

Trauma Exposure and Psychopathology:
Racial and Ethnic Differences in Symptom Presentation among a Clinical Sample

By
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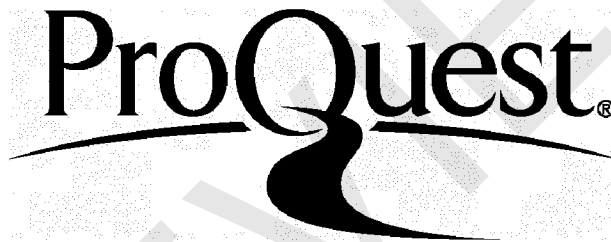
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PREVIEW

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ABSTRACT

Culture shapes how an individual experiences, understands, expresses, and addresses emotional and mental distress. It is not the single most important variable but a contributing factor that influences the complexities of psychological processes. Therefore the approach to many psychological methods cannot necessarily be generalized without taking into account a person's cultural background. Nonetheless there have been inconsistent findings in cross-cultural studies that have examined racial/ethnic differences and the associations between trauma and psychological symptoms. This study aimed to contribute to this area of research and examined racial/ethnic differences in exposure to trauma and psychological symptoms, as well as racial/ethnic differences in the associations of trauma with psychological symptoms. Specifically, symptoms of anxiety, anxiety-related disorders, depression, somatic complaints, and number of traumatic events were examined among an ethnically diverse clinical sample at an urban-based clinic.

The sample consisted of 330 European Americans, 88 Latino Americans, 85 Black/African Americans, 33 Asian Americans, and 95 individuals who identified as another race/ethnicity. The majority of the sample identified as female ($n = 450$, 71.3%), and 181 (28.7%) as male. Results revealed that African American and Asian American participants experienced higher rates of traumatic events compared to European and Latino Americans. In the overall sample, number of types of traumatic events was positively and significantly associated with symptoms of anxiety related disorders, depression, and somatic complaints, but was not associated with symptoms of anxiety. Interaction analyses indicated number of traumatic events experienced was positively and

significantly associated with anxiety-related disorders for all participants with the exception of Latino participants. While a marginally significant trend toward a negative association was found between number of traumatic events experienced and anxiety symptoms among Latino participants, but not for other participants. Limitations and implications of these findings for further research regarding diagnostic accuracy, the quality and effectiveness of treatment, and preventive services for racial/ethnically diverse populations are discussed.

CHAPTER I

Introduction

Many notable scholars have long questioned the influence that culture has on psychopathology. Eighteenth and nineteenth century philosophers such as Jean Jacques Rousseau, Karl Marx, Fredrich Engels, and Emile Durkheim all viewed the socio-cultural environment as an important determinant of individual and collective behavior. Similarly, Sigmund Freud called to attention the complex tension that occurs between an individual's biological impulses (id) against cultural socialization (superego) in his 1930 book *Civilization and Its Discontents*. He believed that our realities are partially constructed from cultural socialization that manifests through familial and community rewards and punishments, modeling, and selective exposures to beliefs and practices (Marsella & Yamada, 2010).

Centuries later, the National Institute of Mental Health (NIMH) funded a task force that organized available research and provided recommendations of how best to include a cultural perspective in the *Diagnostic and Statistical Manual of Mental Disorder* (DSM-IV) (Lopez & Guarnaccia, 2000). In more recent years, the American Psychological Association (APA) has highlighted the need to study culture in psychological research in addition to keeping multicultural principles in mind when assessing and treating clients. Specifically, in August 2002, APA approved the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (also referred to as the *Multicultural Guidelines*) (APA, 2002). This was a major breakthrough in the field of psychology, although many social and

historical changes had occurred in the United States decades prior to the approval of these guidelines.

As we look at the cultural composition of the United States today, it is evident now more than ever that the country has become an increasingly diverse nation. According to the U.S. Census Bureau, by the year 2020, more than half the population of children is expected to be of a racial/ethnic background that is not white/European American. The overall population of people of color in the U.S. is projected to increase to 56 percent by 2060 (Hall, Bansal, & Lopez, 1999). As the United States becomes progressively more racially and ethnically diverse, there is an increased need for research that can help to improve diagnostic accuracy, the quality and effectiveness of treatment, and prevention services for individuals from diverse backgrounds (Neighbors et al, 1992; Pumariega, Rogers & Rothe, 2005). Knowing someone's specific ethnic background can help to provide guidelines to potential cultural issues that may arise diagnostically and clinically (Lopez & Guarnaccia, 2000; Ryder, Yang, & Heine, 2002). Previous literature has revealed substantial misdiagnoses among culturally diverse populations. For instance, Kilgus, Pumariega, and Cuffe (1995) found that African American youth were diagnosed with higher rates of conduct disorder and psychosis as well as more frequent involuntary inpatient hospitalizations than their European American counterparts although both groups had the same level of aggressive and self-injurious behaviors during treatment. Another study found that youth of color in a state mental health facility were assigned diagnoses that were dependent on their minority/majority status in their region (Hong, Pumariega, & Licata, 2002).

With consideration to preventative services, many individuals of color suffer from inequities in accessing culturally and linguistically appropriate health and human services (Pumariiega, Rogers & Rothe, 2005). Yet communities of color often experience many risk factors for mental illness, such as poverty, food insecurity, and exposure to violence (Alegria et al., 2010). These risk factors can produce mental distress that frequently leads to varying levels of psychopathology, including depression, behavior problems, anxiety disorders (e.g. posttraumatic stress disorder), and a range of other adjustment difficulties (Alegria et al., 2010). Furthermore, compounded or repeated exposure to trauma, experiences of discrimination, and chronic exposure to racism are also associated with an increased risk for mental illness among disadvantaged communities of color (Alegria et al., 2010). Thus, prevention services and mental health treatment are essential to improving the wellbeing of such communities. Prevention care is especially important in childhood because the presence of psychiatric disorders in childhood can lead to negative outcomes in adulthood if left untreated.

Despite a need for mental health prevention and treatment, many families of color are reluctant to seek services because of cultural values and beliefs. For instance, families of color may have suspicions about the mental health care system, therefore making it less likely that they will seek mental health services (Pumariiega, Rogers & Rothe, 2005). Culture not only influences help-seeking behaviors but also shapes how one experiences, understands, expresses, and addresses emotional and mental distress. Betancourt and Lopez (1993) emphasize that although culture is not the single most important variable, it is one contributing factor that influences the complexities of psychological processes. As a result, the approach to many psychological methods

cannot necessarily be generalized without taking into account a person's cultural background. In particular, the principle of multicultural research is to advance our understanding of how culture interacts in the specific context of one's psychological functioning (Lehman, Chiu, & Schaller, 2004).

PREVIEW

CHAPTER II

Literature Review

Culture

Race, ethnicity and culture are related constructs that have meaningful overlap. Due to the complexity and controversial quality of these concepts, it is important to discuss how they will be presented in this paper. The use of these terms will align with APA's definitions and are in accord with how they relate to this research. Though "race" often has a biological implication, such as skin color or physical features of an individual, it will be considered a social construct for purposes of this work. According to APA's *Multicultural Guidelines*, "race is the category to which others assign individuals on the basis of physical characteristics, such as skin color or hair type, and the generalizations and stereotypes made as a result" (APA, 2002, p. 9).

Ethnicity is defined as "the acceptance of the group mores and practices of one's culture of origin and the concomitant sense of belonging" (APA, 2002, p. 9). It is a shared heritage that can determine culture because culture is transmitted through ethnic group interactions. In the subjective sense, culture encompasses familial roles, communication patterns, affective styles, as well as values regarding personal control, individualism and collectivism (Betancourt & Lopez, 1993). Culture often includes a broader range of one's overall identity, therefore its significance and the impact it has on one's psychological processes is a focal point of this work. "Cultural identity" refers to the culture with which someone identifies and to which he or she looks for standards of behavior (Cooper & Denner, 1998).