

Racial Trauma: Theory, Research, and Healing: Introduction to the Special Issue

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Racial trauma, a form of race-based stress, refers to People of Color and Indigenous individuals' (POCI) reactions to dangerous events and real or perceived experiences of racial discrimination. Such experiences may include threats of harm and injury, humiliating and shaming events, and witnessing racial discrimination toward other POCI. Although similar to posttraumatic stress disorder, racial trauma is unique in that it involves ongoing individual and collective injuries due to exposure and reexposure to race-based stress. The articles in this special issue introduce new conceptual approaches, research, and healing models to challenge racial trauma. The authors encourage psychologists to develop culturally informed healing modalities and methodologically sophisticated research and urge the inclusion of public policy interventions in the area of racial trauma.

Keywords: racial trauma, race-based stress, historical trauma, microaggressions, People of Color and Indigenous individuals (POCI)

In 2000 the U.S. Surgeon General stated that racial and ethnic health disparities were likely due to racism (U.S. Department of Health & Human Services, 2000). A growing clinical and empirical literature attests that People of Color and Indigenous individuals' (POCI) experiences with racism, discrimination, and microaggressions affect their mental and physical health (Alvarez, Liang, & Neville, 2016). For example, findings from meta-analysis indicate at least a small to moderate link between exposure to racism and psychological and physical distress (Kaholokula, 2016). Given the presence of racial discrimination and a recent rise

in hate crimes (Center for the Study of Hate & Extremism, 2018), it is important to document the nature and consequences of racial discrimination and also the factors promoting healing from racial trauma associated with these personal, vicarious, and collective experiences.

Racial trauma, or race-based stress, refers to the events of danger related to real or perceived experience of racial discrimination. These include threats of harm and injury, humiliating and shaming events, and witnessing harm to other POCI due to real or perceived racism (Carter, 2007). Although African Americans are more exposed to racial discrimination than are other ethnoracial groups (Chou, Asnaani, & Hofmann, 2012), many Indigenous people, Latinx, and Asian Americans significantly suffer from race-based stress. Intersectional oppression such as racial, gender, sexual orientation, and xenophobic microaggressions contribute to the cumulative effects of racial trauma. Racism and ethnoviolence can be life threatening to POCI, due to their exposure to racial microaggressions, vicarious traumatization, and the invisibility of racial trauma's historical roots (Helms, Nicolas, & Green, 2012). Cumulative racial trauma can leave scars for those who are dehumanized.

Numerous scholars and practitioners have developed psychological approaches to help recover from racial trauma. These approaches range from psychotherapy, group counseling, and community methods to ethnopological interventions

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(Bryant-Davis & Ocampo, 2006; Carter, 2007; Comas-Díaz, 2000, 2016). Unfortunately, racial trauma carries psychological and physiological effects. Several racial trauma effects such as hypervigilance to threat; flashbacks; nightmares; avoidance; suspiciousness; and somatic expressions such as headaches and heart palpitations, among others, are similar to posttraumatic stress disorder (PTSD) symptoms. Although racial trauma exhibits these similarities, it differs from PTSD. For instance, racial trauma involves ongoing injuries due to the exposure (direct and or vicarious) and reexposure to race-based stress. In addition to psychological and physical effects, racial trauma causes hidden wounds. To illustrate, many POCI experience race-based stress during their life course (Gee & Verissimo, 2016). Moreover, Yehuda and her colleagues (2016) found an association of parental trauma with epigenetic alterations in both the exposed parent and the offspring. They concluded that this finding offered an insight into how severe psychological and physiological trauma can have intergenerational effects. In a similar way, historical trauma or soul wounds—the cumulative psychological wounds that result from historical traumatic experiences, such as colonization, genocide, slavery, dislocation, and other related trauma (Durán, 2006)—can have intergenerational effects (Geter, 2018; Rensink, 2011). Consequently, racial trauma may accompany POCI from the cradle to the grave. For instance, when youth of color suffer racial trauma, many experience an attack on their sense of self (Hardy, 2013). In essence, racial trauma has collective sequelae because its effects go beyond the afflicted person(s) to affect communities of color (Santiago-Rivera, Adames, Chaves-Dueñas, & Benson-Flórez, 2016). Yet, and still, POCI are resilient in the face of race-based stress and have developed coping strategies across generations to heal from

trauma. That is, although the effects of traumatic stress may cross generations, so may resilience (Wexler, 2014).

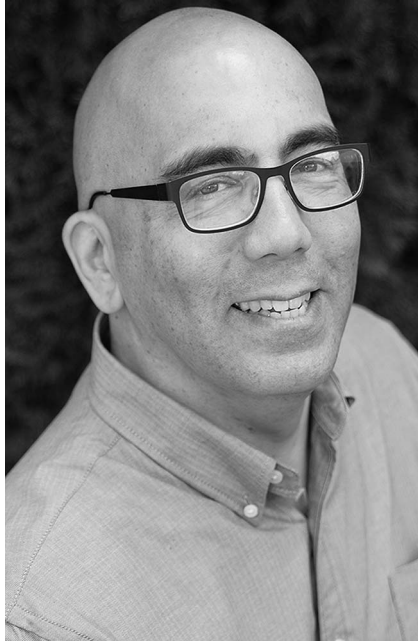
Healing racial trauma is challenging because racial wounds occur within a sociopolitical context and on a continuing basis. What is more, the current definitions of *trauma*, *traumatic stress*, and *trauma treatment* are embedded in European perspectives (Hernández-Wolfe, 2013). Consequently, many trauma and PTSD treatments tend to lack cultural relevance for most POCI (Bryant-Davis & Ocampo, 2016; Hinton & Good, 2015; Hinton & Lewis-Fernandez, 2011). To illustrate, Schnyder and his colleagues (2016) found that PTSD treatment—seeking survivors did not necessarily share their therapists' cultural perspectives. The researchers concluded that clinicians working with PTSD clients needed to increase their cultural sensitivity and competence. Moreover, both researchers and practitioners need to contextualize their work with POCI who present with racial trauma symptoms, by using culturally responsive and racially informed interventions (Helms et al., 2012). The emerging body of work on race-informed therapeutic approaches draws on the resilience of individuals and groups as they work to transform their environments to promote intraindividual and interpersonal healing and wellness.

This special issue offers a contemporary examination of racial trauma and healing through theory, research, and culturally relevant treatment. As coeditors, we aimed to identify newer approaches to conceptualize and empirically examine the expression of racial trauma and factors promoting healing from individual, collective, and historical racial injuries. This collection is divided into four sections: (a) New Conceptual Models of Racial, Ethnic, and Indigenous Trauma and Healing; (b) Empirical Research on Racial, Ethnic, and Indigenous Trauma; (c) Conceptualizing and Challenging Microaggressions and Racial Ideologies; and (d) An Enduring Message from Dr. Martin Luther King.

New Conceptual Models of Racial, Ethnic, and Indigenous Trauma

This section presents six articles addressing several POCI communities, namely, African Americans, Indigenous populations, Japanese Americans, Latinx immigrants, and Americans of Middle Eastern and North African (MENA) descent. Hartmann, Wendt, Burrage, Pomerville, and Gone (2019) examined the development of American Indian historical trauma (HT) through an anticolonial lens. They identified HT's challenges as a clinical condition, life stressor, and critical discourse. More important, they concluded that the anticolonial lens' promises include healing trauma, promoting resilience, and practicing survival.

The construct of Indigenous HT was introduced in the clinical and health literature to identify, contextualize, and explain the disproportionately high rates of psychological distress and health disparities among Indigenous populations. Gone and his associates (2019) systematically re-



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viewed empirical studies of HT—a conceptual precursor of racial trauma—and its effects on the health status of Indigenous samples from North America. The authors argued that the HT construct emphasizes ancestral adversity that is intergenerationally transmitted in ways that compromise the well-being of descendent generations.

The U.S. government interned over 110,000 Japanese Americans during World War II. Nagata, Kim, and Wu (2019) examined the intergenerational racial trauma of the World War II internment of Japanese Americans. Silence and attempts to assimilate into mainstream society were common coping reactions following the internment. The descendants of those who were interned have coped with the trauma by seeking redress and by reviving connections with their Japanese heritage and culture. Attention to the sociohistorical context of trauma is critical to the healing process for Japanese Americans and others who have shared group experiences of trauma.

Immigration is fraught with challenges and trauma for many Latinx individuals. In their article, Chavez-Dueñas, Adames, Perez-Chavez, and Salas (2019) examined this complex issue. They argued that racial trauma among Latinx immigrants results from a legacy of oppressive immigration policies, practices, and laws. The authors used an intersectionality framework to discuss complex ways in which interlocking systems of oppression, such as racism, ethnocentrism, nativism, and sexism, in addition to anti-immigrant policies, affect Latinx individuals, families, and communities. They introduced Healing Ethno-Racial Trauma (HEART), an intersectional framework to stimulate healing from racial trauma. HEART integrates intersectionality theory, trauma-informed care, and liberation psychol-

ogy into the treatment of Latinx immigrant individuals suffering from racial trauma.

There is an increasing number of empirical studies documenting the role of racial socialization on positive youth development in POCI and communities. Anderson and Stevenson (2019) built on the extant theoretical and empirical literature in their advancement of the racial encounter coping appraisal and socialization theory (RECAST). RECAST was designed to describe the complexities of the racial socialization processes for African Americans. The theory considers the roles of racial socializations and racial coping processing in understanding the experiences in discriminatory racial encounters and health outcomes of African Americans.

There is a need for more research on the Middle Eastern and North African (MENA) descent populations in the United States. Awad, Kia-Keating, and Amer (2019) explored this historically understudied population's mental health disparities. They offered a conceptual model of cumulative racial ethnic trauma representing the uniqueness of the MENA American populations.

Empirical Research on Racial, Ethnic, and Indigenous Trauma

Each of the three articles in this section describes the findings from empirical research on the association between trauma and psychological adjustment. The first article presented a study of the connection between racial trauma and substance abuse among American Indians. Whereas the second research article examined the role of racial and ethnic discrimination and PTSD among African American and Latinx adults, the concluding article presented research on the relationship between racial discrimination and racial identity among African American youth.

Racial trauma among American Indians began in North America when Europeans first arrived, and it persists. Skewes and Blume (2019) addressed the link between racial trauma and substance abuse among American Indians in a qualitative study of tribal members on a reservation. Results indicated that racism emerged as a theme both as a precipitant to substance use and as a barrier to recovery. Racial trauma erodes cultural identity, and the researchers proposed healing as both prevention and treatment grounded in Indigenous culture and spirituality. The researchers concluded that increases in social, economic, and health equity are needed at a societal level to break the cycle of racial trauma and revictimization.

Sibrava and his associates (2019) conducted one of the first studies that explored the relation between experiences of discrimination and the risk of PTSD among African American and Latinx adults. The researchers used a longitudinal clinical sample of African Americans and Latinxs diagnosed with PTSD and examined their experiences with racial discrimination. Their findings highlight the important



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role that racial and ethnic discrimination play in the development of PTSD.

There is clear empirical evidence supporting the association between greater experiences with racial discrimination and depression among POCI. Seaton and Iida (2019) added complexity to this association when they explored the moderating role of racial identity attitudes on this relationship among African American youth. The results of their idiographic diary study highlight the potential of daily fluctuations in public regard (or youth's evaluations of how the broader society views Black people) on the association between racial discrimination and depression.

Conceptualizing and Challenging Microaggressions and Racial Ideologies

There are two articles in the third section of this special issue. During the past decades, microaggressions have become widely acknowledged as a form of racial trauma. As an alternative to the common coping response of passivity, Sue and his colleagues (2019) proposed a framework for addressing racial microaggressions. Microinterventions address microaggressions by mobilizing targets, allies, and bystanders to confront and educate perpetrators. Strategic goals of microinterventions are to make the invisible visible, disarm the microaggression, educate the perpetrator, and seek external reinforcement or support. Microinterventions are important short-term actions to deal with racial trauma but are not sufficient to completely prevent the perpetration of microaggressions.

Extending the research on microaggressions, racial identity, and acculturation, Liu and his colleagues (2019) ana-

lyzed the ways in which POCI make themselves racially innocuous to avoid further racial trauma. In doing so, POCI anticipate the emotional responses and needs of White individuals in interracial contexts and behave in ways to maintain psychological health and guard against acculturating to White supremacy.

An Enduring Message From Dr. Martin Luther King Jr.

We end this special issue with a reprint of Dr. Martin Luther King Jr.'s 1967 address to the American Psychological Association (King, 1968), whose message persists in the context of ongoing racial trauma. The article, reprinted in its original version, includes the term *Negro*, the preferred term to refer to Black or African Americans in the early 20th century until the mid-1960s. We included this article because Dr. King's message continues to hold meaning 50 years after its original publication. In this address, Dr. King observed that the United States "is poisoned to its soul by racism and the understanding needs to be carefully documented and consequently more difficult to reject" (p. 156). He identified several topics social scientists could research to address issues of racism within "White America" and among Black individuals in terms of their responses to racism. In his address, Dr. King commented on the issue of hope and healing. Although gains have been made, racism persists and continues to affect the lived experiences of POCI. On some level, we see this special issue as a response to the ongoing problem of racism that Dr. King and other scholars and activists have documented through the years. The set of articles within this special issue expand conceptual and empirical research on racism within a more racially diverse society than was the one of Dr. King's address.

And, the authors take up critical questions centering among POCI in the face of racial oppression, which Dr. King alludes to in his address: "I have not lost hope. I must confess that these have been very difficult days for me personally . . . They have been days of frustration . . . But, in spite of this, I still have faith in the future . . ." (p. 160).

We hope that this special issue helps to shed light on the insidious presence of racial trauma, to motivate more research on the topic, to highlight the importance of culturally appropriate treatments, and to address the urgent need for public policy interventions. Moreover, we hope that this collection encourages more psychologists to conduct theoretically and methodologically sophisticated research in the area of racial trauma. Finally, this special issue underscores that despite racial trauma's deleterious effects, people can persist and thrive.

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