



# Online First Posting

# Disrupting the Single Story: Challenging Dominant Trauma Narratives Through a Critical Race Lens

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## **Abstract**

The links between individual and structural racism and trauma are insubstantial in the trauma literature. Drawing on a few of the tenets of critical race theory (CRT), the ordinariness of racism, differential racialization, and counterstorytelling narratives, this article provides a brief history of CRT and makes connections between CRT and trauma-informed practices. The authors position CRT as a useful vehicle in more intentionally linking trauma work to discussions of race and racism. They offer a perspective about ways to begin explicit conversations about race, racism, and Whiteness in the context of trauma work. This article addresses a gap in the trauma literature that does not take up racial oppression as a form of "trauma" and ultimately disrupts the trauma narrative by centering race, racism and whiteness.

## **KEYWORDS:**

race (/search/results?latSearchType=k&term=race), racism (/search/results? latSearchType=k&term=racism), Whiteness (/search/results?latSearchType=k&term=Whiteness), trauma (/search/results?latSearchType=k&term=trauma), critical race theory (/search/results? latSearchType=k&term=critical%20race%20theory)

This article addresses a gap in the field of trauma by linking critical race theory (CRT) and trauma-informed practice. In this article, we argue that the socialization of helping professionals through a color-blind framework does not prepare practitioners to recognize and analyze race, racism, and whiteness. Second, we examine how racial trauma has not been named as a part of the larger trauma narrative. Finally, we outline how some of the principles of CRT can support practitioners understand the intersections between race, racism, whiteness, and trauma.

Helping professions like social work, counseling, and psychology take pride in their ethical commitment to social justice but address oppression specifically through a diversity awareness and cultural competency lens (American Psychological Association, 2017; National Association of Social Workers, 2015; Vanidestine & Aparicio, 2019). This cultural competency framework is not sufficient because it emphasizes culture and ethnicity and de-emphasizes the significance of race, racism, and whiteness (Abrams & Moio, 2009; Bonilla-Silva, 2010; Schiele, 2007; Social Work Policy Institute, 2014; Yee, 2005). We believe that it is not enough to understand how people are "culturally different." Practitioners need to examine how categories of race result in differential social power and racism (Varghese, 2016). Nylund (2006) challenged practitioners and educators to have "a critical analysis of whiteness and a commitment to take up an antiracist practice" (p. 40). Although efforts have been made to address these critiques, the fields of social work, counseling, and psychology have not comprehensively integrated institutional and systemic analyses of race, racism, and whiteness within practice, education, and research (Abrams & Moio, 2009; Corley & Young, 2018; Craig de Silva et al., 2007; Hemmings & Evans, 2018; Jeffery, 2005; Ortiz & Jani, 2010; Social Work Policy Institute, 2014; Vera & Speight, 2003; Yee, 2005). For example, there are only a few schools of social work who have made an explicit commitment to addressing race and racism. Smith College made an institutional commitment to being an antiracism organization in 1995 and thus the curriculum (i.e., courses and field placements), faculty pedagogy and training, and research support the goals of antiracism. Similarly, the Center for Race and Social Problems was established at the University of Pittsburgh in 2000 to conduct racebased research to address inequalities in the United States. Clinicians who are socialized within institutions that espouse color-blind or nonracist values and do not explicitly talk about race and racism are ill equipped to recognize and respond to it when working with clients (Williams, Metzger, Leins, & DeLapp, 2018).

Furthermore, many discussions on race and racism exclusively focus on people of color (PoC) and exclude an analysis of whiteness. For example, within social work, White culture, White ideology, and the social power manifested in whiteness remains unexamined (Social Work Policy Institute, 2014). Whiteness, distinct from being White, refers to the invisible and hegemonic processes that support and uphold White supremacy and result in differential laws, policies, and practices that most often benefit those who are constructed as White (López, 2006). We define White supremacy as a system of structural, social, economic, and political advantages for those who get identified as White (DiAngelo, 2018). Examining Whiteness and questioning the dominant White ideologies underpinning the racism experienced by PoC is part of challenging racism. The exclusive focus on PoC creates monolithic narratives of racism and does not allow for a diversity of

racialized experiences among PoC based on intersections of nation, immigration history, gender identity, ethnoreligion, class, and color.

# Race, Racism, Whiteness, and Trauma

Strikingly, there has been limited discussion of race, racism, and Whiteness within the trauma field. Moreover, the links that have been made among trauma and race and racism have been insubstantial. Dating back to the origins of trauma theory (Breur & Freud, 1895) and to later conceptualizations of trauma (Herman, 1992; Lindemann, 1944), practitioner-scholars, rooted in sexual violence or crisis work or grounded in the antiwar or women's rights movement and genocide studies (i.e., Holocaust), focused much of their attention on issues of gender and ethnoreligious based violence and complex trauma, omitting discussions of race-based trauma and racism in the discourse.

It might have been reasonable to assume that these socially conscious professionals, already deeply attuned to some forms of social injustice, would have looked next to issues of racism, classism, heterosexism, and other forms of oppressive inequality as they tried to enhance their comprehension of how trauma affected human lives; but that never occurred. (Brown, 2008, p. 22)

This critique is not to take away from the important contributions that have effectively analyzed the impact of gender-based violence or anti-Semitism but to illustrate what is missing from trauma narratives, particularly race-based historical trauma within the U.S. context (i.e., enslaving Africans, genocide of native/indigenous peoples, or the internment of Japanese). Although Brown (2008) examined the trauma world's lack of attention to social identity and oppression by discussing the connections among race, racism, and trauma, the analysis frames race and racism through the lenses of culture and ethnicity. This reflects Park's (2005) assertion that much of the writing about race gets conflated with ethnicity and culture. Similarly, we contend that professions like social work and psychology rely on cultural competency as a framework. However, addressing race, racism, and Whiteness within the context of trauma-informed practice, we must examine the social, historical, and political contexts of our racialized society to change unjust outcomes.

Ultimately, trauma-specific service delivery models have historically failed to emphasize the significance of "race" and racism as both interpersonal and sociopolitical traumas (Quiros & Berger, 2015). In turn, the interventions fail to provide a structural analysis of racism and Whiteness as part of the trauma narrative. Although there is greater recognition of the overall prevalence and complexity of trauma, additional studies are needed to understand the role of sociopolitical factors (Quiros & Berger, 2015; Steinberg et al., 2014), specifically the understanding of structural racism as a social determinant of health for an individual within a community context (Patychuk, 2011; Solar & Irwin, 2010). A significant challenge is how to support practitioners engaged in a critical analysis of trauma. We argue that the field of trauma would benefit from implementing CRT to support their efforts.

We hope to move the analysis of racism from the margins to the center (Hooks, 2000), using CRT to deconstruct the hegemonic Western narratives and practices that dominate the trauma world (Crosby, 2016; Lebron et al., 2015; Quiros & Berger, 2015). By highlighting the individual and structural nature of racism through CRT, we are attempting to emphasize the importance of understanding the experiences of Blacks, Asians, Arabs, Latinos, and native or indigenous communities within trauma-informed practice. Ultimately, we hope to challenge what Chimamanda Adichie (2009) referred to as the "single story" of trauma and help create transformative spaces within our own practice and research that are committed to discussions of trauma as it relates to race and racism.

# **Defining Trauma**

In accordance with the Substance Abuse and Mental Health Services Administration, trauma is defined as "individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (https://www.samhsa.gov/trauma-violence (https://www.samhsa.gov/trauma-violence)). Scholars argue that this conceptualization should allow for experiences of racism and other forms of oppression. Trauma is also defined distinctly in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition as "actual or threatened death, injury, or sexual violence" (Holmes, Facemire, & DaFonseca, 2016, p. 314), which excludes race-based trauma. This current definition "encompasses a variety of traumatic events including various forms of childhood abuse, exposure to war, physical or sexual assault, kidnapping, natural or humanmade disasters and severe motor vehicle accidents" but it "fails to include the insidious trauma that is oppression" (Holmes et al., 2016, p. 314). Many scholars and researchers have written about race-based trauma (Bryant-Davis & Ocampo, 2005; Carter, 2007; Carter et al., 2013; Polanco-Roman, Danies, & Anglin, 2016; Williams et al., 2018). The experiences of individual and structural racism, which are influential concepts to the field of trauma, are absent from the broader literature.

# **Individual and Structural Racism**

According to Harrell (2000), racism is "a system of dominance, power, and privilege" within a racialized hierarchy where the dominant group reifies its own privileged status by reinforcing "structures, ideology, values, and behavior" and accumulating power while minimizing access to power for nondominant racial groups (p. 43). At the micro level, individual racism refers to the individual thoughts and behaviors that consciously or unconsciously promote racial superiority (Sue, 2005; Varghese, 2016). In clinical encounters, individual racism is often framed through the language of racial microaggressions, which are common "[intentional or unintentional] verbal, behavioral, and environmental indignities . . . that communicate hostile, derogatory, or negative racial slights and insults to the target person or group," usually PoC (Sue et al., 2007, p. 273). Microaggressions are framed as microassaults, microinsults, and microinvalidations. Microassaults reflect more overt forms of racism (i.e., name calling or intentional discrimination), whereas microinsults

reflect subtle forms of racism that demean or insult PoC (i.e., a White person clutching their wallet or purse as PoC approaches). Finally, "microinvalidations are characterized by communication that exclude, negate, or nullify the psychological thoughts, feelings or experiential reality of a person of color" (Sue et al., 2007, p. 273). The invalidation of personal racial experiences operates not only as a microaggression but also as a way of revictimization (Hauge, 2016).

Microaggressions are discussed extensively within the higher education literature. The daily personal and professional experiences of faculty of color in predominately White institutions is what Smith, Allen, and Danley (2007) coined as "racial battle fatigue," which has been widely established in the literature (Gutiérrez, Niemann, González, & Harris, 2012; Pittman, 2010; Stanley, 2006). The example provided in the following text is illustrative of a faculty of color reflecting on her experience in academia where her racialized body has been consistently interrogated, highlighting how race-based incidents are experienced emotionally and psychologically.

I came to the academy to create platforms for change. Instead I found an institution where skepticism permeates discussions of inequality and willful ignorance of prejudicial rhetoric perpetuates discrimination. I did not expect to feel the work so viscerally. The constant tension is a byproduct of the inherent conundrum of my role on the campus. I am expected to exert power where it is not assumed. Fellow faculty and administrators challenge my fit while also thrusting me into the limelight. Students test my steadfastness and institutional authority. My body language is constantly surveilled and therefore must be managed. (Anonymous, 2017)

This narrative illuminates the costs of being part of a racially oppressive system, which can result in trauma. Naturally, there are a number emotions that may ensue as a result of these encounters, such as, "frustration; anger; exhaustion; physical avoidance; psychological or emotional withdrawal; escapism; acceptance of racist attributions; resistance; verbally, nonverbally, or physically fighting back; and <u>coping strategies</u>" (Smith et al., 2007, p. 552).

Microaggressions result in both physiological and psychological stress, and the experiences of invalidation further amplifies the impact. General impact theory (Seyle, 1956, 1982) has been used to explain the impact of microaggressions, which mirrors the response of the body to physical stressors (Sue, 2010).

Structural racism, rooted in intersecting systems and institutions, produces unfair racially based laws, practices, and outcomes based on inequitable social power differentials. Powell (2007) described structural racism as "the interaction of multiple institutions in an ongoing process of producing racialized outcomes," where the analysis moves beyond the individual and intrainstitutional to include systems and interinstitutional arrangements at the macro level (p. 791). Institutions of higher education participate in upholding and reproducing structural racism historically and present-day through hiring practices, decision making, and policies (Chesler, Lewis, & Crowfoot, 2005). Other examples of structural racism for PoC include housing

segregation (i.e., redlining) or schools to prisons pipelines, which results in higher mortality and incarceration rates (Bailey et al., 2017). For PoC targeted by these overlapping systems, they experience trauma. Bryant-Davis and Ocampo (2005) supported this arguing that responses to race-based incidents result in symptoms of posttraumatic stress disorder, which "parallels the traumas of rape and domestic violence . . . and can produce similar traumatic sequelae" (p. 495).

Focusing on the context of systems of mental health, "a considerable number of clients served by [practitioners] also carry scars of traumatic experiences of marginalization and discrimination because of class, sexuality, and racial or ethnic affiliation" (Quiros & Berger, 2015, p. 152). Furthermore, sociocultural contexts also augment interpersonal traumatic events such as childhood abuse and domestic violence. For women from marginalized communities, such traumatic experiences confounded by oppressive social structures are everyday occurrences. Yet, these experiences may be ignored by therapists because the socialization of helping professions does not prepare practitioners to recognize and analyze race, racism, and Whiteness, and thus they may remain unaware of factors that create trauma (Sue et al., 2007). For example, in substance abuse agencies where higher rates of trauma exist in clients, issues related to the sociopolitical context of racism and sexism go unaddressed, despite the impact on clients' experiences (Najavits, 2002).

CRT, a theoretical framework, provides a lens to analyze individual thoughts, actions, and behaviors and the structures of racism, codified through laws and institutional and community practice, while concurrently identifying the connections between the individual and systemic manifestations of racism (Ortiz & Jani, 2010). In other words, the use of CRT helps shed light on race, racism, and Whiteness in an effort to change the narrative of trauma within the practice arena.

# **Theoretical Framework**

## **Evolution of CRT**

CRT evolved due to a need for a <u>structural analysis</u> of racism and Whiteness, as these concepts related to social power within legal education, practice, and "traditional" interpretations of liberal civil rights law (Crenshaw, Gotanda, Peller, & Thomas, 1995). CRT emerged when activist law scholars and students (predominantly of color) were integrated into traditionally White law schools, where they realized their institutions failed to provide a critical analysis of "race" and racism. Ultimately this left students and future faculty without a "language in which to embark on a race-based, systematic critique" of the law profession and the U.S. social structure (Delgado & Stefancic, 2001, p. xix).

Not only did CRT provide a critical lens for analyzing racial power, but is also became a model to guide transformational actions and change. During the 1970s, Professor Derrick Bell played a vital role in CRT's creation by developing an explicitly racism-focused curriculum with a groundbreaking law casebook and

course, Race, Racism, and American Law. (Crenshaw et al., 1995). Delgado and Stefancic (2001) described CRT as a "movement . . . a collection of activists and scholars interested in studying and transforming the relationship among race, racism, and power" (p. 2). For example, the roots of CRT emerged as an impetus to develop a structural analysis of racism and Whiteness to inform activists' and scholars' movement-building actions to resist the racism within the legal system. As an early synergy developed among race and feminist legal scholars (RaceCrits and FeministCrits, respectively), their organizing resulted in both an attraction to, and critique of, Critical Legal Studies. This group comprised mainly White, male law scholars who questioned the inherent liberalism found in concepts such as equality, color-blindness, and integration (Crenshaw et al., 1995). Together, the groups created CRT as a countermodel to the mainstream approach to race, racism, and Whiteness.

The synthesizing of CRT's racial analysis and movement building cannot be overstated as the next example illustrates. When Professor Bell left Harvard in 1980, and the class was discontinued, students organized strategic actions to ensure the racial content of Bell's class continued because the administration attempted to recruit White professors and justified these actions by asserting that racial content was already "infused" in curriculum (Crenshaw et al., 1995). Students subsequently boycotted the administration's class offering and created "The Alternative Course," which "brought together a critical mass of scholars and students that focused on the need to develop an alternative account of racial power and its relation to law." This collective action signifies what many have called "the first institutionalized expression of Critical Race Theory" (Crenshaw et al., 1995, p. xxi).

In addition, CRT inspired several other iterations of its basic principles to challenge societal inequities. These include Black feminist thought, Latino/a critical race studies, Asian American critical race studies, Queer Crit, Feminist Crit, and critical White studies (Abrams & Moio, 2009; Anzaldúa, 1987; Collins, 2000; Delgado & Stefancic, 2001; Frankenburg, 1993). Scholars from the fields of education (Ladson-Billings, 1998; Ladson-Billings & Tate, 1995), and public health (healthcrits; Ford & Airhihenbuwa, 2010a, 2010b).

Within the past decade, a number of U.S. scholars within social work and psychology began including CRT as a theoretical model in the literature (Abrams & Moio, 2009; Campbell, 2017; Cannon, Ferreira, & Buttell, 2018; Constance-Huggins, 2012; Freeman, 2011; Ortiz & Jani, 2010; Pulliam, 2017; Salter & Adams, 2013). Abrams and Moio (2009) utilized CRT as a theoretical alternative to answer critiques about the deficiencies found in cultural competency, which included tendencies of equalizing oppressions (Schiele, 2007) and inadvertently incorporating a color-blind analysis. The researchers also emphasized how CRT analysis moves people from awareness and understanding of structural racial power to action and change. Similarly, Ortiz and Jani (2010) explored CRT as a guiding paradigm that can more effectively analyze and address institutional causes of inequitable outcomes, while also engaging a transformational change process. More recently, Constance-Huggins (2012) provided additional justification for incorporating CRT as a guiding framework to address inequities in social work. Despite the initial progress of integrating CRT into practice professions, the field continues to be driven by practices and theories based in Whiteness.

We argue that ascribing to a color-blind approach to mental health counseling is considered a form of racism and privileging Whiteness. Color-blind racism describes a racial ideology inherent to a racially structured society such as the United States, and its corresponding practices, which privileges Whiteness (Bonilla-Silva, 2010) and ignores the history of racism. Color-blindness complements White supremacy by minimizing the lived differences between White people and PoC, which further "affirms dominant [white] ways of being, knowing, and doing at the expense of alternatives" (Simpson, 2008, p. 142). Mental health practitioners who knowingly or unknowingly adhere to a color-blind approach will likely be less effective and potentially reinforce the racism experienced by PoC, even with the best intentions. Burkard and Knox (2004) found that psychologists reporting higher color-blind racial attitudes had significantly less empathy than psychologists scoring lower on color-blind racial attitudes. In addition, psychologists scoring in the high range of color-blind racial attitudes attributed responsibility for solving the problem to African American clients than White clients more frequently than those psychologists scoring lower.

# **Principles of CRT**

Race critical theorists and scholars created a theoretical discourse focusing on racial structure and power in the United States (Crenshaw et al., 1995; Delgado & Stefancic, 2001). CRT emphasizes a structural analysis of racial power and White supremacy within systemic processes (Bell, 1992; Crenshaw et al., 1995; Zuberi, 2011). Some of the key CRT tenets include the ordinariness of racism, Whiteness as property, differential racialization, and counterstorytelling narratives (DeCuir & Dixson, 2004; Delgado & Stefancic, 2001; Harris, 1993; Solórzano & Yosso, 2002). In the following section, we focus on a few of the CRT tenets, (ordinariness of racism, differential racialization, and counterstorytelling narratives) and merge it with trauma-informed practice. Our hope is to provide a CRT lens to trauma work to expand the dominant White discourse to include a structural analysis of White supremacy.

#### Ordinariness of racism

The ordinariness of racism refers to the inherent historical and present-day reality of racism within every sphere of U.S. society. Bell (1992) identified a symbiotic relationship between democratic liberalism and racism as mutually constitutive factors perpetually influencing individuals, institutions, and systems. This reinforces a U.S. racial hierarchy structured to "govern all political, economic, and social domains," which is evident among the inequitable outcomes between White people and PoC across systems such as health care, education, legal, housing, and wealth (DeCuir & Dixson, 2004, p. 27). Framing racism as ordinary and endemic also emphasizes its multifaceted manifestations at the individual, institutional, community, and systemic levels of society.

# Ordinariness of racism and trauma-informed lens

According to CRT, racism is an ordinary experience for PoC. The experiences of racism show up on a regular basis in the lives of PoC. Burstow (2003) emphasized that

oppressed people are routinely worn down by the insidious trauma involved in day after day living in a sexist, racist, classist, homophobic, and ableist society: being ogled by men on the streets, slaving long hours and for minimum wages in a fish processing plant, hearing racist innuendos even from one's White's allies (p. 1296).

Yet, such traumas are not seen or recognized as "traumas" in practice, despite being professions that anchored in social justice.

Through the lens of CRT, spaces have the potential to be transformed so that practitioners acknowledge the history of racism in this country and the ways race and racism has become ordinary in the lives of PoC within the context of social service agencies, schools, hospitals, and other spaces in which practitioners work and practice. Moving beyond a color-blind framework to talking explicitly about race and, ultimately, acknowledging racism as a trauma itself is one of the first steps in trauma-informed practice from a CRT lens. Traditionally, trauma-informed practice theory leaves out a discussion on race and racism, yet a trauma-informed approach from a CRT perspective puts racism at the center, the implications for which are critical.

# Whiteness as property and protected status

CRT scholars identify Whiteness and White supremacy as necessary concepts to critically analyze the dynamic nature of racism. Harris (1993) connected the social construction of race and Whiteness by examining the racialization of property in the forms of human enslavement (Black Africans) and land seizures (indigenous peoples). These parallel property-creating processes created a subordinated status for both groups, which justified the superiority of Whiteness and reified its status as property. Thus, Whiteness and property share a "conceptual nucleus" of "the right to exclude," whereby a protected legal status was conveyed to people possessing either (Harris, 1993, pp. 1713–1714). The intersection of Whiteness and property transforms individuals referred to as "White" into a collective group (re)creating systems to reproduce the privileging processes underpinning Whiteness (Vaught & Castagno, 2008).

# Whiteness as property and trauma-informed lens

White dominance in related fields such as sociology (Zuberi & Bonilla-Silva, 2008), and more generally social sciences (Zuberi, 2011), is often concealed through color-blind approaches to racism (Bonilla-Silva, 2010). By interrogating the dominant White culture and "white complicity" within "social structures," CRT expands the theoretical and practice dimensions of trauma therapy beyond the framework of "race" and racism as a narrowly defined PoC issue to also include Whiteness (Hauge, 2016, p. 93).

Practitioners working in the field of trauma benefit psychically and materially from a system that keeps those who are constructed as White on top and PoC on the bottom. Materially, we do not need to look any further to practice settings where a significant number of leaders who are concentrated at the top are White and demonstrate color-blind practices. Furthermore, most models of trauma-informed practice focus on interpersonal trauma or trauma from the dominant discourse that centers Whiteness (Quiros & Berger, 2015). For those whose traumatic experiences are reflected by these dominant discourses, they experience validation in having their stories or narratives told and retold. A contemporary example is the way the larger public responded with empathy toward Christine Ford, who testified before the Senate hearings about her experience with sexual violence. There was not the same large public outcry and sense of connection around the slavings of often unarmed young boys and men of color as a result of extrajudicial action of law enforcement. Many people who go into the field of trauma have been trained to see trauma in a monolithic way, rooted in their own experiences of interpersonal trauma, and thus may not recognize structural trauma such as racism and/or minimize interpersonal experiences of trauma. We believe that the work begins with an interrogation of the practice profession and the ways it was established to respond to the needs of some and not others. As stated by Kobl and Blitz (2010), "vague processing and good intentions that are not anchored in a commitment to institutional or systemic change do nothing to move an organization towards anti-racism." (p. 123). Many White students and colleagues enter this profession out of the need to "help." yet, they never take the time to understand one's own internalized superiority. Instead, they rush to action, that is, assume, diagnose, counsel, and provide interventions that lack an inclusion of self-reflection coupled with the unawareness of the nuances and impact of race and structural racism. Social work or psychology education trains future practitioners to work with trauma solely from a micro and color-blind-focused lens and not from a way that invites a critical look at racism and whiteness. Thus, it is important that clinicians and leaders in the field, particularly those who are White identified, examine their own positionality and understand the ways their beliefs and actions uphold White supremacy and the institutions that support this.

#### Differential racialization

Differential racialization refers to systems, institutions, and individuals with the social power to inscribe different racial meanings on entire groups of people in order to fulfill social, economic, or cultural needs, at different points in history (Delgado & Stefancic, 2001). The discourse, images, and representations of racial groups create relative positions of privilege, which further reinforce the racial hierarchy endemic to U.S. society. For example, White perpetrators of mass shootings in the United States are often inscribed with a racial invisibility where their race is not included as part of analyzing "why" these individuals committed such heinous crimes. Mental health, video games, irresponsible parents, and many other factors are attributed to explaining "why." However, when a PoC commits such atrocities, race (in conjunction with ethnicity and religion) is almost always part of the analysis, whereby entire races, ethnicities, and religions are differentially racialized as "terrorists."

### Differential racialization and trauma-informed lens

There is a complexity among PoC in the United States who experience racism and White supremacy. The pillars of White supremacy offered by Smith (2006) is useful in understanding the ways that PoC within the U.S. context have historically and contemporarily experienced racism through the lens of slavery/capitalism, genocide/colonization, and orientalism/war. Slavery/capitalism reflects the ways Blackness and slaveability have become synonymous. Whether it was through the processes of chattel slavery, sharecropping, and now through the criminal justice system, Black bodies have been used to uphold a capitalist system. Genocide and colonization reflect the ways native and indigenous histories, rights, and lands are made invisible, so although genocide signals a physical erasure, this erasure occurs more psychologically. Through the process of erasure, it allows Whites to stake claim on lands and rights of people who no longer exist. Finally, orientalism and war reflect the ways that the West constructs the East as the "other" drawing on the Edward Said's definition of Orientalism. By creating an "other," it becomes much easier to justify war. The war on terrorism in the United States is an example of this logic (Smith, 2006).

Understanding the racial landscape of Latino/as, highlighting the complexities among PoC in the United States, has implications for practice and education (Quiros & Araujo-Dawson, 2013). As new immigrants from the Caribbean and Latin America arrive in the United States, it is imperative to acknowledge the impact of colorism and the U.S. conceptualizations of race, which may be very different from their homelands. In addition, given that power and privilege are more likely bestowed on individuals with lighter skin tones, it is imperative that practitioners be aware of the history of racial classification and racialization as it relates to the lives of Latino/a clients. More specifically, understanding the role that phenotype plays in shaping how Latino/as negotiate identity as well as cope with oppression and privilege is crucial. The racial experience of Latino/as emphasizes the need for culturally sensitive assessments and interventions and active self-reflexivity among practitioners, where normativity is questioned and the discussion is broadened to include issues related to immigration and the political and economic aspects of colorism. Understanding of these experiences is central to the mandate of social justice and diversity and, therefore, warrants integration into education and practice.

Thus, we need to understand the unique histories and complexities of different groups of color to support them around their trauma(s). We need to understand anti-Black racism as different and adjacent to anti-Latino racism.

# **Counter-storytelling narratives**

Society creates messages that reinforce racialized meanings and power imbalances among racial groups. Stories, narratives, and histories represent important ways people convey their experiences, make meaning, and build intergenerational knowledge across time. Some narratives hold more cultural capital than others. The dominant U.S. racial narrative reflects a hierarchy where White culture is both the norm and superior, as compared with all others. For example, every other racial group in the United States is referred as a prefix (African, Asian, and Native) to "American," whereas White people are just Americans. Assimilation then

becomes a process of learning and internalizing the dominant narrative in order to gain acceptance. We see this when we talk about everyone having an accent except those who speak Western English.

PoC must continually navigate the hegemonic racial narratives produced by the dominant racial group and face barriers to their voices being heard; for some this is actually more literal (Delgado & Stefancic, 2001), as discussed earlier. Counterstorytelling refers to a method that provides a space for PoC to express experiences, feelings, and their stories to challenge and examine the dominant White culture's narrative about "race" and racism (Solórzano & Yosso, 2002). CRT prioritizes voices of color speaking to their experiences with racism and White supremacy. In turn, these stories represent resistance to the White narrative and also reinforce the need for social justice (Zuberi, 2011).

## Counternarrative and trauma-informed lens

One of the most important and influential discussions about counternarratives is offered by Chimamanda Adichie' in her 2009 TED talk, The Danger of the Single Story. She discussed the process in which a single or monolithic narrative is created, by showing "a people [place or idea] as one thing, as only one thing, over and over again, and that is what is they become" (9:26). But she acknowledged that the importance of looking at the many stories that make people who they are how it is "impossible to engage properly with a place or person without engaging with all the stories of that place and person" (13:45). Similarly, we cannot discuss trauma without acknowledging all the conceptualizations of trauma. "While many researchers focus on racist incidents as stressors leading to psychophysiological disease, few (Carter & Helms, 2002; Loo et al., 2001; Miliora, 2000; Sanchez-Hucles, 1999; Villena-Mata, 2002; Wyatt, 1990) conceptualize racist incidents as forms of trauma" (Bryant-Davis & Ocampo, 2005, p. 484).

There is a need to continue to elevate the experiences of PoC because of the zygeist of our times where these stories matter. For PoC, there is collateral damage when one's story or narrative is not represented or is misrepresented. We need to have more stories about trauma that reflect structural and individual racism. Agencies and practitioners need to be adaptive, making room for multiple stories or narratives. A trauma-informed approach from a critical race lens, grounded in empowerment and trustworthiness, makes space for the voice of counter narratives. These narratives of PoC are essential to practice and transformational change.

# **Challenges and Conclusion**

We recognize the many challenges to implementing an institutional and systemic analyses of racism, Whiteness, and racial power within its practice, education, and research settings (Abrams & Gibson, 2007; Abrams & Moio, 2009; Jeffery, 2005; National Association of Social Workers, 2007; Ortiz & Jani, 2010; Yee, 2005) and within comprehensive models of service delivery specific to trauma. By failing to include experiences of racism as part of the trauma narrative, we are presenting a monolithic narrative about what is

and what is not trauma and its impact. If the profession and supporting schools of social work, psychology and counseling are to be authentic to their mission of social justice, it is important to utilize not only CRT as a guiding framework for addressing race and racism but also Whiteness. Although we recognize that some efforts have been made by individual scholars and schools across helping professions to engage race and racism in scholarship and in education, there has not been an institutional or professional commitment to engaging Whiteness. In addition, there have not any organized efforts to link race, racism, Whiteness, and trauma.

As professors of practice and policy committed to making those connections, we begin by asking our students to deeply examine their purpose for entering this profession. Our goal is to interrogate the construction of social work or psychology as a "helping profession" and illuminate the ways in which students' well-intentioned ideologies to "help others" may be both color-blind and uphold Whiteness. Furthermore, in talking about violence and trauma, we ask students to reflect on their own personal definitions of trauma and help them complicate monolithic narratives. We utilize intersectionality and multilevel analysis in conceptualizing and responding to trauma in terms of practice and policy. We further connect colonization and cultural imperialism to race-based trauma. Finally, we a introduce students to tools to begin assessing trauma from a race-based perspective, drawing on the work of Carter et al. (2013) and his Race-Based Traumatic Stress Symptom Scale. We think it is critical to work with structural racism at the onset in our classrooms.

Second, it is important to examine the apprehension of clinicians and people in leadership positions within helping professions to look closely and deeply at issues of race, racism, and Whiteness to better understand structural racism as an informant to individual processes. One way to do this is to create spaces to dialogue about their own training as clinicians and how issues of race and racism was or was not incorporated in their training. In addition, like with our students, it is essential for clinicians to think about their own social identities and social locations. We understand that this work of self-reflection requires brave spaces to talk about race, racism, and Whiteness. For many White practitioners, the discussions of race and the various ways Whiteness has been upheld both individually and systematically can be very uncomfortable. The willingness to stay engaged in this work, despite the discomfort and the use of a CRT lens will help move us past the single story of trauma to a place of transformation and collectivity. We stand by the notion that those trained in trauma work have not been taught the skills to engage constructively with race, racism and Whiteness and as a result fall short of including individual and structural racism as a part of the trauma narrative.

Drawing on our discussion in this article, we strongly believe that CRT is a useful vehicle in more intentionally linking trauma work to discussions of race, racism, and Whiteness. By drawing on a few of the tenets of CRT, the ordinariness of racism, differential racialization and counterstorytelling narratives, we offer our perspective about ways to begin explicit conversations about race, racism, and Whiteness in the context of trauma work.

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