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ZERO DEGREES OF SEPARATION:
THE ROLE OF THE SOCIAL DETERMINANTS

Women and Mental Health: Embracing the Intersections of Trauma, Oppression, and Agency

Mayowa Obasaju, PhD
June 30, 2016

Who I am/What I do

‣ **Mayowa Obasaju, PhD**

‣ **Community and Clinical Psychologist**

‣ **Trauma and Healing focused staff psychologist at Furman Counseling Center, Barnard College, Columbia University**

‣ **Consultant, Trainer, and Educator**

‣ **Licensed Psychologist in NY**

Agenda

‣ **Review relevant terms**

‣ **Connect trauma, poverty, and mental health difficulties in women**

‣ **Utilize a case example to exemplify a way to embrace the intersections of trauma, oppression, and agency**

‣ **Q & A**

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Content Warning

‣ **Feelings of distress related to today's topics**

‣ **No one area also serves as a trigger, multiple areas we go over may serve as a trigger**

‣ **Be aware and do whatever you need to do to take care of yourself**

Trauma

‣ "…Events are traumatic, not because they are rare, but because they overwhelm the internal resources that usually give us a sense of control, connection, and meaning" (Bryant-Davis, 2005, pg. 3).

‣ Trauma is impacted by biology, culture, environment, and history (Schiffer & Turcotte, 2015).
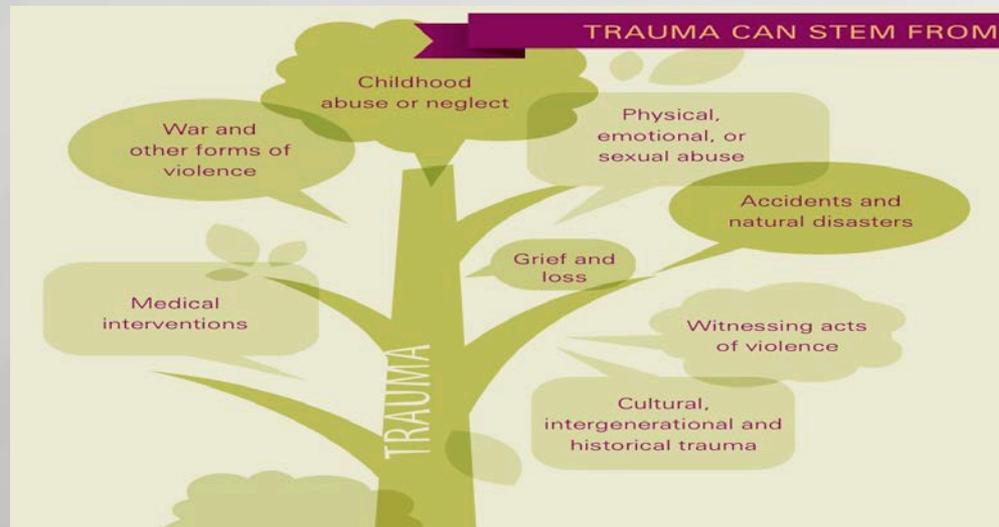
Oppression: 5 faces of oppression framework (Young, 2004)

‣ **Pervasive and systematic social arrangement of attitudes behaviors where oppressed groups are:**

- culturally dominated
- exploited
- marginalized
- denied power
- targets of violence

‣ **Resistance**

Social Identity + Power Over = Privilege

‣ **Societally granted benefits to people based on their identity or social group membership that allows people to have power over others.**
  ◦ Often unearned

‣ **People tend to focus less on their privileges, especially if they have identities that are oppressed**

‣ **"Privilege simply means that under the exact same set of circumstances you're in, life would be harder without your privilege.' -Phoenix Calida**

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Intersectionality

- **Combahee River Collective (1977)**
  - "We . . . find it difficult to separate race from class from sex oppression because in our lives they are most often experienced simultaneously."
- **Kimberlé Crenshaw (1991)**
- **Patricia Hill Collins (1990)**
- **Angela Davis (1981)**
- **Feminist and critical race theorists**

"There is no hierarchy of oppressions"

- audre lorde

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Intersectionality

- **Multiple social identities and locations (race, ethnicity, ability status, gender, sexuality and more) intersect in the individual, community, and institutional levels.**

- **They intersect in ways that reflect broader interlocking systems of oppression and privilege (racism, nativism, ableism, sexism, heteronormativity and more).**

- **They are not additive or multiplicative but simultaneous interactions(Ghavami & Peplau, 2013).**

- **People have simultaneous experiences of oppression and privilege (Hallett, 2015).**

Intersectionality

Individual	Systemic/Power
Gender	Sexism/Cissexism
Race	Racism
Sexuality	Heterosexism
Class	Classism
Dis/Ability	Ableism
Ethnicity	Ethnocentrism
Religion	Religious Oppression
Age	Ageism

Trauma Understanding Informed by Intersectionality (Baker, Barreto, & Etherington, 2015)

‣ **Oppression exists in various forms (e.g. sexism, racism) and across many levels (e.g. individual, institutions, policies).**

‣ **Different forms of oppression interact and shape an individual's sense of power, resilience, and well-being.**

‣ **Advantages and disadvantages in the distribution of social resources (e.g. income) affect individuals' mental health and well-being.**

‣ **The effects of trauma can accumulate over time and interact with other life experiences, often negatively impacting health.**

Intersectionality and Trauma

‣ **Why people are targeted**

‣ **Differential impact**

‣ **Disclosure concerns and experiences**

‣ **Help/treatment they receive**

‣ **How people respond to their trauma experiences**

‣ **Clinical biases, beliefs, and roles**

Census Bureau Statistics (2014) and National Women's Law Center: who is overrepresented

‣ **Median household income was $53,657 in 2014**

‣ **Median earnings of men ($50,383) and women ($39,621) who worked full time**

‣ **Poverty by number**

  • $24,008 in 2014 for a family of four with two children

‣ **14.8 percent of the population (46.7 million people) is in poverty**

  • Poverty rate is 14.7% for women
  • For men it is 10.9%

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Census Bureau Statistics (2014) and National Women's Law Center: who is overrepresented

‣ **Poverty rates by race and ethnicity**

- Black women (25.0 percent)

- Native American women(25.0 percent)

- Hispanic (22.8 percent) women

- Asian American women (12.2 percent)

- White, non Hispanic women (10.8 percent

‣ **Rates for foreign-born women (19.7 percent)**

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Census Bureau Statistics (2014) and National Women's Law Center: who is overrepresented

‣ **Poverty by Race, Ethnicity, and Nationality and female headed households:**

- Black female-headed families with children (45.6%)
- Hispanic female-headed families with children (46.3%)
- Native American female headed families with children (56.9%)
- White, non-Hispanic female-headed families with children (32.0%)
- Asian American female-headed families with children (28.9%)
- Foreign-born female-headed families with children (44.8%)

Census Bureau Statistics (2014) and National Women's Law Center: who is overrepresented

‣ **Poverty rate for female-headed families with children was 39.8 percent**

- 22.0 percent for male-headed families with children
- 8.2 percent for families with children headed by a married couple.

‣ **Poverty rate for women with disabilities between ages 16-34 is 31.9%**

- Significantly higher than compared to:
  ◦ women without disabilities (13.9 percent)
  ◦ men with disabilities (25.1 percent)
  ◦ men without disabilities (10.5 percent)

Women, poverty, trauma and mental health

‣ **The intersectionality of multiple forms of oppression has been found to increase the complexity of the experience and recovery from trauma (Holzman, 1996).**

‣ **Connections:**

- Women in poverty have a high rate of exposure to trauma and experience cumulative adversity (inclusive of structural forms), increasing risk for a range of mental health difficulties (Miranda & Green, 1999).

- Young women, women of color, single mothers, and women with disabilities are overrepresented in poverty statistics.

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Intersectionality, trauma, and clinical work

'We exist on multiple levels and such multiple identities allow for us to have multiple sites of oppression. However oppression itself serves a purpose in terms of power. Even outside the aggressive acts that both individuals and states perpetrate, there are the small everyday actions that multiply to form a layer of weight upon the lives of those caught in the margins, whose lives and identities exist outside of the mode of white heteronormativity. This is where the idea of intersectionality is useful."

Roshan das Nair and Sonya Thomas

Intersectionality, Sexuality and Psychological Therapies

2012

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Case Example: Alia

‣ **19 year old, Black (Jamaican and Trinidadian) and Chinese, born and resides in the United States, documented, currently able-bodied, diagnosed with Generalized Anxiety and PTSD, spiritual and not religious, partnered with a male, historically family has fluctuated between poverty and lower working class levels, second year, first generation, cis gender, female college student.**

‣ **Story of our first meeting**

‣ **Current concerns she revealed**

- Sexual assault in college, alluded to physical violence when growing up

- Relationship struggles with mother who has chronic and longstanding mental, physical, and cognitive difficulties and diagnoses

- Sees self as social justice advocate who participated in on campus demonstrations but is scared

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Case Example

‣ **Struggles with intense feelings of anger, shame, and guilt surrounding intersection of race, gender, and class in her classes, family, and organizations.**
- Readings and discussions
- Family expectations
- Role in organizations

‣ **Statements that influenced our work:**
- "I can't even deal with the assault now, there is so much else happening in my life."
- "Every professional has blamed my mother, even though she did the best she could"
- "This institution was not made for me."
- "I believe that this institution tried to kill me."

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Case Example: long term concerns

‣ **Difficulty accessing appropriate services**

- Alia wants black a woman therapist, however, wants one that understands class dynamics and wont blame mother for difficulties in parenting.

- Very few therapists take her insurance.

- She does not want to have another transition.

Approach and Theory: ADDRESSING Model (Hays, 1996, 2001, 2008)

‣ **A**   **age and generational influences**

‣ **D**   **dis/abilities-developmental**

‣ **D**   **dis/ability status (acquired physical/cognitive/psychological)**

‣ **R**   **religion/spirituality**

‣ **E**   **ethnicity and race**

‣ **S**   **socioeconomic class**

‣ **S**   **sexual orientation/sexuality**

‣ **I**   **indigenous heritage**

‣ **N**   **nationality/nation of origin**

‣ **G**   **gender (identity, expression)**

My Interventions

‣ **Used "Addressing" model during intake and asked which were meaningful to her and if any were missing.**

‣ **What are primary/salient identities that she connects with? Why?**

‣ **What values are associated with her identities?**

‣ **How did her identities and values show up in her various contexts?**

- The classroom (Africana studies vs non major classes)
- With her friends
- With her family
- Within the social justice groups she is in/organizing
- What activist actions she chose to engage in

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Approach and Theory

‣ **Bronfenbrenner's ecological framework (1977, 1979, 1993)**

- Individual nested within larger units of relationships, with time and historical moments also serving as an impact
- Bi-directional relationship

‣ **Critical Race Theory**

- Organizing framework for understanding the influence of racial group categorization and stratification and pervasive racial inequality and oppression on everyday human behavior, laws, and institutions (Delgado, & Stefancic, 2000; Crenshaw et al, 1995)

‣ **Feminist Theory**

- Focus on power, powerlessness, disempowerment, and current and past issues related to social location (Brown, 2006)

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Conceptualizing Relationships

Bronfenbrenner's Bioecological Model of Human Development
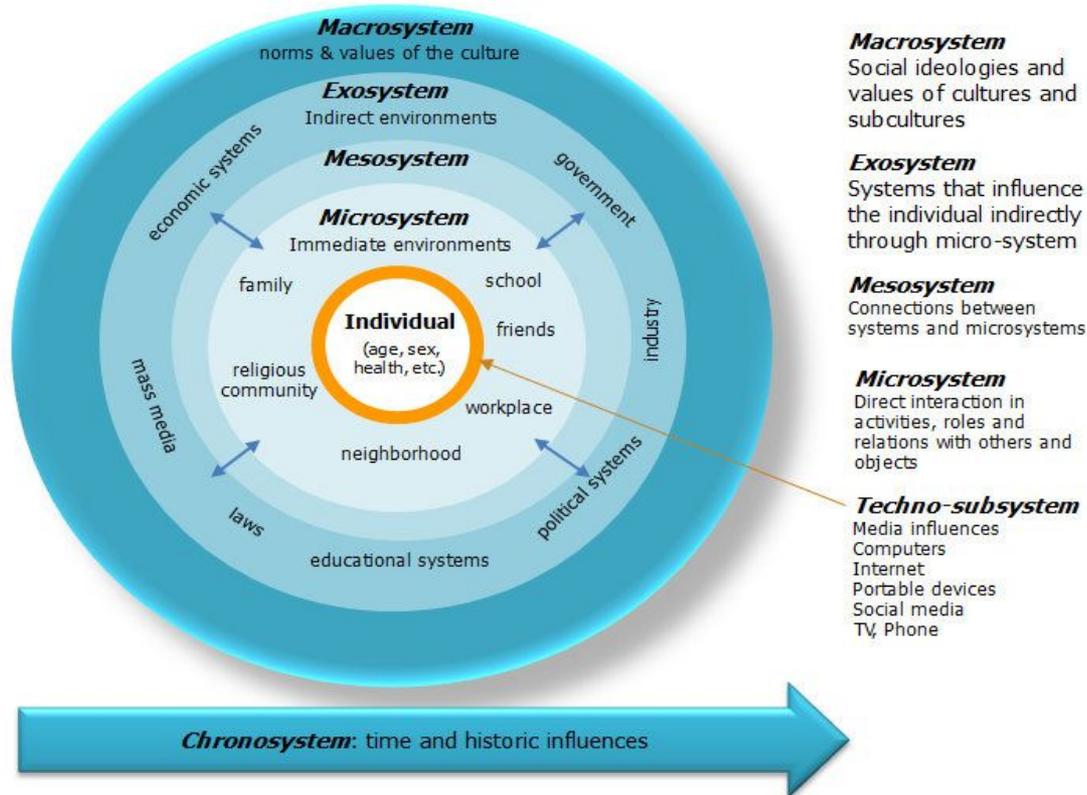
My Interventions

‣ **Asking about and assessing what were her relationships to:**
- Mother
- Siblings
- The college as an institution
- NYC
- Blackness, Social Class, Gender, Spirituality
- American cultural values
- Bi-racial identities
- Jamaican, Trinidadian, and Chinese cultural values
- Black Lives matter movement

Approach and Theory

‣ **Trauma Informed Approaches (Substance Abuse and Mental Health Services Administration (SAMSHA))**

- Safety
- Trustworthiness and Transparency
- Peer Support and mutual self-help
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Social Identity Related Issues.

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Trauma and social identity informed questions

Approach and Theory

‣ **4 I's of oppression and privilege:**

- Ideological
- Institutional
- Interpersonal
- Internalized

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My Interventions

‣ **Where were the spaces that she felt power to act?**

‣ **What forms of oppression and privilege could she identify, how did she think they operated in her life?**

‣ **What would help in making her feel safer in multiple spaces she accessed?**

‣ **Who and what were her support systems on and off campus? Nationally?**

‣ **What additional resources did she need/desire?**

My Interventions

‣ **Labeling interactions**

- "That sounds like a micro-aggression"
- "It sounds like you attained privilege because of __"
- Have you heard about institutional oppression and privilege?
- "What are your thoughts about ____ (salient events, i.e., campus organizing around race, gender, and sexuality, at Columbia we had "Columbia University Class Confessions")
- What, if any, events in the world have had an impact on you?

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My Interventions

‣ **Having her identify areas of focus during each meeting while offering suggestions.**

‣ **Teaching emotion regulation skills.**

‣ **Assessing multicultural family systems utilizing genograms**

‣ **Teaching mindfulness and grounding skills for trauma and anxiety responses**

‣ **Having her engage in Art and Expressive Therapy in between sessions**

‣ **Discussed how to engage in activism and why-what systems was she trying to change**

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My Interventions

‣ **Had Alia identify identities that were oppressed and identities that were privileged and how they intersected in various contexts.**

‣ **Integrating trauma informed approaches for all of her experiences of oppression and trauma and not only focusing on sexual assault.**

‣ **Asking specific questions about her experiences with on campus organizing.**

‣ **Asking questions about incidences that were portrayed in the news.**

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My Interventions

‣ **Person of the therapist**

- What were the areas that made me uncomfortable?

- What were the areas I consistently checked in on?

- What power did I have in the room and how did I use it?

- What was my own participation in oppression and accompanying biases, values?

- How did my held identities (in relation to power and privilege) influence how I approached work with her?

- What areas/identities did I disclose, which ones did I remain silent about?

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How can therapists be agents of change and encourage agency of clients

‣ **Continually and with intentionality explore your own attitudes and implicit and explicit biases across social identities.**

‣ **Ask questions, but do not expect clients or colleagues to do all the work in educating you.**

‣ **Recognize the specific ways we all participate in systems of power/privilege/and oppression.**

‣ **Be aware of multiple, intersecting identities of self and clients.**

‣ **Commit to putting our awareness into different types of action.**

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How can therapists be agents of change and encourage agency of clients

‣ Notice "who's not in the room" at any given time, whose voice is not being represented in dialogue.

‣ Explore, name, and attend to the impact of privilege, oppression and other contextual factors on presenting problems and symptoms.

‣ Ask about issues related to privilege and oppression and understand them as integral to the therapeutic encounter.
  • With all people, not just people perceived as having oppressed identities.

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How can therapists be agents of change and encourage agency of clients

‣ **Explore the power dynamics within the room.**

‣ **Name and explore structural challenges.**

‣ **Be willing to name oppressive aspects of the experiences that clients bring into the room, not just naming race, class, gender, etc., about naming racism, sexism, ageism, heterosexism, classism, ableism, religious intolerance, and more.**

‣ **Be aware that you may need to provide evidence to you clients about your capacity to explore social identities with them.**

How can therapists be agents of change and encourage agency of clients

‣ Be aware of and engage in dialogue about regional, national, and international injustices with clients.

‣ Explore with clients when they want to take direct action to change their environments.

‣ Collaborate across disciplines and also outside of professional spaces.

Conversations with clients about power, oppression, and trauma

‣ **Validate the experiences of clients.**

‣ **Utilize a layered and systems aware approach to asking questions.**

‣ **Check in about reactions of shame and embarrassment on part of self and clients.**

‣ **Pay attentions to what identities, experiences, areas, makes you uncomfortable to talk about.**

‣ **Identify social identities that you may not think about daily and check in with whether you examine these identities in sessions.**

Conversations with clients about power, oppression, and trauma

‣ **Let the client tell you which identity has the foreground or background in different situations.**

‣ **Be curious about diversity of experience and opinion within communities and between them.**

‣ **Explore the role of personal disclosure in therapy-what identities are you comfortable with naming and what are the ones you do not?**

Difficulties for Clinicians

‣ **Personal Areas**

- Trauma history

- Own intersectional identities

- Values, beliefs and biases

‣ **General Areas**

- Feeling helpless in the face of structural oppression

‣ **Limited training, supervision, and support**

‣ **Fear of harming clients**

‣ **Fear of confronting own privilege and times clinicians make have acted from an oppressive stance**

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Next time…

‣ **Promoting Nutrition Education in Diverse Populations**
July 8, 2016; 1:00pm - 2:00pm

‣ **Presenter:** Psyche Williams-Forson, PhD

‣ Differences in dietary intake, dietary behaviors, and dietary patterns in different segments of the population result in poorer dietary quality and inferior health outcomes for certain groups and an unequal burden in terms of disease incidence, morbidity, mortality, survival, and overall adverse health conditions for minorities as compared to whites. This webinar will address the social, cultural, and economic factors that have an influence on people's food habits and choices and identify culturally sensitive strategies to improve nutrition among diverse populations.

‣ Visit www.ctacny.com to register!

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Thank you!

Contact us!

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