

July 2020

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Adeola Quintero

Regis University, Department of Couple and Family Therapy, Division of Counseling and Family Therapy, Rueckert-Hartman College of Health Professions, aquintero@regis.edu

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Recommended Citation

Quintero, Adeola (2020) "The Multigenerational Transmission Process of Healing Social Cultural Wounds within the Black community: A Comprehensive Analysis," *Counseling and Family Therapy Scholarship Review*. Vol. 3 : Iss. 1 , Article 8.

Available at: <https://epublications.regis.edu/cftsr/vol3/iss1/8>

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**The Multigenerational Transmission Process of
Healing Social Cultural Wounds within the Black community:
A Comprehensive Analysis**

ADEOLA L. QUINTERO

*Department of Couple and Family Therapy, Division of Counseling and Family Therapy,
Rueckert-Hartman College of Health Professions, Regis University, Thornton, CO*

This article examines the multigenerational transmission process of healing social cultural wounds within the black community. A comprehensive research analysis of slavery, racial trauma and racism along with the events surrounding their existence in our contemporary society are explored. Revealed throughout this framework are the theories literature has posited as solutions to racial wounds such as the ‘black self-concept’, ‘Post Traumatic Slave Syndrome,’ ‘Bowen’s Multigenerational Transmission Process,’ ‘racialized disease narrative’ and the introduction of the “social cultural wounds’ concept. 15 recommendations are suggested for addressing the racial healing work within individual, institutional, and systemic healing. Current theory, models, scales assessment and guides that address the treatment of racial trauma are given as guides for clinicians to engage in deep cultural competence work.

KEYWORDS: Multigenerational transmission, black, racial trauma, social cultural wound, healing

As much progress as our society has made regarding racial issues, the persistent and aggressive effects of slavery continue to rear their ugly heads in the forms of police brutality, high incarceration rates and disparaging wage gaps. Though the ramifications and impact of slavery are widespread, and many have attempted to wade into the pool of restorative justice, what could be considered a more direct intervention to bring generational healing to those suffering from the impacts of slavery? “More than 40 million blacks live in the United States,” which is 13% of the population (Bialik, 2018) and “most Americans (65%) – including majorities across racial and ethnic groups – say it has become more common for people to express racist or racially insensitive views since Trump was elected president (Horowitz, Brown & Cox, 2019, p.6). Within the last year, when asked if blacks and whites get along, “about six-in-ten whites (58%) say blacks and whites get along well; the same share of blacks say these groups do *not* get along well (Horowitz, Brown & Cox, 2019, p.21). In order to answer how our society can heal from slavery, this article will analyze the multigenerational transmission process of slavery, racial trauma and racism and give recommendations for individual, institutional, and systemic healing.

Slavery

Yaa Gyasi’s (2016) novel ‘Homegoing’ gives a glimpse into the interconnectedness of generational trauma and multigenerational transmission as it follows the lives of two half-sisters, one taken into slavery, the other remaining in Ghana to the present day. Although the characters in the story are not real, the horrific traumas they endured are, and their characterizations help give face to the infliction that slavery has caused. While many may still argue slavery and racism are not important 50 years post-civil rights (Warde, 2013), others see slavery as a current and ingrained aspect of living in the black community still needing to be addressed. According to current social trends, “63% believe that slavery still affects the position of black people in American society

today either a great deal or a fair amount (Horowitz, 2019).” While some may argue the election of a black president is a sure sign that racism is over (Mason, Maduro, Derlega, Hacker, Winstead, Haywood, 2017) others see the impacts of police brutality and the continued killing of unarmed young black men and women, most currently George Floyd, Elijah McClain, Ahmaud Arbury, Breonna Taylor and Oluwatoyin Salau as a far cry from equality (Brooks, Ward, Euring, Townsend, White & Hughes, 2016).

“They would trade one type of shackles for another, trade physical ones that wrapped around wrists and ankles to the invisible ones that wrapped around the mind (Gyasi, 2016, p.93)”

What are these invisible shackles? If we cannot see or experience slavery, and slavery is still being pointed to as the main reason disadvantages amongst Black Americans and people of color continue, then how can these invisible shackles be made visible and palpable in our contemporary society. Two ‘invisible shackles’ formulated from the horrors of slavery are the theories of the Black Self-Concept and Post Traumatic Slave Syndrome (PTSS). In a 40-year-old article addressing black self-concept the author conceptualizes the black self-concept by discussing how slave masters, and those in positions of authority, would instill a negative self-concept of Black enslaved individuals by perpetuating the idea black people were lazy, unintelligent; and deserved to be whipped like animals, and raped, and forced to reject their heritage, and separated from their family (Smith, 1980). The author also proposes that laws put in place during the 1600’s have negatively impacted the self-concept, behavior and attitudes of Black Americans. These early laws decreed that enslaved individuals could not defend themselves against whites, meet in groups of three or more, make contracts to purchase, nor be married, and required them to show identification to any white American if challenged (p.356). If self-concept is learned through a person’s interactions with others, and those interactions are traumatic, racially divisive and dismissive of the individual’s overall humanity, what kind of impact could one expect in future generations? The inaccurate self-concepts created by slave owners have impacted the ways which black people have been treated and remain within the social and psychological issues that they experience to this day (Smith, 1980; Halloran, 2018).

The other concept which further makes visible these ‘invisible shackles’ is Post Traumatic Slave Syndrome. DeGruy (2017) defines Post Traumatic Slave Syndrome (PTSS) as “A condition that exists when a population has experienced multi-generational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism today. Or multi-generational trauma together with continued oppression and absence of opportunity to access the benefits available in the society (p.105).” DeGruy explains the behaviors associated with Post Traumatic Slave Syndrome as vacant esteem, ever-present anger, and racist socialization. In a recent study on Terror Management and Post Traumatic Slave Syndrome, Halloran (2018) addresses the Civil rights Act and the supposed freedoms which it ascribed to blacks. Halloran also aligns the Civil Rights Act with the rise of the Ku Klux Klan, and the terror the Klan felt they could exercise their new rights with (p.10). He continues by saying that African American psychological adaptiveness is impacted daily by oppression and racism which stems from PTSS (Baldwin, 1984; Halloran, 2018). Conclusively, Halloran notes that, “Prejudice, while less overt than in decades past, is still a barrier to the economic and social well-being of African Americans (p.2).”

Racial Trauma

Racial trauma, also referred to as race-based traumatic stress, is the psychological, emotional, and physical injury from experiencing real and perceived racism (Bryant-Davis, 2007; Carter, 2007; Mosely et. al, 2020; Comas-Diaz, Hall & Neville, 2019).” At the very root of these wounds are the experiences, stories and traumatic events which reveal themselves in individuals as anxiety, depression and social problems. These subtle interactions, such as microaggressions, become internalized and create a very hostile inner emotional state for the Black American (Liu et. al., 2019). While those with privilege are not often prone to experience the total effects of racialized trauma, they can contribute to it in a multitude of convergent and divergent ways. In their recent special issue publication Comas, Hall and Neville (2019) introduce researchers to the theories, research studies and healing mechanisms within racism that are most important. Racial trauma can leave scars, not visible on the outside, but psychological wounds tied to historical traumatic experiences like slavery and colonization (p.2). In other words, 385 years of physical, psychological and spiritual torture have left their mark (Degruy, 2017, p.94).

According to current literature, the wounds racial trauma leaves can come in many forms. Although racial trauma has many similarities to Post Traumatic Stress Disorder such as avoidance, arousal, re-experiencing trauma and cognitions, it differs in that racial trauma brings in generational and historical experiences of racism not yet reflected in the Diagnostic and Statistical manual; DSM-5 (Mosely et. al., 2020). In looking at the physical body, the field of epigenetics has revealed that trauma can actually impact an individual's DNA, and the manifestation of the traumas experienced by prior generations can be passed along genetically to future offspring (Degruy, 2017, p.9). Additionally, studies are discovering effects racial trauma leaves in young people of color, including internalized devaluation, assaulted sense of self, internalized voicelessness and the wound of rage. (Hardy, 2013). These psychological effects begin with evaluating the black self-concept, which stems from African American consciousness. “A consciousness that has been historically conditioned by oppression and discrimination; and African American consciousness latticed with struggle and endurance (Stone, p.96).” “Critical consciousness is when a person becomes aware of and thoughtfully problematizes their lived experience and sociopolitical environments (e.g., exposure to racism) *and* then engages in actions (e.g., engages in Black racial justice activism) in response to their critical reflection (Mosely et. al, 2020, p.2).”

Researchers have attempted to address African American critical consciousness by saying that a failure to process Anti-Black Racism can lead to internalized racism which brings along symptoms of PTSD and PTSS (Mosely et. al, 2020), while other theorists have brought up the issue of ‘denied will’ within African American consciousness. Stone (2020) attempts to capture African American Consciousness in his paper and reflects how ‘denied will’ has been presented in various facets of American society. He discusses how denied will is a historical phenomenon specific to African Americans. Along with this, Stone says knowledge of denied will could be a problem for African Americans in that the “African American self may not perceive the perspectives and actions of oppressing other, even though such actions have had a direct bearing on African American self (p.103)” Awareness in and of itself does not bring healing. As W.E.B. DuBois (1994) eloquently said:

“It is a peculiar sensation, this double consciousness, this sense of always looking at one’s self through the eyes of others, of measuring one’s soul by the tape of a world that looks on in amused contempt and pity. One ever feels his two-ness, an American, a Negro; two

souls, two thoughts, two unreconciled strivings, two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder (p.2)”

Racism

“Racism injures us all, and at its worst, kills bodies, minds, and spirits.”

(Tinsley-Jones, 2003).

Racism, or discrimination based on one’s race, is a ‘social cultural wound’ which has impacted the physical and psychological health of Black Americans. When considering the importance of black adults seeing race as central to their identity, 52% of black adults say that race is extremely important, and 22% percent of black adults say it is very important (Barroso, 2020). According to Warde (2013), race still matters some 50 years after the Civil Rights Act. He challenges the narrative that black success in political positions is a clear indication that racism is dead. Even though “the current 116th Congress includes 52 black representatives, a record high and a large increase since 1965 (Brown & Atske, 2019) and wealth gaps between black and white lower income families are shrinking, the wealth gaps between the black and white middle class are reaching a record high (Bialik, 2018).” And when we look overall at the differences between wealth gaps in 1984, the average net worth of black families settled at \$6,679 while averages for white households were \$76,951; and in 2009 black averages dropped by \$1000, while white households average incomes skyrocketed to \$113,149 with \$36,198 more than they were earning 25 years prior (Warde, 2013).

“In a 2017 survey on race issues, about eight-in-ten blacks (81%) said racism is a big problem in society today, up from 44% eight years prior. By comparison, about half of whites (52%) said racism is a big problem in our society, up from 22% in 2009 (Bialik, 2018).” With these wealth gaps, other indicators that racism is still a major social issue to be dealt with include changes made to the 2020 census. The word “Negro” was finally dropped from the 2020 census (Brown, 2020) and this most recent census has now allowed for more variety in ethnicity choices, such as Lebanese or German instead of prior categories of only black or white. Despite this historical landmark recognizing the diversity in ethnicity, it is just the beginning of dismantling racism within the governmental systems which have perpetuated these ideas.

Additional aspects of racism which are referenced throughout literature include, aversive racism, vicarious racism and microaggressions (Tinsley-Jones, 2013; Mason, Maduro, Derlega, Hacker, Winstead & Haywood, 2017; Liu et. al., 2019). Aversive racism is “identified as a modern form of prejudice that characterizes the racial attitudes of many Whites who endorse egalitarian values, who regard themselves as non-prejudiced, but who discriminate in subtle, rationalizable ways (Tinsley-Jones, 2003, p.180).” These subtle ‘judicious’ ways are what we call microaggressions. The back-handed compliments or slightly belligerent tone from a co-worker, or the blatant questioning of someone’s cultural rituals are microaggressions. Aversive racism falls within the category of microaggression by ignoring the racial differences of others with comments like ‘I don’t see color,’ or ‘We are all human beings’ and ‘All lives matter.’ While nothing is explicitly wrong with these types of comments, when used in response to a cultural issue like the rights of Indigenous Native Americans, or the poverty within communities of color, aversive racism dismisses the very importance of addressing these issues, and at the same time allows those who participate in them to ignore the truth. When issues arise such as another unarmed killing of a black man, and the media portrays these killings over and over

again, Black Americans can experience vicarious racism (Mason, Maduro, Derlega, Hacker, Winstead & Haywood, 2017). Vicarious racism being a secondary racism that occurs in which the individual who witnesses or hears about someone else's experience with discrimination. Present research has examined the difference in response to vicarious racism and found that "individuals who are sensitive to and concerned about racial discrimination, and who have strong identification with their group, are likely to react more strongly to race-based harm that occurs to another member of their racial/ethnic group (Mason, Maduro, Derlega, Hacker, Winstead & Haywood, 2017, p.181)." With this knowledge we can see not just how racist and discriminatory events which happen to an individual impact them, but also how watching these events happen to other people of color can have negative effects as well.

Effects of Racism

Apart from the wealth gaps, vicarious racism, impacts of aversive racism, and knowledge that racism is a significant mental health factor (Tinsley-Jones, 2003, p.183), there are still other crucial effects of racism to address. Literature is rife in identifying ways that Black Americans can be impacted by racism. Some of these effects include internalized racism, high incarceration rates amongst blacks (Warde, 2013), trauma (DeGruy, 2017), white supremacist ideology (Liu et. al., 2019), acculturation attitudes (Liu et. al., 2019), racialized disease vs. diseased race beliefs (Sharma, 2009), police brutality (Brooks, Ward, Euring, Townsend, White & Hughes, 2016), anger and rage. When looking at the effects of incarceration, diseased race beliefs, police brutality, rage on black masculinity, there remains much to be examined. Black masculinity as concept has been overly sexualized, weaponized, and has not been given true allowance for black man to define. On the subject of the effects of racism, African-Self-consciousness and psychological functioning on black masculinity, authors Pierre, Mahalik and Woodland (2001) give the reader a historical and social adaptational framework. They note that during the slavery period in the U.S. Black men in the North had to learn "to play [a restricted] role with a finesse and artistry...around whites," and in the South, he feared stepping out of that role would bring "psychological and physical brutality" upon himself; while rejecting that role in the North could mean potential job loss and social rejection (p.26).

Racialized Disease vs Diseased Race Beliefs

Further on, social hygienists claimed the identity of the black man was rooted in his DNA, which was inferior to whites, and was a reason for the afflictions he faced, such as venereal diseases. The effects of being labeled inferior did not stop there. Two studies occurring within the same time frame further demonstrate the insidiousness and complexity of racism. Many have heard of the Tuskegee Syphilis Experiment which promised healthcare for African American men suffering with syphilis but secretly studied the deteriorating effects of syphilis in this population. The Tuskegee Syphilis Experiment lasted 40 years, and the researchers had no intention of treating the 399 African American men of syphilis despite receiving word when penicillin was developed as a potential cure for the disease. These African American men that were at the mercy of the experimenters were mostly poor and illiterate, and also hopeful that this study would help them (Sharma, 2009, p.256). Even worse, were the unwarranted deaths of over 100 African American men, and a lack of human decency to deny any of these men quality treatment. The experiment only finally ended once a journalist who became aware of these wrongs associated with the experiment, demanded justice. It was not until Clinton's presidency that an official apology was given for the offenses committed during this time. Thorough and comprehensive research and

literature has been created about the Tuskegee Syphilis Experiment whose underlying study attempted to solidify the diseased race narrative. The opposing narrative “racialized disease” garnered initial interest with the American Social Hygiene Association Negro Project which examined how syphilis had been racialized due to access to healthcare amongst African American communities.

Minimal research and awareness of the Negro Project (whose aim was to collaborate with the black community to bring awareness and education around the impacts of syphilis), is given due recognition. The Negro Project sought to address the racial disparities which explained the high rates of venereal diseases within the black community. The Negro project aimed to bring awareness to ‘racialized disease’ narrative, which does not blame the black body for being susceptible to disease but looks at the systemic factors that surround its spread (Sharma, 2009). Some of the factors that the Negro Project identified were “lack of access to healthcare, poor healthcare and underprivileged life circumstances (Sharma, 2009, p.255).” If this information was recognized back then, why does the diseased race identity narrative still have stronger holds on the health and treatment of the Black population? Some have hypothesized that the World War II efforts drained financial resources for the Negro project to effectively reach the black population, while the Tuskegee Syphilis experiment did not necessarily need funds to continue to watch these men debilitate.

To further examine the concern with stories like this one, one needs to go no further than the present day. A recent news report from two French scientists discussing the Global virus COVID-19 one scientist asked aloud if testing should happen “in Africa where there are no masks, no treatment, no intensive care, a little bit like we did in certain AIDS studies or with prostitutes?”- Dr. Jean-Paul Mira (Wong, 2020,). The scientist’s inquiry was met with extreme outrage and protest. The bigger picture about continuing to share stories such as these, one can look to the words of Sharma:

“Stories of oppression, prejudice and discrimination need to be told as much as those of courage, harmony and hope, lest we forget (p.247).”

Control of the Black Body

Black masculinity has always been examined from a place of great fear and a desire to be controlled. From the beginning, Africa and everything within it, has repeatedly been seen, as a continent that the European countries could divide and conquer. Since the Middle Passage, colonization, and enslavement of African men, women and children in America, desired control over the black body has been evident in the many who came to colonize the country. While the Civil Rights Act guaranteed some freedoms, more covert institutionalized practices have continued upholding unjust legislations and have continued to attempt to control. For example, examining contemporary incarceration rates, 1 in 4 black males born today can expect to accrue some prison or jail time, while the rate is compared to 1 in 17 for white males (Warde, 2013), and when polled, “about two-thirds of Americans say blacks are treated less fairly than whites in dealing with the police (67%) and by the criminal justice system (65%) (Horowitz, Brown & Cox, 2019, p.33). These current feelings are not unwarranted. In DeGruy’s book ‘Post traumatic Slave Syndrome,’ she informs the reader about the history of American policing rooted in slave patrols (p.86). “These patrols were designed to control, mediate, and restrict the movements of Blacks through intimidating acts of terrorism and violence. Most scholars agree that this system of patrols paved the way for what we now have come to accept as American policing (p.86).” During a focus group at an annual conference for counseling racial and ethnic minorities, when asked about the lived experiences of the relationship black men and law enforcement maintain, relevant themes such as

‘black people maintaining the right to be angry’, ‘fear of black males’, ‘revamping training for law enforcement’ and ‘re-educating black males,’ all emerged as explanations, solutions, or reasons for the fraught nature of existing in a highly policed country and highly policed body (Brooks, Ward, Euring, Townsend, White & Hughes, 2016).

Multigenerational Transmission Process

Slavery, racism and racial trauma are all a part of the multigenerational transmission process, which is where Post Traumatic Slave Syndrome takes root. While many studies have captured racial trauma effects as a part of the multigenerational transmission process (Klever, 2005; Windsor, Dunlap & Golub, 2010; Danieli et. al 2015; Danieli, Norris & Engdahl, 2016; Halloran, 2018), this comprehensive study will tie in Bowen theory in hopes of guiding a linear progression to racial healing. Bowen Family Systems Theory defines Multigenerational Transmission as the process of how patterns, roles and themes are passed down from generation to generation (Bowen, 1993; Brown 1999). PTSS and Multigenerational transmission are consistent with the perspective of epigenetics which say that “the effects of environmental challenges faced by a parent may be displayed by offspring despite the children not encountering the same challenges (Harper, 2005; Halloran, 2018).” As illustrated earlier, the black self-concept has been shaped by the negative perspectives of colonizers and slave owners, and those themes have been passed down in the form of internalized racism, which affects the way Black individuals relate to those around them. Though black people are not physically being controlled, controlling images such as the ‘mammy; a black nurse maid in charge of white children,’ ‘crack whore,’ and ‘jezebel’ (which originated as a way for slave owners to maintain their dominance and justify their wrongdoings), continue to negatively impact the behavior and treatment of black women in American society today (Windsor, Dunlap & Golub, 2010). Some of the ways in which controlling images impact our current society include the “disproportionate impact of poverty, inadequate education and housing on impoverished African Americans (Windsor, Dunlap & Golub, 2010, p.293).” So, the question remains: What work is being done to connect the multigenerational transmission process to a more beneficial mechanism for effective change?

One study analyzed the multigenerational transmission of family unit functioning. In year 5 of a 20-year longitudinal study, Klever (2005) suggests that a family unit from six generations ago is more likely to be vastly different in functioning levels with the current family unit (p.256). But what happens when the family unit from six generations ago and the current generation experience the same psychological impacts which continue the high levels of anxiety from both racism and discrimination? Would those generations differ in terms of functioning? Or would they be relatively similar? In 2018, Klever released an updated review of the multigenerational transmission of family functioning while adding goal effectiveness as an important factor. The researcher noted that people who are operating at lower levels of differentiation do not have much energy to pursue goals, and are more focused on living a comfortable life (p195). In line with this thinking, he found that participants with more symptomatic families had trouble being more goal directed (Klever, 2018, p.206) while families in the low symptom group reported being more goal-directed and had a clearer pursuit of their goals (p.207). These findings fall in line with Bowen theory, which suggests that individuals with low differentiation have a hard time with steady goal direction because they are occupied with managing the anxiety in their relationships (Klever, 2018, p.208). Although some limitations of this study include the sample size, which had a disproportionate number of white participants, and the self-report that could have led to non-

objective reporting. However, implications for the replication of this study with a more diverse sample size could bring more clarity around how these groups family functioning is impacted by multigenerational transmission.

Another study, perhaps closer in answering the question of beneficial mechanisms for addressing the multigenerational transmission process to effective change are the effects of the Holocaust on the surviving generations within four generations (Danieli, Norris & Engdahl, 2016). From this study, the development of the *Danieli Inventory of Multigenerational legacies of Trauma Scale* (Danieli et. al 2015) was created and gives a roadmap to creating and exploring the multigenerational impacts of slavery on Black and African Americans. Danieli, Norris & Engdahl (2016) conceptualize the traumatic impacts of the Holocaust on the survivor's offspring in the largest study to do so with 422 participants. The researchers coin a term called "post victimization trauma" which is defined as the survivor's reaction to societal indifference, avoidance and denial of their Holocaust experience (Danieli, Norris & Engdahl, 2016, p.640). With this model, one could suggest Black individuals undergo a similar state of post victimization trauma in which they may experience a need to be silent on their experiences with racism and discrimination because society has not fully acknowledged or accepted the impacts of slavery. Clinical implications of this study include the healing process of helping survivors create attachments to their community and find meaning and purpose by connecting to their past. This also leaves responsibility to advocate for the well-being of this population, which could apply to many populations that have undergone multigenerational trauma like African Americans. Due to the nature of trauma across generations, researchers may be correct in saying that "massive trauma causes diverse and complex destruction that only a multidimensional, multidisciplinary, integrative framework can adequately describe (Danieli, Norris & Engdahl, 2016, p.639)."

Social Cultural Wounds

The multigenerational transmission process of slavery resulted in racial trauma effects and racism within our present-day society. These patterns and themes are the social cultural wounds that African American society has still not been able to effectively heal. A social cultural wound meaning a collective experience of an internalized racial injury which is so pervasive in its emergence that it impacts a particular culture in distinct and racialized ways. Examples of this phenomena that we can identify in American culture include discrimination, police brutality, cycles of poverty within low socioeconomic status communities, educational cuts in predominantly black communities, voter suppression, voter purging and lack of access to medical care. At its most superficial level, colorism has been suggested to be an area to address first. "Colorism has been associated with determining a person's life chances, identities, and experiences of discrimination within a person's racial/ethnic group and outside a person's racial/ethnic group (Vazquez, 2014, p.439)." With these many facets of social cultural wounds, evidence to support this phenomenon are further revealed by an analysis of slavery research, including PTSS, PTSD, multigenerational trauma, control of the black body, African American consciousness and current social trends.

Healing Social Cultural Wounds

"Healing racial trauma is challenging because racial wounds occur within a sociopolitical context and on a continuing basis (Comas-Diaz, Hall & Neville, 2019, p.2). However, literature suggests that support [familial, societal and parental] (Pierre, Mahalik & Woodland, 2001; Tinsley-Jones, 2003; Gump, 2010), racial storytelling (Tinsley-Jones, 2003 Gump, 2010; Hardy, 2013;

Degruy, 2017), culturally competent clinicians (Tinsley-Jones 2003; Williams, Printz & DeLapp, 2018; Anderson & Stevenson, 2019 Liu et. al., 2019) and racial socialization (Degruy 2017; Anderson & Stevenson, 2019) are key to bringing healing to the black population when dealing with social cultural wounds.

Other important factors to consider are the most recent approaches to healing social cultural wounds. These systemic approaches include restorative justice and diversity training. Recent literature has begun to conceptualize ways in which racial healing like this can be activated. Author Davis discusses restorative justice within the black community and pinpoints social movements, education, mass incarceration and police violence as four major areas to begin the healing process. (Davis, 2019). She adds that, racial allies are the key to dismantling structural and institutional racism (Davis, 2019). At the institutional level, diversity training has attempted to bridge the gap between systemic racism and cultural awareness. In a current study on the skills needed for diversity and inclusion, '*empathy*' was noted as a crucial theme in diversity training effectiveness. This was suggested for all levels including the structural apex, middle managers and line/staff employees (Hays-Thomas, Bowen & Boudreaux, 2012).

Implications for Clinicians

In conjunction with these suggestions, clinicians should acquaint themselves with current theory, models, scales assessment and guides that address the treatment of racial trauma including the Critical Consciousness of Anti-Black Racism (CCABR) model (Mosely et. al, 2020), the Racial Encounter Coping Appraisal and Socialization Theory RECAST (Anderson & Stevenson, 2019), Trauma symptoms of discrimination scale (Williams, Printz & DeLapp, 2018), The racial Healing Handbook (Singh, 2019), and other forms of culturally sensitive approaches like rap therapy (Elligan, 2000). While clinicians should strive to remain culturally competent, the research has also found that racial microaggressions were a significant predictor of trauma symptoms of discrimination, which informs clinicians to tune into microaggressions and not dismiss them (Williams, Printz & DeLapp, 2018).

Challenges

One large challenge on how to approach healing these social cultural wounds is the argument for reparations for slavery. Since the abolition of slavery in 1865, this argument has raised many questions as to the price, responsibility and persons who would receive reparations (Moore, 2014). The United States has already paid restitutions under the Civil Liberties Act which gave \$20,000 to each surviving descendant of Japanese American internment from WWII, so why is the discussion of reparations for slavery still deemed too controversial to parse through (Moore, 2014)? Arguments have been made that reparations for slavery are more than just a financial solution. The psychological and social impacts that slavery had on African Americans should be addressed in ways that further restore these communities. (Moore, 2014). Some suggestions which advocates have proposed to balance the scales in terms of reparations are measures like scholarships, the development of black-owned businesses, and programs to uplift those struggling with poverty, which would help improve the lives of African Americans (Moore, 2014). "Black adults who said they feel strongly connected to a broader black community are more likely than those who don't, to have engaged with organizations dedicated to improving the lives of black Americans by donating money, attending events or volunteering their time (Barroso, 2020)."

According to a recent article in the Washington Post (Jones, 2020) reparations for slavery are happening at the local level. Georgetown University is one institution which has voted on a fund that will raise 400,000 every year to help benefit the descendants of the 300 enslaved people sold by the university since the 1830's (Jones, 2020). Yet others still claim this is not enough, and that a systemic crime such as slavery requires more systemic action.

Other challenges include preferences for black counselors, for diversity within the mental health field, and better solutions to cultural mistrust. In a study assessing client's expectations and assumptions of the therapist, "Terrell and Terrell (1981) created the construct of *cultural mistrust* to describe the theoretical level of suspiciousness and distrust Black people have exhibited toward White educational systems, political activities, business interactions, and interpersonal and social contexts. (Townes, Chavez-Korell & Cunningham, 2009, p.331)." This cultural mistrust could impact the healing work of therapy. Although studies have found that 'black clients prefer black counselors' in high black populations, (Kelly & Greene, 2010, not healing the social cultural wounds of slavery can have impacts on the healing work of therapy between black therapists and their black clients. Townes, Chavez-Korell and Cunningham (2009) make an important point about the nature of the therapeutic relationship, and how if a client is holds back negative stereotypes about a black therapist, this can undermine their own healing process by eliciting transference, seeing the therapist as a black person who has assimilated into white culture, which could create potential issues regarding the nature of the therapeutic relationship (Kelly & Greene, 2010).

Recommendations

With all of these crucial factors in mind 15 recommendations to begin the healing work in addressing social cultural wounds in the black community are as follows:

Individual level

1. Acknowledge and grieve the pain of social cultural wounds.
2. Continue to help young black people learn about their history. Expose them to real stories they have not read about in their history books and broaden their perspective on American history. Work with data banks and family tree associations to help them feel a greater sense of connection. This also includes racial socialization, which can also be done by black mentors, leaders and advocates within the community.
3. Help black individuals identify the negative black self-concepts they may have inadvertently adopted and work to create a healthy self-concept.
4. Begin a healthy conversation, truly listen to what is hurting our communities and empathize with them.
5. Channel anger into productive ways like activism, petitioning, and opportunity for learning.
6. Raise critical consciousness (by processing anti-black racism).
7. Normalize mental health concerns within the black community.
8. Use mindfulness strategies to combat microaggressions.

Institutional level

9. Teach about the multigenerational transmission process of social cultural wounds in cultural studies courses.
10. Continue research into the multigenerational impacts of slavery, call out racist practices, and demand change.

11. Share our power. Those with power and privilege are in a position to rectify and help heal the deep seeded wounds in our society. They can do this by listening to others, speaking against racism/discriminatory practices, advocating for change, and supporting in ways that will help the black community thrive and succeed. Additionally, black individuals who have risen to positions of power should be aware of their impacts, and use their position to speak up, and to also speak out against injustices.

Systemic Level

12. Develop a comprehensive Inventory of Multigenerational legacy of [racial] Trauma Scale.
13. Advocate for better policing requirements such as body cams and racially sensitive trainings.
14. Encourage racial storytelling in dominant spaces so that these perspectives begin to become part of the dominant narrative.
15. Support the importance of culturally competent, clinicians, healthcare providers and those in government.

Conclusion

Social issues which have not been dealt with will continue to resurface, evidenced by continual issues of racism/discrimination and the rise in black deaths. As the black immigrant population reaches new records (4.2 million in 2016) (Bialik, 2018), we cannot ignore the issues that they and Black Americans face on a daily basis. In order to hold ourselves accountable to the ideals and foundational principles which guide our behavior, we need to acknowledge where we are not meeting the mark and adjust our behavior in order to foster a healthier society not only in the United States, but also around the world. The recommendations provided are just a starting point to addressing the many aspects of racial healing. And as Davis (2019) reminds us:

“We have reached a historical point in this country where it is clear that if we do not seek both justice and healing, injustice will keep replicating itself ad nauseam and we will find ourselves intoning the very same social justice demands generation after generation (p.41)”

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