

UNDERSTANDING IMPLICIT BIAS AND RACIAL TRAUMA

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MARCH 30, 2021

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PRIVILEGE

IS 'AN ADVANTAGE, RIGHT, OR BENEFIT THAT IS NOT AVAILABLE TO EVERYONE' (WEBSTER, 2012)

TYPES OF PRIVILEGE INCLUDE:
RACIAL, SOCIAL CLASS, GENDER, SEXUAL ORIENTATION, RELIGION, CULTURAL PRIVILEGE, ABLEISM, ETC.

The first example of white privilege you learn about



3,098 likes

17thsoulja5 Breaking and entering, burglary, destruction of property, and then crying victim. All against brown bears.

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RACISM

RACISM IS DIFFERENT FROM RACIAL PREJUDICE, HATRED OR DISCRIMINATION.

RACISM INVOLVES ONE GROUP HAVING THE POWER TO CARRY OUT SYSTEMIC DISCRIMINATION BY SHAPING CULTURAL BELIEFS AND VALUES THAT SUPPORT RACIST INSTITUTIONAL POLICIES AND PRACTICES, WHETHER DELIBERATE OR UNINTENTIONAL AND UNCONSCIOUS




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INTERNALIZED OPPRESSION

WHEN PEOPLE FROM TARGETED GROUPS INTERNALIZE MYTHS AND MISINFORMATION, IT CAN CAUSE THEM TO FEEL THAT, IN SOME WAY, THEY ARE INHERENTLY NOT AS WORTHY, AS CAPABLE, INTELLIGENT, BEAUTIFUL, OR GOOD AS PEOPLE OUTSIDE THEIR GROUP.

CONSCIOUSLY OR UNCONSCIOUSLY, THE EXPERIENCE OF OPPRESSION OR DISCRIMINATION GETS INTERNALIZED, TURNED INWARD. THE STEREOTYPES AND MISINFORMATION THAT SOCIETY COMMUNICATES CAN **FEEL** TRUE, CAUSING THEM TO ACT ON THOSE STEROTYPES AS IF THEY WERE TRUE.



(COMMUNITY TOOL BOX KANSAS UNIVERSITY WORK GROUP FOR COMMUNITY HEALTH AND DEVELOPMENT DESIGNATED WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR COMMUNITY HEALTH DEVELOPMENT)

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IMPLICIT/EXPLICIT BIAS

A POSITIVE OR NEGATIVE MENTAL ATTITUDE TOWARDS A PERSON, THING, OR GROUP HELD AT AN UNCONSCIOUS LEVEL. IN CONTRAST, AN EXPLICIT BIAS IS AN ATTITUDE THAT WE ARE CONSCIOUSLY AWARE OF HAVING. RESEARCH HAS FOUND THAT OUR IMPLICIT AND EXPLICIT BIASES OFTEN DIVERGE

- THE IMPLICIT ASSOCIATIONS WE HOLD DO NOT ALWAYS ALIGN WITH OUR EXPLICITLY DECLARED BELIEFS OR STANCES. THEY OPERATE BELOW THE LEVEL OF CONSCIOUSNESS
- WE GENERALLY HOLD UNCONSCIOUS IMPLICIT BIASES THAT FAVOR OUR OWN IN-GROUP. RESEARCH HAS SHOWN THAT WE CAN ALSO HOLD BIASES AGAINST OUR OWN IN-GROUP.
- THE GOOD NEWS IS THAT IMPLICIT BIASES ARE MALLEABLE. OUR BRAINS ARE INCREDIBLY COMPLEX AND THE IMPLICIT ASSOCIATIONS THAT WE HAVE FORMED CAN BE GRADUALLY UNLEARNED.

STANFORD SCHOOL OF MEDICINE OFFICE OF DIVERSITY AND LEADERSHIP

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QUESTIONS

IMPLICIT BIAS IMPACTS THE QUESTIONS WE ASK, THE ASSUMPTIONS WE MAKE, THE CONCLUSIONS WE DRAW. . .

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<p>PEOPLE OF COLOR LIVE IN A TRAUMATIZING ENVIRONMENT</p>	<p>“PSYCHOLOGICAL TRAUMA IS THE UNIQUE INDIVIDUAL EXPERIENCE OF AN EVENT, A SERIES OF EVENTS, OR A SET OF ENDURING CONDITIONS, IN WHICH:</p> <p>THE INDIVIDUAL’S ABILITY TO TOLERATE OR INTEGRATE THE EMOTIONAL AND PHYSICAL EXPERIENCE IS OVERWHELMED,</p> <p>AND/OR</p> <p>THE INDIVIDUAL EXPERIENCES A SENSE OF [RECURRENT] THREAT TO LIFE, BODILY INTEGRITY, OR SANITY.”</p> <p>SAAKVITNE ET AL, 2000</p>
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“ENDURING CONDITIONS” OF RACISM

SINCE PRINCE HENRY THE NAVIGATOR OF PORTUGAL FIRST CREATED THE SLAVE TRADE IN THE 1400S, IT HAS BEEN UNSAFE TO HAVE BLACK OR BROWN SKIN.

TO COUNTERACT CRITICISM OF THE LUCRATIVE SLAVE TRADE, HE ARGUED THAT BLACKS AS A GROUP WERE OF LESSER WORTH AND THEREFORE COULD BE A COMMODITY, A RACIST IDEOLOGY THAT HAS PERSISTED TO THIS DAY.

AFRICAN-AMERICANS HAVE EXPERIENCED ‘RECURRENT THREATS TO LIFE, BODILY INTEGRITY, OR SANITY’ FOR 600 YEARS: PHYSICAL AND SEXUAL ASSAULT, LYNCHING, POLICE BRUTALITY, DEPRIVATION OF HEALTH, HOUSING AND SOCIAL SERVICES, AND THE AUTOMATIC ASSUMPTION OF CRIMINAL INTENT.

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RACE-BASED TRAUMATIC STRESS

AN EMOTIONAL INJURY THAT IS MOTIVATED BY HATE OR FEAR OF PERSON OR GROUP OF PEOPLE AS A RESULT OF THEIR RACE;

A RACIALLY MOTIVATED STRESSOR THAT OVERWHELMS A PERSON'S CAPACITY TO COPE;

A RACIALLY MOTIVATED, INTERPERSONAL SEVERE STRESSOR THAT CAUSES BODILY HARM OR THREATENS ONE'S LIFE OR SENSE OF INTEGRITY; OR

A SEVERE INTERPERSONAL OR INSTITUTIONAL STRESSOR MOTIVATED BY RACISM THAT CAUSES FEAR, HELPLESSNESS OR HORROR

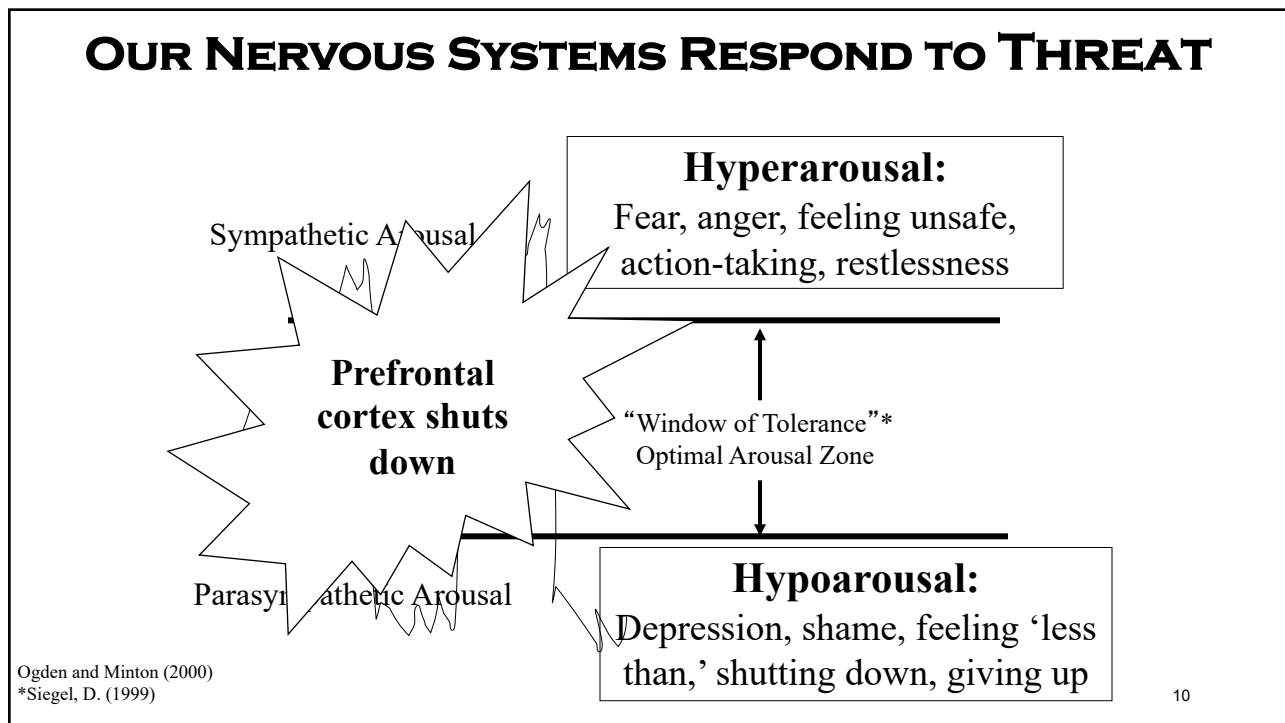
(BRYANT-DAVIS & OCAMPO, 2005; CARTER, 2007; LOO ET AL., 2001)

*OCCURS FROM EVENTS THAT ARE EXPERIENCED AS SUDDEN OUT OF ONE'S CONTROL & EMOTIONALLY PAINFUL (NEGATIVE) (CARTER, 2007)

RACE-BASED TRAUMATIC STRESS SYMPTOMS SCALE (RBTSSS) – AN INSTRUMENT DESIGNED TO ASSESS THE EMOTIONAL & PSYCHOLOGICAL STRESS REACTIONS TO EXPERIENCES WITH RACISM & RACIAL DISCRIMINATION (CARTER, 2007)


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THREAT AND THE NERVOUS SYSTEM

 REASON MIGHT HELP US MAKE THE BEST CHOICES ABOUT WHAT TO DO WHEN OUR ALARM BELLS GO OFF, BUT **AN INHIBITED THINKING BRAIN HAS NO CONTROL OVER HOW THE BODY REACTS**

 THREAT STIMULATES INCREASED HEART RATE. WE HOLD OUR BREATH, MUSCLES TIGHTEN, WE THINK, "WATCH OUT-IT'S BAD- ANYTHING COULD HAPPEN," AND THEN THE HEART BEATS FASTER

 **THE MORE CONDITIONED TO THREAT THE NERVOUS SYSTEM, THE MORE OUR BODIES ANTICIPATE DANGER. THE MORE DANGER WE ANTICIPATE, THE MORE ACTIVATED WE GET. IT'S A VICIOUS CIRCLE**

 WITHOUT A PREFRONTAL CORTEX, WE ARE MORE LIKELY TO COMPLY AUTOMATICALLY, LOSE THE ABILITY TO SPEAK, OR REACT IMPULSIVELY

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WHEN WE FEEL THREATENED

WHEN WE FEEL IN DANGER, OUR INSTINCTIVE RESPONSES LEAD US TO DO ONE OR MORE OF THE FOLLOWING:

SEEK CONNECTION/HELP: SOCIAL ENGAGEMENT RESPONSES DRIVE US TO CONNECT **MORE** WITH OTHERS WHEN WE ARE ANXIOUS

"WHEN THE GOING GETS TOUGH, THE TOUGH GET GOING:" FIGHT/FLIGHT RESPONSES CAUSE THE BODY TO BECOME HYPERVIGILANT: WE **BRACE FOR TROUBLE, GLENCH THE JAW, PUT ON A 'POKER FACE.'** FLIGHT IMPULSES CAN LEAD TO WALKING AWAY. FIGHT IMPULSES CAN LEAD TO EXPRESSIONS OF ANGER, DRIVING TOO FAST, USING HOSTILE LANGUAGE

OR THE BODY GOES INTO SUBMISSION. WE 'GIVE IN AND GIVE UP:' HUNKERING DOWN, BOWING TO THE GREATER POWER OF THOSE IN PRIVILEGE. OUR BODIES LEARN TO 'PLAY DEAD' AND ENDURE UNTIL THE THREAT IS OVER.

OR WE LEARN TO DISSOCIATE AND JUST ROBOTICALLY GO THROUGH THE MOTIONS.

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THE CONSEQUENCES OF RACIAL TRAUMATIZATION

MEDICAL CONSEQUENCES: HIGHER RATES OF STRESS-RELATED ILLNESSES, SUCH AS HIGH BLOOD PRESSURE, TYPE 2 DIABETES, KIDNEY DISEASE, HEART FAILURE

SOCIAL CONSEQUENCES: HIGHER RATES OF POVERTY, UNSTABLE HOUSING, DOMESTIC VIOLENCE, UNEMPLOYMENT OR 'GLASS CEILINGS'

MENTAL HEALTH CONSEQUENCES: ANXIETY, DEPRESSION, PTSD, ANGER, SUICIDALITY, GUARDEDNESS

SELF-ESTEEM CONSEQUENCES: SELF-ESTEEM SUFFERS WHEN ANYONE IS TREATED AS 'LESS THAN.' IT IS HARD TO FEEL LIKE AN EQUAL IN AN UNEQUAL WORLD

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RACISM AS A THREAT TO LIFE, SANITY AND BODILY INTEGRITY

- **LIKE COVID, RACIAL TRAUMA IS ALWAYS 'THERE.'** GOING SHOPPING, DRIVING HOME FROM WORK, TAKING THE CHILDREN TO THE PARK, OR GOING TO WORK MAY BE PERFECTLY SAFE ONE DAY AND EXTREMELY DANGEROUS THE NEXT DAY. POTENTIAL VIOLENCE IS ALWAYS LURKING IN A RACIST ENVIRONMENT

- **IT IS AN EVER-PRESENT THREAT:** DANGERS OF POLICE VIOLENCE, DWB ('DRIVING WHILE BLACK'), SWB ('SHOPPING WHILE BLACK'), AND OVERT DISCRIMINATION. COVERT MICROAGGRESSIONS, DECREASED ACCESS TO HEALTH CARE, ECONOMIC/JOB DISCRIMINATION ARE ALL DANGERS THAT FEEL **AND** CAN BE LIFE-THREATENING.

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RACIAL TRAUMA

RACIAL TRAUMA IS NOT JUST THE OCCURRENCE OF POLICE BRUTALITY OR DISCRIMINATION.

IT IS THE THREAT OF VIOLENCE EMBEDDED IN THE CULTURE.

“RACIAL TRAUMA OR RACE-BASED STRESS REFERS TO THE EVENTS OF DANGER RELATED TO REAL OR PERCEIVED EXPERIENCE OF RACIAL DISCRIMINATION. THESE INCLUDE THREATS OF HARM AND INJURY, HUMILIATING AND SHAMING EVENTS, AND WITNESSING HARM TO OTHER POC/DUE TO REAL OR PERCEIVED RACISM (CARTER, 2007).

COMAS-DIAZ ET AL., 2019

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MICROAGGRESSIONS

Brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional that communicate hostile or negative slights to marginalized groups.

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Teachers College, Columbia University
Presented March 8, 2010 at the AACDR Speaker Series

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TRAUMA & MICROAGGRESSIONS

Trauma is defined as any event that has a lasting negative effect upon self and psyche.

Large “T” are traumatic incidents such as physical or sexual assault, combat, near death experiences, rape.

Little “t” are traumas such as rejection, neglect, abandonment and humiliation.

Dr. Francine Shapiro

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MICROAGGRESSIONS STINGS LIKE A BEE!



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ENVIRONMENTAL RACIAL MICROAGGRESSIONS



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ENVIRONMENTAL RACIAL MICROAGGRESSIONS



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RACIAL MICROAGGRESSIONS & PSYCHOLOGICAL DILEMMAS

“Did what I think happen, really happen? Was this a deliberate act or an unintentional slight? How should I respond? Sit and stew on it or confront the person? What are the consequences if I do? If I bring the topic up, how do I prove it? Is it really worth the effort? Should I just drop the matter?”

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MANIFESTATIONS OF RACIAL TRAUMATIZATION IN THE THERAPY

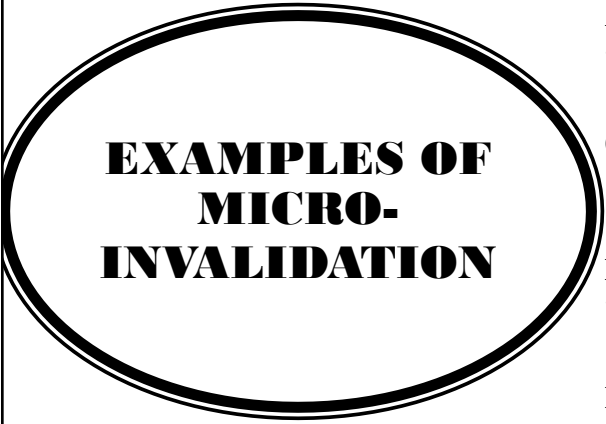
CLIENTS OF COLOR MAY HAVE LEARNED TO SAY LITTLE AND TO WATCH FOR CUES INDICATIVE OF THREAT. THEY MAY BE ASHAMED TO SHARE FAMILY HISTORY OR DISCUSS RACIAL ISSUES FOR FEAR THEY WILL BE PERCEIVED OR JUDGED NEGATIVELY.

IN ADDITION, CLIENTS OF COLOR MAY HAVE TROUBLE MAKING EYE CONTACT WITH AN AUTHORITY FIGURE OR BE UNCOMFORTABLE BEING ASKED VERY PERSONAL QUESTIONS

WITHOUT UNDERSTANDING THE FEARS OF CLIENTS OF COLOR, THE THERAPIST MIGHT PERCEIVE THEM AS ‘RESISTANT’ RATHER THAN AS ‘UNCOMFORTABLE,’ AND MAY FAIL TO VALIDATE CLIENTS’ DISCOMFORT OR MIGHT EVEN SAY SOMETHING MICROAGGRESSIVE, SUCH AS INTERPRETING THEM AS ‘RESISTANT’ OR ‘ANGRY’ RATHER THAN HELPING THEM FEEL UNDERSTOOD.

THE THERAPIST’S ‘COUNTERTRANSFERENCE’ TO THE CLIENT OF COLOR MAY BE IMPACTED BY IMPLICIT BIAS: BY EXPECTATIONS THAT THE CLIENT WILL BE AS COMFORTABLE SHARING FEELINGS OR HISTORY AS A WHITE CLIENT, OR THAT SILENCE MEANS WITH-HOLDING RATHER THAN FEAR, OR THAT A SHUT-DOWN DEMEANOR SIGNIFIES AVOIDANCE OR RESISTANCE RATHER THAN A TRAUMATIC REACTION.

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EXAMPLES OF MICRO-INVALIDATION

ALIEN IN OWN LAND:
“You’re the first aboriginal client I’ve had. . .”

COLOR BLINDNESS:
“”But we’re all one race after all. . .”

MYTH OF MERITOCRACY:
”Why wouldn’t they be curious?”

DENIAL OF INDIVIDUAL RACISM:
Lack of acknowledgement of client’s presenting statement about race

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COMMON RACIAL IMPLICIT BIASES OF TRADITIONALLY-TRAINED THERAPIST

- CLIENTS SHOULD ‘OPEN UP,’ EXPRESS THEIR FEELINGS, DISCLOSE THEIR SECRETS.
- CLIENTS SHOULD BE WILLING TO BE VULNERABLE, TO GO ‘DEEPER’
- THEY SHOULD BE MORE TRUSTING: I.E., IN THE GOOD INTENTIONS OF OTHERS, ASSUMING ACCEPTANCE, LETTING THINGS ROLL OFF THEIR BACKS, LETTING ‘BYGONES BE BYGONES’
- CLIENTS OF COLOR SHOULD NOT HAVE IMPLICIT BIASES (E.G., TOWARD WHITE PEOPLE, STRAIGHT PEOPLE, ETC.)
- NEGATIVE FEELINGS RELATE TO THE CLIENT’S PAST, NOT THEIR PRESENT CIRCUMSTANCES

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**VCR: A PRACTICAL
TOOL FOR
FACILITATING
DIFFICULT
DIALOGUES**

Ken V. Hardy

**VALIDATE
CHALLENGE
REQUEST**

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EXAMPLES OF USING VCR

VALIDATE: “I can imagine being the only black staff member must be uncomfortable. . .” “I’m sorry you had to experience that. . .” [*Keep on validating until the client indicates feeling heard and understood.*]

CHALLENGE [*A challenge is never a question! It follows the client’s feeling validated and re-frames the validation*]: “Let’s think about how you can use your strengths in this very white environment to make it more comfortable for you. . .”

REQUEST: “Let’s think about how you can put boundaries around this job, so you give IT less of your time and energy. With that energy saved, maybe there is a way you can nurture yourself. Maybe even by looking for a job where you will be more comfortable!”

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CREATING A SAFE SPACE FOR CLIENTS OF DIFFERENCE

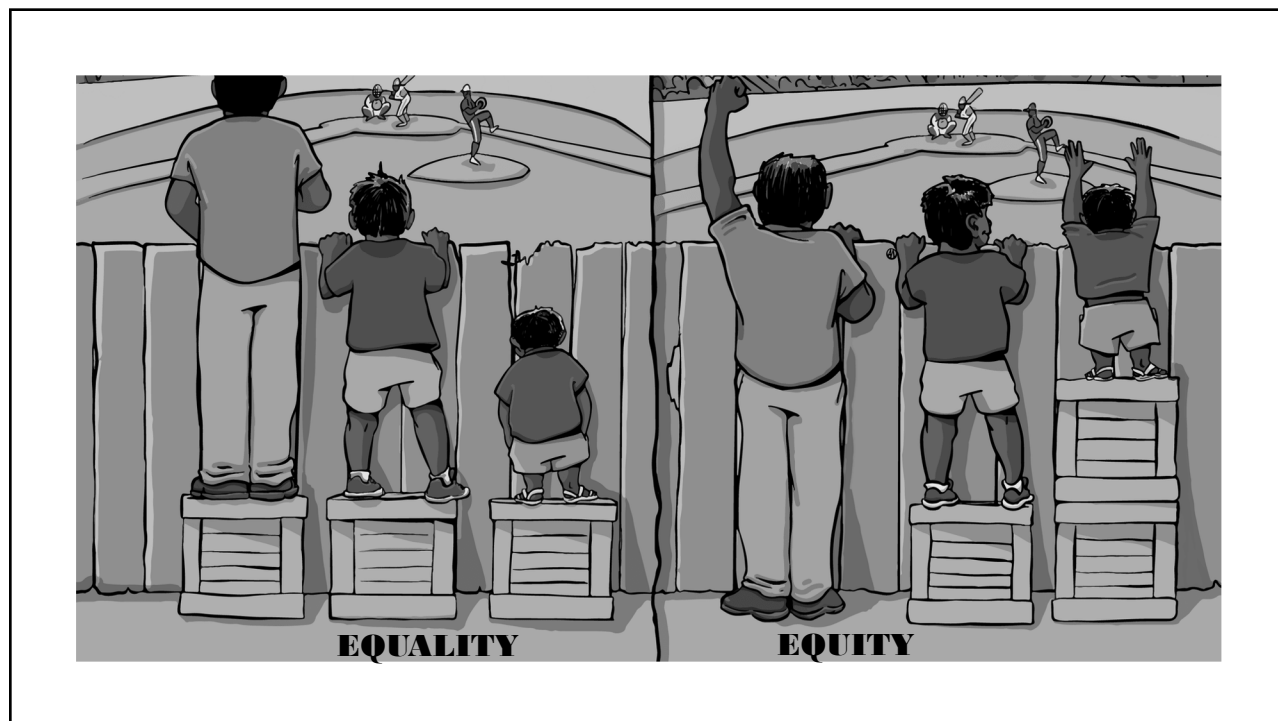
DON'T BE AFRAID TO TALK ABOUT IT! BEING BLIND TO COLOR, SEXUALITY, CLASS OR ETHNICITY IS A MANIFESTATION OF IMPLICIT BIAS. CLIENTS OF COLOR, LGBTQ CLIENTS, WORKING AND POVERTY CLASS CLIENTS **DO** TALK ABOUT COLOR, SEXUAL/GENDER PREFERENCE, AND CLASS DIFFERENCES. ONLY THOSE OF US WHO ARE PRIVILEGED DON'T!

BE SENSITIVE TO ISSUES OF POWER, CLASS, EDUCATION, SOCIAL STANDING IN THE THERAPY. THE WHITE THERAPIST HAS THE ADVANTAGE OF WHITE PRIVILEGE, EDUCATION, STANDING, AND OFTEN FINANCIAL PRIVILEGE AS WELL. IT IS OUR JOB TO ASSUME THAT THE CLIENT IS SENSITIVE TO THESE DIFFERENCES! THAT THE CLIENT MAY FEEL INTIMIDATED OR FEAR BEING JUDGED, MAY BE LOOKING TO US FOR CUES.

OUR 'COUNTERTRANSFERENCE' TO THE CLIENT IS AN EXPRESSION OF OUR IMPLICIT BIAS. IMPLICIT BIAS IS NOT 'BAD' NOR DOES IT MEAN ONE IS RACIST.

IMPLICIT BIAS EXISTS IN ALL LIVING CREATURES. AWARENESS OF OUR IMPLICIT BIASES MAKES US BETTER, MORE FLEXIBLE HUMAN BEINGS AND THERAPISTS. IF I'M UNCOMFORTABLE WITH THE CLIENT'S LACK OF AFFECT, WHAT DOES THAT SAY ABOUT MY BIASES?

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