Spring 5-21-2022

A Literature Review on Decolonization of The Expressive Arts in Order to Help Facilitate Racial Healing Within the Black Community

Kateri Collins
Lesley University, kcollin9@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses

Part of the African American Studies Commons, and the Social and Behavioral Sciences Commons

A Literature Review on Decolonization of The Expressive Arts in Order to Help Facilitate

Racial Healing Within the Black Community

Capstone Thesis

Lesley University

April 2021

Kateri B. Collins

Expressive Arts Therapy

Dr. Vivien Marcow Speiser

Abstract

This literature review will analyze the racial disparities in the current Euro-centric expressive therapy modalities and will examine the additional needs to allow for these modalities to facilitate healing within the Black community and recommend adjustments accordingly. When conducting my research and coming up with my research question I came to the conclusion that my proposed question is: What are the racial disparities within the expressive arts due to them being Euro-centric and where are the areas that need adjustments to be culturally competent?

The anti-racist efforts of deconstructing all Euro-centric modalities are crucial for the field of expressive arts therapy to address the healing needs of the Black community in America. In general, there are racial disparities within the American mental health field, not just the expressive arts field, and these disparities effect the Black community significantly. The Euro-centric nature and background of the expressive art modalities need to be adjusted in different cultural settings, particularly to address the racial trauma in the Black community. Particularly why the expressive arts are an appropriate therapeutic modality for the Black community is due to the importance of the arts throughout history of the Black community.

Keywords

A Literature Review on Decolonization of The Expressive Arts in Order to Help Facilitate

Racial Healing Within the Black Community

Introduction

For my thesis I want to discuss how the expressive arts can help heal racial trauma within the Black community. In order for this research and formulation to begin, I will need to decolonize my understanding of the arts in therapy. The arts and other therapeutic models originate from Euro-American Western design ideas that were designed to work mainly with White individuals. This becomes a problem when dealing with the Black community as it was never designed to work with them. In order to begin using the arts to help the Black community, it is my opinion thatI we need to modify them to accommodate cultural experience.

For my thesis, I will be writing a literature review on how to decolonize the arts in a way that would begin to allow FOR working with Black community. This literature review will also include an overview of racial trauma and how that has impacted the Black community. It will also include both how the arts can be a source of healing as well as discuss the arts model that is problematic when working with people of color. I would also like to develop an arts-based model that would be designed to work with the Black community that would be beneficial to help facilitate healing and not be detrimental.

Method

There were multiple ways that I approached researching the literature. I used the online academic library of Lesley university, which is the FLO eResource Catalog Lesley University. In this resource catalog, I would use multiple databases to search for articles and material by using numerous search terms, which are listed below. Even with the search terms, I would rearrange

the words in different searches to produce new results of articles and materials. Doing this

process increased the amount of material I could gather.

Not only did I use articles, I used a couple books as well as research materials to enrich

the literature review content. These books included *Healing Racial Trauma: The Road to*

Resilience by Sheila Wise Rowe and *Trauma and Expressive Arts Therapy: Brain, Body, &*

Imagination in the Healing Process by Cathy A. Malchiodi. These books were not looked up or

found during the research process. I already owned these books due to personal interest and

found them to be appropriate for this literature review.

Search Terms Used

- Racial Trauma and Racial Healing

- The Expressive Arts and Trauma and The Expressive Arts and African Americans

- African Americans and Music Therapy and Music Therapy and Trauma

- Dance Therapy and African Americans and Dance Therapy and Trauma

- PTSD and African Americans

- Resiliency and African Americans and Resiliency and Racism

- Art Therapy and African Americans and Art Therapy and Trauma

- Drama Therapy and African Americans and Drama Therapy and Trauma

- Racial Discrimination of African Americans

Literature Review: Historical Trauma Based on White Racism

Racial Trauma

Comas-Diaz, Hall, and Neville (2019), delve into racial trauma, describing it as a form of race-based stress, and how it continuously impacts People of Color and Indigenous Individuals' (POCI). While racial trauma is similar to posttraumatic stress disorder, it is unique in how it "involves ongoing injuries due to exposure (direct and or vicarious) and re-exposure to race-based stress" (Comas-Diaz, Hall, and Neville, 2019, p. 2). This also includes the cause of hidden wounds.

Comas-Dias et al. (2019), explore researching different healing modalities on how to challenge racial trauma. Comas-Dias et al. (2019), begin with defining racial trauma:

> Racial trauma, or race-based stress, refers to the events of danger related to real or perceived experience of racial discrimination. These include treats of harm and injury, humiliation and shaming events, and witnessing harm to other POCI due to real or perceived racism (p. 1).

Not only is racial trauma defined, but historical trauma is also included based on traumatic experiences such as genocide, colonization, dislocation as these too can have intergenerational effects.

Though POCI have experienced significant amounts of trauma throughout history, there have also been signs of resilience that have broken through the racial trauma. Such resilient individuals "have developed coping strategies across generations to heal from trauma. That is, although the effects of traumatic stress may cross generations, so may resilience" (Comas-Dias et al., 2019, p. 2). Though POCI might have developed trauma coping strategies from generation to

generation, when general trauma and PTSD treatments are evaluated, they often lack appropriate

cultural context for POCI.

Researchers determined that clinicians who worked with clients who suffered from PTSD

"needed to increase their cultural sensitivity and competence" but also needed to "contextualized

their work with POCI who might present with racial trauma symptoms, by using culturally

responsive and racially informed interventions" (Comas-Diaz et al., 2019, p. 2).

This article discusses several POCI communities including, African American, Latinx

immigrants, Indigenous populations, Japanese Americans, and Americans of Middle Eastern and

North African (MENA) decent. This literature review focuses on racial healing within the

African American community, which also is given attention by Comas-Dias et al. (2019). These

authors designed a theory called RECAST, which was created to detail the complexities of the

racial socialization process for African Americans. The theory then "considers the roles of racial

socialization and racial coping processing in understanding the experiences in discriminatory

racial encounters and health outcomes of African Americans" (Comas-Diaz et al., 2019, p. 3).

A study conducted in the article explored the relationship "between experiences of

discrimination and the risk of PTSD among African American and Latinx adults" (Comas-Diaz

et al., 2019, p. 3). The study concluded that ethnic and racial discrimination played a major role

in developing PTSD among this POCI community. Another form of racial trauma that has been

widely acknowledged is the use of racial microaggressions experienced by POCI throughout past

decades.

When looking to address racial microaggressions, it is important to look critically at the

main objects of micro-interventions, which "are to make the invisible visible, disarm the

microaggression, educate the perpetrator, and seek external reinforcement or support" (Comas-

Diaz et al., 2019, p. 4). When this is incorporated, this allows POCI to expect the emotional

response and needs of White individuals in interracial contexts and behave in ways to help guard

against to assimilation of White supremacy.

The work by Range et al. (2018), discusses mass and racial trauma in the African

American community and how this particular community can be helped by a more culturally

competent therapeutic method. These authors point out that there is a difference between the

DSM diagnosis of Post-Traumatic Stress Disorder (PTSD) and PTSD experienced by African

Americans due to racial trauma. Range et al. (2018), define racial trauma experienced by African

Americans as

> Cumulative experiences of racism as traumatic…witnessing ethnoviolence or
>
> discrimination of another, historical or personal memory of racism, institutional racism,
>
> microaggressions, and the constant threat of racial discrimination, which are fundamental
>
> and daily aspects of the Black American experience (p. 287).

The article goes in-depth on the creation of a Multi-Phase Model that would pertain

particularly to the African American community that allows the building of resiliency. This

Multi-Phase Model is for therapistS who would be working with African American clients and

would assist them at looking at their own biases, understanding them, and see how they would

operate in the larger society and within the therapeutic process. The reason for this is when these

therapists are working with African American clients in this particular therapeutic process, there

is hope that this process would encourage resiliency within the African American clients.

The Multi-Phase Model consist of five phases: Phases A-Phase E. Phase A consist of the

therapist taking an important charge of exploring their client's beliefs and practices that surround

their health and healing (Range et al., 2018, p. 291). Next phase, Phase B, consists of when the

therapist becomes inevitable for them to consider the psychological well-being of their clients in relation to the "isms" including sexism, racism, and how those are oppressed and discriminatory toward their clients (Range et al., 2018, p. 291). Following is Phase C, which is the phase where the therapist encourages clients to advocate for themselves. The therapist also assists the clients in their effects by helping them understand the systems that are at play while learning to strategize and plan around the systems as well (Range et al., 2018, p. 292). Next is Phase D, which looks at culturally based healing practices and having the therapist engage in their client's community by attending social and community events (Range et al., 2018, p. 292). Last phase, Phase E, which calls for the therapist to understand the importance of risk taking outside the therapist-client relationship, which includes taking an active role in social awareness and advocacy (Range et al., 2018, p. 292).

Anderson (2019) delves into rethinking resiliency in African American families, and how often resiliency is seen as a positive aspect of a family, but the resilience theory neglects to observe the negative effects it has on families who are trying to survive through daily hardships. These families are constantly pushing through systemic marginalization that will eventually result in long term health issues both physically and psychologically. This causes the need for more mental health services for African American families when there is already a lack of mental health treatment for this population as well as creating a therapeutic model that is around the healing of racial trauma.

Mosley et al. (2020), goes in-depth about racial trauma and how critical consciousness is an intervention to resist racial trauma, prevent and mitigate it (p. 2). Mosley et al. (2020) describes that racial trauma is different from PTSD and explains that racial trauma "focuses on the cumulative effect of consistent experiences of racism, and historical and generational

experiences of racism that are not encapsulated in the diagnostic criteria for PTSD" (p. 1).

Mosley et al. (2020) defines critical consciousness, which is also known as sociopolitical

development or conscientization, which is when it "is an intervention to mitigate, prevent, and

resist racial trauma" (p. 2). This process allows for a person to thoughtfully problematize their

particularly lived experience of racial trauma and decide to respond by engaging in social action

through Black activism. One organization that is engaging in social action through Black

activism is the Black Lives Matter (BLM) Movement.

Referring back to critical consciousness of anti-Black racism (CCABR), this process

involves, processing, witnessing, responding to anti-Black racism, all in an intersectional and

critical manner. Once the anti-Black racism (ABR) is witnessed, the individuals in the study are

able to work through the process using intersectional growth, cognitive growth, and behavioral

growth. The individuals also had the option to respond to the ABR by acting critically against the

ABR. The method of bearing witness to the ABR required methods such as seeing, hearing, and

experiencing, and once this is completed, the individual would make a personal connection to

their experience.

Once the ARB is witness, then it has to be processed. It is processed through three steps

that include Cognitive Growth, Intersectional Growth, and Behavioral Growth. Mosley et al.

(2020) explains that when individuals "experienced Cognitive Growth by increasing their

awareness and knowledge of ABR as a systemic, vs. simple interpersonal, phenomenon (p. 7).

This Cognitive Growth values history and creating a system of making historical connections by

analyzing both their experiences and environments.

Mosley et al. (2020) goes in depth about Intersectional Growth describing it as

individuals who "shared narratives about how they deepened their intersectional self-awareness,

particularly with respect to their Black, religious and/or spiritual, gender, and sexual identities"

(p. 7). This involved an individual learning their particular privilege and oppression, while

accepting them and considering their context. Next examined is the Cognitive Growth, which

involved individuals "increasing their awareness and knowledge of ABR as a systemic, vs.

simple interpersonal, phenomenon (Mosley et al., 2020, p. 7). Lastly, discussing the Behavioral

Growth, individuals reported that there were two areas of growth, which included "coping with

racial trauma and filling gaps to increase agency as an activist" (p. 8). What this meant was these

individuals had to separate themselves from Whiteness and the racial trauma that they

experienced began with distrusting White people.

Through all of these growths there needs to be self-care to cope with the racial trauma.

Often times this self-care involves art and spirituality. One of these is described as Artivism,

which involves "using creative arts in the interest of facilitating Black liberation" and sharing

"stories, critiques, testimonies, or otherwise advocating about ABR for the purpose of facilitating

Black liberation (p. 9). Not only did these individuals use art and spirituality to cope with racial

trauma, but they also included social supports such as friends, family, community members,

professional healers, elders, and Black institutions.

The Creative Arts Therapies

and

The Expressive Arts Therapies

Malchiodi (2020) discusses the healing process of trauma through expressive arts therapy

and goes on to explain that trauma cannot be described as "one-size-fits-all endeavor" (p. 36).

When creating therapeutic interventions, there are various aspects that need to be considered.

These aspects include not just including the individual's trauma-related experience, but also

including the cultural, interpersonal, ecological, and social factors (Malchiodi, 2020, p. 36). In order to effectively treat individuals with trauma related experiences, it is necessary for clinicians to be culturally competent and be aware of social justice issues in order to create a "Trauma-informed expressive arts therapy" model (Malchiodi, 2020, p. 51).

When discussing trauma-informed Expressive arts therapy, there are seven major trauma-informed components within this therapeutic technique. These components are listed below with a brief description of each (Malchiodi, 2020, p. 52-53).

1. Neurodevelopment and neurobiology inform the application of expressive arts therapy to trauma-informed intervention.

    Trauma is a mind and body experience. When the expressive arts are involved at addressing trauma reactions, the neurobiology and neurodevelopment play a central role. Secondly, this assists individuals in reconnecting explicit (declarative) and implicit (sensory) memories of the trauma.

2. Expressive arts therapy is focused on supporting self-regulation and co-regulation.

    Symptoms of post-trauma stress and trauma-related challenges include general anxiety, hyperarousal, and overactivation. Interventions of the expressive arts are used to support an individual's internal resources along with creating action-oriented approaches to co-regulation and self-regulation when practiced within groups.

3. Expressive arts therapy is used to help identify and ameliorate the body's experience of distress.

    Individuals who have experienced trauma experience altered thinking and somatic experiences. The expressive arts are an embodied experience which helps to identify and repair the body's response to trauma.

4. Expressive arts therapy is used to establish and support a sense of safety, positive attachment, and prosocial relationships.

    When dealing with trauma-informed practices, a central aspect is reconnecting a sense of safety within an individual. When the expressive arts are implemented, they are used to help an individual recover a sense of internal well-being and recover positive relationships with others.

5. Expressive arts therapy is used to support strengths and enhance resilience.

    Clinical professionals are encouraged by trauma-informed practices to see individuals as capable of reparations and growth that allow for resiliency as a way to recover. The expressive arts model encourages an individual's ability for resiliency and personal strength by allowing that individual's self-perception to see themselves as a thriver than a victim to survivor.

6. Expressive arts therapy respects the individual's preference for self-expression, particularly of trauma narratives.

    An individual is in charge of their own treatment and trauma-informed practices help their priority in participation around previous experiences, culture, worldviews, and values. Arts-based practices offer numerous ways of expressing an individual's previous situation and their comfort level of self-expression.

7. Expressive arts therapy provides meaning-making experiences and ways to imagine new narrative post-trauma.

    The expressive arts allow an individual to communicate the unspeakable trauma story. The expressive arts also allow survivors to re-tell their trauma story and losses through nonverbal, participatory, and asset-driven self-empowering ways.

Art Therapy

Hocoy (2002) discussed the origin of art therapy which is uniquely of Euro-American Western design. Due to the origin of art therapy, this causes art therapist to be a "culture-blind art therapist" (Hocoy, 2002, p. 141) who will neglect important information when they are assessing a client and creating a treatment plan for clients of different cultures, which allows for mistreatment and misunderstanding of the client.

Art therapists need to be aware that in different cultures, art might have a different function and that the typical Euro-American Western design can conflict with the non-Euro-American application. Another issue that comes up is the case of access to art materials and how that is not equitable to minority groups such as African Americans, Native Americans, and Latin Americans. Another difficulty for minorities is that often they prefer to work with someone from the same cultural origins due to past racial traumas. One of the most oppressive tendencies that came out of Western therapeutic traditions is establishing Western standards as the norm. This then pathologizes the norms of other cultures that deviate from Western traditions, which leads to misinterpretation and misdiagnosis of minority groups.

When engaging in art therapy there is a degree of acculturation. When dealing with individuals of minority groups, the issue of cultural identity is often found to be of therapeutic importance and when acculturation is involved in the process it is how one is negotiating cross-cultural contact which involves multiple areas of one's life such as personal identity. It has been shown that an assimilationist or integrationist would engage more positively with art therapy than a separationist or marginalized individual.

When looking to interpret an individual's work from a different culture, in order to make it valid, the interpretation needs to be based on structures in that individual's culture, but due to

the generally lacking reflexivity of the Western counseling traditions, this task will cause

interpretations to be deficient. When art therapists want to work across cultures and become

culturally sensitive, the art therapist must do an honest self-examination of themselves around

their own culture, look at their assumptions, values, and biases, and may need to work to address

their own unconscious and conscious attitudes and biases toward diversity.

Perryman, Blisard, and Moss (2019) discuss the importance of therapists training in

trauma-informed therapies and how neuroscience is involved in allowing for these treatments.

This includes the creative arts that can be a non-threatening avenue to process trauma of a client.

When therapists understand the neuroscience of the brain and are able to translate that to the

psychological treatment, the outcomes have a greater impact. These authors go in-depth about

how the trauma effects the brain and how that effects the whole body.

Schouten et al. (2015), examine using art therapy to treat trauma experienced by adults

who can be diagnosed with Posttraumatic Stress Disorder (PTSD). Schouten et al. (2015) go on

to define Post-Traumatic Stress Disorder (PTSD) as "one of the anxiety disorders, is

characterized by severe symptoms of reexperiencing, avoidance, and hyperarousal as

consequences of one or more traumatizing experiences" (p. 220). There are two main

recommended treatments for PTSD; these include Eye Movement Desensitization and

Reprocessing (EMDR) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Though

these are the two main trauma treatments, Schouten et al. (2015) state that "more than 30% of

clients do not benefit from these treatments. Many of these patients suffer from prolonged and

multiple exposure to trauma or have a poor verbal memory" (p. 220).

Since research shows that often times the main two trauma treatments are ineffective, that

other treatments, such as art therapy defined as one of the creative art therapies, might offer an

alternative and higher quality treatment for trauma. Art therapy can be used as a nonverbal and

wordless intervention that uses painting, drawing, collage, and sculpting to express one's internal

feelings and thoughts. Schouten et al. (2015) explain that the benefits of using art therapy to

treating PTSD is "helpful in decreasing reexperience, arousal, and less visible symptoms as

avoidance and emotional numbing" in traumatized adults (p. 221). Art therapy can also be

helpful in decreasing depressive and trauma-related symptoms. Art therapy can also help

traumatized adult be able to increase their emotional control, improve their body image, and

improve their interpersonal relationships.

Edwards (2017) describes that the creative arts can be used as trauma-informed care

working with both children and adults. Often times consequences of severe trauma can create

chronic illness "where the body is unable to adjust to the impact of unrelenting distress (p. A1).

Therapists can create a safe space for trauma-informed care using the creative arts by listening,

witnessing, and validating the client tell their story. One reason the creative arts are suitable to

support client's through trauma is because the "arts are sensory-based, and action-oriented"

(Edwards, 2017, p. A2). Though the creative arts are very beneficial in helping to heal severe

trauma, there is still significant needs in further developing the creative arts in their capacity to

practice integrating their techniques to further develop trauma-informed care.

Drama Therapy

Mayor (2012) outlines how drama therapists within the creative arts therapy community

have had minimal discussions on race within their foundational systems principles and how there

is a significant lack of critical race theory along with developmental transformation. Mayor

(2012) has observed that the creative arts therapy community has neglected issues of race within

training, researching, and writing.

Mayor (2012) points out the important fact that oftentimes White people feel and expect that it is the responsibility "of the racialized, non-White figure to introduce and facilitate" racial discussions within the creative arts (p. 214). This is problematic thinking as it implies that race is not an important topic for White creative arts therapists to discuss or a topic that they should identify with. This places the burden on therapist of color to enact change. White creative arts therapists are just as important and essential to enacting change.

One issue that Mayor (2012) begins to address is the lack of racial diversity training within the creative arts therapies. Mayor (2012) and several other authors emphasize the need for higher quality of training for creative arts therapists working with diverse populations "arguing that a lack of awareness may lead not only to misunderstanding or oppression, but also to unethical therapeutic practice (p. 215).

This lack can be addressed with Developmental Transformation (DvT), which allows for the possibility of race to be deconstructed, and this "practice of playing with the unplayable offers perhaps the strongest framework for disrupting race" (Mayor, 2012, p. 216). The process of Developmental Transformation creates the opportunity for opening a space that allows power dynamics and social roles to play out. The importance of using Developmental Transformation and other creative arts therapy modalities when playing with race allows "for ethical therapeutic alliance to be formed and work towards social change" (Mayor, 2012, p. 218).

Resiliency

Before the issue of resiliency can be dived into, the significant amount of racial discrimination that African American individuals experience needs to be detailed. Brown & Tylka (2011) explain that "racial discrimination is embedded in every structure of American society" which includes political, social, economic, institutional, cultural, and psychological and

this further "can result in many detrimental consequences for African Americans" (p. 260).

Examples of these detrimental consequences of these racial discriminations affect African

American's self-esteem, mental health, and academic ambition in adolescents and also "is a

strong risk factor for violent behavior in young African American adults" (Brown & Tylka,

2011, p. 260). Some of these mental health symptoms include anxiety, depression, and somatic

symptoms of headaches, particularly in students of African descent in college.

Brown & Tylka (2011) define resilience as 'overcoming the negative effects of risk

exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories

associated with risks' (Fergus & Zimmerman, 2005, p. 399) (p. 261). African American's have

to deal with numerous adversities that include racial hostility, poverty, and dangerous

neighborhoods, but somehow manage to overcome these circumstances and become resilient

adults (Brown & Tylka, 2011, p. 261). Numerous writing authors agree that resiliency of African

Americans is extremely important and understudied because the connection between resilience

and racial discrimination allows an individual to successfully overcome various circumstances

and positively cope through their psychological distress (Brown & Tylka, 2011, p. 261).

One method that enables resilience to occur is through racial socialization. Brown &

Tylka (2011) define racial socialization involving "various explicit and implicit messages that

provide African American youth with healthy methods for coping with the realities of racism and

racial hostility" (p. 262). Often times African American children will experience racial

socialization once they experience a negative racial encounter compared to beforehand. These

racial socialization messages include aspects of racial pride that can be acquired from church or

community members, teachers, peers, and role models (Brown & Tylka, 2011, p. 263). These are

racial socialization is believed to encourage and reinforce "racial and cultural pride and proactive

coping mechanisms that allow African Americans to adequately handle racist experiences"

(Brown & Tylka, 2011, p. 263). This racial socialization has also been shown to have positive

effects on psychological functioning, self-esteem, and academic achievement, which successfully

caused less anxiety, depression, psychoticism, and somatization (Brown & Tylka, 2011, p. 263).

Brown & Tylka (2011), found that African American children and college students who

have received less racial socialization messages that their mental health suffered greater from

racial discrimination, but those who received "racial socialization messages has been found to be

significantly related to resilience among African American college students" (p. 264). This was

further explained that the participants who experienced high levels of discrimination, but "who

reported receiving a high amount of racial socialization messages had significantly higher

resilience scores than participants who reported receiving a low amount of racial socialization

messages" (Brown & Tylka, 2011, p. 272). This also includes cultural socialization

communications of cultural knowledge and cultural pride such as teaching about African

American traditions and histories.

When thinking about African American's and their psychological well-being, aspects that

encourage this well-being is teaching information about important historical figures, celebrating

cultural holidays, and about slavery. These racial socialization messages happen to associate with

resilience along with teaching cultural pride, cultural knowledge, cultural identity and their well-

being (Brown & Tylka, 2011, p. 276). African American's having knowledge of these essential

details, provides the necessary tools for them to "proactively cope with racial barriers, which in

turn also could aid their progress in becoming resilient adults" (Brown & Tylka, 2011, p. 277). If

mental health clinicians demonstrate that it is acceptable for African American clients to discuss

issues of race and racial identity, this can potentially help establish rapport between the clinicians

and the African American clients, allowing for the clinicians to demonstrate the importance of racial socialization in their client's lives (Brown & Tylka, 2011, p. 278).

Discussion

When we are thinking of next steps, that includes the assumption that the expressive arts can no longer be based on the Euro-American Western design, which is problematic since this particular design is the norm. The expressive arts need to be modified to work with people of color, especially the Black community. When the expressive arts are modified to work with the Black community it can become a source of healing for them. But in order for this to be done, therapists need to become culturally competent and therapists who are not culturally competent will cause more harm and damage to the Black clients' mental health.

When we talk about cultural competence this includes White clinicians looking at their own biases, understanding them, and knowing where they stand with their thoughts of people of color, especially Black people. One problem that needs to be changed is that the creative arts lack training, research, and writing about people of color, and cultural competence training is necessary for therapists to work with both people of color and especially the Black community. This also includes White clinicians being aware of social justice issues and also potentially engaging in social and community events within the Black community When therapists are trained and become culturally competent and use a more culturally competent therapeutic model of the expressive arts, this not only allows for resiliency to blossom within the Black client, but it also begins to develop a greater trusting relationship between the Black client and the White therapist.

The importance of all of this is to help heal racial trauma within the Black client and the Black community in general. When therapists are trained to be culturally competent, they will

know and recognize that there is a difference between racial trauma and PTSD (Post-Traumatic

Stress Disorder) and there is a difference in treatment of both. A big cause of racial trauma

within the Black community is ethic and racial discrimination along with violence that happens

within the community. Though the expressive arts can be transformed into a more culturally

competent therapeutic model to help heal racial trauma within the Black community, this cannot

be done if there is a lack of therapists within the community. The lack of mental health treatment

centers within Black communities is a huge problem that needs to be changed because without

the proper recourses, racial trauma cannot begin to be worked through to begin healing and

developing resiliency.

   The expressive arts also have the ability to internally heal the body's trauma. This often

includes both the arts and spirituality, which are both important to the Black community. The

importance of this is that the expressive arts allow individuals to process their trauma without

having to verbally speak about their trauma. Another reason this is important is if the Black

client does not fully trust their therapists yet, they are still able to engage in creating art without

having to completely tell their trauma story. What helps Black clients to begin to trust their

therapist more is when the therapist allows the Black client to discuss issues of race with no

judgement. This is necessary to help increase trust between the Black client and the White

therapist.

   When individuals engage in the expressive arts, it can help decrease depressive

symptoms as well as trauma related symptoms and why this is so important is because it

encourages resiliency. Resiliency is developed within the Black client and within the Black

community when therapists are culturally competent and use a therapeutic model that is geared

more towards Black people that begins to allow for the healing of racial trauma.

One huge problem that has not encouraged racial trauma healing is due to the lack of trust in therapists who lack being culturally competent. It is time and absolutely necessary for the expressive arts community to begin to make cultural competence training mandatory and make it a norm. The Black community deserves the opportunity for mental health treatment and healing as much as communities that are predominantly White. It is time to change this and provide mental health resources to the Black community to help heal racial trauma and allow for resiliency to flourish within the Black client.

In conclusion I am adding in some of the images I have created alongside the writing of this thesis.

.

Figure 1.

Artistic Response to the Poem: We, Clinician, Need to Be Better
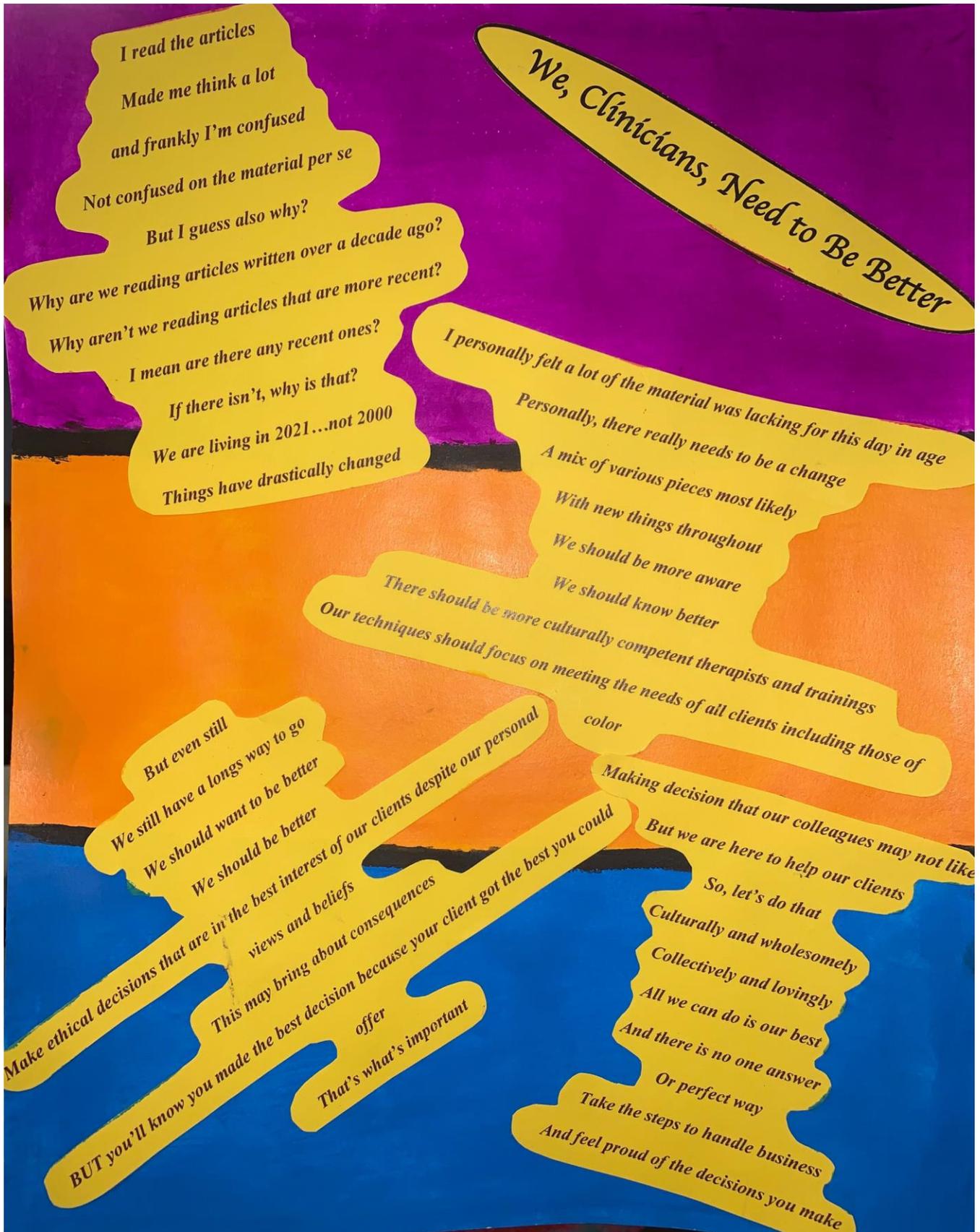
We, Clinicians, Need to Be Better

I read the articles

Made me think a lot

and frankly I'm confused

Not confused on the material per se

But I guess also why?

Why are we reading articles written over a decade ago?

Why aren't we reading articles that are more recent?

I mean are there any recent ones?

If there isn't, why is that?

We are living in 2021…not 2000

Things have drastically changed

I personally felt a lot of the material was lacking for this day in age

Personally, there really needs to be a change

A mix of various pieces most likely

With new things throughout

We should be more aware

We should know better

There should be more culturally competent therapists and trainings

Our techniques should focus on meeting the needs of all clients including those of color

But even still

We still have a long way to go

We should want to be better

We should be better

Make ethical decisions that are in the best interest of our clients despite our personal views and

beliefs

This may bring about consequences

BUT you'll know you made the best decision because your client got the best you could offer

That's what's important

Making decision that our colleagues may not like

But we are here to help our clients

So, let's do that

Culturally and wholesomely

Collectively and lovingly

All we can do is our best

And there is no one answer

Or perfect way

Take the steps to handle business

And feel proud of the decisions you make

By: Kateri B. Collins

Figure 2.

Artistic Response to the Poem: My People Bleed for Healing

My People Bleed for Healing

The year is 2021

I am a Black Disabled Women

In a world where so many hate me

My skin color, just being Black angers many

I am hated without even being personally known

The racial trauma from the continuous hate is embedded in my mind, soul, and body

The trauma runs deep

The blood of my ancestors still haunts me

Why must I be filled with trauma just because I am Black?

Why do I have to be hated so much?

I can't get away from it

I can't run

I can't hide

The trauma is continuous and follows me wherever I go

I don't always want to feel traumatized

I too want to heal

My PEOPLE want and deserve to be healed

But how when the racial trauma is often a daily experience and all around us?

Maybe we must get back to our roots to heal

We sang

We danced

We created to express our inner being and our Blackness as a whole

Done in community

Often intentional

It is clear

It is time to create like our ancestors created

It is time to come back as a community

Be intentional about re-creating the arts that our ancestors once used to express who they were

Let us heal this intrenched racial trauma

Heal our inner soul

Heal our mind and body

Create until we are free

Let us make our ancestors proud

Create inner healing they could not do

I am proud to be Black and I will allow myself to be free from this pain and suffering

By: Kateri B. Collins

References

Anderson, L. A. (2019). Rethinking Resilience Theory in African American Families: Fostering Positive Adaptations and Transformative Social Justice. *Journey of Family Theory & Review,* 385-397. Retrieved October 19, 2020.

Brown, D. L., & Tylka, T. L. (2011). Racial Discrimination and Resilience in African American Young Adults: Examining Racial Socializations as a Moderator. *Journal of Black Psychology,37*(3), 259-285. doi:10.1177/0095798410390689

Chung, B., Jones, L., Jones, A., Corbett, C. E., Booker, T., Wells, K. B., & Collins, B. (2009). Using Community Arts Events to Enhance Collective Efficacy and Community Engagement to Address Depression in an African American Community. *American Journal of Public Health,99*(2), 237-244. doi:10.2105/ajph.2008.141408

Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial Trauma: Theory, Research, and Healing: Introduction to the Special Issue. *American Psychologist,74*(1), 1-5. doi:10.1037/amp0000442

Danzer, G., Rieger, S. M., Schubmehl, S., & Cort, D. (2016). White Psychologists and African Americans' Historical Trauma: Implications for Practice. *Journal of Aggression, Maltreatment & Trauma,25*(4), 351-370. doi:10.1080/10926771.2016.1153550

Edwards, J. (2017). Trauma-Informed Care in the Creative Arts Therapies. *The Arts in Psychotherapy,54*, A1-A2. doi:10.1016/j.aip.2017.06.001

French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2019). Toward a Psychological Framework of Radical Healing in Communities of Color. *The Counseling Psychologist,48*(1), 14-46. doi:10.1177/0011000019843506

Hocoy (2002) Cross-cultural Issues in Art Therapy**.** *Journal of the American Art Therapy*

      Association, 19(4) 141-145

Malchiodi, C. A. (2020). *Trauma and Expressive Arts Therapy: Brain, Body, & Imagination in*

      The Healing Process. New York: The Guilford Press.

Mayor, C. (2012). Playing with Race: A Theoretical Framework and Approach for Creative Arts

      Therapists. *The Arts in Psychotherapy,39*(3), 214-219. doi:10.1016/j.aip.2011.12.008

Mosley, D. V., Hargons, C. N., Meiller, C., Angyal, B., Wheeler, p. , Davis, C., & Stevens-

      Watkins, D. (2020). Critical Consciousness of Anti-Black Racism: A practical Model to

      Prevent and Resist Racial Trauma. *Journal of Counseling Psychology,*1-16.

      doi:10.1037/cou0000430

Perryman, K., Blizzard, p. , & Moss, R. (2019). Using Creative Arts in Trauma Therapy: The

      Neuroscience of Healing. *Journal of Mental Health Counseling,47*(1), 80-94.

      doi:10.17744/mehc.41.1.07

Range, B., Gutierrez, D., Gamboni, C., Hough, N. A., & Wojciak, A. (2018). Mass Trauma in

      the African American Community: Using Multiculturalism to Build Resilient

      Systems. *Contemporary Family Therapy,40*, 284-298. doi:10.1007/s10591-017-9449-3

Rowe, S. W. (2020). *Healing Racial Trauma: The Road to Resilience*. Downers Grove, IL:

      InterVarsity Press

Schouten, K. A., Niet, G. J., Knipscheer, J. W., Kleber, R. J., & Hutschemaekers, G. J. (2014).

      The Effectiveness of Art Therapy in the Treatment of Traumatized Adults. *Trauma,*

      Violence, & Abuse,16(2), 220-228. doi:10.1177/1524838014555032

Talwar, S., Iyer, J., & Doby-Copeland, C. (2004). The Invisible Veil: Changing Paradigms in the

    Art Therapy Profession. *Art Therapy,21*(1), 44-48.

    doi:10.1080/07421656.2004.10129325

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: Kateri Bobbie Collins

Type of Project: **Thesis**

Title: Decolonization of The Expressive Arts in Order to Help Facilitate Racial Healing

Within the Black Community

Date of Graduation: May 21, 2022

In the judgment of the following signatory this thesis meets the academic standards that have

been established for the above degree.

Thesis Advisor: Vivien Marcow Speiser