Abstract

Psychotherapy has frequently identified the root causes of depression and anxiety as rooted in personal emotional experiences or as a result of biochemical origins. However, not all psychological concerns stem from interpersonal or intrapersonal causes. Increasingly, mental health therapists have identified socio-cultural causes of emotional distress. The areas of racial trauma and race-based stress refer to cumulative psychological and health effects due to direct accounts of racism (Clack, 2018; DeGruy, 2015). Hardy (2013) described, “Racial oppression is a traumatic form of interpersonal violence which can lacerate the spirit, scar the soul, and puncture the psyche” (p. 25). Such effects may be due to personal experiences of racism or being exposed to racism and racist violence through direct witnessing or watching the news (Carter, Forsyth, Mazzula, & Williams, 2005). Furthermore, epigenetic theories identify how trauma can be transmitted intergenerationally (Goosby & Heidbrink, 2013). These events provide evidence that working with racially subjugated clients entails not only attention to personal and relational concerns, but also how individuals experience racism.

For African Americans, the concepts of racial trauma and race-based stress are particularly poignant. Africans were forcibly brought to the North American colonies as slaves in 1619 and remained in slavery until the ratification of the Thirteenth Amendment to the U.S. Constitution in 1865. Freed slaves were not provided with material or psychological support and were simultaneously subjected to discrimination. It was not until 1965 that legal discrimination and segregation were outlawed. Still for these past 50 years, institutional barriers have remained in housing, education, and healthcare. The ongoing ramifications of 400 years of subjugation are evident in African Americans high rates of mental illness, shorter lifespans, and overrepresentation in incarceration (DeGruy, 2015; Seaton & Iida, 2019; Sibrava et al, 2019).

Addressing racial trauma and race-based stress in art therapy entails acknowledging and assessing for the effects of sociopolitical causes on client suffering (Carter & Sant-Barket, 2015; Forsyth & Carter, 2012; Gipson, 2017; Karcher, 2017; Malott & Schaefle, 2015; Pieterse, Carter & Ray, 2013). Critical Race Theory applied to mental health treatment demands that therapists affirm the effects of racism on daily living and understand how individuals experience racism (Trahan & Lemberger, 2013). At the same time, therapists have to develop sensitivity that
clients may not be ready or willing to discuss racism or necessarily identify it as related to their mental health concerns. This may be especially true in cross-racial therapeutic encounters with White clinicians who must adapt their stances to willingly engage in uncomfortable conversations, resist avoidance of guilt, and remain as allies rather than saviors (DiAngelo, 2012; Hardy, 2016; Liu et al, 2019). As part of developing cultural humility and competence, art therapists can utilize response art and visual journaling as a tool for reflection and contemplation to assess their readiness for working cross-racially (Coseo, 1997; McGann, 2006).

In this presentation, panelists will address the complex dynamics of racial trauma as it applies to art therapy. Short will introduce the necessity and urgency of this topic in contemporary art therapy. Clack will share examples of her work with Black women to demonstrate how racism contributes to a denial of one’s psychological stress or acknowledgement of how therapy could be beneficial. Doby-Copeland will describe how racial trauma hinders clients and effects their being in art therapy. Vance will offer alternative frameworks for working with Black clients to promote access to a range of health and mental health services. Potash will address strategies required in cross-racial art therapy, with a focus on White practitioners serving Black clients.

References


