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The Mental Health of Black Men: Stabilizing Trauma with Emotional Intelligence

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Abstract

The purpose of this study is to explore the relationship between the impact of historical trauma and barriers on African-American males and the effects of emotional intelligence in reducing traumatic experiences. This research study is based on previous research and studies that explores the historical review of African- American oppression, trauma in black males, and mental health in the African American community. This study will utilize the historical trauma and emotional intelligence theories to explore barriers that African Americans have experienced over time and the role emotional intelligence can play to reduce trauma. It also explores the relevance of historical trauma and addresses opportunities for the implementation of emotional intelligence to improve mental health for African American males. This study will address the questions: How does historical trauma impact mental health in African American males? What are the barriers that African American males are exposed to that leads to traumatic experiences? What are the ways that emotional intelligence can improve mental health for African American males? The design of the correlative study is to explore the systematic barriers from the views of the African American community. The research reveals that although there have been several systematic barriers identified that impact mental health in the African American community, there has not been a sufficient amount of empirical research on emotional intelligence in African American males or on emotional intelligence to reduce trauma. Finally, for future analysis, this study recommends further research on emotional intelligence in the African American community.

Introduction

In America, black people have historically been subjected to vicious cycles of oppression. In particular, black males have dealt with a significant amount of stress, overt forms of oppression, and trauma. For generations the African American community has struggled to fight the consistent battle that has plagued black communities for centuries. Our survival in America has been a continuous struggle. Many ideologies have been analyzed, hypothesized, and theoretically proposed to identify and apply adequate reasoning and explanations. Many people suggest the need to unify or come together. However, this is a more difficult task to accomplish than it is to state. The trauma we continue to endure leaves us immovable and unable to unite with the influence needed to make a significant impact.

Our culture as Black Americans and ethnicity as African-Americans is infected with significant amounts of trauma that highlights our inability to cope with shortcomings and keep moving forward with a collective growth mindset. **Trauma can have devastating effects on a person's physiology; emotions, ability to think, learn, and concentrate; impulse control; self-image; and relationships with others.** Throughout low income communities, trauma is linked to a wide range of problems, including addiction, chronic illness, depression, anxiety, self-harming behaviors, and reactive aggression. Even though the resilience of black males is impeccable; we are steadily making strides to achieve collective prosperity. We must continue to identify cycles of dysfunction and distress that can be reduced and eliminated by increasing our awareness of emotional intelligence and its ability to address traumatic experiences.

We cannot make collective improvements without first making constructive strides individually. One concept many African American males are not familiar with is emotional intelligence (EI), also known as emotional quotient (EQ). This is the ability to recognize your own emotions, and those of the people around you. Trauma is a huge deterrent in developing quality emotional intelligence skills. Once the trauma is introduced into someone's life (especially during childhood) it distorts a person's ability to develop this crucial skill. This is why it is essential to address the intergenerational trauma we experience as black males.

The following are four competencies Black men can develop to achieve emotional intelligence:

1. Self-Awareness: We must be able to recognize and understand our moods, emotions, and drives. You may be surprised how often men state "I don't know" to simple questions about how we are feeling. If you don't know yourself, you are lost in life. There is no need to not be informed in today's world when most of us have a digital library in our pockets at all times. Opportunities for self-discovery are at our fingertips. (Jones, 2017)

2. Self-Management: Once we understand ourselves, we must develop the ability to control and/or redirect impulses, attitudes, and behaviors. Developing proactive strategies and tactics will prepare us better than having reactive ones. (Jones, 2017)

3. Social Awareness: The key to this area is attention. Black men must be aware of how other people are reacting, and anticipate how they are likely to respond. We must acknowledge the level of anti-blackness we endure socially daily and adapt as constructively as possible. Once we develop the ability to perceive how others react, we can be more effective in crafting our narratives. (Jones, 2017)

4.   Relationship Skills: As technology brings the world closer, Black men need to be proficient in managing relationships and building networks. Many other ethnic groups are demonstrating global citizenship and preparing their children to be global citizens. We must follow suit to have a respected presence in local, national, and global spaces. (Jones, 2017)

Research Problem

The purpose of this study is to explore the relationship between the impact of historical trauma and barriers on African-American men and boys and the effects of emotional intelligence in reducing traumatic experiences. According to an article Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color, many black males are not taught how to process and talk about their emotional experiences, creating a sense of seclusion, anger, and resentment. Some males struggle with the idea of sharing their emotions and being openly vulnerable to express themselves. Society has created a unique perspective for black males than in some light has idolized the black male and in the same token victimized them. Black men have been prized by their looks and bodies, but rarely ever for their intellect or emotional aptitude. Throughout history the treatment and portrayal of black males have created a long-lasting generational effect on the mental health of African Americans. From a historical lens, African Americans have been at a disadvantage in mental health through subjection to trauma through slavery, oppression, colonialism, racism, and segregation (Poussaint & Alexander, 2000)

Rational and Research Project

This research study is based on previous research that explores the historical review of African- American oppression, trauma in black males, and mental health in the African

American community. This study will utilize the historical trauma and emotional intelligence theories to explore barriers that African Americans have experienced over time and the role emotional intelligence can play to reduce trauma and stimulate growth. It also explores the relevance of historical trauma and addresses opportunities for the implementation of emotional intelligence to improve mental health for African American males. This study will address the questions: How does historical trauma impact mental health in African American males? What are the barriers that African American males are exposed to that leads to traumatic experiences? What are the ways that emotional intelligence can improve mental health for African American males?

Despite the progression African Americans have made over the past 70 years, racism and socio-economic challenges continue to have an impact on the mental health of African Americans. Historical adversity, which includes slavery, sharecropping, and race-based exclusion from health, educational, social, and economic resources, translates into socioeconomic disparities experienced by African Americans today. Discrimination and attitudes of rejection continue to be prevalent' as racism has become institutionalized; interjecting its oppression in every aspect of society. Socioeconomic status, in turn, is linked to mental health: People who are impoverished, homeless, incarcerated, or have substance abuse problems are at higher risk for poor mental health. Historical and current instances have led to a mistrust of authorities and health care providers, many of whom are not seen as having the best interests of African Americans.

Black men have been used for scientific research to make discoveries such as the Tuskegee syphilis experiment, wherein African American men were left untreated to study the progression of the disease. Black women have been subjected to this kind of treatment too. It is historical experiences like these that have created a deep cultural suspicion and an ongoing cycle of intergenerational trauma. Even though many efforts have been made to improve health services for African Americans, many persistent barriers arise regarding access to and quality of care. These barriers include the stigma associated with mental illness, distrust of the health care system, lack of providers from comparable racial/ethnic backgrounds, lack of culturally competent providers, and lack of insurance or rather underinsured communities. (Hackett, 2014)

Many misconceptions and impractical expectations based on race and traumatic experiences often keep many black men out of therapy. It is a circular problem that is experienced. For Black men to get help, they must open up to let someone know that they need help. Can you imagine how hard it is to say to another person out loud, "I think I need some help." To open up and ask for help, they have to accept that they need help, become open to receiving help, and change their attitude towards therapy and/or other supports. Many black men struggle with being in a vulnerable position. Black men have not grown up believing that their internal emotions have inherent and productive value. In many low income communities were depression, anxiety, and violence is prevalent, African-American males are subjected to hide their emotions. In single-parent households where boys consume responsibility for being the "man of the house" at an early age they may develop a false sense of emotional contentment.

Across the nation the discussion of adopting and implementing Social Emotional Learning (SEL) programs and policies is frequently reviewed. The introduction of emotional intelligence in urban America may ultimately lead to increased emotional aptitude and prosperity in the lives of African American males. According to the Collaborative for Academic, Social, and Emotional Learning (CASEL), Social and emotional abilities are said to be indicators of how well a person adjusts to their environment, adapts to change, and, ultimately, how successful they will be in life. For African American males to overcome challenges faced in low socioeconomic communities and intergenerational experiences they will need to identify and advocate their needs and emotions to help improve opportunities to increase emotional intelligence.

Definition and Key Terminology

African-American. The African American community in the United States is very diverse. According to Mental Health in the African American Community and the Impact of Historical Trauma: Systematic Barriers; African Americans are identified as lineages of those who were brought from West Africa as a part of the slave trade or worked as indentured servants before the development of chattel slavery (Baker & Bell, 1999). According to the 2014 US Census, there are currently 45.7 million people that identify as African American in the United States.

Barriers. The barriers that impact mental health in the African American community are complex and deeply rooted in historical adversity. For this study, barriers will be defined as issues that enhance risks for mental health concerns and result in the overuse of public resources and health care services (Knapp et al., 2006). Previous studies have identified 12 main barriers

for mental health in the African American community: historical trauma, stigma, cultural stereotypes, cultural mistrust, informal support, lack of African American professionals, lack of cultural competency, issues in assessment, misdiagnosis, cultural paranoia, treatment, and economic inequality.

Emotional Intelligence. Emotional intelligence is the ability to perceive emotions, to access and generate emotions to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions to promote emotional and intellectual growth. Emotional intelligence is generally said to include at least three skills: emotional awareness, or the ability to identify and name one's own emotions; the ability to harness those emotions and apply them to tasks like thinking and problem solving; and the ability to manage emotions, which includes both regulating one's own emotions when necessary and helping others to do the same. (Emotion Intelligence)

Historical Trauma. Historical trauma is an event, or a set of events, that happen to a group of people who share a specific identity. That identity could be based on nationality, tribal affiliation, ethnicity, race, and/or religious affiliation. The events are often done with genocidal or ethnocidal intent and result in annihilation or disruption of traditional ways of life, culture, and/or identity. Each event is profoundly traumatic and when you look at events as a whole, they represent a history of sustained cultural disruption and community destruction. (Historical Trauma and the Health and Wellbeing of Communities of Color)

Intergenerational Trauma. inter-generational trauma is a traumatic event that began years before the current generation and has impacted how individuals within a family understand, cope with, and heal from trauma. For example, the patriarch of a family may suffer from an untreated severe mental health disorder which causes him to engage in aggressive and violent behaviors toward his son. This son, having endured years of emotional and psychological abuse, now has his own family but has not been able to release himself (psychologically and emotionally) from the torture he endured. As a result, he begins to exhibit many of the same behaviors of the patriarch which leads to his children exhibiting similar behaviors. These behaviors, including dysfunctional ways of coping, continue for generations. These unhealthy behaviors then become a "normal" way of raising children within the family. (Intergenerational Trauma, 2019)

Institutional racism. Institutional racism is distinguished from the explicit attitudes or racial bias of individuals by the existence of systematic policies or laws and practices that provide differential access to goods, services, and opportunities of society by race. Institutional racism results in data showing racial gaps across every system. For children and families, it affects where they live, the quality of the education they receive, their income, types of food they have access to, their exposure to pollutants, whether they have access to clean air, clean water or adequate medical treatment, and the types of interactions they have with the criminal justice system. (Emmanuel Gospel Center, 2018)

Social-Emotional Learning. Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills

necessary to understand and manage emotions, set and achieve positive goals, feel and show

empathy for others, establish and maintain positive relationships, and make responsible

decisions. (What Is Social and Emotional Learning?)

Trauma. Trauma is an emotional response to a terrible event like an accident, rape, or

natural disaster. Immediately after the event, shock and denial are typical. Longer-term reactions

include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms

like headaches or nausea. While these feelings are normal, some people have difficulty moving

on with their lives. Psychologists can help these individuals find constructive ways of managing

their emotions. (Trauma)

Brief Overview of Theoretical Foundations Utilized in the Research Study

The first use of the term "emotional intelligence" is often attributed to A Study of

Emotion: Developing Emotional Intelligence from 1985, by Wayne Payne. However, before this,

the term "emotional intelligence" had appeared in Leuner (1966). Stanley Greenspan (1989) also

put forward an EI model, followed by Salovey and Mayer (1990), and Daniel Goleman (1995). A

distinction between emotional intelligence as a trait and emotional intelligence as an ability was

introduced in 2000. Daniel Goleman's model (1998) focuses on EI as a wide array of

competencies and skills that drive leadership performance and consists of five components of

emotional intelligence.

Self-awareness. The ability to recognize and understand personal moods and emotions

and drives, as well as their effect on others. Hallmarks of self-awareness include self-confidence,

realistic self-assessment, and a self-deprecating sense of humor. Self-awareness depends on one's ability to monitor one's emotional state and to correctly identify and name one's emotions. A hallmark is a sure sign: since self-awareness is necessary for, say, realistic self-assessment, that is, without self-awareness no realistic self-assessment, the presence of realistic self-assessment is a sure sign (sufficient to conclude that there is) self-awareness. (Goleman)

Self-regulation. The ability to control or redirect disruptive impulses and moods, and the propensity to suspend judgment and to think before acting. Hallmarks include trustworthiness and integrity; comfort with ambiguity; and openness to change.

Internal motivation. A passion to work for internal reasons that go beyond money and status -which are external rewards, - such as an inner vision of what is important in life, a joy in doing something, curiosity in learning, a flow that comes with being immersed in an activity. A propensity to pursue goals with energy and persistence. Hallmarks include a strong drive to achieve, optimism even in the face of failure, and organizational commitment.

Empathy. The ability to understand the emotional makeup of other people. A skill in treating people according to their emotional reactions. Hallmarks include expertise in building and retaining relationships, cross-cultural sensitivity, and an understanding of people. (In an educational context, empathy is often thought to include, or lead to, sympathy, which implies concern, or care or a wish to soften negative emotions or experiences in others.).   It is important to note that empathy does not necessarily imply compassion. Empathy can be 'used' for

compassionate or cruel behavior. Serial killers who marry and kill many partners in a row tend to have great emphatic skills!

Social skills. Proficiency in managing relationships and building networks, and an ability to find common ground and build rapport. Hallmarks of social skills include effectiveness in leading change, persuasiveness, and expertise building and leading teams.

Historical Trauma Theory

Historical trauma theory recognizes that "the populations historically subjected to long-term, mass trauma, colonialism, slavery, war, genocide- exhibit a higher prevalence of disease even several generations after the original trauma occurred" (Sotero, 2006). To understand how African Americans, have a higher burden in mental health services, historical trauma theory provides a framework to examine the implications that impact mental health in the African American community. The historical trauma theory requires four distinct assumptions; mass trauma is deliberately and systematically inflicted upon a target population, trauma is not limited to a single event, but continues over some time, traumatic events reverberate throughout the population, creating a universal experience of trauma, and the magnitude of the trauma experience details the population from its natural, projected historical course resulting in a legacy of physical, psychological, social, and economic disparities that persist across generations (Sotero, 2006).

The historical trauma theory concerning this study acknowledges the impact of historical trauma on the African American community. The research shows that "the psychological and

emotional consequences of the trauma experience are transmitted to subsequent generations through physiological, environmental, and social pathways resulting in an intergenerational cycle of trauma response" (Sotero, 2006). In summary, the framework for this study integrates the information gathered in the literature review on barriers African Americans experience when accessing mental health treatment and the benefits of emotional intelligence in African American males. The literature suggests that these barriers are a persistent roadblock to adequate mental health services and that emotional intelligence can address reducing traumatic experiences that create barriers. The literature also suggests the importance of examining the barriers through a historical trauma lens.

Brief Overview of Literature Reviewed, Discussed and Applied

The purpose of the study was to explore the relationship between the impact of historical trauma and barriers on African-American males and the effects of emotional intelligence in reducing traumatic experiences. Although African Americans only represent a small portion of the population in the United States, they are overrepresented in high-risk populations. Research shows that exposure to violence, incarceration, and trauma can increase the chances to develop mental illness. Based on research, African Americans in particular are faced with exposure to these stressors at higher rates than the general population.

Many African Americans are at a disadvantage in mental health due to individual, environmental, and institutional factors. Common barriers such as stigma, cultural mistrust, and lack of African American professionals are significant risk factors for African Americans in need of mental health support. The problem is that African Americans are an inadequately studied

demographic in the field of mental health and emotional intelligence. Emotional intelligence is a relatively a new concept in urban America and in psychological research which has been studied little among this demographic.

Emotional intelligence provides many benefits to the African American community. For example, the exposure of violence and household separation can make it difficult for kids to sustain trusting relationships resulting in an inability to build a positive trusting relationship with peers. These adverse conditions may also affect the ability for youth to respond appropriately to stressful occurrences that impede the development of their executive function and the self-regulation of their behavior. "Key mechanisms that link children's exposure to poverty-related adversity and brain development include the presence of chronic stressors such as noise, including background noise such as that associated with ongoing and unmonitored television, household chaos, and conflict among family members that alter the physiologic response to stress, leading to potentially teratogenic effects of stress-related hormones on the developing brain and a range of negative cognitive, emotional, and behavioral sequelae. (Clancy & Cybele) In comparison to supportive and resource-rich environments, stress-response systems are understood to shape brain development in ways that are conducive to executive function and high levels of self-control. Whereas, in lower-resource, unpredictable environments, stress-response systems are understood to shape the brain in ways that promote highly reactive behavior and poor executive function ability.

During this research the concept of the "Amygdala Hijack" by Daniel Goleman was quite comprehensive to the concept trauma. "When we're stressed the part of the brain that takes over,

the part that reacts the most, is the circuitry that was originally designed to manage threats especially circuits that center on the amygdala, which is in the emotional centers of the brain. The amygdala is the trigger point for the fight, flight, or freeze response. When these circuits perceive a threat, they flood the body with stress hormones that do several things to prepare us for an emergency. Besides, our memory reshuffles its hierarchy so that what's most relevant to the perceived threat is what comes to mind most easily, and what's deemed irrelevant is harder to bring to mind. Plus, we tend to fall back on over-learned responses, which are responses learned early in life which can lead us to do or say things that we regret later." (Dgadmin, 2011)

Therefore, when people experience stressful occurrences it becomes difficult to deviate from the things that are bothering, stressing, worrying, upsetting, frustrating, or angering them; leaving them with little capacity to focus attention on what is necessary and imperative. Many African American males living in impoverished environments become normalized by their conditions with little access to stimulants and positive interactions that would otherwise support positive brain development, relationships, and emotional regulation. As African American males engage in traumatic experiences, their ability to self-regulate their emotions becomes essential, especially in times of an "amygdala hijack" which is important to prevent poor actions and comments that would otherwise be resistant through a high functioning frontal lobe.

The unpredictable conditions and threatening environments in improvised communities may present incapability to distinguish between high and low levels of threats that relinquish their ability of managing emotions and influence one's social awareness skills. In stress-related situations, whether it be environmental such as future work-related deadlines or adapting to

subtle changes, or psychological, such as persistently worrying about the next meal, or, whether

or not if there will be hot water to take a bath; can create triggers of emotions that lead to

physiological changes. Many African American males develop varying defense mechanism that

adapts to suboptimal conditions in ways that undermine good school/work performance and

behavior. African American males raised in poverty do not seek to behave differently, but

unfortunately, they are faced daily with overwhelming challenges that affluent males rarely have

to confront. With the increased use of technology and the formable importance of social media,

social pressure in society contributes significantly to behavior. Society tends to emphasize

influencing people to be like their peers or risk social rejection, whereas the pursuit of high

social status drives people to differentiate themselves creating imperfections in their ability to

increase their self-awareness skills.

Nonetheless, over the last 20 years, scientific attention has focused on the toxic

consequences of stress for brain function and mental and physical health. It is has become

increasingly clear that one of the mechanisms through which poverty affects the health and well-

being of African American males is through the toxic effects of stress on the brain. Individuals in

poverty who experience a deficiency in their basic needs being met are more likely to have less

control in the event of an "Amygdala Hijack"; primarily because of the unpredictable,

threatening, and non-stimulant conditions associated with poverty. It is vitally important to not

only provide African American males in low socio-economic communities with resources and

opportunities to improve their quality of life but also to enhance and equip both children and

parents with emotional intelligence skills to improve the functioning of their brain. (Blair, 2016)

Unlike IQ, Emotional Intelligence can be learned and heightened over time. The development of emotional intelligence should begin from infancy whereas the development of children's biology and behavior starts early and happens rapidly. In the African American community intergenerational trauma can be subjected through consequences of impoverished environments and barriers faced in mental health resources. Low-income parents are often overwhelmed by diminished self-esteem, depression, and a sense of powerlessness along with an inability to cope with feelings that may get passed along to their children in the form of insufficient nurturing, negativity, and a general failure to focus on children's needs. The effects of poverty are merely beyond financial implications and effectively contribute to the psychological, behavioral, and environmental factors in physiological changes associated with low-income communities.

Furthermore, this was a correlational study that examined the relationship between historical trauma and mental health disparities amongst African American males. In the review of literature, I established a foundation regarding the role of historical trauma and how it has shaped and impacted barriers for African American males. Next, the influence of barriers and forms of oppression is examined as well as the influence of mental health in the African-American community. Finally, I examined emotional intelligence and the possible influence of implementing social emotional learning in the acquisition of knowledge, personal growth, and improving one's ability to make sound decisions.

Methods

  The research study utilized a correlative method. The exploratory study focuses on the range of barriers that African Americans experience in obtaining mental health support and the impact of historical trauma. This correlative study was designed to explore the systematic barriers from the views of African American males. This research project asks the questions "What are the systematic barriers that African American males experience is hindering their ability to reduce trauma? and How does historical trauma impact mental health in the African American community?"

Sample

  For this research study, voluntary sampling was not organized. Minimal scientific research has been conducted concerning emotional intelligence in the African American community. Therefore, due to the lack of inquisition surrounding emotional intelligence and the potential to trigger traumatic experiences, voluntary response sampling is recommended for future research.

Assumptions & Limitations

  There were several assumptions and limitations identified in this study. A specific strength of this research was the explanation of traumatizing events. The use of historical trauma allowed the opportunity to gather more in-depth information on oppression and race issues. Another strength of this study was the examination of barriers and explanation describing the relationship between the issue and resolution. Due to limited empirical research on emotional

intelligence an assumption to be made is that social emotional learning will not reduce trauma in African American males.

Limitations. The non-utilization of a sample made it difficult to gather specific data surrounding emotional intelligence and the effects of racism, discrimination, stress, and other mental factors. A limitation is that this research only focused on African- American males, in which African American females are subjected to mental health issues too. Future research could include perspectives of the general African American population. It seems that incorporating members of the general African American population would lead to a more balanced understanding of the impact of historical trauma and the perceived barriers that contribute to mental health. The insights provided by the general African American population would also provide a valuable perspective on how social-emotional learning can be most beneficial.

Implications for Future Research.

Though the present study offers invaluable insight into experiences of the African American males, it is important to look toward future research opportunities to expand knowledge and understanding of barriers that impact mental health in the African American community. This study shows the need for more research to explore mental health in the African American community and the importance of emotional intelligence. This study also highlights the need to focus on solutions for improving barriers and stigma of mental health. Understanding the impact of racism and social injustice is essential to addressing the identified barriers that impact mental health in the African American community. The barriers identified demonstrate many implications in low socio-economic communities, education, and research.

According to Sheafor and Horjesi (2006), if the issues are "not addressed, these social injustices will continue to burden the individuals affected and the society as a whole" (p.71).

Findings

While the findings of this study confirmed historical trauma and mental health barriers as influential factors to African American male's experiences. The generational trauma experience has paralyzed the growth and development of many African American households. Some of the recommendations includes more investigation on emotional intelligence and mental health resources. The practice of social emotional learning will become apparent and useful as more schools and workplaces incorporate the emotional intelligence model. The research findings have potential implications for additional research on effects of trauma on African American males and the implications of emotional intelligence to be about positive social change. Implications for future research may seek information on social emotional learning youth and adult programs with a focus on trauma and self-care.

Historical Trauma. Throughout history, African-Americans endured a vast legacy of traumatic experiences. These experiences include being stolen from their native lands; enslaved from 1619-1865; systematically abused and denied education; forced "breeding"; widespread sexual assault and rape of Black women; the abolition of slavery gave way to indentured servitude; Jim Crow laws; mass lynching; mass incarceration; and homicide rates higher than any other racial group.

Research exploring historical trauma looks at how the trauma of these events is "embodied" or held personally and passed down over generations, such that even family members who have not directly experienced the trauma can feel the effects of the events generations later (Walters, 2011). Individual trauma then becomes collective, as it affects a significant portion of the community and becomes compounded. Multiple historically traumatic events occur over generations and join an overarching legacy of assaults. The impact of these ongoing traumas has effects on a person's brain and body, increasing their vulnerability to Post-Traumatic Stress Disorder (PTSD) and other mental health disorders (Walters, 2011) This higher stress vulnerability may impair a person's ability to cope effectively with current stressors as they arise, leading to further challenges.

Stress vulnerability may be especially challenging for racial and ethnic groups who deal with stress daily. Non-White people in the United States often deal with the continuous threat of discrimination and distress due to continuous microaggressions. Microaggressions are the chronic and commonplace verbal, behavioral or environmental indignities and injustices, intentional and unintentional, that communicate hostile, derogatory, demeaning, invalidating, and/or negative (racial, ethnic, homophobic, etc.) slights and insults toward people (of color, homosexual individuals, etc.) (Sue, 2007). These verbal and non-verbal encounters most often place the burden of addressing them on the recipient of the encounter, creating stress! There are three types of microaggressions – microassaults, microinsults, and microinvalidations. Microassaults are characterized by explicit racial derogatory verbal or nonverbal attacks or purposeful discriminatory action.

With microassaults the intention is clear and they are most likely to be deliberate (for example, deliberately serving a White patron before a Black patron, displaying a swastika, saying that being gay is a sin, making fun of people with disabilities). Microinsults are behaviors that convey rudeness, insensitivity, reflect unfair treatment, or demean identity or heritage. These are often subtle snubs that the perpetrator may not realize they are doing (for example, when a White teacher fails to call on students of color in the classroom). Microinvalidations are communications that nullify, exclude, or negate the experiences, identity, thoughts, and feelings of a person (for example, when Blacks are told that "I don't see color" or "We are all human beings," or when gay adolescents are told, "You are just going through a phase.") (Historical Trauma and the Health and Wellbeing of Communities of Color)

Slavery. Slavery was not only a dreadful individual ordeal but a cultural trauma on the African American people; a syndrome which occurs when a group has been subject to an unbearable event or experience thereby undermining their sense of group identity, values, meaning, and purpose, or their cultural worldviews and is manifest in symptoms of hopelessness, despair, and anxiety. Slavery degraded and viciously dehumanized African Americans to the point where they were coldheartedly tied to their capacity for labor or ability to reproduce. Their identity was possessed by whoever happened to own them. As the eminent African American essayist W.E.B. Du Bois claimed, African Americans were effectively banned from any pursuit of cultural life through laws to prevent reading, writing, and most communal life. (Halloran, 2019) During slavery, males were subjected to heinous and violent abuse, psychological and physical torture. Husbands would have to endure their wives being raped by the plantation

owner, the wives going back to their husbands, and the husband not being able to comfort or protect them.

      Colorism. Being conscious of one's color is a reality in the African American community. Glenn (2008) describes color consciousness in the African American community as a legacy of slavery because the offspring of white men and slave women were accorded better treatment than "pure" Africans. Slave owners considered dark-skinned people to be better suited for harsh outdoor fieldwork and their own, inherently lighter children, to be suited for house slave work. This furthered the perception that lighter-skinned slaves were more intelligent and better suited for indoor work as servants and artisans. Lighter skinned African Americans were also more likely to receive at least basic education and in turn were afforded more opportunities. They went on to form the first free Black communities and were better prepared to survive outside of fieldwork and sharecropping. Many light-skinned African Americans were able to achieve higher education. "After the civil war, light-skinned African Americans tried to distance themselves from their darker-skinned brothers and sisters, forming exclusive civic and cultural organizations, fraternities, sororities, schools, and universities" (Glenn, 2008,).

      The history of colorism in America begins with the origin of slavery. Similar to many other authors, Fultz identifies the beginnings of color consciousness in the inter-race sexual acts of masters and their slaves. With the birth of "mulattoes" in America, she identifies challenges in motherhood, family systems, and division in the community. Lake uses this backdrop to enhance the understanding of the good hair-bad hair distinction in the Black community. She describes hair as a manifestation of color consciousness in America. She also details methods that women

have gone through to overcome "kinky" hair from Madame C.J. Walker's methods for straightening hair to current techniques in adding extensions. The author identifies the underlying theme as the belief in the Black community that whiteness is the standard of beauty; therefore, lighter skin and longer, silkier hair were preferential, even between siblings. The author also demonstrates that internalized racism has created negative associations for African American women with traditional African features. The author also describes the extent to which Black women go through to remove those features which have garnered stigma in American society at large, but specifically within the Black community. (Fultz, 2013)

Colorism can be described as a "pattern of interaction in which light-skinned African Americans rejected Blacks who were darker and the subsequent reaction in which darker-skinned Blacks criticized their light-skinned counterparts for not being "black enough". (Fears, 1998) She elaborated on the attitudes and beliefs associated with lighter skin, including the perception of light-skinned Blacks as more intelligent and more attractive because their skin tone and hair texture more closely resemble Whites. Banks and Grambs (1972) highlight the impact of inter-group racism on African Americans and their self-concept. They assert that racial prejudice has historically, and still, has a massive impact on the self-concept of Black people. The authors also assert that racial socialization begins in childhood and impacts the future development of black children. If inter-group racism carries such an impact, it lends itself that intra-group racism would have a similar impact on racial identity and self-concept.

Akbar (1984) describes color consciousness as a psychological effect of American slavery. He defines color consciousness as the "unnatural assignment of mental or moral traits

based upon physical skin color." In this work, he presents colorism as a "ghost" of slavery that haunts the African American community and contends that this deeply ingrained idea continues to persist in the culture. He describes an "unnatural equation" of traditionally Caucasian features with beauty, intelligence and authority and maintains that this belief is still relevant today. He also remarks that a disproportionate number of professional, educated, and "so-called 'beautiful'" African Americans have prominently Caucasian features. Throughout his exploration of the impact of slavery on the perceptions of African Americans, Akbar attempts to refute the widespread belief of inferiority related to darker skin. However, this disadvantaged and highly prejudicial view of darker skin tones and features still affects the Black community and manifests currently in several ways.

Institutional Racism. Racial differentiation has been created and is constantly being re-created, to serve a social and or economic purpose. It is maintained through social, legal and political controls (from slavery to Jim Crow laws to ghettoization to uses of 'law and order' and the criminal justice system, restrictive immigration policies, etc.) It is reinforced by belief systems, such as the notion of white superiority, and/or associating "American" with whiteness, and asserting U.S. dominance over the Western Hemisphere. Racialization is the process by which racial understandings are formed, re-formed, and assigned to groups of people and social institutions and practices, and the consequences of such understandings. For example, in the 17th century, Africans from diverse nations were categorized under the label 'Negro,' which was a racialized category; in the space of one century, different forms of labor were racialized so that 'worker' was white and 'slave' was Negro; and, over time, different groups of immigrants have been assigned to the broad categories of white (European immigrants) or 'of color' (Latin

American, African, Asian-Pacific Islander, and more recently, Middle Eastern immigrants). This has huge consequences for today's struggles over immigration policy. (Race, Power and Policy)

The effects of racialization accumulate over time. Some of the effects are altered, at times sharply, as in the case of the passage of civil rights legislation, but they are not erased, even with the election of the first Black President. Having a Black President didn't mean that all the injustices of the past would somehow melt away, or that they were no longer relevant in American politics. We've had Black elected officials in offices for decades: mayors, police chiefs, council presidents, and a few governors. This has barely made a change in the economic conditions we find in low-income communities of color. Race issues are deeply embedded in our society, and at the same time social understandings and the implications of race change over time, precisely because race in our society is a social construct that serves political ends. The mayors and the president operate within an economic and power system that constrains what they can do. So we need to understand both the system that we live in and structural racialization, which is part of the system.

Born free in the world like their white fellow human beings, black and brown people were quickly removed from it through the slave trade and placed in a world that has been economically, educationally, and politically hostile to them (Asante, 2011). The racist structure of this world, which they have not created, has been so oppressive to them. Because of institutional racism, the majority of Black and Brown people have been deprived of adequate health care, decent jobs, and quality education (Bonilla-Silva, 2010; Mills, 1997).

Lynching. Historians broadly agree that lynching's were a method of social and racial control meant to terrorize black Americans into submission, and an inferior racial caste position. Jim Crow and racial subordination and segregation were effective because it was enforced through terror and violence. Non-compliance would be risking your life. And African Americans had to choose between survival and defiance and that dynamic was effectively established, primarily through lynching.

Lynching became widely practiced in the US south from roughly 1877, the end of post-civil war reconstruction, through 1950. A typical lynching would involve criminal accusations, often dubious, against a black American, an arrest, and the assembly of a "lynch mob" intent on subverting the normal constitutional judicial process. Victims would be seized and subjected to every imaginable manner of physical torment, with the torture usually ending with being hung from a tree and set on fire. More often than not, victims would be dismembered and mob members would take pieces of their flesh and bone as souvenirs. In a great many cases, the mobs were aided and abetted by law enforcement (indeed, they often were the same people). Officers would routinely leave a black inmate's jail cell unguarded after rumors of a lynching began to circulate to allow for a mob to kill them before any trial or legal defense could take place.

Police Brutality. Throughout history the use of deadly force by law enforcement against unarmed black men presents many historical injustices and current disparities in the use of violence against African-Americans. For many of the African American youth, due to the disproportionate and often traumatic experience of police arrest and use of force against them relationship between communities of color and law enforcement may be lethal. Over the past six

years there has been great visibility of the shooting and ultimately murder of numerous unarmed racially profiled Black males in the United States. Police killings of unarmed Black men helped fuel the rise of the Black Lives Matter Movement back in July of 2013.

African Americans, accounting for approximately 13 percent of the population, are victims in 26 percent of police shootings and are killed by Law enforcement at 2.8 times the rate of white non-Latinos (Males, 2014). In March of 2018 the fatal shooting death of another unarmed young Black man by law enforcement was committed. His name was Stephon Clark who was 22 years old and was shot at 20 (8 of which penetrated his body) times in the backyard of the home he was staying in with his grandparents. Sacramento Police officers were reportedly responding to reports of a man breaking car windows. There is overwhelming research that identifies racial profiling as an act of injustice that uses race as the foundation for shaping perceptions and behaviors associated with defining who is and which groups are designated as criminals and targeted (Lipscomb, 2019)

While racial profiling leading to murder has received considerable attention in the mass media and academic research (Archbold, Dahle, Fangman, Wentz, & Wood, 2013), there is a dearth of evidence and research highlighting the impact (i.e. psychological and emotional) this has on other Black males who view, read or hear of the killings of unarmed black men via various media outlets. Research that examines the negative impact that police violence may have on the psychological stability of black men and the black community at large, is severely needed. Although the majority of mental health professionals would agree that traumatic events, such as the high- profile police-related deaths that have made national news, can increase vulnerability to

chronic Post Traumatic Stress Disorder (PTSD), empirical studies on this particular type of trauma are lacking.

Façade of the Black Male. French psychiatrist Frantz Fanon wrote about this issue in his groundbreaking book Black Skin White Masks, in a chapter called "the Lived Experience of the Black Man". According to Fanon, the black man is viewed in the third person, and he isn't seen as a three-dimensional human being. The black man internalizes the perspectives of white society and its negative thoughts about blackness affect his psyche. In the chapter, Fanon discusses a white child calling him the "N-word" and how he becomes cognizant of how he is different and viewed as someone people should fear. There is also a fear by some black people that discussing the issue of self-hatred is a sign of weakness. There is a discourse that black people engender: that black is beautiful. But the truth is, the image of blackness is ugly – at least it's perceived that way. There is nothing special or wonderful about being a black male – it is a life of misery and shame. (Douglas, 2013)

The Impact of Barriers. A research study "identified stigma as the most significant barrier to African Americans in seeking mental health support because it is a system and individual level barrier. Stigmas are cues that elicit stereotypes about a particular social group and manifest in people's attitudes" (Ward, 2009). According to research, African Americans tend to have more shameful attitudes towards individuals with mental illness compared to whites (Poussaint). Within African American culture, admitting one has a mental illness is sometimes viewed as a personal weakness or lack of faith (Boyd-Franklin, 2003). This perceived stigma often deters African Americans from discussing their mental health concerns with family and

professionals. Consequently, stigma reduces African Americans' willingness to seek formal mental health services and support when needed.

Distrust of the health care system. African-American men have the worst health outcomes of all major ethnic, racial, and demographic groups in the United States. Although recent trends have shown signs of improvement, particularly at younger ages, the gradients for older men are still sobering; the expectation of life for black men at age 45 is three years less than for their white male peers and five years less than for black women (Alsan, 2018).

For 40 years, between 1932 and 1972, the U.S. Public Health Service (PHS) followed hundreds of poor, black men in Tuskegee, Alabama, the majority of whom had syphilis, for the stated purpose of understanding the natural course of the disease. The men were denied highly effective treatment for their condition (most egregiously, penicillin, which became standard of care by the mid-1940s) and were actively discouraged from seeking medical advice from practitioners outside the study (Brandt, 1978). Participants were subjected to blood draws, spinal taps, and, eventually, autopsies by the study's primarily white medical staff. Survivors later reported that study doctors diagnosed them with "bad blood" for which they believed they were being treated. Compensation for participation included hot meals, the guise of treatment, and burial payments. News of the Tuskegee Study became public in 1972 in an exposé by Jean Heller of the Associated Press, and detailed narratives of the deception and its relationship to the medical establishment were widespread. By that point, the majority of the study's victims were deceased, many from syphilis-related causes.

In the years following 1972, journalists, social scientists, and medical researchers have repeatedly pointed to the Tuskegee experiment as a reason African-Americans remain wary of mainstream medicine. For example, as HIV disproportionately ravaged black communities in the U.S., several observers conjectured that the Tuskegee Study's legacy had hampered public health education efforts in the black community, contributing to the epidemic's spread (Gaston and Alleyne-Green 2013). A recent resurgence of tuberculosis in Marion County, Alabama is similarly attributed (Blinder 2016). Instances like the Tuskegee Study is an often a reason why African American males have negative stigma towards healthcare, suspicion of public health campaigns, low involvement in clinical trials, and overall worse health statistics and low participation among black men.

Lack of African American Professionals. Studies show that the lack of African American professionals has major implications for clinical practice. It is highly unlikely for African Americans to have their mental health assessment and treatment provided by someone of their same cultural background. Statistics show that "only 2 percent of psychiatrists, 2 percent of psychologists, and 4 percent of social workers in the United States are African American" (National Alliance on Mental Illness, 2009). The lack of African American professional's impact those that are interested in meeting with someone of their same cultural background. This implication is also pertinent as it may lead to issues in diagnostic assessment and treatment planning. For example, a study by Whaley (2001), found that African American clinicians seemingly have the essential cultural awareness and clinical skills to be able to distinguish culture and pathology in paranoid symptom manifestation. (Hackett, 2014)

Discussion

This study utilized a correlative approach to generate inquiry from Afrocentric ideologist, scientist, and educators that work with or in the African American community. This research intended to explore mental health in the African American community and the impact of historical trauma. The research was meant to identify the influence of historical trauma and barriers that African American males experience. The study was also intended to identify ways in which emotional intelligence can reduce traumatic experiences.

An important barrier identified in the research was the impact of historical trauma and institutional racism. It is very common for individuals in the African American community to possess a sense of mistrust towards systems. These factors of racism and trauma prevents African Americans from seeking needed mental health services and they lack awareness of mental health issues that plague the black community. The lack of awareness was identified as African Americans not being aware of the impact of mental health and not understanding the concept of therapy.

Conclusion

This study aimed to identify barriers that impact mental health in the African American community and the relevance of historical trauma. The research examines some of the barriers that African Americans experience leading to mental health and the need for alternative supports. Many enduring issues are existing regarding the lack of African American males mental health support such as, issues in trust, stigma, racism, and oppression, in addition to many other barriers. The role of historical trauma and how it has influenced these barriers was a crucial

component of the research. The research aligns with many researchers that conclude African Americans are at a disadvantage in mental health due to individual, environmental, and institutional factors. The findings suggest several implications for how trauma contributes to the black male's existence and the importance to implement social-emotional learning in schools and the workplace.

The research reveals that although there have been several systematic barriers identified that impact mental health in the African American community, there has not been a sufficient amount of research on emotional intelligence in the African American community or on emotional intelligence to reduce trauma in Africana American males. As noted, there were strengths and limitations to this research. A particular strength of this study was the use of Afrocentric philosophers and educators who work directly in the African American community. Focusing specifically on African Americans males was also a strength due to the lack of research within the African American community. A limitation of this study was the limited research on trauma in African American males and the inability to conduct voluntary sampling. With having no sample, it limited the prospective data and could not be identified to the African American male population. Despite the limitations, this research provides findings that are beneficial to the field of education, psychology, social work, and public policy.

In addition to the strengths and limitations identified, this study also recognized the implications for the field of African American Studies and Public Administration. The research acknowledged racism and how it impacts the barriers of mental health in the African American community. Understanding the history of oppression, racism, and trauma in the African

American community depicts the linage of mental health and the connection to low socio-economic communities. Based on the information provided, it is imperative to address the complications of racism and acknowledge the impact of historical trauma to truly address the barriers in mental health.

In our communities, there are many people who not only carry the burden of historical trauma but must also navigate a disproportionate amount of daily stressors. To improve the health of our collective community, we must strive to make every effort to understand how human beings take in and hold onto trauma and stress so that we can avoid traumatizing and re-traumatizing one another. In doing so, recommendations for future research to combat these stressors include further examination of the different methods of increasing the emotional intelligence of African American males. The purpose of this study was to explore the relationship between the impact of historical trauma and barriers on African-American males and understand to what extent emotional intelligence can be utilized to increase emotional intelligence and reduce traumatic experiences. While the literature review provided information on emotional intelligence in the impact on impoverished communities, this study revealed different barriers African Americans must overcome to reduce traumatic experiences.

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