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Responding to Race Related Trauma: Counseling and Research Recommendations to Promote Post-Traumatic Growth when Counseling African American Males

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Responding to Race Related Trauma: Counseling and Research Recommendations to Promote Post-Traumatic Growth when Counseling African American Males

Abstract

The application of Post-Traumatic Growth, a resiliency based approach, for counselors working with African-American male clients who have experienced race-based trauma is described. The role of cognitive processing and meaning making are reviewed. Implications for counseling, education and research are provided.

Author's Notes

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Keywords

post-traumatic growth, race-based trauma, African American males

In 2014, following the death of Michael Brown, Jr., the media begged the question – are African American men held to a different standard in the United States (Lee, 2014). The Federal Bureau of Investigation (2002) reported that there were 3,642 racially motivated hate crimes reported and that 68% were characterized as anti-African (Bryant-Davis & Ocampo, 2005). African American people comprise 14.1% (45,003,365) of the United States' population; however, they are overrepresented in the prison population and receive harsher judicial penalties than their White counterparts (U.S. Census, 2013). Additionally, African American people represent 28.1% of individuals living in poverty (a 3% increase since 2005) and reflect a higher rate of unemployed individuals in the United States (Bureau of Labor Statistics, 2013; U.S. Census, 2013). Research has consistently noted that racial and gender disparities exist in the utilization and continuation of mental health services for African American people (Franklin, 1999; Neighbors, Caldwell, Williams, Neese, Taylor, Bullard, Torres & Jackson, 2007; Vogel, Wester, Hammer & Downing-Matibag, 2013). For example, African Americans are less likely to adhere to or utilize healthcare treatment than their White counterparts as a result of historical factors, including: the mistreatment of African American people in medical trials, institutional racism, and a lack of equitable medical services across racial groups (Altice, Mostashari & Friedland, 2001; Hammond, 2010; LaVeist, Nickerson & Bowie, 2000). This underutilization of services suggests that many mental health issues experienced by African American men and women are left untreated (Holden, McGregor, Blanks & Mahaffey, 2012). More specifically, African American men are less likely than African American women to seek out healthcare services including counseling and psychotherapy (Hammond, 2010). African American men remain one of the most underserved populations in the mental health field (Holden et al., 2012).

A contributing factor to this disparity is the impact of racism and Race-Based Trauma experienced by African Americans.

Racism is the belief that people of a specific phenotype and/or ethnic group are inferior (Bryant-Davis & Ocampo, 2005). By definition, racism maintains power and control while providing a rationale for degrading a specific group (Hulteen & Wallis, 1992). Through continued exposure to racism, individuals may begin to experience sub-threshold Post Traumatic Stress Disorder symptomology and/or Race Based Trauma (Carter, 2007). Race-Based Trauma is defined as an individual's personal exposure to racism that causes emotional stress, physical harm and/or fear (Bryant-Davis, 2007; Bryant-Davis & Ocampo, 2005). "These assaults can be verbal attacks, physical attacks, or threats to livelihood, but because they are racially motivated, they strike the core of one's selfhood" (Bryant-Davis & Ocampo, 2005, p. 480). In situations where Race-Based Trauma is experienced, individuals can be overwhelmed by the situation to the extent that they are unable to employ effective coping strategies and may experience negative symptomology (Bryant-Davis, 2007). Individuals who have experienced Race-Based Trauma may report negative symptomology including depression (Karlsen & Nazroo, 2002), increased use of alcohol consumption, poor self-concept, health complications, and decreased self-esteem (Verkuyten, 1998; Williams & Williams-Morris, 2000). In addition, individuals who were exposed to racially traumatic events experienced posttraumatic symptomology similar to that of individuals who were survivors of domestic violence and/or sexual assault, may be experienced by individuals who were exposed to events that were racially traumatic (Bryant-Davis & Ocampo, 2005).

One recommendation for addressing Race-Based Trauma when working with African American men in counseling is through the application of Post Traumatic Growth (PTG) strategies in the provision of counseling services. PTG is defined as an individual's experience of positive change and resiliency following a traumatic life event (Calhoun, Cann, Tedeschi & McMillan, 2000). PTG is often thought to occur after a person experiences a traumatic event significant enough to challenge their previous assumptions about the world (i.e., victim or witness of violent event such as sexual assault, interpersonal violence, natural disaster) (Larner & Blow, 2011). Individuals who experience PTG are able to cope with the trauma through identifying significance or purpose in the traumatic event (Park, Riley & Snyder, 2012). This paper intends to examine how counseling professionals can implement PTG approaches when working with African American men who are victims of Race-Based Trauma. Recommendations for counselors are included.

African American Men

It is proposed that many men are conditioned from childhood to be self-reliant, and individuals who are bound to this stereotype may be more likely to refuse participating in mental health services to avoid appearing weak or less masculine (Vogel et al., 2011). In addition, men who endorsed these cultural messages were less likely to refer male friends or acquaintances to mental health professionals (Vogel et al., 2013). Conceptually, how African American men define and embody their masculine identity may differ from White men (Hammond & Mattis, 2005). Bush and Bush (2013) explored three primary factors that have significantly influenced African American masculine identity including slavery, the matriarchal system commonly seen in African American communities, and the Civil Rights movement. These significant historical events and trends have defined the African American culture in the United States and contributed

to African American male masculine identification. Considering that both African Americans and men underutilize mental health care services due to cultural, societal, accessibility and other related issues, the status of mental health care services for African American men is cause for serious concern. Professional counselors should conceptualize these factors and explore additional research, ensuring culturally appropriate practices are utilized to encourage African American men to seek and continue treatment.

Through his term *invisibility syndrome*, Franklin (1999) attempted to describe the common experiences of African American men in the United States. Suggesting that African Americans are often marginalized and misunderstood, Franklin hypothesized that African American men often feel invisible as a result of cross-racial interactions which leads to issues related to poor self-identification, negative coping strategies, and increased stress reactions. These feelings of invisibility are reinforced by cultural and environmental factors including stereotypes, microaggressions, and discrimination. The invisibility syndrome contributes to African American men's struggle with identity formation, and reluctance to seek counseling services.

Regarding healthy identity development, African Americans men may feel frustrated in how society perceives them, as they would like to be recognized for their accomplishments, not current stereotypes (Franklin & Boyd-Franklin, 2000). Given that racial discrimination occurs across so many areas of life, African Americans themselves are often unaware of just how greatly they are negatively affected by daily microaggressions (Ponds, 2013). Repeated experiences of discrimination often lead to feelings of low self-worth (Franklin & Boyd-Franklin, 2000), restrictive emotionality, and more depressive symptoms among African American men (Hammond, 2012).

Experiences with Racism and Race-Based Trauma

A pervasive problem in the United States, racism can be conceptualized from individual, cultural and institutional levels (Bryan-Davis & Ocampo, 2005). These individual and cultural acts of racism, which reflect beliefs of superiority, may be demonstrated through slurs, exclusion and degradation (Franklin, 1999). Institutional racism occurs when racial attitudes are reinforced through tokenism, inequality, promoting racial minorities in the workplace, segregation and subjugation (Franklin, 1999). In the United States, acts of racism have transformed from overt racist acts to more covert and concealed ones. Examples of covert racism might include microaggression in the forms of receiving poor customer service as a result of one's race, redlining neighborhoods and restrictive housing contracts (Hammond, 2010). The effects of racism can have lasting consequences to victims, observers and society as a whole.

In a study conducted by Williams and Williams-Morris (2000), researchers were able to thematically separate race-based discrimination, as it related to mental health through the following constructs: a) institutional racism that leads to barriers in accessing and receiving treatment; b) experiences of racial discrimination that impacts one's identity and overall mental health; and c) internalization of these discriminatory messages that impairs one's perception of self and the world. Racial discrimination claims filed at the U.S. Equal Employment Opportunity Commission (EEOC) have remained consistent and the largest category of complaints filed in comparison to gender, sexual orientation, religious orientation, et cetera (EEOC, n.d.). Institutional racism can impact the recruitment, retention, and promotion of African American men in college and employment settings. It is also important to note that the reported statistics found in this manuscript and in the EEOC report are estimated to be low as instances of discrimination are often overlooked, and primarily egregious and profound acts of

racism are only reported to the EEOC (Schneider, Hitlan & Radhakrishnan, 2000). Of the individuals who did report experiences with racial discrimination in the workplace, Schneider et al. (2000) found that 40% to 67% of those respondents reported a lower sense of well-being after the event. These statistics support the previous claims that racial discrimination is a pervasive problem that negatively impacts the victim's quality of life.

The impact of Race-Based Trauma can lead to internalized devaluation and voicelessness, an assaulted sense of self, and rage (Hardy, 2013). Unfortunately, the conditions that reinforce Race-Based Trauma symptomology are not likely to change and mental health counselors need to begin to take steps to recognize and address these often hidden wounds (Calvert, 1997; Hardy, 2013). Methods to improve African American men's participation in counseling services may include offering more strengths-based, activity focused and preventative alternatives that model male socialization preferences (Evans, Carney & Wilkinson, 2012; Robertson & Fitzgerald, 1992). However, there is a paucity of research for addressing Race-Based Trauma especially in working with African American men.

Post Traumatic Growth

While exposure to trauma has shown to have numerous negative effects on mental health, the potential for positive change following adversity, suffering, and trauma has also long been recognized in philosophy, literature, and, especially, in various religions (Tedeschi, Park, & Calhoun, 1998). Only in recent years have researchers begun to systematically study and theorize the phenomenon of positive change following traumatic life events, now commonly called Posttraumatic Growth (PTG) (Tedeschi & Calhoun, 1995). An alternative to Post Traumatic Stress Disorder (PTSD), PTG acknowledges the resilience and growth that can occur following a traumatic event whereby the individual derives meaning from an event that caused suffering to

transcend the trauma (Van Slyke, n.d.). Researchers purported that between 30 to 90% of individuals who have experienced trauma reported positive growth and change (Sawyer & Ayers, 2009).

Some argue that PTG is a coping style, while others believe that PTG is the result of successful coping after a traumatic and stressful event (Van Slyke, n.d.). Outcomes of PTG can include: a) a greater sense of compassion and value towards others; b) enhanced personal relationships; and c) an overall appreciation of life including an emphasis on resiliency (Joseph, Murphy & Regal, 2012). Additionally, individuals who reported experiencing PTG stated that they had higher levels of autonomy, a greater mastery over their environment, more positive relationships, an openness to growth, greater self-acceptance, and the belief that they have found their purpose in life (Triplett, Tedeschi, Cann, Calhoun & Reeve, 2012). Sheikh (2008) found that individuals who reported PTG demonstrated self-efficacy and an internal locus of control. While on the surface Race-Based Trauma may not seem to meet the criteria for PTG to occur, African American men are continually exposed to racial discrimination that is subtle, leading to verbal, behavioral, and environmental indignities that communicate hostility or negativity because of their race (Sue et al., 2008). The accumulation of these microaggressions leads to feelings of isolation, loss of control and emotional detachment as well as symptoms of intrusive rumination, emotional detachment and a decrease in learning and health outcomes (Constantine, 2007; Sue et al., 2008). Thus, PTG strategies are an ideal tool to incorporate into the provision of counseling services as it focuses on the individual experience while acknowledging environmental conditions that reinforced the traumatic event.

Following a traumatic event, in this case Race-Based Trauma, individuals may process the event in a variety of ways. Cognitively, the individual might engage in deliberate rumination by intentionally thinking about the traumatic event over and over again (Triplett, Tedeschi, Cann, Calhoun, & Reeve, 2012). Researchers purported that some forms of cognitive processing promote PTG while other forms are negatively associated with positive growth (Stockton et al., 2011; Triplett et al., 2012), and that counselors should be mindful of this as they reflect on the race-based incident(s) with their client. Reflecting on these findings seem to suggest that active coping styles versus avoidant or passive coping is positively correlated with PTG (Gerber, Boals, & Schuettler, 2011; Schuettler & Boals, 2011; Schmidt, Blank, Bellizzi & Park, 2012). Adhering to Tedeschi, Park and Calhoun's (1998) original presentation of PTG, we have modified the approach to address African American male clients. The three PTG constructs specifically addressed in this manuscript include: a) deliberate rumination; b) disclosure of Race-Based Trauma; and c) social and cultural factors.

Promoting Post Traumatic Growth with African American Men

The promotion of Post-Traumatic Growth among African American men will require a combination of cultural competence and the implementation of methods often associated with the treatment of trauma survivors. "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 as cited in Bryant-Davis, 2007). The following are specific recommendations for providing culturally sensitive PTG treatment for working with African American men who have experienced Race-Based Trauma. Although many of these recommendations focus on techniques to use in session, this information could easily be integrated into clinically based counseling courses that focus on

the preparation of counselors-in-training. The focus on how to integrate PTG into counseling practice is used to emphasize the application of this approach for practitioners.

Deliberate Rumination

Deliberate rumination following a traumatic event may occur to help restructure the individual's challenged perception of their worldview and can promote positive growth if the individual is able to derive meaning from the event(s) (Calhoun & Tedeschi, 1998; Taku, Cann, Tedeschi & Calhoun, 2009). Triplett et al. (2012) suggested a general pattern for deriving meaning from a traumatic event that begins with significant rumination that causes high levels of distress in the individual. Unable to maintain this hyper-vigilance, individuals may then begin to deliberately ruminate leading to meaning-making approaches (e.g., deriving purpose from the event), the reduction of stress symptomology, and the promotion of PTG. These findings suggest that it is possible for PTG and event related distress to coexist, at least until a clear resolution of the traumatic event has been achieved (Triplett et al., 2012).

Counselors can assist their clients in the reduction of stress symptomology experienced through rumination by utilizing PTG approaches when addressing Race-Based Trauma by implementing meaning-making and stress reduction approaches in session. Possible interventions might include countering cognitive distortions, providing psychoeducational training on mindfulness/relaxation approaches, identifying the coping skills used to overcome specific instances of Race-Based Trauma, and celebrating one's racial/gender identity through meaning-making activities. Strengths-based and Solution-Focused approaches may be specifically helpful for African American male clients as these provide problem-focused interventions that are often consistent with male preferences for counseling services (Evans et al., 2012).

Recognizing individual strengths in African American men may assist in promoting healthy cognitive processing and the exploration of Post Traumatic Growth (Carter, 2007). Personality factors associated with Post-Traumatic Growth include extraversion, openness, agreeableness, conscientiousness, and optimism (Linley & Joseph, 2004). Thus, counselors can create a climate in the counseling session that promotes self-efficacy and emphasizes self-esteem (Hoge, Austin & Pollack, 2006; Linley & Joseph, 2004). Interventions to consider might include Collective Memory Exercises (Kivel & Johnston, 2009), Narrative Therapy (Brown & Augusta-Scott, 2007) and applying the Integrity Model (Evans et al., 2012; Lander & Nahon, 2008).

Personality, social and psychological factors all contribute to PTG. In order to achieve these outcomes, it is imperative that individuals subjectively appraise the traumatic event causing their posttraumatic stress as well as acknowledge and accept that their reaction to the trauma is normal (Joseph & Williams, 2005). If the individual experiences a greater level of perceived threat and harm in a traumatic situation, he may be more likely to experience PTG (Linley & Joseph, 2004). This correlation of threat and growth may be the result of increased self-awareness, positive growth and a higher level of perceived controllability (Linley & Joseph, 2004). Researchers believe that the experienced traumatic event must be significant enough to challenge previously held beliefs, thus prompting rumination and leading to PTG (Lindstrom et al., 2011). If the event does not challenge the individual's worldview, they are less likely to experience PTG.

In session, counselors can assess client strengths and personality factors in creating a climate conducive to PTG. Counselors might consider introducing strengths-based assessments and therapeutic interventions that address maladaptive thoughts (e.g., thought stopping techniques, thought restructuring). Through addressing strengths and beliefs, counselors can

assist African American men in attempting resiliency exercises leading to the exploration of individual experiences and possible coping strategies. In the absence of the perceived threat that occurred during the traumatic event, the counseling session can provide the client an opportunity to analyze a highly emotional event in a safe environment. By using psychoeducational techniques (e.g., helping the client to identify instances of racism in the United States and acknowledging the prevalence of racial discrimination), justifying the individual's experience (i.e., validating the client's experience of race-based trauma) and working together to empower and support the client – the incorporation of PTG can acknowledge and enhance the services available to African American men.

Disclosure of Race-Based Trauma

When addressing Race-Based Trauma in counseling using a PTG perspective, counselors should be prepared to discuss issues of racism, discrimination and race-based trauma in session. White counselors might consider broaching techniques (Day-Vines, 2007) to assist in developing a climate for race-based discussions. Counselors should work to process and identify the trauma without trying to justify, fix or change the perspective of the client. During this discussion, counselors can assist the client in reappraising and finding significance in the discrimination through discussions focused on coping, resilience and purposeful living (Evans, Kluck, Hill, Crumley, & Turchan, in press; Robertson & Fitzgerald, 1992). Clinicians can also help their clients identify helpful coping strategies as well as to promote positive as opposed to negative emotional states (Joseph, Murphy, & Regel, 2012).

In this circumstance, clients might identify with feelings of invisibility, the pressure of masculine gender norms and self-fulfilling prophecies. While acknowledging and validating this experience, counselors can work with African American men to acknowledge the skills achieved

through suffering which might include empathy for other diverse individuals in the United States, a determination to become a change agent and/or a desire to leave a legacy for future generations of African American people.

Social and Cultural Factors

Social support has been defined as the availability and presence of network members who provide care, concern, love and coping support (Sarason et al., 1983). It has been referred to as 'leaning on shoulders' in the African American community and involves communicating with others about experiences and events as a means of coping with racism (Shorter-Gooden, 2004). Social support networks can include family, friends, neighbors, coworkers, clergy and others. It has been found to be an adaptive defense against stress and an option to address diversity (Utsey, Ponterotto, Reynolds, & Cancelli, 2000). In these circumstances, individuals may feel a sense of connectedness and understanding when sharing their experiences with racism with individuals who have had similar experiences. Group members can provide guidance in effective ways to respond to and cope (Brondolo, Brady, Pencille, Beatty & Contrada, 2009). Furthermore, group members can serve as models within a collective context which helps the individual experience a sense of connectedness to his racial/ethnic group and assist with racial identity (Harrell, 2000). In their study of cancer patients, Morris, Campbell, Dywer, Dunn and Chambers (2011) found that social support in the form of support groups promoted PTG through the establishment of role models and norming experiences. This study can apply to conceptualizing Race-Based Trauma, as counselors can assist clients in identifying bibliotherapeutic and social resources that address racial discrimination and acknowledge the severity of this problem in the United States.

When incorporating PTG approaches, counselors should consider the role social support plays in the client's coping style, cognitive processing, and meaning-making expression. This is

particularly important in exploring what is helpful in their environment versus what might hinder this process (Joseph, Murphy, & Regel, 2012). Examples might include meeting with the client in a comfortable community-based environment, inviting supportive people to the counseling session and promoting consultation with social communities. Satisfaction with one's social support system has been positively associated with PTG (Linley & Joseph, 2004), and existence of social support systems has been found to greatly decrease the likelihood of PTSD symptoms in combat veterans (Larner & Blow, 2011). Strong social support systems may also be necessary for healthy self-disclosure, another contributing factor for PTG (Lindstrom et al., 2011).

Another cultural theme in the African American culture may be the influence of religion and spirituality on wellbeing. Religiosity and/or spirituality may be an important predictive factor for PTG (Calhoun et al., 2000). Religious commitment, participating in religious activities, participation in meditative prayer, openness to change, and a willingness to examine challenging questions associated with spirituality has been positively linked with PTG (Calhoun et al., 2000; Harris et al., 2010; Linley & Joseph, 2004; Shaw, Joseph, & Linley, 2005). In short, religion provides a network of social support, explanations for negative events, and guidelines for coping with suffering (Gerber et al., 2011). While religious coping has been found to produce positive outcomes such as acceptance, hope, satisfaction with one's life, and stress-related growth (Ano & Vasconcelles, 2005), it appears the type of religious coping plays a role in determining the degree of PTG an individual may achieve (Gerber et al., 2011).

Overall, positive religious coping (including seeking spiritual support, belief in a benevolent Deity, and religious forgiveness) was associated with PTG, whereas negative religious coping (including belief in an angry or punitive Deity, blaming a Deity, and spiritual discontent) was more predictive of posttraumatic stress disorder (PTSD) (Gerber et al., 2011).

The correlation between negative religious coping and PTSD can potentially be explained because a survivor of trauma may not only have to restructure worldviews shattered by the traumatic event, but may also be forced to deal with a newfound questioning of God. This trauma may lead to measurable growth as individuals are forced to question previous held assumptions about religion and spirituality to form a new belief system (Gerber et al., 2011).

In therapeutic practice, counselors can incorporate religion and spirituality when appropriate. In instances of race-based trauma, counselors can work with their clients in exploring the client's worldview including values, biases and paradoxes. Questions that explore the client's personal philosophies of life, meaning and purpose can propel discussions of race to assist the counselor in learning more about the client's identity. A focus on spirituality and religion can lead to the identification of social supports, inspiration, and a sense of purpose. Interestingly, clients who placed a greater emphasis on religion and spirituality were more likely to experience PTG by forgiving an offender (Schultz, Tallman, & Altmaier, 2010).

Conclusion

This article presented an overview of Race-Based Trauma as it relates to African American men and proposes the implementation of Post-Traumatic Growth strategies in the provision of counseling services to assist counselors in addressing this issue. There is a clear need for researchers to examine African American men, Race-Based Trauma, and Post-Traumatic Growth in consideration of current socio and political events in the United States. Although there is a body of conceptual literature on racism as trauma, this phenomenon has not been assessed and analyzed in a format that provides counselors with recommendations for serving victims of Race-Based Trauma. Neighbors and Howard (1987) found that African American men who sought counseling services varied in severity of mental health

symptomology. This may be a result of multiple factors including presenting problem, socio-economic status, access to healthcare, et cetera. However, it is important to note that this specific population may experience unique help seeking behaviors that are currently unexamined.

In consideration of the current research, the application of Post-Traumatic Growth strategies in counseling when working with African American men is recommended. One limitation is that Post-Traumatic Growth is often associated with higher levels of education and resiliency, and although PTG may be a protective factor from PTSD symptomology (Linley & Joseph, 2004; Park et al., 2012; Salo, Quota & Punamaki, 2005), these insulating factors may not be available to all clients. Since there are some significant socio-demographic factors that negatively impact a large majority of the African American male population (e.g., increased risk of incarceration, higher rates of poverty and decreased educational opportunities), some of the protective factors associated with PTG may not apply to all African American male clients. Thus, it is imperative that counselors realistically consider the PTG strategies included and apply the recommendations consistent with their client's needs and presenting concern. Accounting for the role racial trauma may play in African American male's PTG is essential in providing an accurate portrayal of the prevalence and consequences of racial discrimination in our society.

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