Understanding Racism as a Historical Trauma That Remains Today: Implications for the Nursing Profession

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In order to promote health equity and support the human rights mandate contained in the American Nurses Association's *Code of Ethics for Nurses with Interpretive Statements*, the nursing profession must understand historically the creation of race, white supremacy in the United States, and entrenched racial terror and brutality toward black and brown racialized populations. Considering the limited racial diversity in the nursing profession despite its stated mission to increase diversity, the profession must build a path to understanding antiblack racism as a historical trauma that remains to this day, a path that encompasses antiracist ideology. Antiracism education is critically needed at the pre-professional and professional levels, for nursing students, providers, educators, administrators, and researchers to inform our own understanding of bias within the contexts of our educational and health-care systems. Dismantling racism requires an enduring commitment to the ultimate goal of social justice for ourselves, our patients, and our communities. This article presents antiracism actions that nurses should employ to dismantle racism, focusing primarily on personal-level initiatives, with self-work as the starting point.

Keywords: nursing; antiblack racism; historical trauma; ally; accomplice; co-conspirator

> "My genuine fear is that they don't remember . . . [W]e haven't created a culture, a nation that requires people to remember the damage we have done to one another as a result of this history of racial inequality."
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> *Bryan Stevenson, the Equal Justice Initiative (2019, p. 5)*

Racism is a structured social system in which the governing racial group, founded on a belief system of superiority and inferiority, classifies and ranks individuals into social groups (e.g., races) and applies its power to degrade, disempower, and disparately assign fewer societal resources and opportunities to groups described as inferior. Racism has been rooted in the United States over centuries (Hardeman et al., 2016). Its formation is rooted in whiteness and white supremacy culture, and it must be truthfully examined if dismantling racism is to be realized. This article will operationally define whiteness, white supremacy, racialization, antiblack racism, white privilege, and historical trauma, then describe intentional, persistent antiracism actions that address what nurses need to do; how to build knowledge and understanding through education; and what society needs to do to assure health equity for individuals, populations, and communities we aim to serve.

DEFINITIONS

Whiteness

Whiteness entails the historical and social construction of being white, including social status, privilege, and power linked with being white (Beckles-Raymond, 2020). Whiteness in America is inherently associated with the enslavement of African people (chattel slavery) and ongoing oppressive practices, from European colonization of Indigenous lands in North America to Jim Crow laws, lynching, red-lining, and the continuous racial domination and discrimination of the present. Importantly, white group-level self-interest engenders and sustains white ignorance regarding universal whiteness (Beckles-Raymond, 2020). This ignorance is not solely from not knowing, but rather the social construction of whiteness as superior; this seriously skewed optic justifies domination. It also enables individuals to believe that racism no longer exists and assures them that society is an equal

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playing field for all individuals. Ultimately, white ignorance rationalizes the preservation and reproduction of white supremacy (Beckles-Raymond, 2020).

White Supremacy

White supremacy, a human-made and historically created culture, is "a political, economic, and cultural system in which whites overwhelmingly control power and material resources, conscious and unconscious ideas of white superiority and entitlement are widespread, and relations of white dominance and non-white subordination are daily reenacted across a broad array of institutions and social settings" (Caswell, 2017, p. 224). White supremacy is a structural issue; therefore, individual choice is not a significant consequential factor. Racist structures exist, and racially white individuals profit from these structures regardless of their personal choices and attitudes (Caswell, 2017). Thus racism, whiteness, and white supremacy align as a historical trauma—a human-made system that has been perpetuated across generations since the birth of the United States.

Racialization

Racialization is a process of constructing groups founded on physical characteristics that are socially described as significant; being racially white has always been rooted in a history of distinguishing self from others via symbolic construction or actual domination of others (Lewis, 2004). Racial images influence the world and produce character assumptions; however, racialization is rarely applied equitably to all humans. It is pointedly employed when describing black and brown racial populations, rendering whiteness invisible, unnamed, and viewed as natural. Implicit in understanding whiteness is the significance of racial beliefs as an organizing tenet of the contemporary world that wields as deep an influence on nursing as it does on other facets of daily existence (Puzan, 2003). Whiteness remains in nursing, even in spaces where black and brown racialized nurses predominate. Contending with whiteness, as a specific feature of race, originates from the way an individual is situated within it, bodily and geographically. The concept of whiteness also reveals the ideology of neutrality in communication.

Antiblack Racism

Given the historical antiblack racist sentiments and actions reflected in operations of day-to-day life in the United States, the nursing profession must critically examine how such sentiments penetrate their behaviors, values, beliefs, and practices. Highly virulent antiblack racism is pervasive in our society (Hardeman et al., 2016). This form of racism entails prejudices, attitudes, behaviors, beliefs, practices, stereotyping, discrimination, and/or policies that explicitly or implicitly racialize black people as inferior to other racial groups, and is rooted in the history and experience of enslavement and its legacy (Noe, 2020). Antiblack racism manifests at interpersonal, institutional, and systemic levels, and operates through white supremacy.

White Privilege

White privilege is the mostly unrecognized benefit of being white. It is an unearned advantage, and it is everywhere in our society.

Historical Trauma

Historical trauma is the "cumulative emotional and psychological wounding over a lifespan and across generations, emanating from massive group experiences" (Williams-Washington & Mills, 2018, p, 247). This trauma can be passed down through generations, enhancing physical and psychological ailments and other health disparities. Specifically, for black people, historical trauma is "the collective spiritual, psychological, emotional, and cognitive distress perpetuated intergenerationally deriving from multiple denigrating experiences originating with slavery and continuing with pattern forms of racism and discrimination to the present day" (Williams-Washington & Mills, 2018, p, 247). All individuals in the United States, including nurses, must understand the influence of historical trauma, given its rootedness in white supremacy culture. To be formidable accomplices for racialized black and brown populations in the struggle for racial justice and health equity, nurses should understand historical trauma and their role in sustaining oppressive structures via color-blind practices (not seeing race), along with remaining neutral when met with social and political platforms that fuel inequities. Historical trauma originates from the suppression of Black, Indigenous, and People of Color (BIPOC) by racially white populations.

WHAT NURSES MUST DO

Race and Nursing

Considering the limited racial diversity in nursing, with 80.8% of RNs White/Caucasian, 6.2% African American, 7.5% Asian, 5.3% Hispanic, 0.4% American Indian/Alaskan Native, 0.5% Native Hawaiian/Pacific Islander, 1.7% two or more races, and 2.9% other, and its stated mission to increase diversity (American Association of Colleges of Nursing, 2019), nurses must consider why the diversity of epidermal color within the profession has not improved. It is important to know the historical reasons behind the creation of race and white supremacy, and how and why it remains entrenched, preserving racial terror and brutality toward black and brown racialized populations. Nurses who understand themselves as racial beings can better comprehend actions occurring in society and recognize the role of whiteness in our systems. Intentionality is needed since "white culture and racism are so intertwined and normalized that white analysis of racism resembles a fish analyzing water" (Wooldridge, 2019, p. 5). This racialized social system assumes the superiority and allure of the white race, including all that is ascribed to it, while also advancing the notion that whiteness as the default is natural, normal, and common-sense, leading to resistance to or denial of its very existence (Okun, 2011).

Actions Nurses Can Take

Act in order to understand antiblack racism as a historical trauma that remains today, and to advance antiracist ideology in all roles of nursing. This action is necessary to promote health equity and to support the American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements* (2015), which states, "[R]espect for the inherent dignity, worth, unique attributes, and human rights of all individuals is a fundamental principle" (p. 1).

> **Self-Inquiry** Through a process of self-discovery, nurses must conduct rigorous self-inquiry about their knowledge, awareness, and skills relevant to racism. Entrenched socialization of white supremacy leads to deficiency in racial sensitivity and awareness. Racial awareness originates largely in one's self; it's imperative to become critically conscious (e.g., being able to evaluate disparities and injustices based on race) of whiteness, including the ways in which one inadvertently perpetuates racial oppression, and to engage in this reflection unremittingly. Normalizing actions that reproduce white supremacy can be disguised by the veneer of good intentions, having good character and good heart, and being a good person. Frequently, color-blind ideology (i.e., claiming not to see a person's race or color) and polite interactions occur, yet nurses' white supremacist discourse and behavior remain. The status quo precludes discomfort, conflict, and disruption, and establishes one's moral, nonracist credentials (Dewhurst, 2019). Nurses may therefore avoid considering the ways they might be implicated in sustaining white supremacy. We all swim in this stew of white supremacy and are affected by it, regardless of our racial color; those who can invoke and benefit from their possession of white bodies benefit from the developed white supremacy structure. Intentional efforts are required toward self-discovery via self-awareness, reflection, and self-examination.
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> **Self-awareness** (personal literacy) represents nurses assessing, analyzing, and understanding how their life experiences, values, beliefs, and biases shape how they see the world and others around them. Nurses become conscious of whiteness and the ways they may unknowingly perpetuate racial oppression, uncover their own subconscious racial superiority, and realize the need to engage in continuous reflection. Nurses must ask, "What are my values that inform my perspective, from where are these values produced, and for what purpose?"
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> **Self-critique** enables nurses to engage in honest self-reflection and analysis of their own thoughts and behaviors. This compels them to pursue deeper levels of self-knowledge. Critical self-reflection draws attention to those aspects of their selves and social world that foster apathy toward others and ignorance of oppressive structures and practices, and defies the deeply rooted ignorance and indifference of complicity in unjust practices. Efforts to interrupt ignorance and indifference will meet with individuals' resistance response; nurses must be bold and disrupt these processes (Schick, 2016).
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> **Self-examination** requires nurses to employ reason and logic to query established beliefs. Self-examination does not happen in a vacuum; the racialized socialization of each nurse persists simultaneously. Nurses must strive to dismantle

The work of antiracism is done through using resources to better understand how racism and its legacy of racial trauma and terror can persist in this nation.

Nurses must understand themselves as racial beings, to better comprehend what is occurring in society and to assess the presence of whiteness in our systems.

racism from their vernacular, behaviors, and subconscious, while also contesting the continuous barrage of racist socialization. Embracing antiracist ideology, a sustained process of self-examination (Wooldridge, 2019), and being in accountable relationships with individuals and communities that are oppressed are needed. Nurses must unlearn old knowledge and relearn new knowledge and perspectives, enabling a "life of questioning."

Critical interrogation reveals how individuals see themselves as representative of a racial category; this form of interrogation bares the psychoemotional process that accounts for racial ideologies entrenched in historical, political, and personal viewpoints. Nurses must examine sociohistorical and cultural preconditions of belief systems that flood their individual and collective consciousness and indiscernibly inform their practices. Understanding power within lived social relations is also required, given that racism's insidious lessons start early in life, and these norms become internalized adult ideologies.

BUILDING KNOWLEDGE AND UNDERSTANDING THROUGH EDUCATION

Understanding the evolution of antiblack racism, historical trauma, and whiteness is foundational to understanding intergenerational trauma and present-day health inequities. Nursing education speaks to health disparities and uses cultural competency as a central intervention to promote health equity. However, many students come to pre-professional nursing education with limited historical knowledge of the racial trauma experienced by 200 million people of African descent from a legacy of 500 years of chattel slavery in North America. Brutalized treatment, justification, and stereotypes created long before the Civil War to perpetuate the right to enslave humans were already integrated into the systems of American life, including government laws and policies, housing, day-to-day life in the community and its social interactions, health care, and education. These systems fostered oppressive practices, stereotyping, health inequities, inferior education, and inadequate access to health care that persist to the present day (Hammond et al., 2020). The legacy of antiblack racism, often seen as "isolated acts of (bad) individuals rather than a system in which we are all enmeshed" (Schroeder & DiAngelo, 2010, p. 244), is not well understood by nursing educators, who are mainly white.

Cultural competency and diversity are often taught discrete from other content and are not integrated into the curriculum, nor are racism and the legacy of colonialism in nursing addressed forthrightly (DeCelle, 2018). This projects a notion that this knowledge is optional and not needed to be a "good nurse" with good intentions. Educators are transitioning from teaching cultural competence toward student learning centered on understanding social justice, and teaching social and cultural determinants of health to actualize this knowledge (Valderama-Wallace & Apesoa-Varano, 2019). Nurses already in practice must educate themselves to understand racism and racial trauma and their role in healthcare inequity and health disparities.

Inform Yourself to Act Without Fear

Allocate time for intentional reading as the first step in self-edification, starting with the history of racism and race-based brutality in the United States. Hammond et al. (2020) provide a timeline beginning in the 1500s with the transatlantic slave trade and ending in the present time, displaying sobering data about racial inequalities in health care, education, housing, and wealth for black and brown racialized peoples. Many resources inform discourse, enrich perspectives on race and society, and help people discern the entrenched racialization of society.

Employ Resources Wisely

Use resources from trustworthy organizations and from community and health leaders with the background and lived experience that validates their voices, such as Bryan Stevenson, founder of the Equal Justice Initiative, whose quote on remembering our nation's past opens this article. Support your interventions, actions, and contributions when approaching difficult conversations that must occur in order to be part of the solution and not part of the problem. Dialog that is honest and genuine often uncovers anger, guilt, blaming, and pain for everyone.

Learn Wisely

Identify opportunities for classes, webinars, and workshops that address racism. The host or presenter should have a background either in the lived experience of being black in white spaces or in being

a white accomplice/co-conspirator, so they can speak from the data and research reports and give their work genuine meaning through their own personal experiences.

Learn the Language

Understand antiracism terms such as Black Lives Matter, equity, white privilege, race and racialized, antiblack racism, whiteness, white fragility, intersectionality, difficult conversations, ally, accomplice, and co-conspirator.

WHAT SOCIETY NEEDS TO DO

Become an Accomplice or Co-Conspirator

Allies are often involved in activism by sticking up for or standing with a person or group in a subjugated community. White allies advance to accomplices or co-conspirators when they use their power and privileges all the time, actively fighting against white supremacy and the white privilege they receive from the system.

Challenge Privilege

Challenge white privilege as the entrenched barrier to social justice and health equity that it is. Co-conspirators challenge white privilege by calling it out when they see it, identifying the inequity, and changing it whenever they have the opportunity.

Make the Segregated Integrated

Vote locally and nationally for candidates from underrepresented racialized groups. Nominate them for scholarships or leadership positions. Welcome or mentor someone from an underrepresented group to your work, school, club, community, or business. These intentional actions contribute to renewed efforts for true inclusion in the workplace, politics, health and human services, and in our communities.

Use Privilege to End Privilege

Notice if racialized people either are not represented or are minimally represented in faculty or executive positions, in law enforcement and/or social services, and/or in your places of work and leisure. Say something and act; make privilege work to extinguish itself.

Move From Colorblindness to Color Consciousness

Claiming not to see or notice another's skin pigment (race) is not an asset. Denial of seeing an individual's skin color serves as a barrier to truly seeing them as a person, especially in the United States, with its history of enslavement and oppression of black and brown raced people, who have become racialized as other than, or less than white in the process. Instead, develop color consciousness (Jackson et al., 2020), genuine awareness of how racialization in our society creates different experiences in social systems—inequities in access to resources and opportunities.

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Open Up Dialogue About Racism Whenever and Wherever You Confront It

Some people believe that talking about race only makes race relations in our society worse. However, silencing the conversation is just another way to maintain the status quo. Racially white individuals who want to see social change must learn how to have these conversations, not just with BIPOCs, but with their white peers as well.

CONCLUSION

Dismantling racism requires an enduring commitment to social justice within all social systems that influence our physical, mental, and societal health. Antiracism efforts employ resources to better understand how racism and its legacy of racial trauma and terror persist in this nation. This work is extended by joining coalitions, taking action, and having conversations needed to end the values that support racist culture entrenched in political, business, health care, education, and social systems in the United States. Commitment to antiracist efforts can be replenished through lifelong education, self-reflection, and the self-critique needed to understand the manifestations of our own biases within these systems. When in that conversation, one must commit to learning about oneself and others. Speak for yourself and for your part in building a diverse coalition of people to reach the end goal: dismantling a 500-year legacy that shames this nation and blocks the promise in the *Declaration of Independence*: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness" (Library of Congress, 1776).

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