

Liberation Psychology: Trauma Informed Integrated Behavioral Health

Thema Bryant, PhD

Pepperdine University

www.drthema.com



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,905,974 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."

Context and Positionality

- She/her; Black woman; Psychologist; Minister; Sacred Artist; Mother; Daughter; Sister; Partner; Friend; Activist; Scholar; Learner – Resisting Colonial notions that you have to choose one lane – intentionally being all that I am
- Land Recognition – Today I am speaking to you from the land that was and is home to the Tongva, the original stewards of this land and we recognize their history, culture, contribution, and violations past and present
- Labor Recognition – Acknowledge those whose bodies and labor were exploited to build this nation, largely people of African descent
- Socio-political climate of hostility, instability, and overt violence
- Global Pandemic
- Oppression not just out there but “in here”
- Resist and reject the myth of neutrality

Learning Objectives

- LO 1: Identify principles and key assumptions of a trauma informed approach.
- LO 2: Describe racial trauma related to various forms of violence and the impact on mental health.
- LO 3: Describe the role of advocacy and intervention in culturally responsive counseling

In the beginning was the word...

- Lucille Clifton: “Come and celebrate with me that everyday something has tried to kill me and has failed.”
- Mexican Proverb: “They tried to bury us. They didn’t know we were seeds.”



Neurobiology of Trauma

- Complex Trauma:
 - Disruptions in identity, emotion regulation, relationships
- Release of hormones
 - Fight, flight, freeze (flat affect), tend and befriend
 - Increased energy for fight or flight
 - Reduce physical pain
 - Reduce emotional pain
 - Rapid mood swings

Trauma-Informed Framework:

Committed to:

- Being informed about and sensitive to trauma
- Providing a safe, stable, and understanding environment
- Preventing re-injury or re-traumatization by acknowledging trauma and its triggers, and avoiding stigmatizing students
- Healing beyond symptom-cessation
- Problemitization from Liberation Psychology: clarity on the “problem”

Moving beyond awareness to engagement & cultural humility



Foundational Constructs

- Oppression is bigger than bias. It is systemic and protected and maintained by power and privilege
- Transgenerational Trauma – the ways in which trauma can be transferred across generations
 - Studies with Ukrainian families demonstrated parental trauma passed down through behaviors , including risky health behaviors, anxiety and shame, food hoarding, overeating, authoritarian parenting styles, high emotional neediness on the part of parents and low community trust and cohesiveness—what many described as living in “survival mode”
- Intergenerational Trauma and Historical Trauma Based in Oppression – Addresses both the past and present-realities of oppression and its impact on generations holistically

Ending the denial and minimization of societal trauma

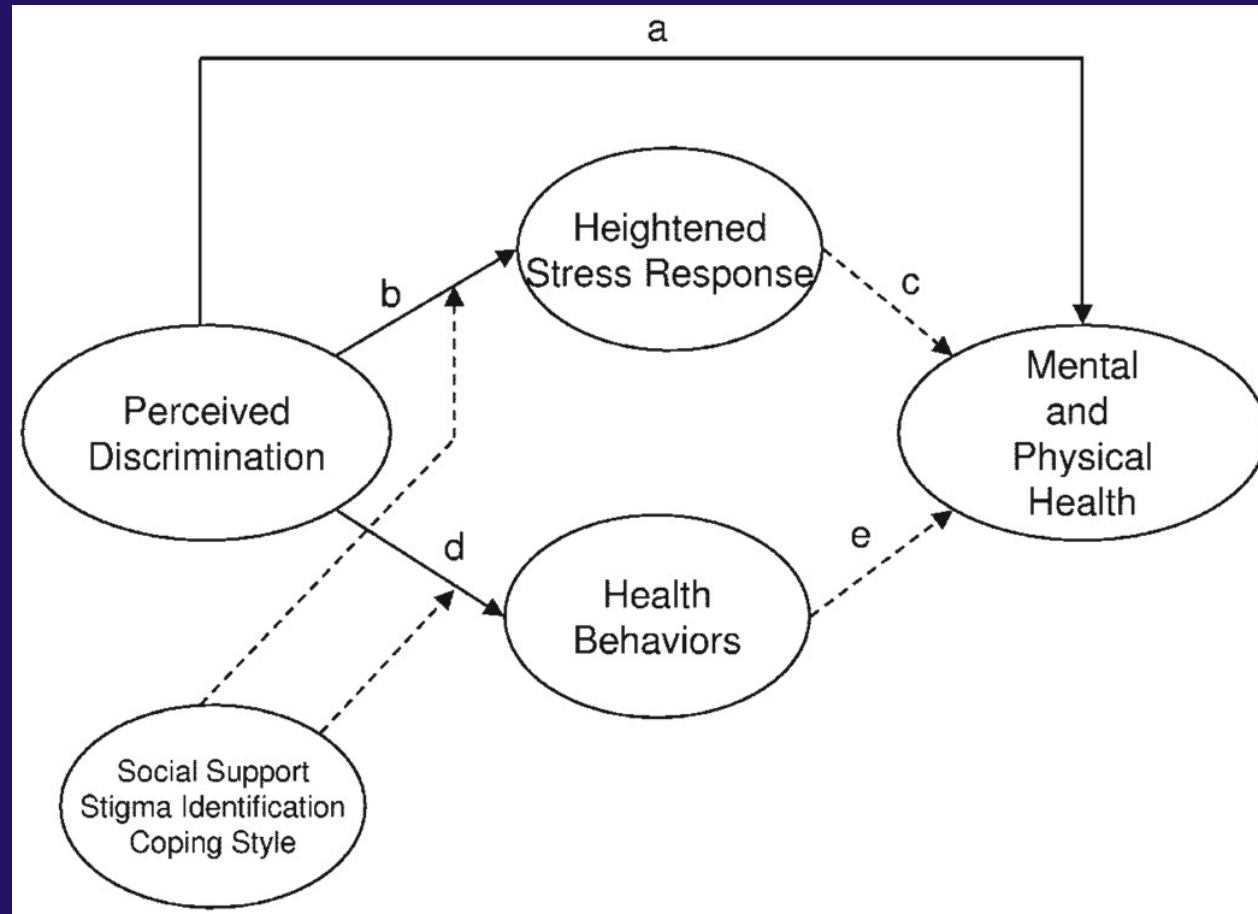
- “This woman is Black so her blood is shed in silence.” ~Audre Lorde
- History of the construct of trauma
- We cannot heal what we will not acknowledge
- Who benefits from the discipline’s silence on racial trauma?
- To be an anti-oppression requires not only acknowledgement of oppression but active opposition to oppression within ourselves, our research, our teaching, our organizations, our practice, and the policies shaping our society
- Societal Trauma (Historical and Contemporary, Primary → Vicarious)
- Bryant-Davis (2019)

Pathways: Racism to health problems

- Lack of resource to quality care
- Lack of insurance
- Stress activation in the body
- Patient distrust of doctors and therefore avoidance of medical personnel
- Doctors, nurses, administrators distrust of report of pain and symptoms reported by BIPOC
- Health behaviors diminished
- Environmental racism – pollution, etc.
- Food apartheid
- Inextricably linked to poverty – overworked and underpaid depletes body

Critique of Common Models

Not just perception and coping – Consciousness-raising & Resistance



Intergenerational societal trauma of oppression

- I.T. can be applied to family trauma (physical abuse, molestation, etc.)
- Identified in literature on Holocaust survivors and survivors of Armenian genocide
- Relating to racism in the U.S. and globally – experience of Black, American Indian/Native American/Indigenous, Latinx, Asian persons and communities
- Also framed as Historical Trauma
- Transmission through words, behavior, and biology
- Transmission through continued traumatization (direct, witness, vicarious)

Manifestations of racism in medical education and institutions

- Colonial curriculum – what, who, and how we teach and by whom
- Representation – recruitment and retention
- Tokenism/Power and Privilege
- Harassment, micro-aggressions (invalidations, slights, hostility, derogatory attitudes, etc.)
- Erasure, denial of presence (colleagues, staff, patients)
- Pathologizing BIPOC for lack of trust instead of seeing the historical and contemporary wisdom of caution
- Overwork of BIPOC and underpay (trainees/students expected to educate supervisors/faculty on their community)
- Denial of racism and intersectional oppression
- Systemic failure in policies and procedures
- Culture avoidance is unethical /Assessment erasure
- Arrogance versus openness and beginner's mind

Wounds: Effects of societal/historical Trauma

- Psychological :Depression, Anxiety, Anger, PTSD, Distrust, Suicidal thoughts, Substance Dependence, Fatigue, Dissociation
- Somatic complaints
- Cognitive: Difficulty concentrating, remembering, and focusing; internalized racism
- Diminished economic, educational, and political resource access
- Physical: Death, injury, infection, cardio-vascular disease, respiratory system failure, COVID 19, birthing complications
- Relational: Broken trust in systems, professional relationships, governmental relationships, personal relationships
- Spiritual

(Carter, Kirkinis, & Johnson, 2020; Skewes & Blume, 2019; Kim, 2017; Lewis, Williams, Peppers, & Gadson, 2017; Liu & Suyemoto, 2016; Anderson, 2013; Brondolo, Rieppi, Kelly, & Gerin, 2003)



The Impact Of Racism On Mental Health:

Feeling disconnected / lonely

Increase risk of
depression and anxiety

Second-guessing things

Decreased hope
(in the future, justice,
the government etc.)

Trauma
(both from the present and
triggering past instances /
generational trauma)

Increased
"Survival Mode"

Existential
questioning
"How can the world
be so cruel?"

Decreased trust



Worry

Feelings of powerlessness
(You can do the right thing and still
end up with a horrific outcome)

Panic

#BlackLivesMatter

@RealDepressionProject



Cultural Resources

- Wisdom
- Language
- Art
- Spirituality
- Interconnectedness
- Strategies (code switching/masking)
- Healing Remedies

Liberation – Not merely dissect and document but transform

- Fr. Martin-Baro wrote, "In our case more than anyone else's, the principle holds that the concern of the social scientist should not be so much to explain the world as to change it."
- Connection/community are medicine
- Culture is medicine
- Artistry is medicine
- Spirituality is medicine
- Dare to be present and to believe we can collectively disrupt racism in our institution and through medicine and beyond

Trauma Applications of Liberation Psychology

- Society asks, “What’s wrong with you?”
- Trauma informed practitioners asks, “What happened to you?”
- Culturally aware trauma-informed practitioners ask, “What happened to you and your people and what continues to happen?” ~ Inclusive Psychologists
- Liberation, healing-informed practitioners ask, “What happened to you and your people and what continues to happen? And now how do we honor your ancestral wisdom to heal ancestral and contemporary wounds and shift from surviving to thriving.”
- (Goodman, 2015; Fernandez & Rivera, 2014; Parker, 2014)

Healing Racial Trauma

(Bryant-Davis & Ocampo, 2006)

- Acknowledge
- Share
- Trust
- Internalized Racism
- Mourning Losses
- Anger
- Coping Strategies
- Resistance Strategies



Dr. Howard Stevenson – Racism and Mindfulness



CLCBE

CLCBE is a mindfulness approach that allows you to calculate, locate, and communicate racial stress.

Embracing body, mind, heart

 **Calculate**
On a scale from 1-10, how intense are my feelings now?

 **Locate**
Where on my body do I feel the stress?

 **Communicate**
What self talk and self images come to mind?

 **Breathe & Exhale**
Breathe in slowly.
Exhale slower.

Coping and Healing

- Journaling
- Expressive Arts
- Spirituality
- Social Support – co-regulate
- Bibliotherapy
- Self calming
 - music, aromatherapy, taking a walk, drinking water, positive self talk, getting organized – doing what you can, pace yourself, set boundaries, make decisions that support your mental health, support groups
- Mindfulness meditation and contemplative practice
 - Apps – Calm, Stop Breathe and Think, Liberate, Abide, Shine



Additional Approaches to Healing societal Trauma

- Emotional Emancipation Circles –
 - Community Healing Network/Association of Black Psychologists
- Soulfulness (Harrell, 2018)
- Ubuntu (Wilson, Olubadewo, & Williams, 2016)
- Optimal psychology (Myers, 2013)
- Yoga for Healing Racial Trauma (Parker, 2020; Young, 2018)
- Cultural Modifications of Western trauma models including EMDR, CBT, Psychodynamic, Humanistic, Narrative, etc.

Addressing Issues that Arise with Persons with Privilege and Power

- Guilt and Shame
- Denial
- Ignorance
- Fragility
- Performative Allyship
- Idealize/Dehumanization
- Belief that naming and countering racism is divisive, racist, inappropriate
- Belief that they should be able to dictate how BIPOC people should feel and how they should appropriately ask for, wait for, or earn equity (kneeling, marching, boycotting, running for office, petitions, speaking about justice in religious settings)
- Authentic Allyship, Co-conspirator, and Advocacy

Care for Change Agents:

The marathon continues in the midst of racial battle fatigue





Selected references

- Bryant-Davis, T. (2019). The cultural context of trauma recovery: Considering the posttraumatic stress disorder practice guideline and intersectionality. *Psychotherapy*, 56(3), 400–408. <https://doi-org.lib.pepperdine.edu/10.1037/pst0000241>
- Bryant-Davis, T., & Comas-Díaz, L. (2016). Introduction: Womanist and mujerista psychologies. In Thelma Bryant-Davis & L. Comas-Díaz (Eds.), *Womanist and mujerista psychologies: Voices of fire, acts of courage*. (pp. 3–25). American Psychological Association. <https://doi-org.lib.pepperdine.edu/10.1037/14937-001>
- Bryant-Davis, T., & Moore-Lobban, S. J. (2019). A foundation for multicultural feminist therapy with adolescent girls of color. In T. Bryant-Davis (Ed.), *Multicultural feminist therapy: Helping adolescent girls of color to thrive*. (pp. 15–41). American Psychological Association. <https://doi-org.lib.pepperdine.edu/10.1037/0000140-002>
- Bryant-Davis, T., & Ocampo, C. (2006). A therapeutic approach to the treatment of racist-incident-based trauma. *Journal of Emotional Abuse*, 6(4), 1–22. https://doi-org.lib.pepperdine.edu/10.1300/J135v06n04_01

Additional Selected References

- Brondolo, E., Rieppi, R., Kelly, K. P., & Gerin, W. (2003). Perceived racism and blood pressure: A review of the literature and conceptual and methodological critique. *Annals of Behavioral Medicine*, 25(1), 55–65. https://doi-org.lib.pepperdine.edu/10.1207/S15324796ABM2501_08
- Carter, R. T., Kirkinis, K., & Johnson, V. E. (2020). Relationships between trauma symptoms and race-based traumatic stress. *Traumatology*, 26(1), 11–18. <https://doi-org.lib.pepperdine.edu/10.1037/trm0000217>
- French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48(1), 14–46. <https://doi-org.lib.pepperdine.edu/10.1177/0011000019843506>
- Harrell, S. (2018). Soulfulness as an Orientation to Contemplative Practice: Culture, Liberation, and Mindful Awareness. *The Journal of Contemporary Inquiry* 5(1), 9 – 40.
- Myers, L. J. (2013). Restoration of spirit: An African-centered communal health model. *Journal of Black Psychology*, 39(3), 257–260. <https://doi-org.lib.pepperdine.edu/10.1177/0095798413478080>
- Parham, T.A., White, J.L., & Ajamu, A. (1999). *The psychology of Blacks: African-centered perspective*. Upper Saddle River, NJ: PrenticeHall.
- Wilson, D., Olubadewo, S., & Williams, V. (2016). Ubuntu: A framework for African American male positive mental health. In W. Ross (Ed.), *Counseling in African American males: Effective therapeutic interventions and approaches*. (pp. 61–80).