NARRATIVES OF CLINICIANS NAVIGATING BLACK WOMEN'S TRAUMA IN THERAPY

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Abstract

This qualitative research study examines the narratives of clinicians who treat Black women with trauma to further curate ways to effectively treat Black women in therapy. This study reveals the importance of culturally-informed clinicians in the psychological field to provide effective mental healthcare for Black women to combat healthcare disparities. Data was collected by conducting five semi-structured interviews with clinicians who specialize in treating Black women with trauma. After collection, the data was analyzed using Atlas.ti and divided into three categories: psychosocial patterns, treatment strategies, and the therapeutic relationship. A major theme exemplified by the psychosocial patterns of clients is the Superwoman Schema. The overarching themes that exemplify the Superwoman Schema include the inability to acknowledge or express trauma, perfectionism, and lack of boundaries. The common themes found in narratives of clinicians regarding treatment strategies are CBT criticism, the effectivity of EMDR, the utility of mindfulness, and the power of the therapeutic relationship. These themes provide insight into beneficial tools used in therapy with Black women navigating trauma and potential challenges clinicians may face treating Black women with trauma. This study can provide suggested strategies to treat Black women in therapy to effectively acknowledge, process, and heal from trauma.

Keywords

Clinicians, Black Women, Trauma

This study aims to further cultivate ways to provide effective, culturally-informed treatment for Black women in therapy. Much research has been conducted on the predictive factors for mental health disorders in Black women, however, there is a dearth of information informing clinicians on how to properly treat Black women who have experienced trauma. There is research focused on the relationships between substance abuse counselors and Black women. However, the information from this study can only be applied directly to a limited population of people (Blakey, 2020). Experiences that largely affect Black women such as prenatal discrimination, relationship coercion, and intimate partner violence demand culturally-informed instruction to combat healthcare disparities Black women experience in the United States (Alexander et al., 2021; Wycoff et al., 2024). Creating guidelines for the treatment of Black women based on effective methods utilized by clinicians who specialize in serving Black women with trauma has the potential to aid in the destigmatization of professional mental health care and curate ways to benefit the psychological treatment of the Black community on a local and global scale.

Literature Review

The following section provides an overview of the latest research that examines the mental health treatment and recovery process of Black women. Cultural relevancy is critical to the psychological field as can be seen in the following research studies. Not only do these studies capture the effects issues such as abuse and mental health disorders have on Black women, but they also cover the additional discrimination, discomfort, and stereotypes Black women face while navigating healthcare (Alexander et al., 2021; Goode et al., 2022; Nicole et al, 2023; Sherman et al., 2023; Ravi et al., 2023; Wycoff et al., 2024).

Conducting research highlighting the psychological effects phenomena have on Black women is significant because cultural factors affect the development and expression of mental health disorders. For example, both Black and White women are impacted by binge eating disorders (BEDs) at similar rates, however, their

experiences with body dissatisfaction differ greatly. A study exploring the treatment of Black women with BEDs revealed that the lack of research on Black women with BEDs combined with the high rates of Black women struggling with the disorder necessitates the incorporation of culturally informed assessments and treatment (Goode et al., 2022). In addition to any disorder a Black woman may have, the experience of being a Black woman in the United States leaves many Black women vulnerable to a myriad of stressors created by racial discrimination. This includes rejection by employers, denial of loans, and harassment by the police (Sherman et al., 2023, p. 36).

Racial discrimination also affects the experience of Black people seeking mental health treatment (Ravi et al., 2023, p. 567; Smith, 2022, p, 58-63). Additionally, researchers found that Black women who have experienced stigma around mental health are more likely to exhibit symptoms of depression, anxiety, and post-traumatic stress disorder than Black males navigating mental health stigma. Research also revealed a community that offers social support benefits Black women seeking mental health treatment to combat discrimination and reduce the stigma around mental health treatment (Alexander et al., 2021; Blakey, 2020). Research has also revealed that the development of a culturally-informed curriculum has the potential to minimize mental healthcare disparities (Kemet et al., 2021). Research on mental health treatment for Black women finds that combating their community's stigma on mental health and racial discrimination impact their experience navigating mental healthcare. Research suggests that a supportive community, culturally informed assessments, curriculum, and treatment could improve the experience of Black women seeking psychological assistance.

Research Design

Research Questions
This research study collects and examines the narratives of clinicians treating Black women who have experienced trauma. This is achieved by conducting semi-structured interviews with clinicians and asking them a series of questions with additional prompts. These questions will include, "What are the common themes you see in the thinking, emotional, behavioral, and environmental patterns you see in the Black women who have experienced trauma? What treatment strategies do you believe have been ineffective and effective? Can you tell me a story about a client you have seen benefit from the treatment strategy you used?" The purpose of the questions is to collect the stories of clinicians to add to the literature on Black women navigating trauma to develop guidelines for clinicians to minimize healthcare disparities and provide effective, culturally-informed care.

Qualitative Research Orientation
I utilized the qualitative research approach of a narrative study to capture the stories of clinicians who specialize in treating Black women with trauma. A qualitative research approach allows the researcher to explore processes. In this study, I am exploring the processes of clinicians and their clients. This study seeks to explore the narratives of clinicians who work with women who have experienced trauma. This study does not evaluate the impact of treatment on any outcomes numerically. Thus, the qualitative approach, specifically exploring the stories of clinicians is effective for the research study. My data collection methods include current research and five semi-structured interviews with three psychologists, an associate professional counselor, and a licensed professional counselor. Through these interviews, I was able to capture the common themes the participants see in their therapy sessions with clients while maintaining confidentiality. By interviewing clinicians, I was also able to capture their stories cultivating ways to effectively assist their clients in navigating trauma. These stories included information on therapeutic strategies and developing an ethical therapeutic relationship with clients. The average interview time was approximately 50 minutes.

Role of Researcher
To add to the validity of this research study, it is appropriate for me to include my connection to the research topic. I am a Black woman who has benefited from therapy to address past traumatic events and have encountered both positive and negative experiences while seeking professional mental healthcare. I have also interned at a psychologist's office that specialized in treating Black women with trauma for two years. Out of my five participants, I had a working relationship with four of the clinicians. This personal connection allowed me to enter my interviewing process familiar with current topics clinicians who treat Black women are tackling. This increased my ability to form relevant follow-up questions for my participants.

Sample Size
Purposive sampling was utilized to select five participants, which included three psychologists, an associate professional counselor, and a licensed professional counselor all specializing in treating Black women with trauma. Their clinical experience ranged from 3 to 20 years. Out of the five participants, all identify as Black women. Each clinician primarily sees clients in Georgia, and the approximate age range for their clients is 18-69.

Ethical Considerations

The participants received a consent form before their interview which included the purpose of the study, examples of questions, procedures, risks, benefits, information on voluntary participation and withdrawal, confidentiality protocol, and the contact information for me and my research supervisor. The inclusionary criteria included clinical experience treating Black women with trauma in therapy. Data validation strategies used in this study to maintain data trustworthiness include bracketing, peer review, member checking, and rich thick descriptions.

Results

I hosted my interviews over Google Meets and collected an audio recording of each meeting. After my interviews were completed, I transcribed each audio into one document. I used Atlas.ti to organize and code my data. To begin my data analysis, I created three categories: psychosocial patterns, treatment strategies, and the therapeutic relationship.

Psychosocial Patterns: The Superwoman Schema

The Superwoman Schema is exemplified by the common themes found in the thinking, behavioral, and emotional patterns clinicians encounter with their clients. The Superwoman Schema, also known as the Strong Black Woman Schema, is characterized by strength, hyper-independence, perfectionism, catering to others' needs, and neglecting one's own needs (Parker et al, 2024). The Superwoman Schema is specific to the experience of Black women and the expectations their culture places on them. The common themes found in the thinking patterns of Black women who have experienced trauma include the inability to recognize their trauma, perfectionism, responsibility, and secrecy. Similarly, the common themes found in the behavioral patterns include perfectionism, avoidance, aggression, and people-pleasing. Lastly, the common themes found in emotional patterns are avoidance, anxiety, depression, and irritability. These themes can be further condensed into the Superwoman Schema, which will be examined by the codes inability to acknowledge and express trauma, perfectionism, and lack of boundaries.

Psychosocial Patterns: Inability to Acknowledge or Express Trauma

Clinicians stated that many women struggle to acknowledge that they have experienced trauma and find difficulty expressing themselves. When asked what thinking patterns she observes in her clients, one clinician states,

> A lot of guilt and self-blame. A lot of them not having the language to describe the impact of what happened or not always having the full awareness of the impact. There were quite a few that had something traumatic happen and they didn't label it as trauma because they know somebody that's been through worse or they know that there's worse in the world so they really discount their experiences.

This notion of suppressing one's emotions is also seen in the behavioral and emotional theme of avoidance. When asked what emotional patterns she observes in her clients, one clinician says,

> Not acknowledging your emotions as an emotional pattern. There is an association between acknowledging your emotions, crying, being upset as you're being weak or that's a useless thing to do with your time. Like, "Yeah, you can cry about it, but it's not going to fix your situation." [There is] not a lot of acknowledgment of emotions at all or, "The emotions feel so big that I can't acknowledge them." Specifically with the people whom I've worked with who have dealt with sexual assault, the emotion tied to such an experience feels unbearable so therefore I cannot even open Pandora's box in that way. But what happens is all that stuff is stuck inside: the thoughts, the feelings.

Each clinician mentioned this behavior of avoiding emotions. This can be a challenge in the therapeutic space. One clinician explains,

> I think there's sometimes when clients don't want to go back to where the root of their issue is, they just wanna fix what's happening right now. And so for me, because of the way I think about problems of living and how things come up, that sometimes is a challenge because my goal is not just to say, okay, "This is what you need to do to fix what's happening right now." My goal as a therapist is to help clients figure out where emotion and behavior come from, and address those things so that they don't have to depend on me…That can be a challenge when someone doesn't want to recognize that. If they're not interested in talking about their relationship with their mother or relationship with their father or a relationship with someone who hurt them, then that can be a

challenge. And then in that case, I just have to slow myself down so that we still get to the same point, but we just have to get there a little differently.

Psychosocial Patterns: Perfectionism

Perfectionism is one of the characteristics of the Superwoman Schema and it is a major common theme in the thinking and behavioral patterns clinicians observe in their clients. When asked are the common thinking patterns of your clients, one clinician states,

> So, for me personally, I think it kind of boils down to the concept of the superwoman schema. And so it's like, my suffering is my fault, or I'm not enough that I need to take on all these things for other people, that if I'm hurting, it's my fault, and I need to press harder, and that I shouldn't be asking for help or showing people that I'm sweating while I'm doing this.

When asked what behavioral patterns she sees in her clients, one clinician states,

> I would say perfectionism is one that I've seen a lot, which is rooted in self-worth, self-esteem, and also control. When it comes to trauma there is an aspect of control at play because typically trauma is not something that we see coming and it kind of shifts our gears in a way that we view the world and that was very unexpected, so there's this theme of control that shows up.

Psychosocial Patterns: Lack of Boundaries

Lack of boundaries is another theme that was discussed by all the clinicians I interviewed. Many of their clients struggle in relationships due to their desire to please others and their discomfort with establishing boundaries. When asked what behavioral patterns she sees in her clients, one clinician explains,

> This constant doing, feeling like you can't rest, you can't take a break, you can't sit down. Like you always have to be doing something. If you're not doing something, then you must. It leads into these thought patterns of I'm not doing enough, like I'm worthless, et cetera, et cetera…It looks like people-pleasing, not being able to say no to people, not having good boundaries. That's a really big one, always being available. If someone texts you at three o'clock in the morning, then you're always responding, no matter what it is. So, feeling like you can never shut off or turn things off.

Psychosocial Patterns: Environmental Patterns

Due to the number of clients who struggle with acknowledging and expressing their trauma and setting healthy boundaries, each clinician I interviewed observed clients in unsatisfactory relationships. The unsatisfactory relational environments clinicians reported ranged from navigating familial relationships after trauma, communicating in romantic relationships, and advocating for oneself in the workplace. All clinicians noticed these patterns, but one clinician made the distinction saying,

> I believe that the stress that women have aren't really necessarily environmental, right? They're experiential. They can be in any environment, right? So, it's usually the stress may show up at work, or it may show up in their home life or personal relationships. However, that's not the cause of the stress, if that makes sense. Yeah, usually it's an experience that is causing that kind of stress or trauma. And so, that's what we wanna get to, the idea is to get to the root of whatever that stress is.

Another clinician's response to the relationship between environmental patterns and trauma adds to this discussion,

> I think that women who have experienced trauma are more susceptible to stress, or to stressors in these different environments than someone who has not experienced trauma. And so, it may not necessarily be the environment, I guess, as much as it is, how are they reacting to it. But I also think that the environment can be stressful. So, when I think about like, let's just use workplace…If you are someone who has experienced trauma and or just doesn't have the boundaries, you're gonna be susceptible to falling into that rhythm and it is going to be overwhelming.

Treatment Strategies

My interviews with clinicians revealed four major themes regarding treatment strategies: CBT criticism, the effectiveness of EMDR, the utility of mindfulness, and the power of the therapeutic relationship. These themes provide insight into beneficial tools used in therapy with Black women navigating trauma and potential challenges clinicians may face treating Black women with trauma.

CBT Criticism

A major theme mentioned throughout my interviews is the criticism of CBT and clinicians cultivating ways to properly integrate the approach into their clients' treatment. One clinician stated that she loves CBT and it is essential to therapy,

> I love CBT and I think that as a therapist, most therapists tend to use it even if we might not believe we're using it, because that's to me essentially what therapy is, is changing our thoughts and our emotions and our behaviors which is the core of CBT. And for myself and the clients I've worked with that's been central to getting to the core of what's going on.

All of the clinicians I interviewed stated that they do use CBT in therapy, as it is the foundation of therapy. However, four out of five of the clinicians I interviewed mentioned the need to incorporate cultural relevancy into the approach. Many Black women struggle to acknowledge that they have experienced trauma, and if they do acknowledge their experience, it is difficult for them to talk about their trauma. Clinicians explained that CBT can affect their clients by making them feel like their cognitive patterns are their fault. This element of shame is difficult for clients to sit with. One clinician was asked about CBT and explained,

> So, I am, I'm 50-50 on CBT. I believe that yes, it is important to be aware of thinking patterns and also, I think there is a part of CBT that isn't culturally competent also. So, that is something that I use but in a more culturally integrative way. So, I'm not gonna tell you that your way of thinking is bad because that's what the book says. I'm also going to incorporate your background and where these things have stemmed from for you. And so yes, we can break down why it's not helpful, but I'm not going to use it in a sense as like, well, here's where you're going wrong, and here's what you need to change.

Another clinician agrees with this framework, saying,

> One of the things that I think I have found that is not always helpful when treating trauma is basic cognitive behavioral therapy. And I think that the struggle with that is CBT is evidence-based and like there's a lot of research around it. There is a lot of gold standard around CBT, but when it comes to trauma, telling somebody to just think differently about their trauma is not helpful…I think that early on in my training, because I was like, young and new to the field CBT was just a go-to, but I was not able to be effective with clients when I was just strictly using CBT. It wasn't until like, I would say until I got trained with EMDR that I really felt like I was doing deep trauma work.

The Effectivity of EMDR

EMDR is a powerful tool that allows clinicians to approach trauma in ways other than talk therapy. This is an effective strategy to use when working with a population that struggles to conceptualize and verbally express their trauma. Four out of the five clinicians I interviewed specialize in EMDR in their therapeutic work. The challenges clinicians reported with EMDR include its unfamiliarity, and its requirement of consistency, and it can be a disengaging approach for those who enjoy talking in their therapy sessions. One clinician provides an example of a client's story who benefited from EMDR. The clinician states,

> So, this client is in her early 30s and experienced sexual abuse from a family member as a child and currently lives in a home where that family member frequents and has been having issues with. Well, one, she didn't tell me about the experience until we had been meeting for at least a year or two. She mentioned there was trauma, alluded to it being sexual when she was a child but never really got into it or said she wanted to get into it.
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> And it wasn't until that family member started coming around more often that she said, maybe I should work through this. It was tricky to do EMDR and CBT on the experience when she routinely sees that person and they sometimes stay the night. But we gave it a try for a few months, took a break, gave it another try.

And although we didn't get to the point where she felt like she didn't have any reaction to thinking about the event, she felt like she was able to better tolerate that family member being around. If she talks about it, she's still very tearful, she's still very guilty because she then passed on the behavior to someone else. So, there's still plenty of work that could be there but for her to even begin to have the language to discuss it, to talk about it no matter how tearful she gets, I still see that as progress.

Another clinician described an example of a client whom she was able to fully clear a traumatic experience with. That client came in to discuss a recent traumatic event and through EMDR, they were able to recover and discuss a past traumatic event that the client did not initially bring up. EMDR allows clinicians to help their clients acknowledge trauma, address it, and aid their healing.

The Utility of Mindfulness

Like EMDR, treatment strategies that utilize mindfulness and emphasize connecting to one's body offer clients who struggle with verbalizing their emotions another pathway to healing. Through all my interviews the utility of mindfulness and the expression of trauma in the body was mentioned. One clinician described two treatment strategies, safe space and the container method, that have been effective for her clients. This clinician explains,

So, safe place is, and some people use the word safe interchangeably because, for people who have difficulty using the word safe or identifying what safe feels like, they may use special place or something of that nature, but it is called safe place. So this is an image that you create in your mind that is either imagined or real. So, it can be somewhere you've been before or somewhere that you've dreamt of, whatever the case is, but it's supposed to be an experience of you creating this place with your senses and invoked in it.

So, I may ask the client, "Tell me what you smell while you're there. What do you hear? What do you feel like is there sand between your toes?" So, as detailed as possible and as real as we can make this image to be. So that way, when we do a hard shift from, you're going from this traumatic memory and maybe the session ends. So, now I have to help you get back into the world, but not stuck in this place of having talked about or thought about this hard memory.

So, we do this hard shift to go to your special place and I'm invoking those senses of like, I want you to imagine yourself smelling that lavender in the field or filling your grass between your toes, feeling the sun on your skin, hearing the birds flying. Maybe you feel the wind against your skin.

The container method is also used to shift gears in therapy after discussing a traumatic memory. This clinician explains,

When we are bringing up hard thoughts at the end of the session, helping them put them away so that they're not lingering as much. So, they will create a container. It's literally just an object that closes. It can be a treasure chest, it can be a jewelry box, it can be a safe, whatever you want it to look like. Again, we're giving it a lot of detail. Is it glass? Is it wood? Is it plastic? What color is it? What does it feel like on the inside? What's the locking mechanism? Where do you keep it? So at the end of the session, we're taking those thoughts that have been left unresolved or we didn't get to close them. They're visualizing themselves, putting those things in the container.

The Power of the Therapeutic Relationship

A major theme that all the clinicians I interviewed mentioned is the power of the therapeutic relationship. Cultural competence, authenticity, professionalism, and allowing the client to tell their own story were the major themes found in an effective therapeutic relationship. All of the clinicians I interviewed were Black women, which provided a unique perspective to this study. Though these women identify with the population they are treating, they still must check their assumptions in the therapeutic space. One clinician states,

One of the things that they teach you in multicultural courses is if someone is in the room with you that has a different cultural identity from you, then you should act about it, right? Like, you should put that on the table, bring that up in the beginning of sessions, et cetera. And so, what I found was by assumption and working with Black women was that, like, we shared that identity, and so I didn't have to ask that question.

Like, I didn't, there was nothing that we needed to talk about in those experiences, but over time, I realized, and I mean, I knew this, but I think it just has become more prevalent, that Black women are not a monolith. And so, even though we share the same, like, Black women experience, there are so many aspects of our culture and our identity that may be different. So, for example, like, I grew up in the Midwest, if I'm working with a Black woman from Georgia that, like, literally was born and raised in Georgia, our experience is going to be different.

A perspective that was present across several interviews is that one Black client has their own unique experience within the Black experience. It is always beneficial to ask additional questions to grasp the context your client is in, regardless of if you identify with your client or not.

Another common theme that is an important element of the therapeutic relationship is professionalism. Though the clinicians I interviewed emphasized their client's value of authenticity, the clinicians also emphasized the need to establish firm boundaries in therapy. One clinician explains,

I've learned these relationships are real and powerful. I've had clients who ended therapy and have told me that they love me, like, have told me that she wished I was her mother…And that is also something that I do not take lightly, just how meaningful this relationship really is for people…And because of that, it is so important, again, for us as professionals to maintain appropriate boundaries because we have the hearts of our clients in our hands.

Discussion

This study examines the narratives of clinicians treating Black women with trauma and reveals common themes found in the thinking, behavioral, emotional, and environmental patterns of their clients. An inability to acknowledge and express trauma, perfectionism, and lack of boundaries are the common themes found in the study and are exemplified by the Superwoman Schema, which is prevalent in this Black community (Nicole et al., 2023; Parks et al., 2024; Smith, 2022). In addition to capturing the common themes of the clients, this study analyzes the common themes of treatment strategies used by clinicians. The common themes found in narratives of clinicians utilizing treatment strategies are CBT criticism, the effectiveness of EMDR, the utility of mindfulness, and the power of the therapeutic relationship. These themes provide insight into beneficial tools used in therapy with Black women navigating trauma and potential challenges clinicians may face treating Black women with trauma. The implications of this study can provide suggested strategies to treat Black women in therapy which include the incorporation of EMDR and mindfulness to effectively acknowledge, process, and heal from trauma.

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Appendix A: Screening

This study will consist of mental health clinicians who have experience treating Black women with trauma. The screening process involves selecting participants who meet this criterion. Below are icebreakers and a series of questions relating to the research topic.

Icebreaker # 1. What made you pursue a career in psychology?
Icebreaker # 2. What are lessons you learned in the field that were not covered in your graduate program?
Icebreaker # 3. What is your favorite part of your profession?

Screening Questions

#1. What is your name and profession?
#2. How long have you been working in this career field?
#3. Do you have experience treating Black women with trauma?
#4. How long have you been treating Black women with trauma?

The responses to these four questions will determine if the participant will qualify for this research study. If they are not eligible this researcher will kindly thank them for their time and interest in this study.

Appendix B: Interview Protocol

Research Question	What are the narratives of clinicians about treating Black women with trauma?		
Interview Questions	What are common themes you see in the thinking patterns of Black women who have experienced trauma? Of yourself as a clinician? What are the emotional patterns? What are the behavioral patterns? What are the common environments these women are in (familial, relational, romantic, physical, etc.)?	What treatment strategies do you believe have been ineffective? What treatment strategies do you believe have been effective?	Can you tell me a story about a client benefitting from the treatment strategy you used? What advice would you give to new therapists working with Black women who have experienced trauma? What are the most significant lessons you learned in the field?
Examples of Probing Questions	Can you tell me the stories of clients who exemplify these common themes? Do the themes you see now differ from those you noticed when you began seeing clients?	Can you explain what it was like to switch strategies? What treatment strategy do you use most often? What is your opinion on CBT?	Can you describe the experience and incident further? How has this experience impacted your work as a clinician?
Note. Interview questions for clinicians who have experience treating Black women with trauma.			

Table 1: Research, Interview, and Probing Questions