The behaviour effect of post-traumatic stress disorder in black communities

Brian Leland Artis

Professional Counselor

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***Abstract*-** The aim of the present paper is to show that post-traumatic stress disorder (PTSD) and related psychological conditions are a significant public health problem in Africa as a whole and in South Africa in particular. Some African literature is reviewed that points to the catastrophic impacts of war and other sources of violence on the continent. For South Africa an extensive review is presented of the clinical and epidemiological literature which shows that PTSD is a significant public health problem which calls for appropriate strategic planning on the part of those responsible for resourcing mental health.

Index Terms- Post-traumatic stress disorder, longitudinal course, minority samples, African Americans, Latinos, discrimination, risk factors

specifically recruited large samples of African Americans and Latinx adults with anxiety disorders to help fill this gap in the literature **(Weisberg, Beard, Dyck, & Keller, 2012).** In a report on the 2-year course of PTSD in African Americans in HARP-II, **Pérez Benítez et al. (2014)** found a rate of recovery in this sample of 0.10, demonstrating a chronic course of illness among this group. To date, no study has examined the prospective, longitudinal course of PTSD in a clinical sample of Latinx adults. While research on PTSD courses in African American and Latinx adults is limited, somewhat more is known about the prevalence of PTSD in these groups.

Keywords: African Americans, minority mental health, posttraumatic stress disorder, longitudinal study, clinical course

I. Introduction

Posttraumatic stress disorder (PTSD) is a serious and common mental illness with lifetime prevalence rates in the United States ranging from 3.4% to 17.7% **(Breslau, Peterson, Poisson, Schultz, & Lucia, 2004; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995)**, depending on sampling methods. The impact of the disorder on psychosocial functioning, quality of life, and other significant variables, such as suicidality, has been well documented **(Davidson, Hughes, Blazer, & George, 1991; Nepon, Belik, Bolton, & Sareen, 2010; Sareen et al., 2007)**. Research examining the course of illness in PTSD has demonstrated its chronic nature. In the Harvard/Brown Anxiety Research Project (HARP), a prospective, longitudinal study of anxiety disorder course, the likelihood of full recovery from PTSD was 0.18 over a follow-up period of 5 years (**Zlotnick et al., 1999**), and 0.20 after 15 years of follow-up **(Pérez Benítez et al., 2013)**. Another report from the Primary Care Anxiety Project (PCAP), a prospective, longitudinal study of primary care patients with anxiety disorders using similar methodology as HARP, also found that the likelihood of full recovery from PTSD was 0.18 over a 2-year follow-up period **(Zlotnick et al., 2004)**, and 0.38 at 5 year follow-up **(Pérez Benítez et al., 2012).** Although these studies highlight the chronic nature of PTSD, one key limitation to these studies is that both HARP and PCAP had very low rates of minority involvement; 97% of participants in HARP **(Bruce et al., 2005)** and 88% in PCAP **(Francis et al., 2007)** were non-Hispanic White, thus limiting our understanding of PTSD course in African American and Latinx populations. To date, the limited available data on course of PTSD among minorities comes from the second phase of the HARP study (HARP-II), which

II. Africa: A brief overview

Posttraumatic stress disorder (PTSD) is a genuine and basic psychological instability with lifetime commonness rates in the United States going from 3.4% to 17.7% (Breslau, Peterson, Poisson, Schultz, and Lucia, 2004; Kessler, Sonnega, Bromet, Hughes, and Nelson, 1995), contingent upon inspecting techniques. The effect of the problem on psychosocial working, personal satisfaction, and other critical factors, for example, suicidality, has been all around recorded (Davidson, Hughes, Blazer, and George, 1991 ; Nepon, Belik, Bolton, and Sareen, 2010; Sareen et al., 2007). Exploration inspecting the course of sickness in PTSD has shown its ongoing nature. In the Harvard/Brown Anxiety Research Project (HARP), a planned, longitudinal investigation of nervousness issue course, the probability of full recuperation from PTSD was 0.18 over a subsequent time of 5 years (Zlotnick et al., 1999), and 0.20 following 15 years of development (Pérez Benítezet al., 2013). Another report from the Primary Care Anxiety Project (PCAP), an imminent, longitudinal investigation of essential consideration patients with tension issues utilizing comparable system as HARP, additionally found that the probability of full recuperation from PTSD was 0.18 over a 2-year subsequent period (Zlotnick et al., 2004), and 0.38 at long term development (Pérez Benítez et al., 2012). Despite the fact that these examinations high-light the ongoing idea of PTSD, one key restriction to these investigations is that both HARP and PCAP had low paces of minority contribution; 97% of members in HARP (Bruceet al., 2005) and 88% in PCAP (Francis et al., 2007) were non-Hispanic White, subsequently restricting our comprehension of PTSD courses in

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African American and Latinx populaces. Until now we have the restricted accessible information on course of PTSD.

III. A View to Apartheid Era

The most systematic research on the psychological consequences of trauma in Africa has been conducted in South Africa, where the effect of political and criminal violence has been extensively documented. Historically, thousands were exposed to traumatising events as a consequence of the political violence under the apartheid regime, either as a direct result of the actions of the military or the police, or through being caught up in violence and conflict occasioned by politically motivated violent activity **(Silove and Schweit- zer 1993; Straker 1994)**. The impact of specific traumatising events and the specific symptoms of PTSD are only part of a broader picture of shattered communities. Thousands are struggling with the impact of human rights abuses and economic and social hardship in which not only adults, but also children were widely affected **(Simpson 1993a)**. Nevertheless, PTSD was, and continues to be a significant prob- lem in the domain of public mental health and it is the aim of this section of the paper to summarise studies that pro- vide the evidence for this.

Among minorities comes from the second period of the HARP study (HARP-II), which explicitly selected huge examples of African Americans and Latinx grown-ups with nervousness issues to help fill this hole in the writing (Weisberg, Beard, Dyck, and Keller, 2012). In a report on the 2-year course of PTSD in African Americans in HARP-II, Pérez Benítez et al. (2014) found a pace of recuperation in this example of 0.10, showing a persistent course of sickness among this gathering. Until this point, no examination has analyzed the forthcoming, longitudinal course of PTSD in a clinical example of Latinx grown-ups. While research on PTSD course in African American and Latinx grown-ups is restricted, fairly more is thought about the pervasiveness of PTSD in these gatherings.

In contrast to numerous European nations, the United States doesn't have a strategy of widespread medical care. All things being equal, we have wellbeing net emergency clinics with the legitimate and qualities based mission to give medical care to people paying little mind to their protection status. Wellbeing net clinics then by definition are normally open clinics that serve lower pay networks, workers, and other people who are freely protected or uninsured. The requirement for a quick COVID-19 response, including the creation and arrangement of telehealth, was trying for some open medical clinics and local area wellbeing associations. We would say the assignment was made more conceivable by the receipt of innovation gifts, fast preparing of clinicians, and loose telehealth guidelines that took into consideration a more extensive determination of video and sound stages that could be utilized. What might have ordinarily taken us years to work in telepsychiatry limit was finished surprisingly fast. Nonetheless, the capacity to give care to the most weak grown-ups and youngsters with intense requirements, particularly during what is foreseen to be a long COVID-19 general wellbeing recuperation period, is as yet concerning.

Several psychologists were involved directly, either as consultants, counsellors or researchers, with the public hearings held by the Truth and Reconciliation Commission (TRC) which released its report in March 2003 **(Dowdall, 1996; Friedman 2000; Gobodo-Madikizela 2004)**. In a series of public hearings in all major cities, that began in East London in April 1996, and continued until 1998, perpetrators of atrocities who were willing to tell the truth about what they had done were offered amnesty, and their victims or the families of victims in turn had the opportunity to hear the truth about what had really happened and to tell of their experiences. A large proportion of those who testified to the TRC were still suffering from PTSD 10-15 years after the traumatic events to which they were exposed. **Pillay (2000)** reported percentages of those with PTSD ranging from 0% at Empangeni, through 25% in Newcastle, 34% in the Free State, 48% in Durban, and 56% in Port Shepstone. **Magwaza (1999)** studied a sample of black individuals who had testified at the TRC and who had a diagnosis of PTSD, 36 of whom had witnessed the death of a family member and 29 of whom had been detained and/or tortured. She compared these to a control group of individuals who had not been exposed to significantly traumatic events, but who were otherwise matched in terms of ethnicity, church membership, gender and age. Com- pared to the controls the traumatised group experienced the world as less meaningful and the environment as more threatening. However, there was no difference in self-worth between the two groups, although within the PTSD group the torture/detention group had lower self-worth than those who had suffered the death of a family member.

IV. New Conceptual Models of Racial, Ethnic, and Indigenous Trauma

This section presents six articles addressing several POCI communities, namely, African Americans, Indigenous populations, Japanese Americans, Latinx immigrants, and

Americans of Middle Eastern and North African (MENA) descent. **Hartmann, Wendt, Burrage, Pomerville, and Gone (2019)** examined the development of American Indian historical trauma (HT) through an anticolonial lens. They identified HT's challenges as a clinical condition, life stressor, and critical discourse. More important, they concluded that the anticolonial lens' promises include healing trauma, pro- moting resilience, and practicing survival.The construct of Indigenous HT was introduced in the clinical and health literature to identify, contextualize, and explain the disproportionately high rates of psychological distress and health disparities among Indigenous populations.

Gone and his associates (2019) systematically re- viewed empirical studies of HT—a conceptual precursor of racial trauma—and its effects on the health status of Indigenous samples from North America. The authors argued that the HT construct emphasizes ancestral adversity that is intergenerationally transmitted in ways that compromise the well-being of descendent generations. The U.S. government interned over 110,000 Japanese Amer- icans during World War II. **Nagata, Kim, and Wu (2019)** examined the intergenerational racial trauma of the World War II internment of Japanese Americans. Silence and attempts to assimilate into mainstream society were common coping reactions following the internment. The descendants of those who were interned have coped with the trauma by seeking redress and by reviving connections with their Japanese heritage and culture. Attention to the sociohistorical context of trauma is critical to the healing process for Japanese Americans and others who have

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shared group experiences of trauma. Immigration is fraught with challenges and trauma for many Latinx individuals. In their article, **Chavez-Dueñas, Adames, Perez-Chavez, and Salas (2019)** examined this complex issue. They argued that racial trauma among Lat- inx immigrants results from a legacy of oppressive immigration policies, practices, and laws. The authors used an intersectionality framework to discuss complex ways in which interlocking systems of oppression, such as racism, ethnocentrism, nativism, and sexism, in addition to anti immigrant policies, affect Latinx individuals, families, and communities. They introduced Healing Ethno-Racial Trauma (HEART), an intersectional framework to stimulate healing from racial trauma. HEART integrates intersectionality theory, trauma-informed care, and liberation psychology into the treatment of Latinx immigrant individuals suffering from racial trauma.

Youngsters from disappointed networks are similar kids whose families are at expanded danger for sickness, joblessness, and local area openness to COVID-19 (Belmonte, 2020). Their folks can't telecommute, don't have work leave benefits, or just lost their positions or work hours. Awful misfortune, joined with imbalances in assets, is a danger factor for posttraumatic stress problem (PTSD) and long haul mental and actual wellbeing outcomes (Anda, Porter, and Brown, 2020;Felitti et al., 1998) and an especially delicate condition for kids' turn of events (Shonkoff et al., 2012). Openness to numerous horrendous encounters and social imbalances are grounded psychological wellness and clinical liabilities for low-pay networks and minorities, as of now determinedly adding to disturbance in instructive achievement (Porsche, Fortuna, Lin, and Alegria, 2011), the school to jail pipeline (Barnes and Motz,2018;Mallett, 2017), and lopsided portrayal in adolescent equity and persistent destitution . The progressing loss of an age of seniors because of COVID-19 is another agonizing cause of pain and a significant misfortune for families. These are all multigenerational stressors that chal-lenge guardians' capacity to keep up enthusiastic guideline (Gavidia-Payne, Denny, Davis, Francis, and Jackson, 2015), which is a vital support for kids who are now at raised danger of PTSD-and injury related issues contrasted with grown-ups (Herringa,2017). Given the connection between injury openness and poisonous pressure and danger for inescapable psychological well-being ramifications into adulthood, an engaged reaction to COVID-19 is required for youth of shading previously confronting increased dangers. Sadly, most schools and networks are by and large ill-equipped to completely address psychological wellness needs, and schools serving lower pay networks are especially under resourced. Although many are devoted mission-driven schools, loaded up with merciful instructors who look to best serve understudies, the development of arrangements requires a cultural venture.

V. Conclusions

The epidemiological evidence shows that traumatising events associated with PTSD are a common occurrence in South Africa and survey studies based on self-report data from several different contexts show an alarmingly high degree of exposure in many settings and suggest that this exposure is a significant contributing factor to the high incidence of PTSD symptoms. It is important to note that although many of the researchers report rates of PTSD in their samples, this is often on the basis of self-report survey instruments only and, even where they have good psycho- metric properties, they cannot serve as a sound basis for making a formal diagnosis **(Di Girolamo and McFarlane 1996).** Furthermore such instruments tend to overestimate the prevalence of PTSD **(Griffin, Uhlmansiek, Resick, and Mechanic 2004; Schnyder and Moergeli 2003)**. Never- theless, conclusions from the survey data are consonant with case studies and qualitative accounts by clinicians that document work at the 'coal face' with individuals with PTSD and depression as a consequence of exposure to trauma- tising events. Taken together, these interlinking sources provide incontrovertible evidence that traumatic stress syndromes are very real, and that large numbers of South African adults and children are affected on a chronic basis, only a small percentage of whom receive any form of counselling or professional help. They show that the sequelae of traumatising events constitute a significant public health problem in South Africa and that attention needs to be given to providing clinical services to those affected. This kind of documentation can serve as an important tool for motivating action to address these phenomena at government, societal, and individual levels. It can also serve as an indicator for the future. If researchers repeat these studies a decade or two from now, will they find the same levels of symptomatology or will there have been changes for the better?

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AUTHORS

First Author – Brian Leland Artis, Professional Counselor, Email: blartis9@gmail.com

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