

***I Don't See Color: Barriers to Black American Mental Health***

Taylor Pouncy

**Abstract**

Understanding historical trauma and “seeing color,” that is, acknowledging a client’s race, is important to adequately address mental health within the Black American community. Whereas many practitioners have tended to embrace the idea of a “colorblind” society, this article explores how it can be harmful for human services practitioners to approach services with Black American clients in a manner that does not address the racial trauma they continue to endure. The term “Black American,” as used for this article, refers to Black American descendants of American slavery. However, Black Americans are not a monolith and there is cultural variation within the population. This article aims to encourage human services practitioners to adjust their approach to Black American and other non-White clients of color in a manner that is culturally sensitive.

*Keywords:* Black American, color, race, trauma, slavery

**Introduction**

The modern conversation about disparities in dis-privileged and disenfranchised minority groups in American society continues to grow. In the field of Human Services, individuals are looking more closely at how disparities that exist in mental healthcare for Black Americans are influenced by “cultural insensitivity” and lack of cultural knowledge that come from the mental healthcare providers who attempt to serve them (Briggs et al., 2011, p. 2). Toward contributing to the growing research on empowering human services practitioners to provide culturally sensitive care, this article highlights the importance of seeing color and acknowledging both historical and current factors related to the Black American experience in this country, as a way to reduce cultural insensitivity and improve the quality of care given to this population.

Historically, the Black American experience in the U.S. has significantly differed from White and other non-White people of color, due to America’s legacy of slavery, genocide, and enduring racism (Anderson & Span, 2016). Yet, there are individuals who, in an attempt to appear politically correct, unbiased, non-prejudiced, or non-problematic, will say, “I do not see color.” Usually, this is meant to suggest that an individual does not judge people by the color of their skin, but, in the words of Dr. Martin Luther King, Jr. (1963), “by the content of their character.” They purport that an individual’s racial and ethnic background is no longer relevant in the greater scheme of their engagement with society.

The fact that anyone would subscribe to this way of thinking is not completely unwarranted, as Ikuenobe (2013) revealed that Barack Obama winning the 2008 presidential election prompted what many individuals, conservative or otherwise, came to believe was a “post-racial” era (p. 446). This meant that many believed the country moved past the idea of treating people differently based on their racial classification (Ikuenobe, 2013). Although the idea of a post-racial America proved not to be accurate, there are individuals, some who work within the field of human services, who intend to manifest a post-racial society by



disregarding America's painfully racist history as a way to *move forward* (Ricks, 2014). Although their intent with this gesture might be harmless, it can cause more harm than good.

The act of being "colorblind," or ignoring the way racism and discrimination affect the lives of non-White people in America, benefits the structure of White supremacy. It creates a space for those who actively engage in racism and discrimination to do so without accountability while creating alternative theories for the harm done as a result of racism and discrimination. Rather than acknowledging the patterns of racist and discriminatory behaviors that harm non-White people of color, it denies its existence completely. This not only places the burden of proof for non-White individuals who suffer through racism and discrimination to prove what they have experienced, but also gives plausible deniability to the individuals who perpetrated the harm.

Not noticing or acknowledging an individual's color or race also perpetuates the idea of a monoculture and heightens the likelihood that a human services professional (e.g., counselor, case manager) will engage in a racist or discriminatory manner with their clients (Nadal et al., 2014, p. 58). Monoculture, as defined by McIntosh (2009), is "the myth that suggests there is only one American culture, and we all more or less experience it the same way" (p. 57). This notion of monoculture negatively affects mental health for Black Americans because it minimizes and trivializes any of their cultural experiences that do not align with that of the dominant culture.

The individual who declares not to notice race might choose not to judge people based on the color of their skin or their racial and ethnic backgrounds. However, an individual's beliefs or preferences about the interplay of skin color or racial and ethnic backgrounds in our society have no significant bearing on the fact that racial prejudice and discrimination are systemic and not solely interpersonal (Neville & Awad, 2014). It is crucial that the colorblind individual, human services professional or not, understands how racial and ethnic background influence the ways people experience life in America, a country with an abundance of systemic racial inequalities (Luckerson, 2015, p. 26). Human services practitioners with Black American clients, especially, must be willing to see color to see the racial inequalities that exist and have historically affected the lived experiences of Black Americans in this country.

Understanding Black Americans' needs from a human services standpoint requires knowledge of their history and the factors contributing to their everyday experience and, per Ricks (2014), "It is unrealistic to expect human services practitioners to effectively help others without the contextual knowledge necessary to build the bridges of understanding, compassion, and empathy" (p. 166). This contextual knowledge includes everything from the trauma their ancestors faced in the past to the factors that influence their lived experience today. One *must see color* to understand how Black Americans' circumstances in this country, both historical and modern-day traumas, influence Black American mental health.

### Historical Trauma

Historical trauma refers to the legacy of trauma experienced by oppressed individuals within a cultural community, which has social and psychological effects that can manifest intergenerationally due to the lasting effects of stress on behavior and biology (Cowan et al., 2016; O'Neill et al., 2018). Offspring of the initial sufferers of the traumatic event "manifest symptoms and consequences of traumas survived in common by their familial and cultural ancestors" (Danzon et al., 2016, p. 353). The idea is that an individual or collective group experiences a traumatic event, and the consequences or effects of the trauma—which present



through behavior or biology—then get passed down to the individuals in subsequent generations.

Given the rationale for historical trauma, it is reasonable to suggest that many Black American counseling clients today are manifesting consequences of traumas survived by their ancestors, who endured unspeakable crimes as part of their American history, including “slavery, segregation, racial discrimination, social abuse, medical exploitation, and violence targeting” (Durham & Webb, 2014, p. 5). To understand the effects of trauma on Black American mental health, we must first understand the historical trauma of Black Americans as well as the traumas they continue to endure in the U.S.

### **Trauma Then**

During the early 1600s, many Black Americans were forcibly brought to America as cargo (Anderson & Span, 2016). They were identified as being less than livestock and made to work until death for those who believed that they *owned* them (DeGruy, 2018, p. 59). Their captors stripped them of their identities by forcing them to take new names and spiritual systems and turn away from customs and traditions they knew before their capture (Rodriguez, 2007). They were regularly separated from their families, raped, beaten, and murdered (DeGruy, 2018; Rodriguez, 2007). These beatings, rapes, and murders did not happen behind closed doors because the perpetrators often *normalized* the events for everyone to see as a way to not only cause pain, but also to psychologically influence their audience. These were acts of racist terror used to intimidate Black Americans and keep them in the place that most benefitted their captors (Berg, 2015). Those individuals invested in the enslavement of Black Americans inflicted an inconceivable amount of mental and physical traumas on Black Americans to maintain control and exhibit power over a people they deemed to be of lesser value.

A glimpse into the historical trauma realized by Black Americans can be found in the narratives of Black Americans who had been enslaved. These seminal narratives include, but are not limited to, *Narrative of the Life of Frederick Douglass an American Slave* (Douglass, 1845); *The Narrative of William W. Brown* (Brown, 1847); *Incidents in the Life of a Slave Girl* (Jacobs, 1861); and *The Interesting Narrative of the Life of Olaudah Equiano, or Gustavus Vassa, the African* (Equiano, 2019). These narratives and many others paint a picture of the cruelty suffered by Black Americans of all ages, including sexual assault, physical violence, community lynching, and other unspeakable cruelties.

Black Americans, children, and adults alike had to watch their loved ones suffer unspeakable inhumanity, which is not to say that the trauma that Black Americans endured ended when slavery was abolished in 1865: “historical trauma for blacks in this country did not end with the abolition of slavery, as segregation, racial discrimination, social abuse, medical exploitation, and violence targeting black people continued to affect their lives” (Durham & Webb, 2014, p. 5). Proof for the continued suffering of Black Americans after the abolition of slavery can be found in the preserved works of Ida B. Wells (1895) and other individuals who wrote about the beatings, lynchings, and racially motivated hate crimes enacted against Black Americans many years after the *Emancipation Proclamation*.

The same beliefs and ideas that supported slavery would grow into a newer form of racism, which kept Black Americans suffering and subjugated under the thumb of white supremacy (Bonilla-Silva, 2018, p. 19). The metamorphosis of white supremacy was the result of White people seeking to sustain the racial hierarchy, which ensured they had to power to oppress whomever they pleased (Tisby, 2019). Since the abolition of slavery, the efforts used to reinforce the racial hierarchy and maintain white supremacy include, but



definitely are not limited to: (a) “Jim Crow Segregation Laws,” (b) Exclusion from the New Deal, (c) The Convict Lease System, and (d) Racial Terrorism (Bubar, 2020; Graff, 2016; Hawkins, 2013). These are but a few factors that are of critical importance to understand the historical conditions of racism and white supremacy inflicted on Black Americans.

### **Jim Crow Laws**

Jim Crow Segregation laws spanned from about 1877 to 1954 to ensure that Black Americans were separated from White Americans, with poor living conditions, and under the rule of White Americans (Muldoon, 2014). Jim Crow laws ensured that Black Americans lived as second-class citizens deserving of brutalization if they stepped out of line and tried to obtain any of the liberties that were only made available to White Americans.

### **Exclusion from the New Deal**

In 1933, after the Great Depression, there was an expansion of federal government programs put in place to make “federally guaranteed economic security a political right for every American citizen” (Edsforth, 2000, pp. 1-2). This enabled many individuals to use monetary resources to build a foundation of wealth that they could pass on to their descendants. The New Deal was “racially discriminatory” and excluded “agricultural and domestic workers, the categories that included nearly 90 percent of black workers at the time” (Reed, 2008, p. 24). In true Jim Crow fashion, while White Americans and other racial groups were able to enjoy the fruits of American citizenship, Black Americans were intentionally left out.

### **Convict Leasing**

Convict leasing was a system prevalent in, but not exclusive to, Southern parts of the United States. This system was predicated on the 13th Amendment to the U.S. Constitution, which stipulated that “Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction” (U. S. Const. amend. XIII). It is important to note that individuals did not have to commit the crime to be convicted of it, as “false criminal charges were trumped up as a means of legally securing large numbers of free or cheap human laborers” (DeGruy, 2018, p. 67). This meant that anyone convicted of a crime, whether they were truly guilty or not, would be subject to the same standard of freedom that was given to Black American individuals who were enslaved before the Reconstruction period.

The same Black Americans who previously had been “emancipated” from slavery were now, on the other hand, criminalized and imprisoned based on laws that were shaped to “ensure black laborers” (Pope, 2019, p. 1511). Black Americans were not the only people imprisoned under the convict leasing system. However, Black Americans were the main targets of this convict leasing system, which is evident in the way they were imprisoned and forced to labor at a much higher rate than their White counterparts who were allowed to spend their sentences in their cells (DeGruy, 2018; Howell, 2017). Convict leasing was a way to continue the free labor that Black Americans were forced to provide prior to the *abolition* of slavery.

Convict leasing was basically slavery, modified to fit the needs of society at that time (Alexander, 2020). Reminiscent of the conditions enslaved Black Americans experienced, those imprisoned were regularly whipped, brutalized, sodomized, and made to work long hours as a condition of their sentence (DeGruy, 2018; Perkinson, 1998). Black “men, women,



and children alike” were all subject to horrific living and working conditions as they were deemed “expendable” resources (Perkinson, 1998, p. 209). In essence, the same racist and white supremacist ideology that fueled slavery fueled the violence and gross maltreatment that Black Americans would be subject to following their *emancipation*.

### **Racial Terrorism**

Violence, based on racism, has been an integral part of maintaining white supremacy over the years. White Americans used terror as an instrument for establishing white supremacy and, following the Civil War, to reestablish white supremacy by way of rape, lynching, and other horrific acts against Black Americans (Equal Justice Initiative, 2017; Tisby, 2019). White Americans of the time spared no expense in their attempt to ensure that Black Americans remained in subjugation.

Much of the racial terror enacted on Black Americans during this era is much too gruesome to explore in great detail. However, historical records align with Tisby's sentiments about terrors that Black American individuals suffered, which includes “lynching and rape,” in addition to “community massacres,” imprisonment, and other unspeakable acts at the hands of individuals who were not fond of Blacks Americans’ newfound *freedom* (Equal Justice Initiative, 2017; J. Taylor & Stevenson, 2020). Our view is that the effects of this trauma did not likely end with the initial suffering; traumas like these can be passed down to subsequent generations both mentally and physically.

Traumatic experiences can alter the genes that influence how an individual responds to stress, which is also associated with the manifestation of unfavorable mental health symptoms (Pilkay & Combs-Orme, 2020, p. 11). The biological consequences of trauma experienced by a parent can manifest in their child, placing the child and subsequent generations at greater risk of experiencing adverse mental health symptoms (Binder, 2016). because In sum, the lasting effects of that trauma that is not only made manifest among this current generation of Black Americans but is also compounded by the trauma that they are presently encountering. In turn, Black American historical trauma is an important factor for human services practitioners, including counselors, to understand in the context of their work.

### **Trauma Now**

Although there are individuals who may have wanted to believe that Barack Obama’s 2008 election win marked the beginning of post-racialism, Black-Americans are still subject to experience racism and white supremacy daily (Ricks, 2014). Most Black Americans experience racism regardless of education, socioeconomic status, or job title. Essentially, racism, is a reality for Black Americans that no amount of hard work, achievement, or financial gain can adequately protect them from (Neal-Barnett, 2020).

Today’s racism is a pervasive stressor that can also be a trauma trigger (Neal-Barnett, 2020). Highlighted in this article is the racially charged trauma Black Americans face as a result of police brutality and racial subordination, ranging from racial slights to large-scale racial terrorism. Since the issue of police brutality has sparked widespread outrage, it will serve as a starting point for this exploration.

### **Police Brutality**

Black Americans witness and experience a disproportionate rate of violence at the hands of the police. In the past 2 years alone, there were countless examples of Black Americans being victimized by police use of excessive and sometimes deadly force. This is not surprising, since Black Americans are “more than twice as likely to be killed by police



than are persons of other racial or ethnic groups; even when there are no other obvious circumstances during the encounter that would make the use of deadly force reasonable” (Fagan & Campbell, 2020, p. 951). Three recent and widely publicized tragedies include: (1) Breonna Taylor, who was killed as police barged into her apartment in the middle of the night, reportedly looking for someone else (Arinde, 2020); (2) George Floyd, who was recorded lying handcuffed, face-down on the asphalt, pleading for his life, while being strangled to death by the knee of a police officer pushing into his neck for 8 minutes and 46 seconds (Arinde et al., 2020; Dennis et al., 2020; Schwartz, 2020; Truesdell & Kantor); and (3) Duane Write, who was shot and killed during a traffic stop by an officer who is said to have mistaken her gun for her taser, despite having 26 years of experience as a police veteran (Sanchez & Vera, 2021). Each of these murders was widely publicized on various media outlets. In fact, the latter of the two were caught on film and added to the slew of videos depicting Black people being abused, beaten, and murdered in the streets that are quickly and routinely shared all over the world, leaving Black American citizens wondering who would be next.

Prior to 2021, there have been several other traumatic incidents of policing that is both “violent” and “racist” (Schwartz, 2020, p. 280). Some of those examples include:

1. The murder of Eric Garner, who was stopped by the police in 2014 for selling cigarettes. During this stop, a police officer was caught on film choking an unarmed Garner to death, all while ignoring Garner’s pleas for mercy. This film was heavily circulated on both the mainstream and social media.
2. The murder of Philando Castile who was shot and killed during a traffic stop in 2016. Philando was shot seven times in the passenger seat of his car, in front of his wife and 4-year-old daughter. This incident took place while Philando reached for his license and registration, as instructed by a police officer. Castile’s death streamed on Facebook live and was shared around the world via various media outlets for all to see. (Barker, 2016; Johnson, 2019)

Each new example of police brutality and the unjust murders of Black American citizens compounds the trauma that Black Americans experience today.

Although police brutality and the unjust murders of Black American citizens are among the most notable sources of trauma for Black Americans, it is not the only way Black Americans experience trauma. Racially charged trauma exists on a spectrum, ranging from racial slights to racial terrorism (Williams et al., 2014). On each end of the spectrum, the trauma is enacted by individuals who uphold racist and white supremacist ideology, irrespective of their professional or social affiliations.

### **Racial Terrorism**

Black Americans continue to face the threat of racial terrorism, which is most notably, but not exclusively, perpetrated by members of the “White Hate” movement (Vohryzek-Bolden, 2003, p. 58). Members of the White Hate movement include groups and individuals who believe White people are within their rights to subjugate non-White people (Vohryzek-Bolden, 2003). More commonly discussed perpetrators of White Hate include the Klu Klux Klan, Neo-Nazis, and the “Racist Skinheads,” but there are additional splinter groups and vigilantes who adhere to the ideas of white supremacy (Vohryzek-Bolden, 2003, p. 58). The classification of the perpetrators of the racial terror varies, but the intent to enact terror in the name of maintaining the legacy of white supremacy remains the same.



In 2015, a “White Nationalist,” or member of a group who believes racial violence is “necessary for progress,” committed a racially motivated massacre in a historically Black church by opening fire during a Bible study and killing nine Black Americans (Chebrolu, 2020, pp. 47-48). The details of the incident and the shooter’s personalized manifesto were found both on mainstream and social media. Based on the nature of its contents, the massacre was associated with the shooter’s beliefs regarding the perceived supremacy of White people and his duty to enact racial violence to uphold the ideals he believed to be true (Chebrolu, 2020). As it stands, this is one of many examples of the senseless, racially charged, mass killings of Black Americans over the years.

In addition to the countless mass killings done in the name of White supremacy, racial terrorism is also enacted on individual Black Americans. One recent example is the murder of Ahmaud Arbery, who was shot and killed by three White Americans while jogging in a mostly White neighborhood. The individuals responsible for his death verbalized that they were “making a citizen’s arrest” because Ahmaud “resembled another Black man” who they claimed was responsible for robbing the homes in their neighborhood (Barker, 2020, p. 4). Ahmaud Arbery’s race was a key factor in him being hunted and murdered by a group of White men (Barker, 2020). These men enacted a belief that is grounded in white supremacy: They reasoned that this Black Man was a criminal, and that they, as White men, had the right to kill him, at their own discretion.

These events are but a few tragedies publicized in the media, detailing Black lives being lost in a manner that stands to compound the trauma that many Black Americans experience. Although terrorism against Black Americans is not limited to murder, these examples of trauma serve as an indicator that Black Americans are still subject to the threat of death based on racist ideology, just as their ancestors were in previous generations.

### **Racial Slights**

Black Americans’ trauma is also enacted in smaller, non-lethal ways. I offer the term *racial slights* to describe the same phenomena that Dr. Chester Pierce (1970) classified as “microaggressions” in the 1970s (as cited in DeAngelis, 2009, p. 42). Essentially, it describes “offensive mechanisms” that are used socially to “project pro-racist attitudes” (Pierce, 1970, p. 282). Pierce (1970) offered that these are “subtle blows” that collectively cause an individual to feel ignored, terrorized, tyrannized, and minimized. I do not negate that these subtle blows can cause collective harm to an individual or a community (p. 266). However, everyone is not convinced of the harmful effects of microaggressions due to their belief that microaggressions are mostly harmless (Wells, 2017). This is, in part, due to the idea that *individually* they are not “devastating” (Wells, 2017, p. 62). It also is worth noting that they might include actions that one does without realizing the potential harm those actions could cause (McTernan, 2018). For this purpose, I am opting to use racial slights to encompass all small-scale pro-racist acts and projections directed at members of a marginalized group, regardless of their intent or the effect they have on the individuals they are directed towards.

Racial slights mirror the attitudes and beliefs of individuals who, knowingly or unknowingly, hold beliefs that align with white supremacy (Sue et al., 2008). Themes of racial slights include “assumption of intellectual inferiority,” “second class citizenship,” “assumption of criminality,” “assumption of inferior status,” “alien in own land,” “color blindness,” “myth of meritocracy,” and “denial of individual racism” (Sue et al., 2008, p. 278). Many members of marginalized groups (e.g., Black Americans) experience racial slights daily (McTernan, 2018). Racial slights can be delivered verbally, environmentally, or behaviorally by the perpetrator (Sue et al., 2007). They include everything from statements



like, “When I look at you, I don't see color,” to the act of placing an “overabundance of liquor stores in communities of color” (Sue et al., 2007, pp. 276-278). Although racial slights only encompass one end of the spectrum of trauma that Black Americans have faced, from past to present, *all trauma is trauma* and should be treated as such.

### **All Trauma Matters**

Starting with slavery that began in the 1600s, and continuing to publicized and unjust murders depicted on social media today, Black Americans have endured an amount of trauma that words can never justify. The residual feelings from being treated the way Black Americans have been treated have not been addressed, and therefore are unhealed due to what DeGruy (2018) referred to as the “cognitive dissonance” that the bulk of Western society displays as it relates to the unspeakable crimes that have been committed against Black Americans (p. 38). A human services practitioner must *see color* to understand the influence of traumas suffered by Black Americans of the past and the present on Black mental health. Opting not to see color creates an environment where Black Americans’ mental health issues go misunderstood and untreated.

### **Clinical Barriers to Black American Mental Health**

Many Black people do not receive mental health treatment that is sufficient for addressing their mental health needs (Alvidrez et al., 2008). There are various barriers to Black Americans receiving proper mental health care. When one opts not to see color, they do not see the barriers that stand between Black Americans and proper mental health care. Some of these barriers include: (a) lack of cultural competence from mental health professionals who are “racist and/or ignorant of their own cultural conditioning” (Mays, 1985, p. 385); (b) misunderstanding of how symptoms present differently across cultures due to a “lack of comprehensive delineation of multicultural variability” in the diagnostic criteria for mental health diagnosis (Roysircar, 2005, p. 22); (c) the stigma of mental health in the Black American community (Alvidrez et al., 2008); and (d) Black Americans’ mistrust of mental health workers and others in the helping professions (Orbé-Austin, 2009). By addressing these barriers, this article aims to highlight the importance of *seeing color* as a way to empower human services practitioners to play an active role in reducing the barriers to Black Americans receiving proper mental health care.

### **Lack of Cultural Competency**

One barrier to adequate mental health care for Black Americans is the lack of cultural competency among many counselors, which is evident in the errors made in diagnosing and treating many Black American clients due to their counselor’s cultural bias (Orbé-Austin, 2009). Cultural competence is the ability to acknowledge and respect cultures outside of those with which you align (McMullen, 2017). Cultural competency is one of the major keys to success for counselors who are working with clients from different backgrounds. Since there is no “one-size-fits-all” approach to counseling, providers must consider all the factors that contribute to a client’s presenting problem. Too many individuals in the mental health profession are not properly trained on the best practices for working with non-White people of color (Briggs et al., 2011). There is a need for a greater understanding of cultural variability when serving Black American clients if providers hope to facilitate a therapeutic relationship that is conducive to growth and healing.

To engage Black American clients, providers must be willing to acknowledge, but not assume, that the client’s lived experience might differ from their own, including everything



from their history to their financial status, geographic location, and exposure to discrimination. Growth and healing cannot occur in an environment where the human services practitioner is blind to and unable to embrace the factors that make their client different from themselves. It is important to note that for Black American clients, these factors could include skin color, because, historically, it has proven to factor into their condition and culture in this country. Opting to overlook this factor can cause the treating counselor to completely miss the mark and misdiagnose their Black American clients.

### **Misdiagnosis of Mental Health**

Black Americans with access to mental healthcare are at an increased risk of being misdiagnosed with mental health disorders, like schizophrenia and mood disorders (Orbé-Austin, 2009). These diagnostic discrepancies can be attributed to a lack of cultural variability within diagnostic criteria for mental health disorders, the need for increased cultural competency among many counselors, and the racial biases held by individuals who provide treatment to non-White clients (Friedman & Paradis, 2019). Essentially, racial bias and cultural incompetence have been the driving forces behind the diagnostic discrepancies Black Americans experience when undergoing mental health treatment.

Much of the research on the matter details the likelihood of Black Americans being disproportionately diagnosed with schizophrenia. For example, a study at Rutgers University in 2019 revealed that the rate at which Black Americans were being diagnosed with schizophrenia, compared to their non-Black counterparts, was partially due to the counselor's tendency to place more of an emphasis on the presence of psychotic symptoms (as opposed to depressive symptoms) in their Black American clients (Gara et al., 2019). Misdiagnosing Black Americans for any reason inevitably increases the likelihood that they will not receive treatment that fits their needs and puts them at increased risk of receiving an iatrogenic illness. A culturally competent human services practitioner must see color to understand the rate at which Black Americans are misdiagnosed with mental health disorders such as schizophrenia and mood disorders. The practitioner must see color to understand the nature of the various factors that contribute to diagnostic discrepancies that can be steeped in cultural differences, including cross-cultural awareness and fairness in assessment and testing to identify mental health issues (Hinkle, 1994). To mitigate the harm posed to Black American clients in mental health care, it is imperative for counselors to grow in familiarity with the role of racial bias and cultural incompetence in clinical error.

In addition to being cognizant of the factors that aid counselors in perpetuating the misdiagnosis and subsequent mistreatment of Black Americans in mental health care, a counselor must also see color to understand the other barriers to Black Americans receiving proper mental healthcare. Exploring these barriers helps with understanding the best approach to further address Black American mental health in a culturally responsive manner. Other barriers include the stigma of mental health in the Black American community as well as Black Americans' distrust of mental health and other medical professionals due to a longstanding history of scientific racism and medical exploration of Black Americans.

### **Mistrust of Mental Health Professionals**

The mistrust that many Black Americans have for individuals in the helping professions (medical, mental health, and otherwise) is not unfounded. In addition to the published works that proclaim Black individuals are somehow inferior and inherently flawed, the history of racial prejudice in America is reflected in the acts of medical professionals who viewed Black people as less than human and used their bodies for their own interests: for free



labor or as instruments for medical exploration. Some examples include The Tuskegee Experiment and The Alabama Insane Asylum. In fact, there are countless examples of well-respected scientists using their platforms to perpetuate the idea of Black inferiority and to justify the mistreatment of Black individuals. A few examples include Samuel George Morton (Mitchell, 2018); Benjamin Rush (Jackson, 2003); and Samuel A. Cartwright (Jackson, 2003).

### **Stigmatization of Mental Health**

Another major barrier to Black Americans receiving proper mental health care is the stigmatization of mental health services in the Black American community. Although the stigma regarding mental health care can be found within any cultural group, the stigma is especially strong in the Black American community due to popularized cultural beliefs which include the idea that mental health is not a priority for Black people, Black people are too strong to need assistance with maintaining good mental health, and that Black people must solely rely on God to mitigate any symptoms of mental illness or distress (R. Taylor & Kuo, 2019). The stigmatization of mental health has been fostered by factors such as clients' lack of trust in a counselor's ability to approach treatment in a manner that reflects cultural competence, the low percentage of diversity among counselors, clients' fear of reliving negative experiences that they might have had with other counselors, and the likelihood that a counselor will perpetuate racial slights (R. Taylor & Kuo, 2019). As a result of the various beliefs and factors that contribute to the stigmatization of mental healthcare in the Black American community, many Black Americans remain silent about their suffering and opt not to utilize mental health services (Briggs et al., 2011). Providers must see color to understand the nature of the stigmatization and mistrust that causes a disparity in mental health service use by Black Americans if they aim to counteract it and serve their Black American clients more effectively.

### **Mental Health Treatment Approaches and Implications for Black Americans**

Because Black Americans did not always receive ethical or culturally responsive care in any of the helping professions, approaching treatment with a Black American client from a colorblind perspective is dismissive of Black American history, Black American culture, Black American trauma, and all the factors that could potentially contribute to the issues they are facing. It also places the client at risk of being harmed at the hands of the colorblind counselor who does not quite understand them by way of racial slights and culturally unresponsive care. This approach is particularly counterproductive because Black Americans are likely to terminate mental health services after their first session due to feeling culturally misunderstood (Orbé-Austin, 2009). Providing culturally responsive care to Black American clients requires human services practitioners to see color and work against the clinical barriers that are standing in the way of Black American clients receiving culturally responsive and appropriate mental health care.

To be a part of the solution, human services practitioners must identify, acknowledge, explore, and counteract the systemic barriers that affect the lives of the marginalized clients they serve (Johnson & Bronner, 2013). This starts with human services practitioners, namely counselors, examining themselves and understanding the role that they play in contributing to systems that increase disparities in mental health care for marginalized populations when they do not see color (Curtis et al., 2019; Johnson & Bronner, 2013). This is a matter of increasing cultural competence and understanding the ways that clinical bias and racial slights can become a reality in session with clients who are not from the same clinical background as the



treating counselor. Practitioners can increase their cultural competence using journal articles and academic books to gain cultural insight, interacting with diverse groups, and attending diversity-focused conferences (Clay, 2010). A variety of resources explore the experiences of marginalized groups, including Black Americans, and how professionals can approach care in a culturally sensitive manner to improve the quality of care their clients are receiving.

Engagement with the various resources available to increase practitioners' knowledge about the importance of seeing color, and the influence it has in American society, is an important start to increasing cultural competence. However, it is not all of what is required to serve Black American clients adequately. Practitioners must also understand and convey the knowledge that they gain regarding the inner workings of other cultures to discern how appropriate their treatment approach might be (Carter, 2005). It is not enough to have the knowledge or understand the need for the knowledge, practitioners must also use the knowledge in a way that is most conducive to providing culturally responsive care.

Essentially, the solution is threefold: (1) *see color* and understand the clinical barriers that inhibit practitioners from providing culturally responsive mental healthcare to Black American clients; (2) seek knowledge that will increase competency with Black American clients in academic writings, trainings, and conferences; (3) use the knowledge gained to explore ways to navigate personal bias and treatment approaches in a way that is conducive to providing culturally responsive care to Black American clients.

### Conclusion

When human service practitioners—and counseling professionals in particular—see color, they are better able to see the current and historical factors that play a role in Black mental health. This then fosters an environment where practitioners can begin to mitigate the clinical barriers to Black Americans receiving adequate mental healthcare, by obtaining the proper knowledge and training that will empower them to adapt their treatment approach in a manner conducive to providing culturally responsive mental healthcare to Black American clients.

By exploring and identifying the importance of seeing color when working with Black American clients, a population that has historically not received adequate or culturally sound treatment for their mental health needs, this article contributes to the growing body of literature generated to reduce cultural insensitivity and improve the quality of care given to diverse populations in the field of Human Services. Before human services practitioners can be a part of the solution and provide culturally responsive care to their diverse body of clients, they must first see color, history, and all the factors that contribute to their clients' experiences. They must be willing to acknowledge the racial disparities, systemic racism, and ongoing racial trauma that exist within this country. By acknowledging uncomfortable truths and adjusting their clinical approaches, they will grow in their ability to reduce disparities within mental healthcare for clients in minority populations, enabling them to obtain the help and healing they deserve.

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