

The effect of intergenerational trauma from slavery on the mental health of the Black American community is overlooked in the medical field, more specifically to mental health service providers. This incredible contributor to the wellbeing of Black people in the United States is often understood within the community, but not outside of it. For this reason, I chose to research intergenerational trauma for Black Americans to further understand how slavery and other forms of discrimination translate physiologically and what behaviors and phenomena typically characterized with Black Americans it explains. The Black psyche nor this historical context is not yet considered in widespread medical practice, so I believe this research was important to begin to shed light on how to treat Black Americans in both mental health and regular medical spaces.

Originally, my argument for my research was not clear. This topic is not a heavily researched one, and there is still much ground to cover in terms of peer-reviewed literature. Because of this, it took time for my argument to form. While there is a healthy number of dissertations or other student researched material on the topic, I limited my search to only include literature that has been vetted in the academic community. However, I did use these dissertations as a guide for where to locate peer-reviewed sources. Since there is a disparity of literature on intergenerational trauma from slavery or Jim Crow, I chose to form my argument around this absence and how it relates to the general issue of insufficient treatment. I broadened my search to include studies involving the intersection between mental health/mental illness and Black Americans, and in doing so came across the term “cultural competency.” This term opened the door to more literature that closely aligned to my topic, and from there my argument solidified. I decided to argue the significance of a culturally competent medical staff, one who

understands the layered context of health issues for Black Americans when advising treatment or diagnosing symptoms.

Additionally, I argued the significance of the role stereotypes and stigma plays in the quality of healthcare Black Americans receive. I formulated this part of my argument from literature surrounding the root of the stigma the Black community has against both mental illness and medical professionals in general. Originally, I aimed to solely argue the role intergenerational trauma played in the lack of mental health treatment and presence of mental illness in Black Americans, but through my research I found the intergenerational passing of discriminatory and racist ideology is more responsible than the initial stressor of slavery itself. From there, I aimed to explore this and influence my audience, mental health practitioners and/or other medical professionals, to consider the weight of race and discrimination on the health of their Black patients.

In the genesis of my research, I struggled with simply obtaining sources. As mentioned before, the relationship between intergenerational trauma from slavery and the health of Black Americans is a relatively recent topic of discourse. Initially, I began my research by searching for terms such as “intergenerational trauma” and “mental health,” but unfortunately this produced far too broad results and included instances of intergenerational trauma for populations other than that of my focus. To refine my search, I used terminology found in other literature recognizing that my vocabulary may not be what is used in academic discourse of this topic. This strategy proved helpful and led to a majority of my sources; and will likely be a method I use when conducting further research.

Overall, my proximity to this topic made way for personal frustrations when discovering the lack of literature and research. When writing this paper my incorporation of sources was not

challenging being that the common voice in academic discourse echoed that of the Black community itself. This made laying out my argument in writing less difficult. However, a majority of my process in writing this paper was spent on accumulating sources, both books and articles in academic journals. Because of the newness of the topic, I had to ensure I was thorough in my research and pulled as much literature as possible.

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Dimensions: Intergenerational Trauma's Effect on the Mental Health and Treatment of Black Americans

Introduction

This paper will explore how the intergenerational trauma experienced by Black Americans as a result of slavery, Jim Crow, and present day discrimination and racism affects their willingness to seek and the quality of mental health treatment. The trauma experienced by the Black community since their existence in America has manifested itself not only in genetic changes but through an influx of mental illnesses as well. The predisposition to suffering from depression, anxiety, and Post Traumatic Stress Disorder (PTSD) as a result of hundreds of years of discrimination and oppression must be met with treatment for these illnesses. Unfortunately, the systematic disenfranchisement has no end in sight. Stereotypes and attitudes about Black people that originated in Jim Crow and slavery, such as black people are unintelligent, subhuman, lower class, or criminals still exist today and are perpetuated by entertainment as well as news media, familial beliefs, and even law enforcement (Gómez 122). While it is not easy to control the origin of the trauma, one can control the symptoms that occur as a result of it. Black Americans suffer from racial battle fatigue, which is defined by ethnic studies professor William Smith as fatigue that “addresses the physiological and psychological strain exacted on racially marginalized groups and the amount of energy lost dedicated to coping with racial microaggressions and racism,” (555). Black people are put under amounts of stress that no human should be put under on a daily basis, and it has a physiological impact.

For this reason, mental health treatment should be prioritized among the black community. However, the stigma involved prevents that from happening, and the stigma originates from the same system that inflicts the trauma in the first place. Black Americans are facing a constant psychological and

emotional turmoil, whether it is first or second hand (Smith 555). The stress associated with seeing members of your community or those who look like you being killed by law enforcement, constantly fighting for equal treatment, and dealing with the discrimination and microaggressions that come with daily life is enough for anyone to exhibit symptoms of mental illness. Confounded with trauma one did not experience first hand but was epigenetically transmitted to you via your ancestors, causing a PTSD-like reaction when facing daily prejudices demands mental health treatment. Mental health professionals must increase cultural competency and contextual understanding in order to help remove the stigma and treat Black Americans who are living with mental illnesses.

Intergenerational trauma

According to the American Psychiatric Association, trauma is defined as “direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person,” (463). Intergenerational trauma is similar to a snowball effect of trauma, passed from the generation who initially experienced the traumatic event to their descendants many generations later. This paper focuses on intergenerational trauma through the lense of Black Americans whose traumas stem from centuries of slavery followed by almost 100 years of legalized segregation, formally known as Jim Crow laws. For Black Americans, the trauma does not begin and end at the two initial stressors of slavery and Jim Crow. Trauma and stressors are not confined to a singular event, and can come from society at large via systematic oppression and racism (Gump 46). This combination of the initial traumatic event and the continued oppression of Black Americans has been defined as Post Traumatic Slave Syndrome (PTSS).

Post Traumatic Slave Syndrome is when a population experiences intergenerational trauma from centuries of psychological and emotional enslavement, followed by continuous institutionalized racism and oppression (Leary). The experience of slavery was emotionally and psychologically taxing, creating a feeling of being less than human and undeserving (Graff 135). This original belief, along with the trauma

for Black people, was passed through generations of White people in past and present society, seen through the Jim Crow era (Graff 136). It is this narrative that fuels the traumatic environment for Black Americans. In the Jim Crow era, disrespecting, objectifying, and dehumanizing bodies manifested through lynching picnics, public humiliation, and racial caricatures and minstrelsy, but the systematic oppression presented itself as economic oppression of thriving black communities and unequal education that according to W.E.B Du Bois “enforced ignorance” (Graff 136). This is a manifestation of the intergenerational effects of the original stressor, confounding with stressors experienced in daily life.

But what do these stressors look like? The traumatic past of slavery manifests itself in Black Americans today through low self-esteem, anger, and racist socialization (Leary). Racist socialization is a subconscious or conscious reluctant acceptance of the way American society sees and treats Black people. With this comes the internalization of being labeled as unintelligent, undeserving, criminal, dishonest, or only good for entertainment or athletic purposes. Taking these stereotypes as true has a terrible impact on the mental health of Black Americans, which is only exacerbated by the microaggressions and daily stressors experienced. Another avenue in which stereotypes and subhuman narratives of Black people are passed down and reinforced is through legal means. Laws currently in place promote and at times legalize the racial profiling of Black Americans, most of which came about during slavery and Jim Crow (Tyehimba 36). For example, the Stop and Frisk policy, which usually targets Black Americans, is a reflection of the unspoken law of Jim Crow allowing any White person, not just police officers, to pull over or stop a Black person and question them-- regardless of what they were doing. These institutionalized practices are how the ghost of slavery and Jim Crow, while now both illegal, still lingers and haunts Black Americans today and is a constant cause of stress.

For people of color, sources of stress or triggers are often rooted in experiences of racism. Racism related stress is defined by psychologists Richard Lazarus and Susan Folkman as “the race-related transactions between individuals or groups and their environment that emerge from the dynamics of racism, and that are perceived to tax or exceed existing individual and collective resources or threaten

well-being,” (Harrell 44). Race related stress can manifest in many different ways such as collective experiences with racism or miscellaneous experiences with racism, but the three most prevalent are microaggressions, race related life events, and chronic contextual stress (Harrell 45). Microaggressions are the most common, and contributes the most to daily triggers. They often come from stereotypes, and can feel dehumanizing and disrespectful. Race related life events are a hallmark event in one’s life where their race was the driving factor in the outcome. This can range from being harassed or profiled by the police to being rejected for a loan or facing housing discrimination. Chronic contextual stress is the most institutionalized of the triggers; it manifests as environmental racism, putting outdated resources and books in minority serving schools, or terrible roads and sidewalks in minority communities. Chronic contextual stress keeps the oppressed in the conditions that are a result of the racism that caused the initial trauma (Harrell 46).

In addition to oppressive institutions such as over policing in predominantly Black neighborhoods and mass incarceration that reinforce the trauma Black Americans carry across generations, trauma can also be transmitted biologically through epigenetics. Epigenetics is the physiological phenomenon of how the environment can mutate DNA in response to stressors and trauma. However, there is skepticism surrounding the legitimacy of epigenetics in academic discourse. A 2015 study on the topic concluded that the mother’s experience of trauma can change the baby’s stress hormone profiles at the genetic level (Williams 103). Additionally, epigenetics and the concept of inherited race-related trauma is not considered by the academic community as sound “science” due to the political implications of the theory.

While there may be flaws in the procedural aspects of the 2015 study, the theoretical application is still sound. The effects of White racism in America can be transferred intergenerationally through the genes which can be seen by a change in cortisol levels (Sullivan 202). An increase in these cortisol levels from the mother permanently changes the ground zero level of stress for the fetus, making it hyperresponsive to any stressors that come once it’s born. The stressors experienced by a pregnant woman, combined with the pre-existing stress the woman’s body is under while pregnant, change the

“epigenetic markers on the fetus’ DNA” (Sullivan 202). This phenomena explains how trauma experienced by a pregnant slave woman hundreds of years ago can still be felt by her descendants today, and why the reaction to race-related stress mirrors that of PTSD, because the Black body responds as if they had experienced it first hand, which genetically it’s as if it has.

Racism in the medical field resulting in untreated mental health issues

There are also barriers Black people experience when going to seek mental health treatment, one of them being racism from medical practitioners. The oppressive institutions Black people live in exacerbate their trauma, but a more crucial one to the state of their mental health is the discrimination experienced in a medical setting. But what explains this? A history of racism among healthcare providers deters Black Americans from seeking treatment for mental and physical health illness. In the 18th and 19th century, Black people were easy targets when White doctors, researchers, and medical students were in need of specimens for experiments. Their position in society during and after slavery, combined with the White belief that Black people were subhuman made them an easy target; the use of Black bodies was not in an effort to better understand physiological differences, but because they were viewed as disposable (Savitt 332).

This notion of the disposability and objectification of Black people was enforced by social norms, thus impacting the mental health of Black people at that time. They were aware of what was happening to those in their community, and this knowledge combined with the general inability to do anything deepened the wound of trauma and worsened their mental health (Savitt 340). The possession of Black bodies for medical experiments was used as a selling point for medical schools in competition with one another during the Civil War, despite human dissection being outlawed in multiple states (Savitt 377). Although it was outlawed, city officials did not question the source of a medical school’s specimens, unless there was an effort to obtain a White body. The systematic support of White medical schools using Black bodies for experiments further perpetuated the system that would continue to oppress Black Americans to this day.

Another signal of mistrust between Black people and medical professionals is the mortality rate of Black babies and mothers. In 2018 Kira Johnson, a healthy career woman and mother, died the day after giving birth to her son via planned Cesarean section due to untreated internal bleeding (Chuck 7). Unfortunately, cases like this are not uncommon. Adverse birth outcomes in Black women cannot be attributed to socioeconomic status or pre-birth behaviors; education, generous benefits, and a higher socioeconomic status leads to a decrease in birth adversities with White women, but is not the case for Black women (Rosenthal 978). Exposure to racism, discrimination, and general race-related stress either first or second hand before or during pregnancy is an indicator of birth adversities in Black women (Rosenthal 978). And because of intergenerational trauma and the quality of life for Black Americans as a result of it, this stress is almost guaranteed.

In addition to Black women specifically, there is a general disregard for Black health and the disbelief of symptoms or health issues which is a reflection of racism among medical professionals. Many Black people feel as if their concerns will not be addressed or they will not be taken seriously when bringing mental and physical health problems to a medical professional. In a study conducted by biologist Kevin Schulman, it was found that if a Black woman were experiencing chest pains, she would be less likely than a White man to be recommended for cardiac catheterization (624). Race-related life events such as these trigger anger and helplessness in Black Americans, and it's a part of their reality. This reality deters Black people from seeking treatment due to a justified concern of not being acknowledged or treated with respect. According to psychologist Jennifer Gómez, those affected by the trauma and continued oppression "are less likely to trust treatment options that are created and delivered by members of the dominant culture," (122) (the dominant culture being White Americans).

The mistreatment of Black people in a medical setting is also linked to the lack of information on how illnesses affect Black bodies, allowing them to go untreated or be misdiagnosed. This can be seen especially with Black children. Typical child-like behaviors such as short attention spans or temper tantrums have become diagnosable offenses or symptoms of a behavioral disorder (Clarke 2). The

narrative that Black people are unruly, animalistic, or unintelligent is reinforced when Black children are met with behavioral disorder diagnoses or harsh discipline for subjective misbehavior like “disobedience” or “insubordination” (Dyke 54). These classifications expose Black children at an early age to the effects of intergenerational trauma and the systematic odds stacked against them through the premature classification as a delinquent. This trigger results in manifestations of trauma such as anger. According to the Data Resource Center for Child and Adolescent Health and because of this trigger, Black children are more likely than White children to be diagnosed with oppositional defiant disorder, which is a disorder of consistent anger, irritability, or vindictiveness (3). Black children are more susceptible to mental health issues because they are more often in foster care, more frequently exposed to violence in their homes and communities, and more likely to be incarcerated, but are less likely to be diagnosed (Clarke 3).

Black children and adults who live undiagnosed may be forced to do so because of a lack of resources or knowledge in their community. Mental health services for children and adolescents are not equally accessible throughout the country, especially not in lower socioeconomic communities where there’s often the most need (Lowe 6). According to sociologist Frank Lowe, “Black and minority ethnic children are over-represented in all the groups identified as vulnerable and most at risk of emotional and psychological disturbance,” but they’re still receiving treatment less than White children (9). Disparities in the distribution of treatment can be attributed to a lack of facilities in the underserved communities, and a lack of cultural understanding among the dominant group of mental health providers contributes to the autonomous choice of some Black families to not seek therapy or treatment (Gómez 136). Additionally, the model of how to treat mental illness does not align with the standards of Black Americans. Black Americans tend to prioritize a more personal and understanding-based approach to therapy, decreasing emphasis on the power dynamic between therapist and patient (Gómez 124). The standard of treatment is tailored to the needs of White patients, which in some ways contradict the needs of Black patients, and because of this Black people with mental health issues are deterred from beginning or continuing therapy.

The stigmatisation of mental health in the Black community

The Black community is resistant to seeking treatment for mental illness due to preconceived notions about those with mental illness, medical providers, substituting treatment with other means of coping, or fear of perception from others. Continuing with the concept of Black mistrust in medical providers due to racial prejudice, there is strong evidence suggesting explicit and implicit biases, attitudes, and beliefs that could impact the quality of care given to minority patients (Shavers 960). These biases may present themselves in multiple ways. It can be something as simple as being condescending to patients or something directly jeopardizing health such as recommending treatment options based on assumptions about their ability to adhere to treatment or engaging in risky behaviors (Hall 2588). Black patients' negative experiences with providers or stories of those in their community with negative experiences deters them from seeking or continuing treatment. This is driven by the arguably justified stigma against White medical professionals that their methods of care will not be helpful to Black people with illness.

Stigma is also rooted in Black people's attitudes toward members of their own community with mental illnesses. Black Americans are more likely than White people to have a negative perception of a friend who reached out for help with a mental health problem (Ward 1590). According to a survey done by the National Mental Health Association, 63% of Black Americans believe that depression is a personal weakness, and Black men believe mental issues are a result of being unmotivated (Ward 191). This incredibly misinformed stigma against mental illness leads to unhealthy and unproductive forms of treatment, and removes the support from the individual suffering with illness, which is often most needed. Despite the present stigma however, Black Americans have expressed desires to receive treatment in recent years (Ward 192). As younger generations of Black people affected by this trauma grow up, the stigma against mental illness is slowly withering away. However, the desire to receive treatment must be met with efforts to retain Black patients in treatment.

Black people seeking therapy may be met with discouraging messages from the community that reinforce stigma and suggest self sufficiency or substitutions for treatment such as religion. According to

psychologist Earlise Ward, Black people “tend to cope with mental health problems by using informal resources such as the church, family, friends, neighbors, and coworkers,” (1590). The collective thought regarding mental illness and therapy can be explained using the Common Sense Model (CSM), where individuals use unofficial theories about health threats or illnesses based on first or second hand experience or cultural traditions (Ward 1591). These ideas of illness are noted as representations, and these representations are derived from a combination of identity, cause, timeline, consequences, cure or controllability, illness coherence, and emotional representation (Ward 1591). Identity and cause come from beliefs about symptoms and factors causing illness, respectively, timeline comes from beliefs about how long an individual is afflicted by illness (short term, chronic, or cyclic), and consequence comes from beliefs about the short/long term effects. Cure or controllability comes from beliefs about whether an illness can be cured or controlled, illness coherence is what the illness means to each individual, and emotional representation is the emotional impact of the illness (Ward 1591).

Psychologists participating in this discourse categorize religion as a source of comfort, strength, and control during stressful times, causing individuals to draw from their faith when they may be feeling weak or succumbed to their illness or stressor (Ward 1590). With illnesses such as depression and anxiety, one often feels out of control of their mental state and subservient to their illness, so religion counteracts the often overwhelming feelings that come with mental illness. Therefore, it makes sense for the Black community to turn to religion as an answer to symptoms of illness. However, when the illness is diagnosed as such, the axis of support may shift, and religion can be used as a weapon to eradicate the illness instead of a healthy coping mechanism.

Because of the common narrative in the Black community that illnesses such as depression are simply prolonged sadness and can be eradicated through prayer or working harder, timeline in addition to cure and controllability contribute most to the Common Sense Model of mental illness. The CSM explains why Black people may see surviving emotional trauma or turmoil as a badge of honor instead of recognizing it as a burden to mental health (Ward 1591). This belief is a reflection of the socialization of

Black people as strong and resilient, unable to exhibit weakness or vulnerability as earlier presented in the survey done by the National Mental Health Association. Ideally, religiosity can be used in conjunction with treatment to support those afflicted by illness, but due to stigma and mistrust, this may not be viable.

Culturally competent therapy as a means to cope with intergenerational trauma: a conclusion

Because the reality of Black Americans which is a result of centuries of trauma and discrimination has no near end, it's necessary for them to engage in constructive and culturally competent therapy. There is a responsibility lying on medical professionals treating Black patients to not only be aware of the world Black patients live in, but possess the skills and training necessary to effectively treat them (Priest 214). Black Americans can have a positive perception of therapy, but still do not take advantage of the service (Ward 186). Because of this, it's important for mental health treatment providers to acknowledge this and keep it in mind during the course of therapy, because attending therapy as a Black person is not an easy feat (Priest 214).

Again, the distinction between the style of treatment Black people require from therapists to a White person's must be taken into consideration. White cultural norms cannot be imposed on Black patients, which can be attributed to the low retention of Black people in therapy (Priest 214). These considerations are even more important when treating Black women. Encouraging and requiring a better understanding of a Black woman's experience in America has the potential of changing how healthcare providers communicate with their Black female patients (Rosenthal 981). Without these mechanisms in place, mental illness caused by an environment resulting from centuries of intergenerational trauma will continue to damage members of the Black community. A group of people so strongly affected by collective trauma and said trauma consistently manifesting itself through mental illness needs to rally behind the validity of mental illness and seek treatment in order to properly cope with the ghost of slavery and Jim Crow.

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