipal services.

Other reminders also surface in the treatment setting, Jones said. She recalled that when Trayvon Martin was killed in Florida, the incident "entered the room" with a young African American teenager and his foster mother. "He wondered what that meant for him as a young African American man who embraces urban fashion, and how people would perceive him," Jones said. "It stirred up feelings of fear and anxiety that he was already experiencing related to his personal history of trauma."

Trauma Through a Historical Lens Approach

When clinicians are working with communities of color, DeGruy said, "they are going to be dealing with multi-generational trauma. You need to be sensitive to the way in which people move through the world if you're trying to help them. You have to tread lightly and watch and listen."

Russell T. Jones, PhD, a Professor in the Department of Psychology and Director of the Stress and Coping Lab, as well as the Recovery Effort After Adult and Child Trauma (R.E.A.A.C.T) program, at Virginia Tech, Blacksburg, observed that, "In addition to slavery, many other negative insults to African Americans — such as the Tuskegee experiment — have resulted in a nega-

tive view of psychology in general and mental health in particular." Jones further stated that this perspective lessens the likelihood that individuals will come forward and discuss very intimate and traumatic experiences. To impart to his students a culturally and trauma-informed framework for providing care, Jones incorporates readings from culturally informed authors in his trauma-focused graduate practicum and his senior seminar titled "The Psychology of Trauma."

Stolbach said that plans are in the works at the Chicago Child Trauma Center to pilot a manual for diversity-informed practice, which was developed by Network member Chandra Ghosh Ippen, PhD. In addition, the center holds weekly clinical case discussions to encourage staff to talk openly about issues of race and class as they relate to what's going on with clients.

"Sometimes the society communicates the message that racism and discrimination do not exist," noted Shawntae Jones. "This is aspirational, but it does not reflect our current societal context." Jones continued, "I think that I, as a clinician, bear some responsibility to name some of these factors, so that people do not doubt themselves or their experiences." At the same time, she said, "I do try to keep a broad lens and to keep in mind that in addition to the history of maltreatment and oppression, there are also legacies of resilience and strength that were passed down."

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1. DeGruy, J. (2005). *Post traumatic slave syndrome: America's legacy of enduring injury and healing*. Portland, OR: Joy DeGruy Publications.
 2. DeGruy, J. A. (2008). *Post traumatic slave syndrome: The study guide*. Portland, OR: Joy DeGruy Publications.

See also:

Jones, R. T., Hadder, J., Carvajal, F., Chapman, S., Alexander, A. (2006). *Conducting research in diverse, minority, and marginalized communities*. In F. Norris, S. Galea, M. Friedman, & P. Watson (Eds.), *Research methods for studying mental health after disasters and terrorism*. New York: Guilford Press.

Jones, R. T., Dugan Burns, K., Immel, C. S., Schwartz-Goel, K., & Moore, R. M. (2012). *Ethnic and racial factors*. In C. Figley (Ed.), *Encyclopedia of trauma: An interdisciplinary guide* (pp. 513-518). London, U.K.: Sage Publications.

Satcher, D., Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity — A supplement to Mental Health: A Report of the Surgeon General*. Washington, D.C.: U.S. Department of Health and Human Services.