

Spring 5-5-2019

Post Traumatic Slave Syndrome A Literature Review on African American Community Healing and Expressive Arts Therapy

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Post Traumatic Slave Syndrome
A Literature Review on African American Community Healing
and Expressive Arts Therapy
Capstone Thesis
Lesley University

May 5, 2019

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Expressive Arts Therapy

Professor Michelle Napoli

Abstract

Post traumatic slave syndrome (PTSS) is defined as “a condition that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism today.” Throughout this literature review, the physical, mental, and socioemotional impacts of institutionalized oppression through the years from the 1600s to the present, exhibited in the multiple sectors of society as it relates to the African American (AA) community are explored and addressed through the theoretical framework of PTSS. While a sizable body of literature has supported Expressive Arts Therapy (EAT) with traumatized populations, very little research has been developed regarding specific Expressive Arts Therapy interventions for reducing the negative effects of PTSS in the AA community. This literature review seeks to acknowledge the gaps in the research while identifying the intersectionality between the benefits of individual Expressive Arts modality interventions with the AA community and Expressive Arts Therapy theoretical frameworks with populations who have experienced trauma exposure.

Keywords: post traumatic slave syndrome, historical trauma, intergenerational trauma, African American, expressive arts therapy, creative arts therapy, oppression

*Southern trees bearing strange fruit
Blood on the leaves and blood at the roots
Black bodies swinging in the southern breeze
Strange fruit hanging from the poplar trees
Pastoral scene of the gallant South
Them big bulging eyes and the twisted mouth
Scent of magnolia, clean and fresh
Then the sudden smell of burning flesh
Here is a fruit for the crows to pluck
For the rain to gather, for the wind to suck
For the sun to rot, for the leaves to drop,
Here is a strange and bitter crop*

-A poem written by Abel Meeropol

(adopted into song by Billie Holiday and Nina Simone)

ACKNOWLEDGEMENTS

As the 400-year anniversary of the arrival of the first slave ships in the United States of America dawns, I am deeply moved and inspired by this research that has yet to be embraced by the mainstream. May this work be a catalyst that sparks the flame of social justice and racial equity in the United States of America. May this also be the start of a greater life's work towards responsibility, respect, restitution and restorative healing in the African American community and all descendants of African peoples in the diaspora.

I'd like to acknowledge my heavenly Father for whom if it were not for Him I would not have breath in my body to do this work, my parents for whom I was blessed to be nurtured into the human being I am today, my family and friends for their loving support, my family in the faith for their endeavoring prayers and encouragement, and all the adopted family along the way in the many locations I have called and experienced home, you have all deeply enriched and shaped my life and purpose to what it is today.

DEDICATION

This capstone thesis is dedicated to the millions of my African American ancestors who were brutally mistreated, maligned, misappropriated, and murdered during the transatlantic slave trade and institution of chattel slavery in the United States of America. Furthermore, this is dedicated to the remnant of survivors who are stronger, resilient, and thriving as an empowered people destined and purposed for restoration and appointment by the Almighty. Selah.

Post Traumatic Slave Syndrome:

A Literature Review on African American Community Healing and Expressive Arts Therapy

Introduction

This literature review endeavors to define and explore the theory of Post Traumatic Slave Syndrome (PTSS) as it pertains to the African American (AA) community. This theory expands the knowledge base and field of both Expressive Arts Therapy (EAT) and mental health to include research on a population that has been marginalized by academic study. PTSS was established and disseminated by Dr. Joy DeGruy (2005) in her milestone study, *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing* to educate the larger dominant culture of the symptomatology of systemic oppression on the AA community. PTSS was also purposed to inform members of the AA community in order to contextualize some of the historical narratives within USA History. Because this theory was developed over twelve years of DeGruy's qualitative and quantitative research, this empirical evidence will be used to build upon the need for more research on the effects of PTSS as well as Expressive Arts Therapy-based interventions designed with AAs in mind.

PTSS is also a theory used to educate the mainstream public that this form of societal oppression does still exist in the USA today. This theory recounts the history of the transatlantic slave trade in the early 1600s, where approximately 20 - 30 million free African people were captured and enslaved, up until the present-day version of slavery known as the American penal system (Danzer, 2012; DeGruy, 2005; Marsella et. al, 1996; Washington, 2006). This thesis paper will introduce literature which explicitly illustrate the historical transition of one form of racial oppression to another starting with chattel slavery through multiple forms of racial oppression in USA history.

During this literature review key terms will be established in order to decolonize the lexicon that has been previously referenced to describe the African American community. The term *African American* (AA) will be used as opposed to the term *Black* to narrow the population solely to those of African descent born and/or raised in the United States of America (USA) versus those of African descent who immigrated to the USA from Latin America, the Caribbean, Asia, or Europe. The term *European American* (EA) will be used as opposed to *White* or *Caucasian* to identify a people group with their geographic ancestry versus a systemic ideological construct of race. Additionally, the term *enslaved* will be used in place of the term *slave(s)* as this clearly articulates the distinction between a people who were forced into a role against their will and denied of their human rights from the identity of a group of people.

Post Traumatic Slave Syndrome (PTSS)

Post traumatic slave syndrome is defined by DeGruy (2005) as “a condition that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism today. Added to this condition is a belief (real or imagined) that the benefits of the society in which they live are not accessible to them” (p. 109). Pouissant and Alexander (2000) described Post Traumatic Slave Syndrome as, “the persistent presence of racism, despite the significant legal, social, and political progress made during the last half of the twentieth century, [which] has created a physiological risk for AA people that is virtually unknown to EAs” (Pouissant & Alexander, 2000, p. 15).

Chattel Slavery

Chattel slavery is defined as the owning of human beings as property able to be bought, sold, given, and inherited (Kasza, 2019). Africans were captured, shipped, and enslaved against their will for the socio-economic gain of the USA and had no personal freedom or recognized rights to decide the direction of their own. The slavery of African people in the USA was distinctly different from the slavery in Europe or other parts of the world where the slaves were a result of war, punishment, or indentured servitude to repay a debt (DeGruy, 2005).

Expressive Arts Therapy

According to the International Expressive Arts Therapy Association (IEATA, 2019), “The Expressive Arts utilize the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development. It is an evolving multimodal approach within psychology, organizational development, community arts and education” (IEATA, 2019). Estrella clarified that Expressive Arts Therapy (EAT) is founded on the interrelatedness of the arts and takes an integrated approach to the use of the arts in concert with psychotherapy (as cited in Malchiodi, 2005, p. 183). In the art process, imagination and creation are introduced as an intervention to explore and communicate feelings which connect the individual to one’s self (Rogers, 2011). This experience of connection to self may not be easily accessible through talk therapy alone and thus adds a unique benefit to the therapeutic experience.

This paper will begin with a focus on a historic and evolutionary outline of chattel slavery from the 1600s to the present. Afterwards, the paper will cover research on the physical, emotional, psychological, and societal traumatic effects of chattel slavery on the AA population and how the incidences of chattel slavery in the USA are related to PTSS. Thereafter, this literature review will identify the use of EAT interventions with clients who have experienced

trauma exposure while identifying the disparity in which EAT is used with those who have experienced PTSS.

Ultimately, by the end of this literature review, this explorative contextual journey will present the opportunity for training to both current Expressive Arts and mental health community members as well as future clinicians in practice.

Literature Review

Documentation of Systemic Oppression of the AA Community in the USA

Since the early 1600's, when the first 100,000 enslaved Africans were brought to Jamestown, Virginia, there has been a continuation of structural oppression of African American (AA) people in the USA. Below is a brief overview of this historic continuity of oppression in the USA, which will then be discussed further in this thesis. 100,000 Africans were brought to the USA and enslaved against their will. This number rapidly grew to over 30 million within three decades (DeGruy, 2005). Some of the harsh realities of chattel slavery included: beatings, floggings, rape, lynching, family dissolution, food and water deprivation, and other forms of inhumane treatment. After the ratification of the 13th amendment which outlawed chattel slavery in one form, this spearheaded the evolution of slavery in different forms which resulted in modern-day mass incarceration (DuVernay, 2016).

1619- The first enslaved Africans arrive in Jamestown, Virginia brought by Dutch traders who seized them from a captured Spanish slave ship

1641- Massachusetts became the first state to officially legalize slavery. The colonial ship *Desire* was built and launched in Massachusetts. Its cargo consisted of imprisoned Pequot Native Americans, shipped to Bermuda in exchange for "salt, cotton, tobacco and enslaved Africans"

- 1662- Virginia law decrees that children “shall be bond or free” according to the condition of the mother, thus making the children of an enslaved mother enslaved for life
- 1787 – Three-fifths compromise (legislature where the enslaved man was counted as three-fifths of a man for representation in the federal government) was instituted in the southern states
- 1808 – The act prohibiting the importation of enslaved Africans was mandated by Congress although not strictly enforced
- 1840s - 1860s “Slave” hospitals claim the lives of thousands of AA enslaved population
- 1861-1865 The Civil War: 40,000 African Americans died
- 1863- The Emancipation Proclamation is delivered by Abraham Lincoln to end both the Civil war and free the enslaved AAs in Confederate territory
- June 19th, 1865 - The last 250,000 enslaved AAs in Galveston, Texas were given the news that the Civil War ended and thus all of the enslaved AAs in the USA were thereby declared free
- December 6, 1865 - 13th Amendment of the U.S. Constitution is ratified by Congress which states enslaved AAs are technically free with the exception of those made enslaved as a punishment of crime
- 1865 - The institution of *Black codes*, *sharecropping*, and the convict lease system replaced the previous form of slavery as an alternative form of oppression
- 1867 - The end of the convict lease system gives birth to the institution of chain gangs
- 1896 - 1954 Case of Plessy-versus-Ferguson – upholds segregation in the south reinforcing the separate but equal anomaly (Danzer, 2012; Degruy, 2005; Infoplease, 2017)

1970s - present - Mass incarceration, militarization of criminal police system, and the War on Drugs are instituted to replace the millions of enslaved AAs during the chattel slavery era

The literature reported that “American slavery was the economic cornerstone on which American wealth and power were built-wealth and power which last to this day, as do the psycho social consequences of American slavery, both for the descendants of the enslaved as well as the descendants of the enslavers” (DeGruy, 2005, p. ii). This systemic structure thus created a foundation in which future generations on both sides of the divide would be governed.

The first enslaved Africans in the USA were approximately 100,000 people who were brought over against their will on ships. This number multiplied through the decades at an estimate of 30 - 40 million (DeGruy, 2005). During this exchange many AAs were separated from their families and sold separately. Mothers were separated from children, husbands separated from wives, sometimes never to be reunited. The treatment of the enslaved was harsh and degrading. They were often beaten, whipped, worked to exhaustion, deprived of food and water, branded, mutilated, raped, flogged, as forms of punishment as well as a way for slave owners to assert dominance over the enslaved. The simple act of one human being called “master” by another human being was a dehumanizing and traumatic practice (White, Bay, & Martin, 2013).

Painter (1995) explained that the sexual abuse of the enslaved women was used by the owners for multiple reasons. One, was for reproductive benefit, as their offspring could be sold off at a profit. Two, as an example to others to discourage misconduct. Lastly, to fulfill any sexual desire the owner, owner’s son, or owner’s friends had. Some owners even loaned out their enslaved women to perform sexual favors to pay off a debt (Painter, 1995).

While many enslaved women fought back to resist the sexual abuse, the repercussions were often brutal beatings until death. Painter (1995) described the psychological effects of this

abuse as feelings of anger, depression, and low self-esteem. The thought that these enslaved women had no control over their bodies, nor the bodies of their children was both disheartening and demeaning (Painter, 1995).

Contributing to the despondency of enslaved women, DeGruy (2005) pointed out that there were laws stating that no EA could ever rape an enslaved woman, because their bodies were devalued as a different species of human (DeGruy, 2005). This further solidified the claim that the institution of slavery does much harm and traumatization to those who have been subjected by it (Marsela et al, 1996).

While the Emancipation Proclamation of 1865 granted freedom to the enslaved in the Confederate states, this left slavery untouched in the border states and depended on the Union's victory before the enslaved were liberated (Degruy, 2005; Gates, 2013). By December 6, 1865 the ratification of the 13th Amendment declared all enslaved would be free except for those imprisoned (U.S. Const. amend. XIII). Gates (2013) noted that with this new amendment, one form of slavery would end, and another form would take its place, sharecropping.

The ratification of the 13th Amendment created a reported backlash throughout former slave states (DeGruy, 2005; DeVurnay, 2016; Gates, 2013; Marsella et. al, 1996; Watkins et al, 2013). The former enslaved became sharecroppers and a new set of laws called "black codes" were enforced (Danzer, 2012; DeGruy, 2005; Gates, 2013). These codes were laws which were historically designed to prevent AAs from owning land; and only allowed them to work lower wages determined by the plantation owner (DeGruy, 2015). These laws also limited the AA's movement in different regions of the state. When the new sharecroppers wanted to purchase seed and tools, they were met with inflated market prices which reportedly left them with the only option of applying for a high interest loan (DeGruy, 2005; Gutman, 1976). This cycle of borrowing on credit at high rates and working to repay continued for many years and became a

vicious cycle of oppressive owing (DeGruy, 2005; Washington, 2006). When sharecroppers complained, they were charged with crimes that would then be prosecuted in the court of law; up to and including imprisonment (DeGruy, 2005; DuVernay, 2016).

The prison system thus became the next form of slavery as the terms in the penal system were stricter on AAs than they were on EA (Degruy, 2005). Historians recalled that as a result of this incarceration, those imprisoned were leased out by the prison system to work on “chain gangs” in locations such as mines, railroads, and tunnel blasting. Often, these workers were subjected to harsh living conditions like those of their forefathers who were enslaved. Statistics have shown that half of the imprisoned AAs leased out to work in the chain gangs died within the first year. Circumstantially, the literature narrates how the traumatic experience of slavery became the traumatic experience of sharecropping, which transitioned into the traumatic experience of convict leasing, into the traumatic experience of chain gangs, which evolved into the mass incarceration of AAs in this present day (DuVernay, 2016).

The Physiological Symptomatology of PTSS

The literature points out that the enslaved Africans’ bodies were more likely to contract respiratory infections than those of the European Americans (EA) due to the poor conditions of their housing. The shacks were subjected to the heat of the summer and the cold of the winter. These same shacks were also the scene of countless sexual assaults on AA women. Dorothy Roberts (1997) wrote about EA men raping their enslaved females for both monetary benefit and as a weapon of terror that reinforced EA domination over their human property. Rape was also an act of physical violence designed to stifle AA womens’ will to resist and to remind them of their servile status (Roberts, 1997).

PTSS symptoms include that of hyper vigilance and arousal which Kimmerling et. al (2002) suggested takes place when a survivor of trauma is repeatedly exposed to the stimulus or

originator of the traumatic event. The trauma recovery process described by Herman (2015) occurs in stages which require the victim of trauma to escape the dangerous setting and escape to a safe environment for the trauma responses to be mitigated (Herman, 2015). Due to the continuous exposure to the dangerous environment of chattel slavery, its victims endured the re-traumatization for many years due to remaining in the same location and being subjected to continual harm by the perpetrator.

The study of *epigenetics* further concretized the physiological evidence of PTSS throughout the generations as a form of intergenerational trauma. According to Weber (2007) epigenetics is defined as “the study of heritable changes in gene expression that do not require modification in the genomic DNA sequence” (p. 251). In this longitudinal research study, the exposure of trauma via environmental stimuli such as rape, torture, murder, and the like, caused a transmutation in the manifestation of the genetic makeup in which trauma victims experience. The trauma victims in turn pass on these transmuted traits to their offspring. Thus, this research on epigenetics suggests that the trauma of chattel slavery has been continually transmitted throughout multiple generations (Reid et al., 2005; DeGruy, 2005).

Additional research on intergeneration trauma includes biological theories that explain the predispositions of the children of traumatized parents based on the symptomatic patterns from one generation to the next (Yehuda, Schmeidler, Wainberg, Binder-Brynes, & Duvevani, 1998; Yehuda, Halligan, & Grossman, 2001). Research has also alluded to the evidence that children of parents who have been diagnosed with a trauma-based condition have a higher likelihood of developing a similar trauma history regardless if they have experienced trauma firsthand or not (Yehuda et al., 1998; Yehuda et al., 2001).

The Psychological Symptomatology of PTSS

DeGruy (2005) demonstrated through her longitudinal study of AAs that the PTSS symptoms of present-day AAs paralleled the symptomatology of the AAs who directly experienced the traumatic events of chattel slavery. The theoretical framework of PTSS includes the psychological symptoms of stress, self-doubt, depression, aggression and psychological and interpersonal relationship dynamics with family members (DeGruy, 2005). DeGruy (2005) noted these traumatic symptoms, in the long term, to be deleterious on AA's social, emotional, physical, and economic wellbeing.

The systemic oppression of AAs in the USA has had a disparaging impact on the psychological health of the AA community. According to Morris (1996) some AAs were led to believe that they were biologically destined to be enslaved due to their skin color. EA religious teachers used religious texts to justify chattel slavery naming it an assignment by God (Morris, 1996). There were also some scientists that would measure the heads of Africans and noted their strength and size to confirm that they were another species of human altogether fit for the harsh labor and bondage of slavery (DeGruy, 2005).

There is a condition known as "survivor syndrome" or "survivor guilt" that refers to the individuals who have survived a traumatic event over others. The symptoms include feelings of stress, self-doubt, increased aggression, and several psychological and interpersonal relationship challenges with family members and others (DeGruy, 2005). Many AAs who have experienced the multi-generational traumatic event of chattel slavery present with these very same symptoms without even realizing it (DeGruy, 2005; Marsella et al., 1996).

PTSS and Trauma Amongst the African American Family Unit

While there are many examples to draw from, this section will document three reports of how the oppression impacted the AA family unit and community which contributed to the symptomatology of PTSS. Accounts of the separation and abuse of AA families during chattel slavery were numerous. In the first example, the single act of selling enslaved Africans broke up families regularly and created traumatic hardship. The act of being sold or even the thought of being sold was traumatic for both enslaved and free AAs alike (Gutman, 1976). It is plausible that this too had an effect where AAs began experiencing higher levels of hypervigilance and phobia. These acts were chronicled in the writings of Frederick Douglass along with many others. This inhumanity was rationalized by the notion that AAs did not have the deeper feelings of attachment that EAs were assumed to have (Marsella et al, 1996).

The second example of how oppression and abuse impacted the AA family and community involved the way enslaved AA women were seen as objects of possession and were raped in front of partners and family members. This act was one that often psychologically crippled and emasculated the AA male from being able to protect his family from such human rights violations (Gutman, 1976). This also created the pathological behaviors familiar in the AA community as the adoption of inferiority complexes and ingrained self-hatred that became prevalent throughout the society (Crawford et al., 2003).

Finally, in the third example, is a description of how trauma was experienced and then transmitted generationally through the AA family. Please see the narrative below in Table 1, which is based on DeGruy's (2005) example of how past traumatic events connect to present day traumatic expression.

Table 1

Transgenerational Transmission of Trauma

Traumatic event takes place in the past	Child separates from mother on plantation and is sexually assaulted by plantation owner or sold off to another plantation
Psychological impact	Mother fears all future children will run the risk of the same outcome. New thoughts, feelings, and actions are formed
Behavioral impact	Mother chastises all future children in advance of their separation from her as a form of protection based on fear
Generational transfer	Chastised child grows up to be a Mother and develops the same learned behavior of fear that was demonstrated by her Mother.
Long term impact	The AA child's freedom of expression is potentially stunted and hindered in perpetuity subconsciously due to the passing on of a practice that was bred out of a preventative measure to a traumatic event.

Note. (DeGruy, 2005)

PTSS and Trauma in the AA Community and Society at Large

PTSS links the association of AAs with violent acts in contemporary scenarios to the violence, aggression and dehumanization of AAs prevalent in chattel slavery. This perpetual conditioning was exhibited in subsequent oppressive legislation and law enforcement practices (DeGruy, 2005). After the institution of chattel slavery, the continued frustration of sharecropping was reported to increase levels of depression, alcoholism and domestic violence in the AA community (Robinson, 2000). The term *vacant esteem* coined by DeGruy (2005)

substantiated the community-based impact of PTSS as the state of believing oneself to have little or no worth. Vacant esteem is often exacerbated by a societal and group pronouncement of inferiority (DeGruy, 2005). DeGruy contends that vacant esteem is the result of three aspects of influence: society, community and family (2005). While family level considerations of PTSS were discussed above, what follows is a brief overview of considerations of PTSS at the society and community levels.

On the societal level, is the example of the three-fifths Compromise. This 1787 piece of legislature counted the enslaved population for taxation and representation purposes in the federal government. Although providing economic benefit to the southern states during the Civil War, it also simultaneously considered the enslaved, property for other purposes. What became known as the three-fifths Compromise between the Northern and Southern states equated the enslaved man to three-fifths value of a non-enslaved man in the general population (DeGruy, 2005; Gutman, 1976). This law could have subconsciously created the pattern of inferiority in the minds of the AA population along with perpetuating an often-misguided superiority complex on behalf of the majority population.

Another form of institutionalized racism and discrimination which operated as an oppressive measure over the lives of AAs was Jim Crow or segregation (DeGruy, 2005; DuVernay, 2016). The idea of separate but equal access to living conditions, education, transportation, houses of worship, and toilets, was restrictive in its intent and purpose. This affected voting privileges of AAs as well. While in the lawbooks AAs had the right to vote, there were stipulations in place such as literacy tests and voting taxes which were applied thus making the majority of AAs ineligible to vote. Compounded with the initial disregard, the few numbers of AAs who were able to qualify to vote, had ballots that were reported to be stolen or tampered with in favor of the opposing party (DeGruy, 2005).

Another way the literature sheds light on the oppressive nature of the USA's systems is through the widely discriminated social services including housing, employment and health care, regardless of one's education and socio-economic status (Lum, 2003; Parham, T., White, J., & Ajamu, A., 1999; Robinson, 1995; Waites, 2004). Essed's (1991) qualitative study reported that the contemporary AA experience which is interwoven into the fabric of the institutionalized social system is "a cumulative process whereby new experiences are analyzed against the background of earlier personal experiences, vicarious experiences, and general knowledge of racism in society" (p.8). This inherent knowledge in turn became a contributing factor to the generalized skepticism, distrust, and underlying anger that is exhibited from those who have been impacted by the effects of PTSS. It is the anger of knowing that a system has been built and developed as a door whereby the AA community is strategically locked out of nor is provided a key.

While institutional racism and oppressive practices continued, there was also the societal impact from hate crimes such as lynching. Between the years of 1866 and 1955 more than 10,000 AA men, women, and children were subjected to the societal trauma known as lynching. A lynching was a way for AAs to be reduced, suppressed and oppressed in society to instill the belief that AAs were inferior to EA (DeGruy, 2005).

Beyond the societal level, and on a community level is *Black-on-Black* violence. Black-on-black violence has created a grave disparity in trauma resources in the AA community. It's been described by Hacker (1992) as the "self-inflicted genocide". One key cause which has influenced this influx in intercommunity violence has been the high unemployment rate in the AA community. According to Hacker (1992), AAs have had unemployment rates that have doubled the size of EA's unemployment rate since 1960 (Marsella, et. al, 1996). Furthermore, AA males are compensated at a rate of 70 – 80% of EA males of the same level of education and

professional qualifications. In other words, while AAs represent 12% of the US population, they only earn 8% of the country's income (Danzer, 2012).

According to the U.S. Census Bureau (2014), 13.2% of the U.S. population, or approximately 45.7 million people, identified as AA. Additionally, historical adversity, which includes slavery, sharecropping and race-based exclusion from health, educational, social and economic resources, translates into socioeconomic disparities experienced by AAs today. Socioeconomic status, in turn, is linked to mental health whereby people who are impoverished, homeless, incarcerated or have substance abuse problems are at a higher risk for poor mental health, including predisposition to trauma exposure (Mental Health America, 2019).

PTSS and Trauma Exposure in the Health Field

A sizable body of literature supports the notion that the medical profession has historically traumatized the AA community in the form of medical brutality throughout the years. An early example is "slave hospitals". In the 1840s, slave hospitals were where medical professionals were known to have practiced surgery on enslaved patients in plain clothes without washing their hands, providing anesthesia, antibiotics, nor sterilizing their tools nor their environment. This caused numerous infections and deaths to the patients (DeGruy, 2005). Medical records revealed that enslaved people were often neglected medically which led to their untimely and preventable deaths since the wellbeing of the enslaved was left up to the discrepancy of the owner. Another alternative to proper medical care that owners opted was continual and harmful administration of mercury and chlorine compounds as a purgative and the unethical dosing of morphine on the enslaved AAs (Washington, 2006).

The work of well noted leader in American gynecology, Dr. James Marion Sims, had its maleficent beginnings. From 1845-1849, Sims was documented to have performed vaginal surgeries on enslaved women without their consent nor anesthesia. His justification was that their

biological makeup enabled them to withstand such painful procedures (DeGruy, 2005; Robinson, 2000; Washington, 2006). Additionally, Sims performed operations where he used a shoemaker's awl to "align" AA babies' skulls which he believed to have a malformation (DeGruy, 2005). Most of these babies died as a result of these procedures (DeGruy, 2005).

In addition to the mistreatment of AAs as described above, there were other events that caused traumatic experiences and strengthened AA distrust of the U.S. health and medical field due to countless nocuous procedures performed on AAs and other vulnerable populations. From 1932-1972 the U.S. government in collaboration with the medical field conducted the Tuskegee Syphilis study, a deleterious group of experiments which took the lives of over 100 AA men when they were deceived into believing they were being treated for a blood disorder. Instead, they went untreated even when penicillin was identified as a cure, the administrators of the project withheld penicillin from them. The entire process was to monitor and document how syphilis progressed in the human body. As a result, these men unknowingly transmitted syphilis to their wives and unborn children and died untimely deaths (DeGruy, 2005; Washington, 2006).

Related, Washington (2006) has defined *iatrophobia* as the fear of the healer. *Iatros*-healer, and *phobia*-fear (Washington, 2006). These skepticisms of researchers and medical professionals who caused harm to AAs as evidenced by the medical experiments on enslaved women, to those involved in the Tuskegee experiments, have negatively affected the future participation in studies and research that could potentially help AAs, yet due to their fears of a system that has historically hurt them, many decline to participate (Washington, 2006).

In the realm of assessments there have been numerous tests that were conducted with the AA population and the results inaccurately normed according to the majority population's culture. Some of these tests such as the Stanford-Binet Intelligence test were deemed invalid

based on the construct and contextualization, since it had not taken into consideration the foundational differences in the AA culture (DeGruy, 2005).

Mental Health America (2019) asserts that despite progress made over the years, racism continues to have an impact on the mental health of AAs. While negative stereotypes and attitudes of rejection may have decreased, they continue to occur with measurable, adverse consequences. Thus, both historical and contemporary instances of negative treatment have led to a mistrust of health professionals, many of whom are not seen as having the best interests of AAs in mind.

PTSS and Trauma in the Prison System

The USA penal system incarcerates approximately 2.2 million men, women and youth (DeGruy, 2005). While AAs make up 6% of the USA population, they also make up 40.2% of the prison populace (DuVernay, 2016). This statistic is reduced to the likelihood of an EA male being incarcerated at 1 out of 17, whereby the chance of an AA male is 1 out of 3 (DuVernay, 2016). These staggering statistics support the claim that the AA community continues to be subjected to the oppressive system of the USA which has caused an increase in the negative effects of PTSS. Similar to the chain gangs of the 1860's, USA prisons are not only used as a tool of control and manipulation of another human being's livelihood, but they also do so to increase the economy's capital gain at the detriment of the freedom and wellbeing of mankind. Of the 37,000 inmates awaiting execution nationwide, 43% are AA (DeGruy, 2005).

AAs today are over-represented in USA jails and prisons. Obama's statement in DuVernay's (2016) documentary, *13th*, shared the staggering statistic, "The United States is home to 5% of the world's population, but 25% of the world's prisoners" (DuVernay, 2016). While the 13th Amendment of the Constitution eliminated slavery in one form, it left behind the loophole of slavery to exist in another form with the provisionary statement, "except as a

punishment for crime whereof the party shall have been duly convicted” (U.S. Const. amend. XIII). In other words, the 4 million enslaved AAs who were emancipated after the Civil War ended and who were a vital part of the southern states’ economy, were gradually replaced in the community as incarcerated and disenfranchised members of society. Mass arrests were made during the sharecropping and convict leasing era against AAs for minor crimes of loitering, vagrancy, nonpayment of debts, and self-advocacy in courts of law against unethical loan agreements. This practice again allowed the AA population to work for private parties, similar in intent to chattel slavery (Robinson, 2000). Through the decades the AA population in the USA prison system has grown exponentially which has respectively increased the traumatization of the AA community at large.

In the area of drug related offenses, AAs accounted for 37% of drug arrests, but only 14% were reported as regular drug users (Mental Health Association, 2019). In addition, there had been a noticeable inequity in the severity of prison sentences between those AAs who were convicted for the possession and intent to distribute crack cocaine versus their EA counterparts convicted for the same crime, yet involving powder cocaine (Robinson, 2000).

PTSS and Trauma in the Economic Life of AAs

Historically when AAs became sharecroppers and were unfairly charged high interest rates, in addition to being denied mortgages in certain neighborhoods, a practice known as “red lining” (Mims, et. al, 2008), this in turn impacted the quality of education in the neighborhoods where AAs were designated to live. Up until the 1950s, the Federal Housing Association provided monetary incentives to financial institutions to stop them from lending money to AAs who were looking to procure a home (Marantz, 1989). This one act prevented many AA economic exploits from building wealth through the real estate market (Marantz, 1989; Robinson, 2000). Levine (1993) highlighted three inner city Boston neighborhoods in the 1960s

where EA residents were displaced due to this redlining practice on AAs and they had to sell their homes at below market value. As a result, racial tensions between the two groups lasted well throughout the 60s into the 70's (Levine, 1993). Government funding for books, teachers, and other school materials were not allocated to the budgets for the schools where AA children attended. Longitudinally, this affected their potential for graduating high school, and the possibility of attending college and achieving some of the professions that required formal education like doctors, lawyers, or engineers.

During a study, Norris (1992) surveyed over 1,000 adults in four cities in the south to evaluate the impact of trauma in their lives. The participants were equally divided into AA and EA. Of those surveyed, Norris reported that 19% EAs reported more traumatic events in comparison to the 12% of AA reports. On the other hand, when the impact of trauma was measured, AA males rated the highest in levels of stress as a result of trauma. Norris' findings showed the traumatic events that AAs reported were of a more serious nature than those reported by EAs (1992). The second discovery showed that the economic resources of EAs may have reduced the impact of the negative effects of their traumatic events. The literature points to the ways higher socioeconomic status buffers the negative impact of traumatic life events (Marsella, et. al, 1996) and thus how lower income AAs were adversely affected in this area.

Expressive Arts Therapy with the AA community and other traumatized populations

Like main stream psychotherapy, many mental health professionals in the USA have been of EA heritage. One of the rationales in which AA clients have been hesitant to engage EA psychotherapists is due to the lack of *cultural competency* and the culturally historic lens in which to see the AA client's given scenarios in addition to the historic mistrust of the profession (Awosan, Sandberg, & Hall, 2011).

The term “black psychology” supports the use of the creative arts (expressive arts) with the AA population. Danzer (2012) explained black psychology to represent a completely different worldview and value system. Afro centric values are committed to interdependence with nature as well as with one another. They have a deep sense of spirituality, emotional expression, direct communication, and expression of one's true emotional self through the use of dance, music, and other creative arts (Danzer, 2012).

In the process of utilizing cultural competency with the AA community and taking into consideration the historic traumatic harm at the hands of therapists, the term “arts healer” may be more appropriate to adopt in lieu of “Expressive Arts Therapist” or “Creative Arts Therapist”. This adoption also provides the space for new experiences to take place in the therapeutic relationship and the possibility for more beneficent outcomes. As more AAs seek therapeutic care, the demand for AA-sensitive care increases respectively.

When using the arts, Danzer (2012) made the claim that AA children learn kinesthetically through the creative expression of moving and doing. The expressive arts help the part of the child's brain that leads to academic success (Danzer, 2012). This utilization of the arts also give permission for AA children to express themselves by tapping into their childlike imagination while also inducing properties of healing (McNiff, 2009). Once a safe, supportive, and stimulating environment is established by the Expressive Arts Therapist even the most rigid or resistant child is able to participate (McNiff, 2009). This practice of using movement with AA children who may experience the residual effects of PTSS helps to reverse the process of the intergenerational transmission of trauma as a result of the historic traumatic event of chattel slavery. Ultimately, through the use of the arts, uninhibited children would grow up to be uninhibited adults who see the realm of possibility for themselves, their families, their community, nation, and the world at large.

With AA adults, the expressive arts aids in tapping into the suffering involved as a result of PTSS. Levine (1992) identified that suffering, while a part of the human condition, can be reshaped and transformed through the imagination and creativity. Through the engagement of the arts the mind can initially be transformed which will in turn transform the life of the individual (Levine, 1992).

There are many strengths that enable AAs to survive in the aftermath of chattel slavery. Danzer (2012) listed strengths to include: strong church affiliations, sense of spirituality, flexible family roles, strong family, extended family, and surrogate family ties (Lum, 2003; Waites, 2004). Lum (2003) mentioned that these same strengths which developed out of the African tradition of clanship, also helped AAs survive through slavery, and these remained to be primary coping strategies.

Often AAs are reluctant to engage in therapy because of historically-rooted beliefs that one should solve one's own problems or at least solve them within one's family and community (Lum, 2003; Waites, 2004). The Expressive Arts Therapist can build upon this belief system in community support through the use of groupwork. Rogers (2011) developed the term *collective resonance* as a combination of “building community of people gathered with a single purpose in mind: mutual learning, personal growth, neighborhood groups, etc. and then collectively bonding energetically and even spiritually” (Rogers, 2011, p. 209). The bond in which the AA community naturally creates is through the use of the arts and suffering. Arts in Africa has its origins long before recorded history. The arts often depicted the abundant nature of plants and animals, human forms, and everyday life (Visonà, 2011). As much as the arts were used on the continent, the arts continue to be a conduit for community building and maintaining.

In similar form, Rogers (2011) expressed the validity for using expressive arts for healing and social change whereby participants gain new insight into self-awareness and empowerment.

The expressive arts thus helps to foster community while it:

- Taps into the unconscious and becomes aware of new aspects of self, thus gaining insight and inner strength
- Teaches the individuals how to relate to the community through an empathic connection
- Practices authenticity and empowerment in a small community, which can later be expanded to the larger community (Rogers, 2011)

One of the individual client-centered theoretical frameworks of Expressive Arts Therapy is described by Rogers (2011) as the *creative connection* to describe a process in which one art form stimulates and fosters creativity in another art form, linking all of the arts to our essential nature. The benefits of the creative connection is releasing layers of inhibitions, bringing one to their core, and unifying a body of individuals (Rogers, 2011).

Historically, the AA community naturally engages with multiple art modalities at one time. In fact, the combined use of the arts for healing is not a new phenomenon but has been indigenous to cultures for centuries (Estrella, 2005). The segmentation of dance movement and music is rarely experienced in the AA community. Africans developed a rich, complex, diverse, and exotic tradition of artistic expression that was passed down from generation to generation. In addition to dance and music it included folk tales (story telling), proverbs, wood and iron working, sculpting, mask-making, pottery, and other hand crafts (Thompson, 2015). This form of creative expression makes the use of the *intermodal transfer* (Knill, 1978, as cited in Malchiodi, 2005) between one art modality, to a different art modality, a smoother transition as this process

is one of normal flow for the AA community. Rogers' (2011) recommendation of the transition from visual art to movement was for the purpose of embodying the art as movement in a way to expand on feelings into kinesthetic form (Rogers, 2011). Through the use of these two modalities greater clarity in one's being is actualized where there may be some confusion or peace where there was previously distress (Rogers, 2011).

While Rogers expressed her mission for cross cultural understanding, her scope of work was still limited by geographic region in the Middle East and Europe. By omitting the AA community in her research and practice she made an oversight that is often common in USA society. With additional research and practice in the field about using expressive arts with the AA community, this will grow the work as well as challenge the paradigm of the distrust of health professionals amongst the AA population (Washington, 2006).

PTSS-Informed EAT with African Americans

“Black psychology” differs from mainstream trauma theories because it takes into consideration internalized oppression as symptomatic of the systemic fallacy rather than a psychological shortfall. Allen (1996) suggested taking a parallel assessment approach with AA clients comparing the historic traumas of chattel slavery with the present traumas of police brutality, profiling, and other systemic oppressive practices. Then designing a culturally sensitive intervention interweaving the theoretical framework of PTSS with the client. The field of expressive arts has yet to provide literature on the intersectionality of Expressive Arts and PTSS with the AA community. This targeted gap in the literature and resources is purposed for both this capstone thesis and my life's work.

In addition to the aforementioned areas of systemic oppression in the lives of AAs, one major characteristic and symptom of PTSS on the AA community is the indication of *racial socialization* (DeGruy, 2005). This social model describes the adoption of EA standards of

acceptance by individuals outside of EA culture. In the USA, AA people and other marginalized communities have been engulfed with the images of “accepted whiteness” in movies, television shows, beauty commercials, music videos, barbie dolls, billboards, children’s books, cartoons, and other media representations. This oversaturation of accepted images consequentially makes other standards less desirable and rejected (DeGruy, 2005). Thus, the issue of low self-esteem, self-hatred and an inferiority complex all play a part in the psychological and socioeconomic demise of the AA community.

The topic of body image has been a prevalent issue historically since enslaved AA women were sold on auction blocks based on their “acceptable” looks. The phrases “good” and “bad” hair emerged out of the desire to belong, desire to avoid mistreatment, and even the desire to be ignored in order to escape sexual assault. This practice of self-deprecation around physical appearance is one that can be addressed through the use of the movement component of expressive arts therapy. Richardson (2016) cited Levine and Kline as he described the process of *pendulation* whereby the client is negatively activated in their body by something or someone around them. This causes emotional dysregulation and experiences of high arousal. In order to restore this condition expressive arts interventions, offer a back and forth movement between the activated and calm body, reminding the client of when they are safe in their body and which experience may activate a frightening body response. Having experienced the pendulation intervention, builds the confidence in the client’s ability to return to a regulated state and thus becomes more in control of their own body (Richardson, 2016).

Movement therapy integrates mind, body, emotions, and spirit in order to become aware of the long held historical messages in the body (Stromsted, 1998). Stromsted continues that one must work with the body because it carries our authentic history, including repressed feelings, memories, and burdens that need to be released. We [and trauma] find many ways to leave the

body: intellectual defenses, psychoses, multiple personality disorders, post-traumatic stress disorder, addictions, etc. Authentic movement helps us re-inhabit the body, telling our story, and being in nature to regain connection with our physical selves” (Stromsted, 1998, p. 15). The authentic history of the AA people began long before the slave ships of the transatlantic slave trade. The process of naming repressed feelings gives voice to the truth of PTSS and validates a community of people who have been nullified by USA society. Thus, the negative effects of PTSS can potentially be normalized through the integration of movement in the therapeutic space with the AA community.

AAs contain the DNA of their African ancestry which connects them to nature and their physical selves. Thompson (2015) states that Africans relate to the earth; therefore, dance is toward the earth, with knees bent, the body bent slightly forward, and feet flat on the ground. Other characteristics are: circle and line formation, improvisation, community participation, competition, and percussion (Thompson, 2015). Through the use of movement therapy, the restoration of this grounded connection can take place in the bodies of the AA community.

Discussion

This thesis explored the historical events of 1600s chattel slavery and the negative physical, psychological, and socioeconomic effects of these events while connecting the past with the modern-day symptoms of present-day oppressive injustices to demonstrate the theory of Post Traumatic Slave Syndrome (PTSS) as a viable psychosocial theory when engaging the AA community in the therapeutic relationship. While this is not an attempt to pathologize the AA community as a whole, as there will always be those that do not subscribe, this is an endeavor to provide an additional lens of understanding and consideration in which Expressive Arts Therapists and other mental health professionals alike can customize interventions for this population based on this study.

Throughout this literature review, the research revealed that historically, mental health theoretical practices and approaches have been Eurocentric based while causing harm to the AA community (whether intentional or unintentional). With more culturally contextualized research available to the expressive therapies field, greater care can be made when engaging and earning the trust of the AA community. As the scope of mental health clientele shifts to a more diverse tapestry of cultures, so too should the approaches reflect a culturally diverse theoretical framework to keep up with the ever changing and shaping world that we live in (Mims et. al, 2005).

Limitations and Future Research

During the process of this information gathering experience the limitations which arose were entangled within the purpose of researching the theory of PTSS. A substantial gap in available data exists in the mainstream mental health field about the engagement of the AA community with mental health professionals. Furthermore, even less knowledge is available on the subject of intergenerational trauma as it relates to the traumatic event of slavery and present-day racial oppression of AAs in the USA. While I would desire to further explore this phenomenon that would be out of the scope of this paper.

The other area of highlighted limitation relates to the lack of access to cross cultural peer reviewed resources which national academic institutions do not subscribe, thus preventing the universal knowledge of this subject matter from being disseminated and thus enabling the continuation of systemic oppression. Additionally, the standard of a “peer reviewed” source perpetuates a scholastic ideological construct based on power, privilege and oppression which this thesis identifies. Lastly, Expressive Arts Therapists are encouraged to engage more AA communities and communities of color in the process of dismantling trauma expression while

documenting their findings universally to advance both the mental health field and the field of expressive arts therapy.

Conclusion

Overall, the work that has been started and documented in the realm of psychotherapy and expressive arts with traumatized populations is one to be commended. When coupled with PTSS as a lens of understanding, Expressive Arts Therapists and other mental health professionals will enhance the field's ability to meet the biopsychosocial needs not only of AA clients, but also the needs of diverse client populations. The ultimate goal being that once the trauma is acknowledged and addressed in the communal therapeutic space, a trauma *victim* would in turn transition to trauma *survivor* and ultimate life *thrivers*. May this thesis be the beginning of a longer conversation with the expressive arts, mental health, and greater USA community to work together towards mutual understanding, empathic connection, and transformational healing for AAs and this entire nation. Until one member is healed, we as a body will still experience the pain.

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THESIS APPROVAL FORM

Lesley University

Graduate School of Arts & Social Sciences

Expressive Therapies Division

Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA

Student's Name: _____ Akinlana M. Burrowes _____

Type of Project: Thesis

Title: ___ Post Traumatic Slave Syndrome: A Literature Review on African American
Community Healing and Expressive Arts Therapy _____

Date of Graduation: ___ May 18, 2019 _____

In the judgment of the following signatory this thesis meets the academic standards that
have been established for the above degree.

Thesis Advisor: _____ Michelle Napoli _____