#EXISTINGWHILEBLACK: THE PSYCHOLOGICAL BURDEN OF ANTI-BLACK RACISM IN THE LIBERAL ARTS

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Abstract

In 2018, White people called the police because five Black women were golfing too slowly at their country club, two Black men were waiting for a friend at Starbucks, a 12-year-old Black boy mowed part of the wrong yard, a Black woman was using her gated community's private pool, and an 8-year-old Black girl was selling water. Hashtags such as #golfingwhileblack and #sleepingwhileblack were created to draw attention to the fact that, for most Black folks living in the United States, being seen as a menace is an omnipresent threat. Liberal arts institutions have been no exception. For example, a White student called 911 to complain about a Black graduate student napping in the common room of her Yale dormitory. At Smith College, an employee called the police because a Black student was laying on a couch. At the University of Texas at San Antonio, a professor called the police because a Black student had her feet up in class. These assumptions of Black criminality intensify the transgenerational, historical trauma that manifests in many African-Americans, who are still dealing with the after-shocks of ~500 years of dehumanizing and inequitable treatment. While the body's response to stressors is initially to provide fuel for short bursts of protection, the psychological and physical toll of #existingwhileblack leads to exhaustion, immunodeficiency, psychopathology, and death. Faculty and staff who wish to provide holistic care for Black students must be aware of the impact of these experiences in order to provide trauma-informed care using a cultural wealth model. If they do not, liberal arts institutions will perpetuate patterns of trauma as they seek to increase their diversity.

Keywords: transgenerational trauma, historical trauma, liberal arts, trauma-informed care, cultural wealth model, diversity, equity, inclusion

#existingwhileblack: The Psychological Burden of Anti-Black Racism in the Liberal Arts

In May 2018, Lolade Siyonbola, a graduate student at Yale, fell asleep in the common area of her campus dormitory. She was woken by police officers, after Sarah Braasch, another graduate student and dormmate, called to report an "unauthorized person" (Wootson, 2018a). A few months later, at Smith College, Oumou Kanout was laying on a couch, leading an employee of the college to call the college to report that the student appeared "out of place" (Wootson, 2018b). A few months later, a professor at the University of Texas at San Antonio called the police because a Black student had her feet up in class (Chokshi, 2018).

Reports of faculty, staff, and students calling the police have continued into 2020. News outlets recently reported that a professor at a large research university called the police to have a Black student removed from class after he declined to move to the front, as he was attempting to sit near an outlet in order to take notes on his laptop (Asmelash & McDonnell, 2020). The authors have heard similar stories in their work on liberal arts campuses. In one situation, three Black male students were sitting in the back of their classroom, and after the first class, the professor asked these three students to move up to the front. She did not ask any other students to move to the front, nor were there assigned seats (Anonymous, personal communication, May 1, 2017). In another situation, a Black female student was wearing her hair wrapped, and she was sent an email that she would need to remove any head coverings if she were to receive full participation marks in class (Anonymous, personal communication, January 24, 2019).

The stories of students in higher education and liberal arts contexts have largely mirrored the stories of the United States at large (Griggs, 2018). Just a month before the police were called to Lolade Siyonbola's dormitory, the police were called to remove four Black women from their own country club for golfing too slow (Caron, 2018). Also in April 2018, Rashon Nelson and

Donte Robinson entered a Philadelphia Starbucks to meet with a business partner. After waiting

less than 10 minutes for him, they found themselves surrounded by police, facing charges of

trespassing and creating a disturbance. Their alleged crime was asking to use the restroom and

sitting inside before placing an order. The store's manager called the police and said, "there are

two gentlemen in my café that are refusing to make a purchase or leave" (Siegel & Horton, 2018,

para. 13). Police arrived and placed both men in handcuffs.

A few months later, Black 8-year-old girl decided to start selling bottled water outside

AT&T Park in San Francisco, hoping to earn enough money to take a planned family vacation to

Disneyland after her mother lost her job. As the 8-year-old was selling $2 water bottles out of a

cooler, a White woman named Alison Ettel called the police to complain that the 8-year-old was

selling water without a permit. When interviewed, Ettel said she lost her temper because the girl

had been making noise for several hours (Wootson, 2018c).

Ettel has morphed into the hashtag known as #PermitPatty, joining #BBQBecky who

called police to complain about a Black cookout. Hashtags such as #golfingwhileblack and

#nappingwhileblack have been created to describe this phenomenon where Black people are

assumed by White people to be up to something nefarious even as they go about daily activities.

These instances are not new, but now people have the technology in their pockets to

record the incidents. Video evidence, coupled with social media platforms, allow people without

institutional backing to quickly share images and videos and personal accounts with the world.

The Legacy of Chattel Slavery

Scholars agree that there is no equivalent to the experience of *chattel slavery* in the

United States. According to Bailey, Williams, and Favors (2014) the chattel slavery endured by

black people in the US was "the most diabolical form of mental and physical torture experienced by any one group" (p. 139). In chattel slavery, people were bought and sold based on the color of their skin, ripped from their native lands, endured inhumane conditions while crossing the ocean, only to be denied their human rights, constitutionally labeled as inferior, raped, humiliated, and dehumanized (David & Derthick, 2018; Tisby, 2019). Acknowledging the historical context of chattel slavery, and its legacy of *convict leasing*, *Black codes*, and *Jim Crow laws* is essential in order to understand its current manifestations (such as the assumed criminality of black folks).

Despite this clear pattern of White folks assuming Black criminality, when the White folks in the above situations have talked about their motives for calling the police, they have denied that race played a role in their decision to call the police, adamantly proclaiming that they are not racist (Narizhnaya et al., 2018; Steinbuch, 2018). For Black folks, however, these examples only serve to further underscore what they have come to expect from living in a racialized society.

Unconscious Trauma Re-enactment

Sigmund Freud, the "father of psychoanalysis," introduced the concept of the unconscious to describe the deeply buried areas of the psyche that contain the impulses, desires, thought, and wishes that are unacceptable. Freud argues that people use a variety of defense mechanisms to keep these impulses and desires outside of their awareness. One of these defense mechanisms is called *repetition compulsion* (Freud, 1914). Repetition compulsion is the tendency of people to repeat traumatic circumstances over and over in attempt to master them. This repetition can come in the form of behavioral re-enacting, dreams, or even hallucinations. Trauma researcher Bessel van der Kolk (1989) argues that people are by nature are drawn to

things that are comfortable and familiar, even if that means seeking out and repeating behaviors that are harmful to the self and others.

The concept of the unconscious and the defense mechanism of repetition compulsion can help to explain the current thinking and behavior of both Black and White people, because, as Mark Charles (2017) asserts, it is impossible for a group of people to oppress others for 500 years without becoming traumatized themselves.

According to Du Bois (1940), "the present attitude of the white world is not based solely upon rational, deliberate intent" (as cited by Meyers, 2017, para. 15). He indicates that every action has an unconscious element that people are unconsciously driven to follow. Thus, these White people who call the police may not acknowledge an explicit or conscious desire to criminalize Black folks.

Ontological Expansiveness

Another aspect of what drives these calls to police officers can be explained by the philosophical idea of *ontological expansiveness* (Sullivan, 2006). Ontological expansiveness describes the unspoken and often unconscious assumption held by White people that all spaces-whether geographical, physical, linguistic, economic, spiritual, bodily, or otherwise- are all available for them to move in and out of as they wish.

White people assume that they have a right to total mastery over their environment and those assumptions have been reinforced throughout history. Black folks were lynched for making White folks uncomfortable and for encroaching on their territory. Jim Crow laws made sure that White folks did not have to share their schools, their bathrooms, or even their water fountains with Black folks. Redlining and loan discrimination ensured that White folks did not have to

share their neighborhoods with Black folks. The distribution of the Government Issue (GI) Bill ensured that few Black folks had financial access to higher education. Anti-miscegenation laws accommodated the desire of White folks not to have their families united with Black folks (David & Derthick, 2018). "Race tests" ensured (and continue to ensure) that Black folks fled White evangelical churches (Bracey, 2017).

White people are used to this being "my golf course, my common room, my park, my pool." They are used to thinking that they can come and go through any place and space as they please. Their existence and the existence of other White people in these spaces goes unquestioned, but the existence of Black people in what they think of as their space is always questioned and seen as non-normative. So not only are these situations an example of assuming criminality, but they are also situations where White folks feeling like Black folks are intruding on their spaces.

Whiteness as Standard

In addition, White folks are used to Whiteness being centered. White cultural norms of beauty, verbal and nonverbal language, time, food, clothing, and hair care are standard. White folks can always find band aids and make up to match White skin tones, shampoo for White hair textures, and crayons in "flesh" aka peach color (Tatum, 2017). White folks are used to White cultural standards feeling comfortable and familiar and when they are exposed to other perspectives, this experience feels uncomfortable and unfamiliar; researchers assert that the psychological experience of this discomfort feels like physical pain (Cleveland, 2017).

White folks are used to their culture being dominant as opposed to marginal and they believe that they should be free from disruption from the margins. They believe that if they want

to choose to go to "the bad side of town" to do charity work- that is admirable- but they do not want the people from that side of town to move into their neighborhood. They want to go to another country for a week so that they can post pictures on Instagram with Black and Brown children, but they do not want the people from those countries to immigrate into the United States.

Finally, and likely the most damaging part of White centering: White folks are used to their culture being considered morally superior and even God ordained. They start to believe that difference equals deficit and the only way to be good, decent, and civilized- maybe even human- is to conduct themselves according to Eurocentric norms.

Defining Stress, Trauma, and Posttraumatic Stress Disorder

Stress

Stress is an ongoing process that occurs when environmental or social threats place demands on individuals (Burke et al., 2016). Research has shown that the amount of subjectively perceived stress is more strongly correlated with later adjustment problems than the sheer frequency of negative life events. Research has also shown that people feel more harmed by stressors when: 1) they have to cope alone, 2) they feel helpless, and 3) they believe the stressor was caused by the intentional or careless behavior of another. Studies also show that the anticipation of discrimination increases stress. Stress also has serious implications for both physical and mental health (Burke et al., 2016).

Trauma and Posttraumatic Stress Disorder

Trauma is defined as a deeply distressing experience that threatens one's life or safety and elicits a strong psychological response (Burke et al., 2016). Further, regarding trauma, the

perception of threat is as important as the external reality, if not more so. The *Diagnostic and Statistical Manual- 5th Edition* (DSM-5; American Psychological Association [APA], 2013) defines posttraumatic stress disorder (PTSD) as more than one month of symptoms in four categories: intrusion, avoidance, arousal & reactivity, and negative alterations in cognition and mood. *Intrusive symptoms* include recurrent memories, distressing dreams, flashbacks, and physiological reactions to triggers. *Avoidance symptoms* include spending energy and resources trying to avoid memories, thoughts, or feelings about the trauma and/or external reminders that arouse those distressing thoughts and feelings. *Arousal and reactivity symptoms* include reckless and self-destructive behaviors, difficulty concentrating, sleeping, irritable or anger outbursts, hypervigilance, and exaggerated startle. *Negative Alterations in Cognition and Mood* refers to memory impairment, negative expectations, distorted cognitions, negative emotions, and diminished interest in activities. PTSD can also present with *depersonalization*, a sense of feeling detached from one's self or one's body and/or *derealization*, a sense of feeling detached from the world (APA, 2013).

Complex Posttraumatic Stress Disorder

Many researchers have argued, however, that the symptoms of PTSD as currently defined in the *DSM-5* do not adequately describe the way trauma presents when it is chronic and begins early in the developmental period (Powers et al., 2017). When the *DSM-5* was published in 2013, many researchers wrote to the APA making the case for including a trauma disorder that more fully explains the syndrome that occurs in cases of developmental or complex trauma because the traditional treatment approaches used with PTSD are usually not fully effective with complex trauma. Recent research from neuropsychology has confirmed these theories as distinct neural processes are evident when comparing complex to PTSD and the International Classification of

Disease-11th Edition (ICD-11) has added complex posttraumatic stress disorder as a diagnostic code (Bryant et al., 2020).

When it comes to developmental and complex racial trauma, research has shown that most children (both Black and White) have internalized by preschool that Black people are lazy, dangerous, and physically stronger than White people (Bartoli et al., 2015). Thus, enough racialization has already taken place early in the developmental period to lead to these ideas. One of the leading researchers in the area of complex trauma, Bessel van der Kolk (1989), proposes four core symptom areas for developmental or complex trauma: 1) affective and impulse dysregulation, 2) memory and attention difficulties, 3) self-perception difficulties, and 4) disruption to systems of meaning.

Insidious, Historical, and Intergenerational Trauma

Another type of trauma, called *insidious trauma*, has been proposed by Maria Root (1996). She describes insidious trauma as gradual and subtle with harmful effects. Root says that this type of trauma occurs when people in power do not value the characteristics that are intrinsic to their identity. These traumas lead to pervasive feelings of insecurity and lead to hypervigilance, hyperarousal, and hyper-reactivity.

Another scholar, Maria Yellow Horse Brave Heart (2003), coined the term *historical trauma* to describe the "cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences" (p. 7). The thoughts, emotions, and behaviors (trauma reactions) are witnessed and experienced by succeeding generations who, in turn, may also become traumatized by such experiences. These traumatic

experiences from their ancestors becomes combined with continued experiences of contemporary oppression.

Various scholars have also discussed *intergenerational trauma*, referring to the ways in which historical trauma is manifested in marginalized groups today (Kellerman, 2001; Myhra, 2011, Nagata et al., 2015; Whitbeck et al., 2004). For Black people in the United States, intergenerational trauma began 500 years ago when slavery was introduced to the Americas. 409 years of that has been on the land that is now called the United States of America (Tisby, 2019). In *Dred Scott v. Sandford* (1856), the Supreme Court Ruled that Black people were not humans. In 1865, as a direct reaction to the end of slavery, the Ku Klux Klan (KKK) formed and a period of lynching began that would last for about the next 100 years, leading to the murder of over 4000 Black people. In 1915, the movie *Birth of a Nation* came out, glorifying the KKK and demonizing Black people, which brought the image of the Black man as a criminal into the mass media (Tisby, 2019). In 1921, a sizable community of Black people in Tulsa, OK were gaining wealth, enraging White people, who burned it all down- killing 300 Black people, rendering 10,000 people homeless, destroying 35 blocks, and doing $35 million dollars (in 2017 dollars of damage) (Fain, 2017). In 1955, Emmett Till was kidnapped, beaten, and murdered for allegedly smiling at a White woman. The processes of desegregation and gaining suffrage were violent and led to the murders of many people. When Dr. Martin Luther King, Jr. was killed in 1968, most White people believed at the time of his death that he was responsible for the breakdown of law and order in the United States. Higher education was no better; for example, Bob Jones University did not allow Black students until 1971 and did not allow interracial relationships until 2000, 33 years after the Supreme Court struck down anti-miscegenation laws (Tisby, 2019). In 1972, researchers in Tuskegee were still knowingly leaving Black people untreated for

syphilis for "the sake of science" (Jones, 1981). The authors of *The Bell Curve* claimed in 1994 that Black people were less intelligent and genetically inferior to White people (Graves, 2003; Graves & Johnson, 1995; Hernstein & Murrary, 1994). This thinking still makes its way into curricula today. More recently, multiple Black people have been killed by police for playing with toy guns (Fitzsimmons, 2014), trying to buy a BB gun from Walmart (Izadi, 2014), and selling loose cigarettes (Graham, 2015). Current oppression of Black folks includes but is not limited to mass incarceration, voter suppression, and racist housing policies (Alexander, 2012).

According to Alexander (2012), Black men continue to be criminalized. Although they represent 14% of the United States population, they comprise 60% of the prison population. Black women comprise 13% of the US population but represent 30% of the prison population. Tatum (2017) writes that by the age of 10, Black boys are already seen as less innocent than their White peers. By age 5, Black girls are already seen as less innocent than their White peers. Just mentioning a "Black sounding" name is enough to conjure a mental image that is larger and more threatening than a "White sounding" one.

Attributional Ambiguity

Many researchers have argued that because modern forms of aggression are more confusing, subtle, and unclear, they are more mentally, emotionally, and psychologically taxing because it is more difficult for people to determine if what they experienced was indeed racism. This phenomenon is what social psychologists call *attributional ambiguity* (Espino-Pérez et al., 2018; Smith & Wout, 2019). The lack of clarity requires people to spend more resources because these more subtle aggressions tend to linger in peoples' hearts and minds for a long time, leading to mistrust, hypervigilance, anger, fear, and hopeless (David & Derthick, 2018). These stressors have both biological and physiological consequences. Although everyone faces stressors, people

who are targeted by racism have an extra layer of stress not experienced by the dominant racial group, including a constant worry about safety, which requires the constant expenditure of physical, mental, and emotional resources. Black people continuously having to think a few steps ahead, create a safety plan with an escape route, and regulate their feelings (Clark et al., 1999).

General Adaptation Syndrome

Hans Selye (1950) coined the phrase *general adaptation syndrome* to describe how the body responds to stress. His research on this topic came from ethically controversial experiments in which he exposed animals to stressful, near-drowning situations. Through this research, he observed that at first, the animals went into what he called the *alarm* stage and what many people know as "fight or flight." During this alarm stage, the *sympathetic nervous system* (SNS) and the *hypothalamic-pituitary-adrenal* (HPA) *axis* are both activated. These systems alert the body to danger and immediately engage to cope with the stressor. The SNS causes the pupils to dilate, muscles to tense up, and attention and concentration to increase. People feel anxious and are more vigilant to danger. People also produce endorphins which serve as a natural pain reliever. The HPA axis allows the body to increase levels of *cortisol* and *adrenaline*. Cortisol elevates blood sugar and increases metabolism. Adrenaline gives people an extra boost of energy and wards off fatigue. Notably, people produce more cortisol during this stage when the stressor is unpredictable, uncontrollable, and involves negative social appraisal (Dickerson & Kemeny, 2004).

If the stressor continues, people move from alarm into *resistance*. During the resistance stage, the sympathetic response declines. The adrenal cortex continues releasing cortisol and adrenaline to promote prolonged alertness, fight infection, and heal wounds. If the stressor remains, the body eventually moves into a state of *exhaustion*. The nervous system and the

immune system no longer have the energy to sustain their heightened responses. The long-term

production of cortisol begins to damage the brain, particularly the hippocampus- the part of the

brain responsible for memory and the limbic system- the parts of the brain responsible for

emotional regulation (Selye, 1950).

The Impact of Chronic Stress

Cortisol

Cortisol helps to mobilize energies to fight a difficult situation. Short-term bursts of stress

can have a beneficial effect on many biological systems, including the immune system, the

body's frontline defense against infection and cancer. However, the immune system does not

perform as well in the face of long-term, chronic sources of stress. When responding to an

emergency, the stress response system prioritizes body functions. Those that are not necessary

for handling the immediate emergency are taken offline. Numerous studies indicate that people

experiencing chronic stress are more vulnerable to infectious diseases, such as colds and the flu.

The progression of HIV infection to AIDS is influenced by a patient's level of stress. Stressed

students show greater vulnerability to the virus responsible for mononucleosis, which normally is

kept in check by a robust immune system. Stress related to social relationships seems to be

especially harmful to the ability to stay healthy (Tian et al., 2020).

A meta-analysis of almost 300 studies and about 20,000 participants demonstrated that

chronic stressors affecting people's social roles produce the greatest suppression of the immune

system. Further, experiences of discrimination have been linked to lower heart rate variability

(HRV) (Hill et al., 2017), which suggests that the SNS response is always active.

Allostasis

As a result, chronic stress leads to higher *allostatic load*. Allostatic load is the condition of an individual's stress system. Higher allostatic load leads to physiological dysregulations such as high blood pressure, high cortisol levels, and increased heart rate that are linked to various mental health and physical health issues (depression, anxiety, hypertension, diabetes, heart disease). Allostatic load can escalate to *allostatic overload* in which there is a hyper- or hypo-sensitivity to stressors. People may overreact to a seemingly small stressor or not react at all to a seemingly large stressor. Prolonged overload also leads to cellular damage which explains the physical symptoms on the brain and body. Allostasis is the body's long-term thermostat (one can think of it as the long-term version of homeostasis). It is how the body maintains stability through change and pertains to the body's response to internal and external, actual and threatened adverse stressor events (Burke et al., 2016; Currie, et al., 2019; McEwen & Gianaros, 2011).

The allostasis model involves three systems, that when activated, generate the physiological adaptations required for protective behaviors: 1) monoamine neurotransmitters (serotonin, dopamine, acetylcholine, norepinephrine) which increase arousal, vigilance, and external cue processing, 2) the SNS which releases epinephrine and norepinephrine to enhance cardiovascular performance, inhibit digestion, and make energy available for muscles, and 3) the HPA axis, which produces cortisol that increases the conversion of proteins and fats into the carbohydrates needed for restoring energy, increasing blood pressure and blood sugar, mobilizing amino acids, and reducing immune responses (Burke et al., 2016).

Brain Changes in Chronic Stress

In cases of chronic, repeated, severe stress, these physiological mediators remain elevated or lowered. When unpredictability, uncontrollability, and social-evaluative threat combine, the risk for abnormal brain growth and changes in neurochemistry increase (Dickerson & Kemeny, 2004). One way to quantify the impact of stress on the brain is by measuring telomere length. Telomeres are the protein caps in the chromosomes. These caps shorten as the body ages and so researchers can measure the length of telomeres to identify a person's biological age and life expectancy. People who experience racial stress and oppression have shorter telomeres compared to people of the same chronological age who have not experienced racial stress (Chae et al., 2014). Therefore, racism is literally shortening the lives of black people.

Epigenetics

The most obvious intersection of biology and psychology is the recently emerging field of epigenetics. Epigenetics refer to changes in gene expression due to experience. Multiple studies have shown that experiences can turn genes on or off. For example, if a mother rat is malnourished during pregnancy, her offspring alter the expression of certain genes to conserve energy. Also, rat pups with a low degree of maternal care early in life alter the expression of certain genes in the area of the brain called the hippocampus, resulting in high vulnerability to emotional stress reactions later in life. Studies with humans have showed similar findings. The experience of feeling socially isolated or rejected alters the activity of hundreds of genes (Slavich & Cole, 2013).

As such, lived experiences change the chemistry of brain cells. In some cases, experiences add acetyl groups (COCH3) to the histone tails (proteins) near a gene, causing the

histones or proteins to loosen their grip on the DNA, facilitating the expression of that gene. In other cases, experiences add methyl groups (CH3) which turns genes off. Complex developmental trauma decreases *methylation* (a process by which methyl groups are added to the DNA molecule of many brain cells), increasing the later risk for depression, PTSD, and other trauma related disorders (Breslau et al., 2006; Dunn et al., 2019; Klengel et al., 2013; Klengel et al., 2014; Klengel & Binder, 2015).

At least three different studies have shown that recent Black immigrants do not share the genetic risk for psychological disorders with Black Americans whose ancestors descended from enslaved peoples. In keeping with these findings, recent Black immigrants often report feeling less overwhelmed by racial stressors compared to Black Americans with a longer history of familial ancestry in the US. by the same stressors. This information suggests that a lower allostatic load may be present in individuals who have not inherited genes from descendants of slavery. However, the longer a first generation Black immigrant lives in the United States, the more likely they are to report feeling overloaded from the same racial stressors, suggesting that living in the United States increases allostatic load for Black people and also leads to the activation of specific genetic expressions that increase the risk for multiple physical and psychological disorders (Dominguez et al., 2009; Currie et al., 2019; Smart Richman et al., 2010).

Another study which has implications for the descendants of trauma survivors is a study that was conducted with the children and grandchildren of Holocaust survivors. These second and third generation descendants showed significantly higher methylation levels of the FKB5 gene, a stress related gene associated with PTSD and major depression. This research from Yehuda et al. (2016) is consistent with reports from Rosenthal and Rosenthal (1980) which

found that third generation survivors of the Holocaust reported symptoms consistent with the direct recipients of the trauma.

Not only does racism damage one's biology and psychology but also that damage is passed down to future generations through genetics, socialization, and modern forms of continued oppression. These biological changes lead to a host of physical and medical risks. The catecholamines (dopamine, epinephrine [adrenaline], and norepinephrine) released via the autonomic nervous system and stress hormones released by the HPA axis (cortisol) are received by immune cells. In the short term, this process boosts human immunity, but in the long term it decreases human immunity and diverts energy resources away from immune response (Kellerman, 2013; Yehuda et al., 2016).

Health Consequences

Because this process weakens the immune system, it increases risk for auto immune diseases, where the immune system begins to attack normal cells, such as multiple sclerosis and rheumatoid arthritis. It also increases susceptibility to bacteria and viruses. This process can also harm the hippocampus because levels of cortisol become toxins and can damage or kill neurons in the hippocampus (the part of the brain linked to memory) (McEwen & Gianaros, 2011). Further, because of epigenetics, even several generations later, people show higher rates of disease (Klengel & Binder, 2015).

In severe cases, as seen in Selye's (1950) research, the exhaustion produced can lead to death. Research shows that more Black Americans die from preventable disease than any other racial group. Also, research shows that Black Americans are aging faster than their chronological age. Ultimately, the cost of racism to the Black body is death, not just in the obvious ways

(lynchings, murder, police brutality), but also when White folks increase the stress of the Black folks in their lives in seemingly small, every day behaviors, like calling the police over a fellow student napping the lounge or an 8-year-old selling water.

Black Psychological Models

In addition to those physical consequences, Black Americans experience higher diagnoses of almost every psychological disorder. This phenomenon reflects the pathologizing of the trauma response. When clinicians look at the symptoms of Black Americans through a Eurocentric lens, they call these symptoms anxiety disorders, depressive disorders, schizophrenia, etc. Clinicians can reduce their biases in diagnosis by instead centering Black psychological models, reframing what the medical model calls "symptoms." According to Fanon (1965), rather than following the medical model to treat pathology, Black psychologists should acknowledge "symptoms" as trauma responses and coping mechanisms that have helped people to survive. He argues that the keys to moving past these trauma responses are 1) recognition, 2) remembrance, 3) solidarity, and 4) communal therapy.

Joy DeGruy Leary (2005) proposed a theory that explains the etiology of many of the adaptive survival behaviors in African American communities throughout the United States and the African Diaspora. She describes these so-called symptoms as consequences of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery. This experience was then followed by institutionalized racism which continues to perpetuate injury. A basic outline of her theory can be understood using the acronym MAP: M) multigenerational trauma together with continued oppression; A) absence of opportunity to heal or access the benefits available in the society; which leads to P) post traumatic slave syndrome (DeGruy Leary, 2005).

Another phenomenon coined by a Black psychologist is the idea of *stereotype threat* (Steele & Aronson, 1995; Steele, 2010). Stereotype threat is a type of anxiety in which people become anxious when they are aware of a stereotype about their group and the anxiety produced inadvertently causes them to fail and confirm the stereotype. When a group of people has been told for centuries by the academic community that they are intellectually and genetically inferior, they will most likely feel anxious in trying to disprove that stereotype when they come to college. As such, educators need to be aware that if their students feel like they have to prove to them that they are not inferior and are getting messages from their professors that they believe they are- educators are generating anxiety which can cause students to underperform and creating that stress that can kill brain cells and shorten lifespans.

Another prominent theory in Black psychology is Robert T. Carter's (2007) idea of *race based traumatic stress*. Race based traumatic stress can be a consequence of emotional pain that a person may feel after encounters with racism, which can be understood in terms of specific types of acts- racial harassment or hostility, racial discrimination or avoidance and/or discriminatory harassment, and aversive hostility. Carter (2007) criticizes the current diagnostic system because it does not help individuals or mental health professionals recognize the mental health effects of racism because the diagnosis of PTSD involves physical threat to life as its primary criterion, not emotional pain. He also acknowledges that diagnosing racial trauma as a psychological disorder may create a stigma, compromise any claim for redress, and make healing difficult. He emphasizes that in working with targets of racism, however, the power of racism as stressful and traumatic must be recognized.

The language of a "soul wound" has been used by Native Americans to express the deep grief passed on generationally from the trauma encountered during mass genocide at the hands of

European settlers (Duran, 2006; Duran, Firehammer, & Gonzalez, 2008). Several Black psychologists have used this term to also explain the experience of African Americans who went through an original trauma of being kidnapped, killed, enslaved, and raped. Further, several recent dissertations have added to this theory through the lens of current racial oppression, adding that contemporary systemic and institutional challenges, unprocessed grief, and ongoing experiences with racism, which can transmit trauma to future generations (Fralich-LeSarre, 2012; Silva, 2019).

How Can Educators Heal the 'Soul Wound'?

Name the Soul Wound

The first step to healing the 'soul wound' is to recognize that the wound exists. Educators must talk about trauma in order to move past it. Trauma therapists assert that keeping trauma inside is a sure way not to heal. However, as a nation, Americans have never fully addressed the historical traumas of Black Americans. Several scholars call this the *conspiracy of silence* (Danieli, 1998, 2009; Sue, 2015). When mental health workers, nations, government officials, majority groups, justice workers, families, and society at large do not publicly and openly discuss massive cultural historical traumas, a conspiracy of silence is promoted. In order to fully mourn and heal from historical traumas and to prevent the transgenerational transmission of historical traumas, the traumas must be talked about openly. The narratives of sustained traumas must be developed and fully integrated into the psychic and psychological awareness of traumatized populations (Danieli, 2009). When people are not allowed to grieve their losses and mourn their experiences, symptoms endure.

Allow for Black Spaces

In addition, educators must allow for racial group identification and acknowledge the need for monoracial community centers. Racial group identification serves as a protective buffer from the larger racialized society (Tatum, 2017; Yang, 2000). Thus, it is healthy for racially oppressed communities to be able to spend time away from the White gaze, to take a break from the constant state of hypervigilance that may be present in White spaces.

Engage in Multiracial Community Building

In addition, educators also need to engage in multiracial community building. Part of what must happen is a critical mass. Research has shown that it takes 20% or more of a single racial group to have their voices heard and effect cultural change on the organization. Short of that percentage, people are largely tokens. Part of this 20% or more rule is mathematics, because when 20 percent of a group exists, the probability of contact across the groups is 99 percent (Emerson & Smith, 2000). Even as predominately White liberal arts institutions are striving to attain this critical mass, they need to create local multiracial centers of activity and living and place those multiracial community areas in the center of their lives.

Attempt to De-Center Whiteness

Educators also need to start *decentering Whiteness* (Hitchcock & Flint, 2015). White folks are used to their White culture being normative, standard, morally virtuous, and even God-ordained. The functional impact of those assumptions is the continued marginalization, othering, and pathologizing of other cultures. Instead of looking at White cultural norms as ideal, educators should emphasize that difference does not equal deficit and that exposure to Black culture helps us to be more fully human. Educators must critically analyze their classrooms and

curriculum and address the inevitable ways that Whiteness is being centered in the ideas,

theories, voices, and reading assignments that are being presented (and the simultaneous ways

that Blackness is likely being pathologized).

Become Trauma-Informed

History and current events have left behind a traumatic residue that covers incoming and

current students, and the question that higher education professionals are left asking is, "Now

what?" In the acknowledgement of the pervasive impact of trauma, a trauma-informed approach

is warranted. According to the Substance Abuse and Mental Health Services Administration

(SAMSHA; 2014), there are four "R's" to being a trauma-informed organization: Realize,

Recognize, Respond, and Resist re-traumatization. Not only is it important to acknowledge the

racialized traumatization of individuals and communities, but then a responsive organization

should interpret the signs and symptoms of trauma in a way that leads to programs and

interventions that help and not further harm those traumatized. To be trauma-informed is to

know that there are multiple paths to recovery and that trauma is not a stagnant diagnosis.

The crux may also be how to acknowledge that students may enter college with trauma

but to not treat it like a disease or deficit. To assume that all Black students are walking in with

deficits to overcome will set-up students for further traumatization. Yosso (2005) nestles her

cultural wealth model within critical race theory to scrutinize systemic issues of equity and

justice. Yosso (2005) further questions whether current academic systems will even allow for a

non-dominant culture to have the space to be valued. In a formalized and summative academic

system, good grades are given for the correct answer on the assignment, but grit, community

connection, and experiential knowledge are not measured nor ascribed value. Yosso (2005)

defines community cultural wealth as "an array of knowledge, skills, abilities and contacts

possessed and utilized by Communities of Color to survive and resist macro and micro-forms of oppression" (p. 77). Not only could residual trauma be misinterpreted but communal forms of resistance and survival may be perceived as deficits or opposition to authority, and if so, they ar likely to be unwelcomed and penalized.

Examples of uninformed responses in higher education can be found in classroom disciplinary policies. The interpretation of head coverings is a prime example. If a professor, for example, interprets head coverings as "disrespectful" (as seen in some of the student stories in this paper), then students for whom headwraps, hijabs, scarves, etc. are part of their cultural, religious, or racial identity are pathologized. These examples are not unique or new; the appearance of Black bodies and Black hair has been penalized because it goes against a policy dictated by a predominantly White narrative. Black people were historically denied agency over their own bodies and laws (e.g., Tignon laws) were enacted to criminalize Black hair (Callender, 2018). Without awareness of this history, the opportunity for further traumatization is ripe.

Resist Re-Traumatization

To resist re-traumatization would not only require a gracious interpretation of a range of behaviors, but also a critical self-evaluation of educators and classroom standards. Doughty (2018) further suggests trauma-informed classroom practices include giving clear instructions and guidelines, providing consistency, avoiding abrupt classroom environment changes, using gender identity preferred pronouns, allowing students to not participate in group discussions, giving alternative assignment choices, providing disclaimers and cautions for sensitive classroom topics, and finding ways to learn about student experiences to avoid their trauma triggers. SAMHSA (2014) states that the six principles of a trauma-informed approach are providing

safety, trustworthiness through transparency, peer to peer support, collaboration and mutuality, empowerment of the individual, and ongoing education of cultural, historical, and gender issues.

Taking a trauma-informed approach to higher education may not only have positive learning outcomes in the classroom but also long-lasting impact on overall well-being of students. Having a trauma-informed understanding through the lens of critical cultural wealth helps to promote a sense of belonging and engagement for students. Walton and Cohen (2011) implemented social belonging as an intervention in their study. They found that students of color who felt a sense of belonging at their higher education institution were more likely to have higher grade point averages. They also found that even three years post social belonging interventions that the students reported fewer doctor visits and overall higher sense of well-being than peers that did not receive the intervention. Yeager et al. (2013) found that students who have a sense of belonging were more likely to interpret adverse experiences in education as surmountable, but students who lacked that sense of belonging would interpret an adverse experience as evidence that they should leave. Duffy et al. (2019) demonstrated correlations between an integrated systemic understanding of a critical cultural wealth model and higher levels of student belonging and well-being. They found that a healthy sense of belonging could be developed, which mediated environmental stressors such as racial discrimination and financial strain, and that students reported overall higher life satisfaction, well-being, and career choice satisfaction post-graduation. Critical to that sense of belonging was institutional representation and response at the highest level, especially when there were racialized incidences on campus, and that these occurrences were not treated as isolated incidences but as systemic issues that would not be tolerated (Duffy et al., 2019).

Conclusion

The principles discussed in this paper can be applied to multiple contexts. While this paper talks exclusively about the experience of Black students for the sake of both space and scope, racialized experiences are not binary, and many non-Black students of color have experienced trauma prior to and while attending liberal arts colleges. Ultimately, educators need to be aware of the large impact of seemingly small encounters- in the classroom, in co-curricular activities, and in residential settings. Given that the experience of race based traumatic stress has life or death consequences, the chance to interrupt cycles of generational and insidious trauma is daily opportunity to transform the physical and psychological health of students. Although it can be sobering to acknowledge the myriad ways trauma can change the brain for generations, it is encouraging to recognize that authentic relationships filled with empathy and acceptance can also change the brain for generations.

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