Eliminating Trauma Gatekeeping: Racial Trauma as a Mental Health Crisis

By

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This type of research is challenging in so many ways and ignites a special kind of frustration and inspiration. I know that it will constantly evolve, and that there are things I will never understand fully, yet this is my attempt at advocacy through research. I hope to continue my advocacy throughout my career.

Introduction

The Diagnostic and Statistical Manual of Mental Disorders (DSM) has long been considered the Bible for the field of clinical psychology. The DSM, developed by clinicians and researchers, includes descriptions, symptoms, and criteria used for diagnosing mental disorders within the United States (American Psychiatric Association, 2022). The DSM plays a powerful role in allotting treatment and insurance coverage, and subsequently determining which individuals will receive appropriate care. This "castle build on sand" is impacted by the politics of the institutions which construct it, thus illustrating an ever-shifting field ideologies of clinical psychology (Adam, 2014).

While its development has certainly created a common language for clinicians and researchers when referring to mental health symptomology, practicing clinicians have begun to argue that the DSM has proved to also be limiting in what they can consider as a symptom of a mental illness. An example of this phenomenon that needs fervent attention is the DSM-V's criteria for Post-Traumatic Stress Disorder (PTSD), specifically in relation to insidious racialized trauma. Racial trauma, or "race-based stress," refers to significant distress due to real or perceived racial discrimination. These can include threats to harm and/or injure, shaming and humiliation, and being witness to either behavior towards other minority persons that caused distress due to real or perceived racism (Carter, 2007).

The DSM provides little opportunity to consider race and ethnicity and subsequent racism and discrimination experienced by Black, Indigenous, and People of Color (BIPOC) in clinical settings, making some clinicians ill-equipped for assessing the impact of these stressful and sometimes traumatic experiences (Hemmings and Evans, 2018). Psychiatrist Dr. Robert Carter

(2007) explains that the DSM leaves little room for identifying racism as traumatic in the context of diagnosing PTSD. Instead, the DSM focuses on an explicit event, such as a shooting, to prompt symptoms, rather than a spectrum of various events, anticipated traumas, and experiences, such as experiencing daily discrimination. As Dr. Carter states "The diagnosis is limited by the fact that the person's subjective perceptions are not part of the criteria, and the event that triggers the reactions must be physical and life threatening" (p. 33). While it may be inappropriate to simply conceptualize racial trauma into a diagnosable condition such as PTSD, it must be acknowledged by the institutions of psychology if treatment and therapies are to be developed.

Many psychologists and other healthcare researchers have analyzed race-based stress and impact on health and well-being since 2000, the year that the US Surgeon General indicated that the leading cause of the health disparities between communities of color and white Americans is related to racism and its effects (Williams & Rucker, 2000). However, not many psychologists have challenged the very framework of clinical psychology as a barrier for mental health care to racial minority groups who are subjected to racialized trauma and related PTSD. Weaknesses within the DSM-V, specifically the lack of consideration of racial trauma, leave already underserved populations even further away from equitable treatments.

This study provides a multifaceted analysis of policy, institutional powers, media exposure, previous research and theories, and various voices within clinical psychology to explore insidious racial trauma as an urgent mental health crisis. From this analysis, the purpose of this study is to argue that by denying and ignoring racism and race-based stress as trauma, institutions of psychology are creating additional hurdles for BIPOC to receive important facets of care.

Hypotheses

In the present study, I will explore the following research questions:

Research Question 1: How have psychology's institutions, activists, and social media discussed racial trauma? Are there differences in how racial trauma is defined by institutions, activists, and social media?

Research Question 2: What are the proposed methods of addressing racial trauma? How can psychiatrists and psychologists avoid pathologizing BIPOC?

Research Question 3: What are the implications of ignoring racialized trauma on the field of psychiatry and mental health consumers?

By exploring these research questions, I hope to find evidence of racialized trauma as an urgent mental health disparity that must be addressed.

Literature Review

History of the DSM

The DSM was officially born out of the 1950's after World War II shocked and traumatized the collective human psyche. The first DSM categorized mental illnesses such as PTSD as "reactionary," as in they rely on an explicit event to enable onset of symptoms (Wilson, 1993). Across history, there has been a dramatic shift from a more Freudian approach within the DSM, to a biopsychosocial approach, with researchers having the loudest voice in the room.

Based upon both politics and science, the DSM itself has become an accessory to insurance and pharmaceutical industries by creating a rigid criterion. This marriage between the DSM and these other industries creates a harsh constraint to mental health professionals, as well as creates barrier for patients and consumers. Insurance and pharmaceutical influence will likely

continue into future DSM models, as these industries have a powerful hold on the field of clinical psychology, as well as the entire medical field (Wilson, 1993).

Critiques of Criteria for PTSD within DSM

The DSM-V doesn't just impact how clinicians diagnose patients. As an accessory to more capitalist-focused industries, the DSM also actively contributes to barriers against those who experience health disparities. Subsequently, clinicians relying upon the DSM will also tend to bypass sociocultural factors such as discrimination within their diagnoses of people of color (Carter, Forsyth, Mazzula, & Williams, 2004). Ignoring sociocultural factors may also impact help-seeking behaviors among people of color, as current mental health services are more accessible to white middle class consumers.

With each new DSM revision, the voices of criticism grow louder. Clinicians have expressed fear that the pharmaceutical industry will heavily influence the next revision (Rubin, 2018). In response to this fear, researchers have recently begun to explore other models of classification such as the Hierarchical Taxonomy of Psychopathology (HiTOP), complaining that the DSM is riddled with biases, and promotes archaic values such as "mind-body dualism" (Karter & Kamens, 2019).

Racial Health Disparities

Racial discrimination is widespread and is experienced on a daily basis. Nearly 7 in 10 adults living in the United States report discrimination on a regularly(Bethune, 2016). Discrimination can result in heightened vigilance, which is also a key symptom in PTSD. Additionally, researchers have found that racial prejudice disrupts cognitive functioning. Coping

with daily prejudice incurs costs to attention and suboptimal performance in populations that are already traditionally disadvantaged (Salvatore & Shelton, 2007).

One of the major criteria that has received critique, especially in both the DSM-IV and DSM-V is Criterion A, the assumption that trauma is provoked by a singular, explicit event. However, in the case of BIPOC stress and PTSD, the counter argument exists that racial trauma chronic and insidious in nature (Carter, 2007).

In 1993, McEwan and Stellar introduced the concept of allostasis and allostatic load, which is critical to understanding how stress impacts health. Allostasis in explained by the presence of cumulative stressors, which eventually illicit a biological response from the body, usually in the form of stress hormones being continuously dumped into the blood stream. The presence of this taxing biological response is called the allostatic load, which researcher have found evidence that it provokes wear and tear on the body. Thus, major stressors such as discrimination, whether perceived or evident, impact both brain and bodily systems. Microaggressions and other forms of daily discrimination are connected to race-based stress and trauma via allostasis. Nadal and colleagues (2019) explain

> "People who struggle with pervasive and painful experiences with racism are encouraged to reframe their perspectives or to 'get over it,' instead of being validated that they are experiencing 'normal' and 'expected' responses to trauma. Further, unlike other more traditionally accepted forms of traumas, people of color who are impaired by racism are unable to entirely remove themselves from the trauma source (i.e., they may encounter racism at work, in public spaces, through racist laws and policies, etc.), increasing the likelihood of being retraumatized continually over time" (p. 4).

In addition to deficits in health resulting from processes like allostatic load, the current general perception of PTSD and other trauma does not include BIPOC, further invalidating and exacerbating symptoms of those who experience racialized trauma.

In addition to negative physical responses, researchers have also found that racial trauma can provoke psychological symptoms such as hypervigilance, nightmares, and flashbacks, which are all very similar to the DSM-V's criteria for PTSD. However, as Dr. Comas-Diaz explains (2016), racialized trauma differs from PTSD in that it involves an ongoing subjection to traumatic injury, whether it be direct or vicarious, such as viewing constant news stories of police brutality, and victims are likely to be subjected to re-exposure throughout their lifetime. A recent study found that experiences of racial discrimination after a physically traumatic injury added significant risk of developing symptoms of PTSD in black patients. This implied discrimination could be utilized as an index of trauma, and that chronic discrimination can lead to subsequent racialized trauma in people of color (Bird, et. al, 2021).

Methods

Content Analysis

The primary methodology of this study is content analysis. This methodology was selected to illustrate trends in thematic material, concepts, and barriers within the conversation surrounding racialized traumatic experiences and recovery processes. Specifically, content analysis will be used for analyzing institutional policy and information, social media analyses, and advocacy voices for similar thematic material such as obstacles and limitations, and presentation of racialized trauma.

Discourse Analysis

The secondary methodology of this study is discourse analysis. Discourse analysis recognizes the relationships between language and its network (Gee, 1999), and thus is beneficial to the current study, which the researcher seeks to define, categorize, and deconstruct

conversations surrounding racialized traumatic experiences and recovery processes. Discourse analysis will be used primarily for analyzing institutional commentary and social media analyses.

Institutions and Policy

To analyze institutional policy, position, and language, the researcher used the search bar of each organizations respective website, or if the search bar was not available, the researcher scanned each page for 4 key terms: race, mental health and/or illness, trauma, and took note of any discrepancies in the language of all three topics. Four major national institutions for mental health were selected as representatives of mainstream policy and research surrounding PTSD (the American Psychological Association, National Institute of Mental Health, the Center for Disease Control and Prevention, and the Department of Veterans Affairs). Four additional organizations (Partners in Healing, Center for the Study of Race, Social Justice, and Health, and Mental Health America, and National Alliance on Mental Health), three of which are nonprofits, and one university-affiliated research center were also analyzed to ascertain unestablished beliefs surrounding these topics.

American Psychological Association

The American Psychological Association (APA) is the leading scientific organization within the United States and Canada. It was founded in 1892 at Clark University in Worcester, MA. Today, it includes 133,000 members of clinicians, researchers, educators, and students (APA, 2022).

National Institute of Mental Health

The National Institute of Mental Health (NIMH) is the lead federal agency within the United States for research on mental illness and disorders. It was founded in 1949 and is a subagency of the U.S. Department of Health and Human Services. (NIMH, 2022)

Center for Disease Control and Prevention

The Center for Disease Control and Prevention (CDC) is also a component of the U.S. Department of Health and Human Services. It was founded in 1946 in Atlanta, GA, and serves as the national organization for researching and promoting public health. (CDC, 2022)

Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) is a federal agency which provides lifelong healthcare services to military veterans. The VA was founded in 1989 and currently has 170 medical centers nationwide (VA, 2022).

Partners in Healing

Partners in Healing is a training framework for educators, students, and caregivers within New York City. It was developed out of Counseling in Schools, a nonprofit community-based organization designed to promote emotional and social growth in schools within New York City. It was founded in 1986, and today provides mental health services to students, staff, and family members (Counseling in School, 2022). Partners in Healing also promotes social and emotional well-being in students, focusing on trauma-informed and healing-centered tools and language, especially as it pertains to racialized trauma (Partners in Healing, 2022).

Center for the Study of Race, Social Justice, and Health

The Center for the Study of Race, Social Justice, and Health is an interdisciplinary research center within the University of Southern California's Fielding School of Public Health. It was founded in 2017, and currently focuses on research related to health consequences of racism. (Center for the Study of Race, Social Justice, and Health, 2022)

Mental Health America

Mental Health America (MHA) is one of the largest community-based nonprofit organization which houses programs and initiatives to promote mental health with advocacy, education, research, and services. It was founded in 1909, after the founder, Clifford W. Beers witnessed profound abuses within mental health institutions (Mental Health America, 2022).

National Alliance on Mental Illness

The National Alliance on Mental Illness (NAMI) is a large grassroots organization which provides advocacy, education and public awareness to people and their families affected by mental illness. NAMI was founded by Harriet Shetler and Beverly Young in 1977. (National Alliance on Mental Illness, 2022)

Social Media Analysis

Social media analysis software, Talkwalker was used to report and analyze the metrics, media type, top themes, and demographic of authors of social media posts related to race, mental health, trauma, and racial trauma. Analyses were conducted between June 5, 2022 to June, 12, 2022, per the requirements of TalkWalker's free trial.

Results

Race

The CDC had the least amount of information on race, outside of some data on health conditions that included race and ethnicity data. Both the APA and NIMH directors released statements following the murder of George Floyd, citing that as organizations, they have failed to be inclusive of all racial identities, and named task forces that will address this issue going forward. The APA released an apology in October of 2021, stating

> "APA failed in its role leading the discipline of psychology, was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of people of color, thereby falling short on its mission to benefit society and improve lives. APA is profoundly sorry, accepts responsibility for, and owns the actions

> and inactions of APA itself, the discipline of psychology, and individual psychologists who stood as leaders for the organization and field" (APA, 2018, para. 2)

Additionally, the director of the NIMH, Dr. Joshua A. Gordon, acknowledged the gap in funding rates from the NIH between racial groups:

> "Many of you know success rates for Black applicants for NIH funding are dramatically lower than for White applicants, even controlling for factors such as educational background, publications and citations, research awards, seniority, etc., and the NIH has implemented several programs to address this gap. Much to my chagrin, our own similar analyses confirmed that such disparities persist for Black applicants for NIMH funding, as I presented at the National Advisory Mental Health Council in February 2020. The reasons for this disparity are not entirely clear, but our response cannot wait for clarity" (Gordon, 2020, p. 2).

With no mention of racialized trauma, the NIMH simply acknowledges that "Systemic racism is a complex issue that affects all facets of our society; institutions and individuals can unknowingly promote or support racist practices" (Gordon, 2020, p. 3) General statements about racism such as this do not provide any sort of urgency or route to tackle the matter of racism in psychology and psychiatry. While acknowledging that implicit biases do exist is important, this statement seems to serve as a more digestible and gentle statement for white researchers and psychologists to swallow instead of a call to action to ameliorate the harms already done to BIPOC.

The VA had no information for racial trauma within its PTSD fact sheet, however it does have an independent link. Curiously, the VA is the only major institution that mentions the vicarious nature of racial trauma, by citing examples such as seeing constant media broadcasting of police brutality. However, the closing statement on coping strategies for those who have experienced racial trauma is, "Coping may not reduce or stop racial trauma, but taking active steps can help people reduce stress and let them redirect their focus back to living fulfilling

lives" (VA, 2022, p. 2). This quote, especially urging victims of racial trauma to "redirect their focus" seems oddly placed, and this phrasing is not seen on the VA's main fact sheet on PTSD.

Partners in Healing, the Center for the Study of Race, Social Justice, and Health, and Mental Health America frequently acknowledged racism and its effects. Partners in Healing focused on addressing racial trauma. Partners in Healing includes a definition on its home page of racial trauma: "Race-based traumatic stress, also known as Racial Trauma, is the impact of experiencing and/or witnessing racism, discrimination, or persistent prejudice (implicit or explicit). It can have a profound impact on the mental health of individuals, and racism is a public health issue affecting our students" (Partners in Healing, 2022, p. 1). By using words such as "impact," "profound," and "public health issue," Partners in Healing creates a sense of urgency that is lacking in most of the statements made by the previously mentioned government and academic institutions.

The Center for the Study of Race, Social Justice, and Health explicitly names racism as a public health crisis, but only offers definitions for Critical Race Theory (CRT);

> "Critical Race Theory (CRT) is a theoretical framework and iterative methodology with origins in legal studies. CRT was developed as a response to the lack of analysis of racism within critical legal studies. CRT recognizes that racism is engrained in the fabric and system of the American society. This is the lens through which CRT scholars examine social structures to understand and transform the relationship between race, racism, and power. CRT identifies that these structures are based on white privilege and white supremacy, which perpetuates the marginalization of people of color" (Center for the Study of Race, Social Justice, and Health, 2022, p. 3).

The Center for the Study of Race, Social Justice, and Health makes CRT, which is currently a highly politicized concept, more assimilable by tracing its legal and academic origins, and stating its importance in the dismantling of racism. Because of the political nature of CRT, it may be discouraged for larger organizations and institutions to even mention concepts such as racial trauma because of their own bureaucratic nature.

The Center for the Study of Race, Social Justice, and Health takes on a role as not only a group of researchers, but also as a group of advocates, as they seek to answer questions such as "How does racism affect the physical and mental health of diverse populations? What tools are available to improve the rigor with which researchers study racism and its relationship to health inequities? Which intervention strategies most effectively address racism's contribution to specific health inequities? What are effective ways to teach public health students about racism?" (Center for the Study of Race, Social Justice, and Health, 2022, p. 1-2)

Mental Health America also acknowledges the detrimental effects of racism on public health. MHA's mission is less academic, stating that

"… promote and be effective in addressing mental health for all, MHA uses a racial equity and intersectional lens to highlight, better understand, and effectively respond to the range of experiences held by individuals and families with diverse values, beliefs, and sexual orientations, in addition to backgrounds that vary by race, ethnicity, religion, and language" (Mental Health America, 2022, p. 2)

Mental Health America is the only site to specifically devote a topic page to BIPOC mental health.

NAMI also includes urgent calls to BIPOC mental health crises, and approved their Resolution Against Racism in July 2020, which states:

> "WHEREAS NAMI represents the interests of all people with mental health conditions, regardless of age, gender, race or ethnicity, national origin, religion, disability, language, socio-economic status, sexual orientation or gender identity;
> WHEREAS people with mental health conditions frequently encounter attitudinal and policy barriers resulting from negative stereotypes, prejudice and discrimination;
> WHEREAS NAMI condemns all acts of prejudice and discrimination whether individual, institutional or structural, and regardless of whether by intent, ignorance, or insensitivity;
> WHEREAS racism and racial discrimination are pervasive and persistent, can result in toxic stress and trauma, negatively impact mental health and lead to mental health disparities;
> WHEREAS people of color often experience pain, trauma and disrespect at the hands of our nation's health care, criminal justice and other systems that can result

> in fear and distrust;
> WHEREAS NAMI is strongly committed to the principle that all individuals, including communities of color and people with mental illness, should be treated with respect and dignity and deserve equitable health outcomes and full inclusion.
> THEREFORE, BE IT RESOLVED that NAMI strongly denounces racism, in all its forms, for its negative psychological, social, educational, economic effects and supports public policy to eliminate the mental health disparities perpetuated by racism and racial discrimination" (NAMI, 2020).

NAMI also includes several op-eds about additional challenges BIPOC have when seeking treatment for mental illness, such as "language barriers, a culturally insensitive system, racism, bias and discrimination in treatment settings, lower quality care, lower chance of health care coverage and stigma from several angles (for being a minority and for having mental illness)" (Greenstein, 2018, p. 2).

Talkwalker analyses of race yielded 1.6 million results, in which 11.6 million people engaged, and with a potential reach of 87.1 trillion people. There was a spike in social media engagement on June 12, 2022. Out of these 1.6 million results, 19.3% had positive sentiment and 20.2% had negative sentiment towards the theme. The predominant media types used to disseminate these posts were Twitter (65.1%), forums (13.8%), and online news (11.5%), followed by blogs (6.8%), newspaper (1%), YouTube (0.8%), magazines (0.4%), and television and radio (0.3%). Top themes and hashtags for race during this week were #AzerbaijanGP, #IndiansRespectAllReligions, #F1, #SonsioGP, and #LeMans24.

Demographics of the authors of social media posts related to race were 33.8% female and 66.2% male. Authors were predominantly between ages 25-34 (49.3%), followed by 18-24 years old (30.3%), 35-44 years old (15%), 45-54 years old (4.2%), 55-64 years old (1.1%) and 65+ years old (0.1%). Most of the authors were from the United States (63.7%), followed by Other (14.4%), the United Kingdom (6.1%), India (6%), Nigeria (2.3%), Canada, (2%), France (1.9%), Indonesia (1.3%), the Netherlands (1.2%) and Australia (1.1%).

Mental Health and Illness

Less spaces were devoted to mental health and mental illness across all the sites, as it seemed too general of a theme to only be encompassed in one body of information. The APA does have a specific resource of a podcast of psychologists devoted to discussing stigma surrounding mental illness. The VA provided a list of mental health resources specifically available for qualifying veterans. The Center for the Study of Race, Social Justice, and Health never directly mentions mental health or illness specifically yet has a variety of research projects which analyze aspects of mental health.

The NIMH offered several statistics on prevalence of mental illnesses in the U.S., also giving statistical information on the breakdown of mental illness by race and ethnicity. NIMH also makes the designation between Any Mental Illness (AMI) and Serious Mental Illness (SMI): "Any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment" while "Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI" (NIMH, 2022, p. 2). The NIMH uses race and ethnicity data to explore these categories as well; "The prevalence of AMI was highest among the adults reporting two or more races (35.8%), followed by White adults (22.6%). The prevalence of AMI was lowest among Asian adults (13.9%)" while "The prevalence of SMI was highest among the adults reporting two or more races (9.9%), followed by American Indian / Alaskan Native (AI/AN) adults (6.6%). The prevalence of SMI was lowest among Native Hawaiian / Other Pacific Islander (NH/OPI) adults (1.2%)" (NIMH, 2022, p. 3-4). It should be

noted that the structure of these statistics avoids mentioning the prevalence of AMI or SMI in individuals who consider themselves black or Hispanic, for example, instead using the term "two or more races."

The CDC only included a vague statement about the importance of general mental health. Their full statement is;

> "Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood" (CDC, 2022, p. 1).

Partners in Healing never directly states the phrase "mental illness" or "mental health" however it uses the terms "social and emotional wellbeing." An example of this is in their statement "Partners In Healing is a collaborative, inquiry-based program built by Counseling In Schools to aid **the social and emotional well-being** of NYC students, teachers, caregivers, and their communities" (Partners in Healing, 2022, p. 1) As a community-based organization, this language is likely more appropriate for school aged children and their caregivers.

Mental Health America, as expected had extensive information about the subject, and introduces a B4STAGE4 Philosophy. MHA describes their B4STAGE4 Philosophy by using examples of chronic physical illness compared to mental illness, as a way to add similar urgency to seeking treatment for mental health concerns as one may seek treatment for cancer or heart disease;

> "When we think about cancer, heart disease, or diabetes, we don't wait years to treat them. We start way before Stage 4. We begin with prevention. And when people are in the first stage of those diseases, and have a persistent cough, high blood pressure, or high blood sugar, we try immediately to reverse these symptoms. This is what we should be doing when people have serious mental illnesses, too. When they first begin to experience symptoms such as loss of sleep, feeling tired for no reason, feeling low, feeling anxious, or hearing voices, we should act" (Mental Health America, 2022, p. 2)

In a healthcare system that is considered reactionary, preventative strategies such as B4STAGE4 are unique and more efficient. Mental health still carries the burden of stigma in some cases, and MHA's B4STAGE4 creates a sense of urgency when seeking treatment for those who may still be wary.

NAMI's website includes a variety of resources related to mental health, including educational videos on the new 988 mental health emergency line, to mental health in the news, and lists several resources, such as their NAMI HelpLine.

Talkwalker analyses of mental health yielded 1.1 million results, in which 7.3 million people engaged, and with a potential reach of 38.3 trillion people. There was a spike in social media engagement on June 7, 2022. Out of these 1.1 million results, 22.6% had positive sentiment and 26.3% had negative sentiment towards the theme. The predominant media types used to disseminate these posts were Twitter (79.5%), forums (8.2%), and online news (6.1%), followed by blogs (4.3%), newspaper (1%), YouTube (0.3%), magazines (0.2%), television and radio (0.2%), and podcasts (0.2%). Top themes and hashtags for mental health during this week were #mentalhealth #mentalhealthmatters #health #mental #yoga.

Demographics of the authors of social media posts related to mental health were 51.2% female and 48.8% male. Authors were predominantly between ages 25-34 (45.8%), followed by 18-24 years old (39.8%), 35-44 years old (11.3%), 45-54 years old (3.2%), and 55-64 years old (0.8%). There were no social media posts made by individuals in the 65+ age range. Most of the authors were from the United States (66.2%), followed by Other (12.2%), the United Kingdom (7.4%), India (3.6%), the Philippines (2.7%), Canada (2.5%), Indonesia (1.6%), Thailand (1.4%), Nigeria (1.4%(, and Australia (1%).

Trauma

All four of the formal institutions mention trauma in the capacity of PTSD. However, none of these institutions mention race as a risk factor for symptoms of PTSD, nor even suggest any novel research topics to consider race in terms of trauma or traumatic stress. The Center for the Study of Race, Social Justice, and Health surprisingly has no information about trauma or race-based trauma.

The APA starts with a more general definition of trauma.

> "Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions" (APA, 2022, p.1-2)

The APA also includes a specific explanation of PTSD:

> "PTSD, or posttraumatic stress disorder, is an anxiety problem that develops in some people after extremely traumatic events, such as combat, crime, an accident or natural disaster. People with PTSD may relive the event via intrusive memories, flashbacks and nightmares; avoid anything that reminds them of the trauma; and `have anxious feelings they didn't have before that are so intense their lives are disrupted" (APA, 2022, p. 1)

This definition clearly leaves out any mention of race or ethnicity.

The NIMH is similar to the APA in that it provides a vague explanation of PTSD, and again fails to mention race as a risk factor or even include race or ethnicity factors within future research suggestions.

> "Post-traumatic stress disorder (PTSD) is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This "fight-or-flight" response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened, even when they are not in danger" (NIMH, 2019, p. 1-2).

The CDC takes more of a public health stance by focusing on trauma in the context of Adverse Childhood Experiences (ACEs), rather than PTSD. It also includes information on trauma informed approaches to healthcare and trauma within the workplace. However, there is again no mention of race and ethnicity being a risk factor, despite ACEs and race and ethnicity being a heavily researched topic.

The VA is especially limiting in its offered categories for PTSD, as it only mentions three categories of trauma: war and combat, violence and abuse, and disaster and terrorism. The VA describes PTSD as "a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault. It's normal to have upsetting memories, feel on edge, or have trouble sleeping after this type of event. If symptoms last more than a few months, it may be PTSD" (VA, 2022, p. 1). This creates the perception that PTSD is only experienced by male veterans of war.

Partners in Healing has extensive information about trauma, specifically race-based trauma as well as intergenerational trauma experienced by BIPOC. Partners in Healing defines inherited trauma, vicarious trauma, and collective trauma:

> "Inherited trauma is transmitted across generations within communities that have suffered major assaults on their culture and well-being," "Vicarious Trauma, or VT, is a common experience of teachers and caregivers. Vicarious Trauma is a change in the mental and emotional well-being of a trauma worker or helper as a result of empathic engagement with other's reports of traumatic experiences," and "Collective Trauma is a psychological effect shared by a group of people of any size. Traumatic events witnessed by an entire society can impact relationships, alter policies and governmental processes, and change social norms—like the absence of shaking hands due to COVID. Two examples of events that can lead to collective trauma are a global pandemic and racial injustice. These events can lead to "a crisis of meaning," in which groups reevaluate their identity and purpose within their society" (Partner in Healing, 2022, p. 1-3).

The organization goes on to describe common signs of trauma such as "increased vigilance and suspicion, increased sensitivity to threat, a sense of a foreshortened future, and

more maladaptive responses to stress such as aggression" (Partners in Healing, 2022, p. 2). Partners in Healing also emphasizes the importance of these concepts when working with students, particularly students of color: "Our students are shouldering the accumulation of inherited racial trauma, exposure to police violence, racist rhetoric from political leaders, and their own first-hand experiences of discrimination. It is imperative to recognize the effects of racial trauma in order to restore equity and well-being" (Partners in Healing, 2022, p. 2)

Mental Health America specifically defines race-based traumatic stress (RBTS) and even compares it to PTSD in its similar symptomology. Their full explanation is "Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes [1]. Any individual that has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury [2]. In the U.S., Black, Indigenous People of Color (BIPOC) are most vulnerable due to living under a system of white supremacy" (Mental Health America, 2022, p. 1).

While NAMI does have several articles and news clips about racial trauma, especially pertaining to police brutality and media, there is no mention of racial trauma on its PTSD fact page. NAMI describes PTSD as prompted by events such as "accidents, assault, military combat or natural disasters." In terms of risk factors and causes, NAMI states "Risk factors can include prior experiences of trauma, and factors that may promote resilience, such as social support. This is also an ongoing area of research" (NAMI, 2017, p. 1-2).

Talkwalker analyses of trauma yielded 529.7 thousand results, in which 4.9 million people engaged, and with a potential reach of 24.2 trillion people. There was a spike in social media engagement every day during this period. Out of these 529.7 thousand results, 23% had

positive sentiment and 34.5% had negative sentiment towards the theme. The predominant media types used to disseminate these posts were Twitter (77.2%), forums (10.3%), and online news (5.7%), followed by blogs (5.2%), newspaper (0.7%), YouTube (0.3%), and podcasts (0.2%). Top themes and hashtags for trauma during this week were #TigrayGenocide #StandWithAfreenFatima #trauma #WeaponizedRape #ChildrenofTigray.

Demographics of the authors of social media posts related to trauma were 57% female and 43% male. Authors were predominantly between ages 25-34 (45.9%), followed by 18-24 years old (41.7%), 35-44 years old (9.4%), 45-54 years old (2.5%), 55-64 years old (0.6%), and 65+ (0.1%). Most of the authors were from the United States (54.1%), followed by Other (17%), Brazil (5.8%), Indonesia (5%), the United Kingdom (4.4%), the Philippines (3%), Spain (2.5%), Argentina (2.4%), and Canada (2%).

Talkwalker analyses of racial trauma yielded 711 results, in which 13.5 thousand people engaged, and with a potential reach of 21.2 billion people. Out of these 711 results, 9.3% had positive sentiment and 19.8% had negative sentiment towards the theme. The predominant media types used to disseminate these posts were Twitter (50.5%), followed by online news (24.5%), blogs (13.5%), forums (5.8%), newspaper (4.2%), press release (0.6%), television and radio (0.3%), magazines (0.3%), and other (0.3%). Top themes and hashtags for racial trauma during this week were #RaiseAFist #Juneteenth #Fresh #BlackMusicMonth #Therapy.

Demographics of the authors of social media posts related to racial trauma were 61.1% female and 38.9% male. Authors were predominantly between ages 25-34 (55.6%), followed by 18-24 years old (25.9%), 35-44 years old (18.5%). No posts were made by individuals in the 45-54 years old, 55-64 years old, or 65+ age groups. Most of the authors were from the United

States (73.1%), followed by Other (5.9%), Canada (5.3%), the United Kingdom (4.6%), China (3.5%), South Africa (1.7%), Haiti (1.5%), Jamaica (1.4%), Australia (1.4%), and Kenya (1.4%).

Specific Trends in Language

Though these four major institutions acknowledge some aspects of race and some aspects of trauma, for the VA and APA, there is an emphasis on limited populations who experience PTSD, such as veterans and mass shooting survivors. The VA only lists three categories of trauma: war and combat, violence and abuse, and disaster and terrorism. The NIMH is much more general in its language surrounding PTSD and has no specific emphasis on the events that could cause PTSD as it varies from individual to individual. The CDC, with its obvious connections to physical health has two different definitions for trauma: psychological trauma, which is what this thesis described, and physical trauma, which comes from physical injury.

Partners in Healing emphasizes a "healing focused language" both on their site and within their training, such as including self-care activities. The Center for the Study of Race, Social Justice, and Health includes a mission statement that says, "We lead the nation in conducting, rigorous community-engaged research to identify, investigate and explain how racism and other social inequalities may influence the health of diverse local, national and global populations," insinuating that the issue of racism is not limited to the U.S. and its subsequent communities, but exists on a global scale as well (The Center for the Study of Race, Social Justice, and Health, 2022, p. 1). Mental Health America emphasizes "person first language" and applies it to BIPOC, rather than using phrases such as "minority" or "marginalized."

NAMI uses language to promote self-involvement. For example, after articles that discuss racial trauma, there is always an option to "share your story." NAMI's website also

includes tabs such as “Your Journey” and “Get Involved” to encourage a person-focused mission (NAMI, 2022).

Advocacy Voices

Dr. Lillian Comas-Díaz is the first person of color to receive the American Psychological Association gold medal for lifetime achievement and practice of psychology in 2019. Her advocacy takes form not only in her research, but also in her various articles and books, which include information about racial trauma and the inclusion of the experiences of people of color within psychology. Dr. Comas-Díaz describes racial trauma as “an insidious type of distress that many people of color and other marginalized individuals experience, where they are living in a society where racism, heterosexism, classism, and all those kinds of ‘isms’ are making the society oppressive towards those targeted groups” (Emerson, 2019, p. 1)

In an interview with Hannah Emerson of Mad in America’s Rethinking Mental Health podcast, Dr. Comas-Díaz argues that racial trauma, because it has sociopolitical roots and implications, cannot be medicalized like PTSD. She states in her interview “So using a medical perspective is actually limited because if the person is seen as suffering from just trauma, the provider, whether it’s a psychiatrist, mental health provider, or a physician, will not incorporate a sociopolitical and historical perspective in the treatment, leaving out the roots of the problem.” In her article “Racial Trauma: Theory, Research, and Healing: Introduction to the Special Issue” Dr. Comas-Díaz and colleagues write “Healing racial trauma is challenging because racial wounds occur within a sociopolitical context and on a continuing basis,” going on to provide citations for studies that found that traditional therapies used to treat PTSD lack cultural and sociopolitical relevance for those who experience racial trauma (Comas-Díaz, Halll, & Neville, 2019).

Dr. Allen Frances worked on both the DSM-III and DSM-IV preparation, yet has become a vocal critic of the DSM-V. In his interview with fellow psychiatrist Dr. Lawrence Rubin, he describes his frustrations with the American psychiatric system, specifically its diagnostic system. Dr. Frances states "And if I've learned anything during these 40 years I've worked on DSM's, it's that if anything can be misused, it will be misused, especially if there's a financial incentive."

Like Dr. Comas-Díaz's thoughts on therapies for treating racial trauma, Dr. Frances also has an unconventional "whatever works" mentality when it comes to individualized care: "I think to be a therapist, you should be well-versed in every single type of therapy, because patients vary between, and also even within themselves and what they need in a given moment. And it's not as if one, as if cognitive techniques are inherently better than techniques that focus on psychology or the social situation. Different techniques are going to be different at different moments. And the technique in general is useful only in the context of a relationship that's nurturing and healing." (Rubin, 2018).

Conclusion and Discussion

The preceding analyses provide evidence that major psychological institutions which clinicians, researchers, educators, and student look to are reluctant to address racial trauma unless it is forced upon them. Smaller, non-government organizations with less bureaucratic structures may have more freedom to take on more progressive stances which include the perspectives of BIPOC within mental health. Tools used and developed by such as the DSM-V serve as further evidence of the faults within these major institutions, as it provides little consideration of sociopolitical perspectives within diagnoses. Additionally, the relationship between the DSM-V and psychopharmacological institutions does not motivate researchers and

clinicians to pursue other realms and means of diagnoses, impacting funding streams for research related to racial trauma. The very frameworks used by these major institutions, like the DSM-5 must be challenged to provide more inclusive perceptions of trauma in diagnoses, and thus create straightforward pathways to equitable treatment and care for those who experience insidious racial trauma.

Within social media analyses, it is evident that similar progressive stances on social justice issues such as racial trauma and mental health are practiced by younger populations and are likely more inclined to utilize social media as public forums of opinion and activism. Future research questions could analyze the language that online activists and influencers use to address social issues such as racial trauma, and what methods are most effective for communicating within these public spaces on racial trauma. As a source of community, social media may be a useful tool in connecting those who experience racial trauma and finding effective coping strategies in sharing their stories.

By nature, content and discourse analysis is never wholly free from the biases of the author, and future researchers should utilize mixed methodologies in their projects surrounding racial trauma, as the topic itself cannot be appropriately defined without both qualitative and quantitative data points. In other words, when exploring ways of measuring racial trauma, both the narratives of the individual as well as the glaring quantitative detail may be most effective at capturing the perspective of a survivor of racial trauma. Additionally, future researchers could attempt to track the funding streams of major psychological institutions to evaluate which projects and researchers have been prioritized in recent years.

Implications for Clinicians

In 2018, Hemmings and Evans found that approximately 71% of their sample of professional counselors had encountered race-based trauma in their clinical work. They also found that few of these counselors had received training in the assessment or treatment of those afflicted. Supporting clinicians helps support the populations they serve, therefore introducing new ways to assess and treat racialized trauma can close the gap of racial health disparities and slowly eliminate barriers to care. Providing culturally sensitive trainings and resources, especially when working with vulnerable populations can aid in promoting social justice and more equitable mental healthcare (Johnson, 2020). Additionally, recognizing experiences and sufferings that are unique to racial minorities will create more efficacious treatments options, especially in cases such as racial trauma, where treatment is urgent and necessary.

Without such training and resources, future practitioners run the risk of preserving biases and systemic racism within their respective fields. With limited people of color in these practitioner and professional roles, efforts must be made to increase opportunity for help-seeking behaviors within communities that are less inclined to utilize services because of experiences with discrimination (Mosley, et. al, 2021). As discussed by Drs. Comas-Díaz and Frances, mental health consumers are much more individualized than insurance companies would prefer them to be, and a variety of therapies are likely more efficacious than simply prescribing drugs which come with heavy commitments and undesirable side effects. Those that experience racial trauma may prove to require even more specialized therapies, as the implications of their wounds have historical, intergenerational, and sociopolitical contexts.

Avoiding Pathologizing

Racial trauma may yet to be described as a mental illness such as PTSD because of its elusive nature. Specifically, very few measures have proved to effectively measure the pain and

suffering of those who experience racial trauma, and thus its possible this challenge has deterred major institutions from tackling the issue. BIPOC have historically been severely mistreated by clinical trials in healthcare, and though their inclusion in these studies is obviously critical, future researchers must consider if such a study would be another exercise in mistreatment of a group that's already been burned. Bird and colleagues (2021, p. 1001) state

> "The field must be cognizant of the fine line between distinguishing the naming of painful experiences of racial discrimination as traumatic and acknowledging the mental health effects of such discrimination (e.g., PTSD) and not further pathologizing communities of color, particularly Black communities."

Too often, the concept of "building resilience" in clinical settings feels like gaslighting and preserving colonial psychiatric practices, creating communities of survivors of care.

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