

## COMMENTARY

# Disrupting single stories, broadening the aperture, and embracing the trauma socioexposome in research with minoritized individuals: A commentary

Wizdom Powell

University of ConnecticutHealth  
Disparities Institute, Farmington,  
Connecticut, USA

## Correspondence

Dr. Wizdom Powell, UConn Health,  
Health Disparities Institute, 263 Farm-  
ington Avenue, Farmington, CT, USA,  
06030.

Email: [wpowell@uchc.edu](mailto:wpowell@uchc.edu)

## Abstract

The theory-driven studies in this special issue of the *Journal of Traumatic Stress* illustrate the opportunities and inherent methodological complexities that arise in traumatic stress studies when scholars consider the unique social–ecological contexts and exposure histories of minoritized individuals. Moreover, the included articles challenge the field’s paradigmatic preoccupation with maladaptive individual trauma responses and invite researchers to shift their attention to the role played by a range of environmental adversities. This commentary is organized around three key recommendations regarding what is needed to enhance future research and treatment among trauma-exposed minoritized populations: (a) disrupt single scientific stories about trauma risk, detection, protection, and resilience; (b) embrace the complexity of the trauma socioexposome; and (c) expand capacity to assess, research, and mitigate syndemic risk. The present commentary describes how these key points are highlighted and underscored in the articles in this special issue, arriving at the conclusion that, more than ever, scholars and clinicians need lenses and methods that can help in assessing and treating the whole person and community from a biopsychosocial perspective when racism contributes to a complex trauma socioexposome rather than perpetuating scientific and clinical models based only on single stories of isolated individuals confronted by discrete traumatic events.

Upticks in racialized violence in the United States; the collective wounding stemming from the tragic, viral murder of George Floyd; and the weight of an unrelenting global pandemic have ignited an ardent urgency for broadening the trauma aperture. The theory-driven studies in this special issue illustrate the opportunities and inherent methodological complexity produced in trauma studies when scholars consider the unique social–ecological contexts and exposure histories of minoritized individuals. Moreover, these articles challenge the field’s paradigmatic preoccupation with maladaptive individual trauma

responses and invite researchers and clinicians to shift their attention to the roles played by a range of environmental adversities.

Traumatic experiences occur, are metabolized, and are treated in myriad proximal and distal environments. As a whole, the studies in this special issue of the *Journal of Traumatic Stress* on disproportionate adversities illuminate the value added when the trauma socioexposome (DeBord et al., 2016; Koch et al., 2020), or the totality of the interplay between individual, familial and community, and sociopolitical exposures, is examined. Exposome

paradigms are rooted in exposure science and more typically deployed in environmental health research to conceptualize cumulative, sociohistorical, and interactive influences of environmental exposures over an individual life course (Barzilay et al., 2021; Greener, 2019; Guloksuz, Rutten, et al., 2018; Guloksuz, van Os, et al., 2018; Koch et al., 2020; Moore et al., 2021). These paradigms appropriately emphasize the importance of place, space, and time.

More recently, researchers have begun rapidly adopting these frameworks in investigations of psychiatric phenotypes (Guloksuz et al., 2018). Guided by these paradigms and frameworks, in this commentary, I draw connections between the articles in this issue and how they advance more ecologically valid narratives about a host of social exposures that Black, indigenous, and people of color (BIPOC) routinely negotiate. I pay particular attention to articles that explore the traumagenic characteristics of race-related and discriminatory toxic stress exposures and how they interact with environmental adversity to produce variability in trauma-related health outcomes. This commentary is organized around three key takeaways about what the field needs to enhance future traumatic studies and treatments with minoritized populations: (a) disrupt single scientific stories about trauma risk, detection, protection, and resilience; (b) embrace the complexity of the trauma socioexposome; and (c) expand the capacity to assess, research, and mitigate syndemic risk. In the following sections, I highlight examples of these takeaways from the articles in the special issue.

## **DISRUPT SINGLE SCIENTIFIC STORIES ABOUT TRAUMA RISK, DETECTION, PROTECTION, AND RESILIENCE**

Chimamanda Ngozi Adichie warned that single stories are dangerous because they flatten lived experience (Adichie, 2009). This warning is particularly revelatory for traumatic stress studies. For at least two decades, calls have mounted for the expansion of clinical definitions and diagnostic criteria for posttraumatic stress disorder (PTSD) to include culturally relevant stressors such as racism and discrimination (Carter & Helms, 2009; Comas-Díaz et al., 2019). A common thread in such calls is the need to disrupt the single scientific stories (i.e., trauma results from singular, directly experienced incidents and can be mitigated by focusing on levers for individual behavior change) trauma scholars are accustomed to telling about factors that confer individual trauma risk, protection, and resilience. The calls to disrupt single stories are not purely designed to ignite narrative change, even though it is warranted. Rather, they point to a troubling lag in the field's response to the unique manifestations of trauma and treatment needs

among BIPOC, whose lived experiences disproportionately expose them to interpersonal, personally mediated, and structural racism.

To be certain, racism is a continuous toxic stress exposure that requires different mental models and assessment approaches. Extant trauma models give primacy to static exposures and emphasize psychopathological responses. In their mixed-methods investigation of gender-based violence among Indian women, Potlurri and Patel (2021) draw attention to the limitations of the *Diagnostic and Statistical Manual of Mental Disorders* (fifth ed.; *DSM-5*; American Psychiatric Association, 2013) criterion for PTSD in capturing the chronicity and context of ongoing adversity. Although the focus of this article is not on racism or discrimination, the authors offer a critical illustration of how diagnostic blind spots to sociocultural factors often limit the accurate characterization of trauma response. The article is particularly provocative in its assertion that some trauma responses deemed pathological, such as hypervigilance, by the *DSM-5* criteria may actually be protective to minoritized individuals. The authors remind readers that symptoms that erupt from continuous toxic stress rarely receive clinical legitimacy, in part because of cultural variability about what constitutes a “traumatic” event. Potlurri and Patel's work disrupts single stories and advances a reimagined narrative around “adaptive vigilance” that is rooted in asset-framing and recognizes the evolutionary cultivation of anticipatory anxiety in response to realistic future threats, such as those produced by racism.

Single stories about how and whether racism uniquely engenders trauma also warrant disruption. Numerous scientific studies have affirmed that racism is uniquely depressogenic (Pieterse et al., 2012) and may be associated with posttraumatic stress (Carter, 2007; Comas-Díaz et al., 2019; Pieterse et al., 2012). Centering racial trauma, Auguste et al. (2021) also note the limitations of the *DSM* criteria, which requires trauma exposure to be both overt and life-threatening before it is deemed potentially traumatic. The authors' investigation of microaggressions among young adults of color highlights racism exposures that present as brief, subtle, commonplace verbal and nonverbal indignities (Sue et al., 2007). The results of their analysis underscore the unique contributions of racism to the mental health of young adults and affirm that microaggressions exert a powerful influence on depressive symptoms via trauma reactions. These findings are particularly resonant at a time when many exposures to racism are more nuanced, occurring vicariously (e.g., viral film footage of police killings) and, thus, not directly witnessed or experienced but, nevertheless, creating a context of threat and uncertainty in which encounters with racism could be directly life-threatening at any time.

Similarly, Bird et al. (2021) found that past exposure to racial discrimination produces an additive risk for acute posttraumatic stress and predicts future PTSD severity in trauma-exposed Black adults. Naming and claiming racism as a potentially traumatic event in the diagnostic criteria is a critical next step. However, this diagnostic criteria should also be grounded in mental models of racism, framing it as an evolving social virus that takes on new hosts, mutates, and rapidly spreads as a more complex variant.

BIPOC are resilient, resourceful, and committed to healing from the trauma of racism. Yet, the single stories that are told either fail to account for the psychosocial costs of resilience or presume that BIPOC are passive recipients of toxic racial stressors. Radical healing involves reconstituting the self in the face of identity-based wounds (French et al., 2020). Grounded in liberation psychology, this framework outlines principles largely designed to foster resilience and assist BIPOC with actively resisting oppression. The article by Volpe et al. (2021) in the present issue illustrates the potential protective role of liberatory media literacy against posttraumatic stress among emerging adults of color who are navigating online racism. This work underscores the need to broaden the trauma aperture to include vicarious exposures and points to potentially viable and scalable interventions that aim to foster critical consciousness—a pillar of radical healing. The focus in the traumatic studies field on pathological responses to racism is limiting researchers' and clinicians' scientific imagination about the capacity for resilience BIPOC possess following exposures to racism. Disrupting single stories about resilience might improve approaches to trauma treatment in minoritized populations at stages of development when the risk of related poor health outcomes are especially heightened.

## **EMBRACE THE COMPLEXITY OF THE TRAUMA SOCIOEXPOSOME**

The traumatic stress studies field is increasingly recognizing the role played by social–environmental conditions in engendering trauma exposure, response, and recovery supports. Several articles in the present issue illuminate the mechanisms by which minoritized individuals embody their proximal and distal environments. Embodiment “refers to how we, like any living organism, literally incorporate, biologically, the world in which we live, including our societal and ecological circumstances (Krieger, 2005).” Advancement in understanding the contribution made by environmental determinants, or “exposomes,” to trauma across the life course has been limited by research conducted in disciplinary silos, where measure-

ment modalities for exposures are rarely integrated. Articles in this issue addressed this limitation by examining trauma-related sequelae that erupt in challenging ecologic contexts across the globe.

For example, Holmes et al. (2021) explored the associations between high levels of material hardship and PTSD in a sample of low-income Black women. The findings implicate poor socioeconomic conditions as prominent features of the trauma exposome for this population. Similarly, the systematic review by Santacrose and colleagues (2021) highlights peer-reviewed studies conducted over a 20-yr period that document the association between community violence exposure and health outcomes in United States–based Latinx youth. The articles in this issue also highlight the trauma exposome of individuals residing in environments characterized by armed conflict (Mootz et al., 2021), political violence, neighborhood disadvantage (Douglas et al., 2021), and low- and middle-income countries (Charak et al.). Together, these studies demonstrate spillover effects of exposures that occur at multiple environmental levels and explicate what is gained when the complexity of the trauma exposome is embraced.

## **EXPAND THE CAPACITY TO ASSESS, RESEARCH, AND MITIGATE SYNDEMIC RISK**

A final key takeaway from this special issue is that cumulative, individual-level adversity interacts with environmental adversity in unexpected ways to elevate syndemic risk across the life course. Syndemics are defined as “interacting, copresent, or sequential diseases and the social and environmental factors that promote and enhance the negative effects of disease interaction” (Singer et al., 2017, p. 941). Applying a syndemics lens to trauma studies and treatment will allow for exploration into the developmental timing of culturally relevant toxic stress exposure and the complex interactions with environmental conditions. The study by Mootz et al. (2021) in the current issue illustrates the potential benefit of calculating composite syndemic risk scores and integrating them into trauma research. The authors found that syndemic problems in Uganda were more pronounced in environments characterized by armed conflict. An interesting parallel might be made between syndemic risks in Uganda and the United States, where racial conflicts are interacting with COVID-19–related stress to produce synergistic trauma. Future studies among BIPOC should leverage this lens. The study by Douglas et al. (2021) further illustrates the need to consider the cumulative impacts of systemic inequality to advance the understanding of mechanisms by which Black youth experience traumatic stress. Their research

determined that polyvictimization and violent death reactions were pathways to more severe traumatic stress and grief reactions in Black youth. Now more than ever, traumatic stress researchers and clinicians need lenses and methods that can aid in assessing and treating the whole person, as well as the full range of exposures and conditions that shape trauma outcomes.

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