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**Unpacking Racial Trauma and Reclaiming a Sense of Self with
The Expressive Therapies Continuum: A Literature Review**

Capstone Thesis

Lesley University

Spring 2023

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Art Therapy

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Abstract

Despite modern society's advancements and relearning of societal norms toward addressing racism. The continuation of injustice and social disadvantages is upheld by systemic and institutional racism, which can be subtle and aversive. If left untreated, the racial experiences manifest into racial trauma with the same diagnostic symptoms as Post-Traumatic Stress Disorder. This research will examine the literature on the biological effect of trauma on the mind and body. Moreover, looking at how unprocessed racial trauma can be inherited through generations and shrinking tolerance to manage traumatic symptoms thus distorts identity development—resulting in weaker protective factors and instability when faced with future encounters with race-based trauma. Due to the similar effect between race-based trauma and other traumatic experience, the research reviews literature about how sensorimotor and art therapy are effective treatment modalities to help reconsolidate the traumatic events and complete the traumatic response in the nervous system to make sense of self to the event to foster strengthened identity. This paper highlights the Expressive Therapies Continuum Framework to integrate physical, emotional, and cognitive selves to process trauma. This literature review reveals how applying the ETC can form a container against racial triggers using culturally affirming materials and cultivate a safe space for expressing and exploring identity development. Reflective artmaking is utilized to process the learning from the research. This literature review intends to bring awareness to racial trauma in the expressive therapy field, the intersection of the role of racism on identity development, and the potential of the ETC to be a tool for exploring racial issues and the celebration of self.

Keywords: Racial trauma, post-traumatic stress, sense of self, art therapy, expressive therapies continuum, mind-body connection

Introduction

Growing up in a first-generation Southeastern Asian immigrant household has taught me protective strategies against racial prejudice and discrimination. However, these learned behaviors turned me complacent to the deeply rooted systemic racism in America. My lack of acknowledgment manifested a disconnection between my identity and positionality as a young adult navigating the sociopolitical climate. As I unlearn this ideology, I am learning to step into the discomfort of racial discourses and engage in racial identity exploration to build community and connection with others to withstand the effect of racialized experiences. My experience of racism, internalized racism, and silence sparked my curiosity about how racism and discrimination affect the well-being of people of color. One may question how clinicians might better support and validate these experiences to migrate racial trauma and reclaim a sense of self. In writing and researching this paper, I am mindful of the authors, researchers, and artists' experiences with racial trauma in America. I hope to incorporate as many different voices as possible to bring further insight into the topic and ways different people find healing and reconciliation.

Marginalized populations have endured a significant amount of racism and discrimination throughout history. These traumatizing encounters are either experienced directly by individuals or can be inherited from intergenerational trauma or indirectly by vicarious traumatic stressors due to systemic racism and hate crimes occurring nationwide (MHA, 2022). Racism can have

ETC Framework and Racial Trauma

harmful mental health effects on the individual or group, and this term is called racial trauma.

Racial trauma combines physical and psychological symptoms like PTSD: “It refers to both non-qualifying adversities and experiences that may rise to the level of a PTSD-qualifying event”

(Bauer & Saraiya, 2021, p. 1). The broad and cumulative impact of racism on marginalized communities can lower self-esteem, create shame, and lead to maladaptive coping skills

(Williams et al., 2021). The by-product is internalized devaluation manifesting into an assaulted sense of self, internalized voicelessness, and rage, as Hardy (2013) described racial trauma when left untreated. It is salient that therapists be aware of the discriminatory experiences to support

clients of color amid distress: “It is important for the therapist to help clients make connections to the experiences in their lives and not have them blame themselves for victimization or exploitation that happened to them” (Clark, 2018, p. 107). The following critical literature

review reveals the importance of art therapists’ acknowledgment of potential racial trauma with clients in marginalized groups. It focuses on that lack of acknowledgment can impact their engagement within the clinical space and further perpetuate systemic oppression and power differences between the social groups.

Expressive therapies are an efficient psychotherapy modality when working with trauma.

Art-based research highlights the Expressive Therapies Framework to create neural pathways

between traumatic events' physical, emotional, and cognitive components. The use of different

media encouraged the movement of top-down, bottom-up, or horizontal shifts of the ETC levels

and unblocking areas of the brain through creative processing and reconsolidated threatening events. The open-ended and self-directed process of the ETC can help dismantle power differences between art therapist and client, ultimately restoring autonomy when dealing with ongoing racism and racial discrimination. This literature review investigates how deconstructing the ETC can regulate and then process race-related stressors can be worthwhile due to the historical context and contemporary challenges (Santiago-River et al., 2016) people in marginalized communities endure. One may question how ETC can help establish a more positive sense of self and self-efficacy as a protective factor against distressing emotions and physical responses to trauma (Fisher, 2019; Lanius et al., 2020).

This critical literature review will add to the current literature on racial trauma, effect identity development, and utilize art therapy to affirm racialized experiences and celebrate racial identity as a protective factor. For this review, examining the qualitative research to contextualize quantitative data is essential in finding counter-storytelling and narratives from people of color on their racialized experiences. In that matter, I will use the ETC in reflective artmaking to process my learning. The reflective artmaking also examines the benefits and usefulness of the ETC with persons who experienced racism or fragmented identity (Whyte, 2020) due to racial trauma. Potential future research avenues will be examined to support art therapists to expand on traditional approaches and well-established tools to integrate and centralize marginalized experiences to foster repair and empowerment.

Racial Trauma in Mental Health Literature

Understanding Racial Trauma

Racial trauma or race-related stress refers to the physical and psychological impact of ongoing racism and racial discrimination on an individual or community of color. According to the National Center for PTSD, racial trauma has great nuances. It accounts for systemic racism that upholds the violence against marginalized persons. Moreover, witnessing historical, cultural, and community trauma can be vicariously traumatizing (William et al., 2021). Due to the significant number of grey areas and the layered impact that can account for a person's or collective experience, racial trauma can be cumulative and persistent. The book *My Grandmother's Hand* by Resmaa Menakem (2017) describes unhealed racialized trauma as a rock thrown into a pond. The ripple effects caused by the rock have lasting effects on others' bodies. Unhealed trauma gets compounded by the individual through familial norms and is passed from generation to generation through group practices, and DNA called transmitted stressors (Menakem, 2017; MHA). Researchers argue that oppressive actions are violent to an individual's sense of self and negatively impact how one interacts with others and the world. Furthermore, raced-based trauma has a similar impact as any other traumatic experience (Bryant-Davis & Ocampo, 2006; Chavez-Duenas et al., 2019; Jones et al., 2020; Webb, 2021; Willian et al., 2021). It is important to note that individuals with multiple marginalized identities experience much more complex societal oppression and trauma, producing issues in access to support and care (Karcher, 2017). Violence and oppression are all interconnected to further marginalize individuals who are not a part of the dominant group.

It is essential to define race and its social, historical, and political impact on marginalized communities. Race is a social construct dividing individuals into groups based on physical

attributes. The dominant group pathologizes and ostracizes those who do not fit the attributes of Whiteness (Adames et al., 2022), where Blackness, Redness, and Yellowness are unchangeable traits, while the definition of Whiteness changed throughout history to favor the privileged identities—the same time, stigmatizing those who are different based on the social landscape of the time (PESI, 2020). Immigrants from Eastern Europe were considered non-white based on identifying as Jewish (Menakem, 2017), and policies and laws were held to perpetuate such othering. A coping strategy for some includes acculturation, which is a process to accommodate the dominant culture to avoid stigmatization but results further in racial trauma through control and dehumanization of self (William et al., 2022). Systems of oppression allow this power imbalance to happen and elevate the dominant social groups. The separation of groups creates inequality through covert or overt ideology or behaviors.

In the past, racism and prejudice were present through blatant and intentional acts and laws. Modern racism is subtle, aversive, and structural. The subtle and covert remain prominent in contemporary society, keyed by Dr. Chester Pierce as microaggressions that reinforce false stereotypes, inequitable norms, and power differentials and communicate exclusion among those of different races (Jernigan & Daniel, 2011; PESI, 2020). Aversive racism examines how people enact discrimination through microassaults, microinsults, and microinvalidation. Jernigan and Daniel (2011) explore these racially motivated behaviors with Black and White students; there is an achievement gap between the students due to teachers' attitudes and behaviors as barriers to Black students' engagement and emotional health. A qualitative study by Bailey et al. (2022) found similar results with African American teenage boys stating their interactions with White teachers and administrators: "If they believe in these negative stereotypes and assumptions, then they will act in ways that reflect them" (p. 380). These behaviors are subtle and are often

overlooked, but the impact of such discrimination helps reestablish dominance and control over non-white bodies. These events and interactions are unpredictable, and microaggressions are pervasive and often minimize another person's experience to validate the ego of White individuals who believe they are incapable of racist behaviors because these are a thing of the past.

The topic of race and discrimination makes some uncomfortable and limits the spaces where marginalized communities can process their trauma. The topic feels taboo for some and can also anger others (DiAngelo, 2011). The social environment protects and insulates the dominant group from race-based stress and limits their knowledge of the true reality of marginalized people. Thus, when race is brought into conversations, there is less tolerance for racial stress resolving in white fragility (DiAngelo, 2011). The lack of acknowledgment and limited perspective of racism harms those who are racialized and perpetuates structural and systemic racism. Trauma remains stuck and unresolved with no outlet for expression or possibility of repair between the two groups. Silence can be dangerous in a therapeutic relationship, as it reflects the discrepancy of the therapist to confront the collective experiences of oppression and repeat these imbalances of power in the therapy room (Karcher, 2017). Art therapist Owen Paul Karcher (2017) shares the necessity of intersectional reflexivity for therapists to examine their privilege, power, and oppression to avoid reinforcing social hierarchy and personal biases and harming clients in marginalized communities:

The therapist's discomfort with or inability to acknowledge "difference" (e.g., therapists who espouse "colorblindness," "we are all human," or "universality" of experience), can easily translate into the therapist's incapacity to hold and mirror clients' experiences of oppression surrounding their identity. (p. 125)

Critical and intentional confrontation by the therapist's identities through reflexivity is salient to understanding the world and making sense of conditioned behaviors that affect client-therapist interactions.

Additionally, witnessing hate crimes and racist actions can traumatize the bystander. It can equally impact one's mental health (MHA). A study by Cheah et al. (2020) examined the association between COVID-19 racism and the mental health of Chinese American families. The increase in xenophobia blames Asian Americans for the COVID endemic due to racial discrimination and negative perceptions. The study found participants to have lower psychological well-being after experiencing or witnessing racial discrimination online or in person: "One in 4 parents and youth reported vicarious racial discrimination almost every day, and most respondents reported directly experiencing or witnessing racial discrimination against other Chinese or Asian American individuals due to COVID-19 at least once" (p. 4). This study is salient, as it presents how modern oppressed-based trauma is an endemic crisis. It inflicts fear on both sides and further isolates others who are targeted.

As we have seen an increase in Asian hate crimes these last years, the violence in the Black community is constantly happening and being broadcasted. Through the pace of social media, news of injustice and hate crimes are shared with those who are vicariously experiencing racial trauma through their screens. Vance and Potash (2022) examined Black Lives Matter protest art and signs that activists affixed to the fence outside of the White House after the murder of George Floyd. This thematic analysis hoped to uncover the explicit and implicit emotions that erupted from violence. The activists used this protest art to express anger, social justice, grief, and identity affirmation. It is crucial to point out the emotions conveyed on the posters; outside of anger, there was fear and frustration, "no more," and "Am I next?" (Vance &

Potash, 2022, p. 124); these signs echo the systemic injustice. Black bodies have always been facing fear for themselves, their families, and friends due to police brutality. This research brings richness to explicit anger and pride through the engagement of wording and powerful images. It closely examines the implicit emotions like fear and sadness deeply rooted in their protest art.

Thus, cumulative trauma from appearances, social identities, traumatic events, microaggressions, invalidation, and structural racism can expose an individual to trauma and lead to symptoms like post-traumatic stress disorder (PTSD). Racial trauma can also create symptoms like depression and anxiety, but for the focus of this paper, the relationship between racial trauma and PTSD will be the focal point. It is also essential to include that not all individuals who experience racial trauma will display symptoms of PTSD and that each marginalized group will have different experiences with racial trauma. Thus, it is critical to include as many voices and experiences as possible to understand how art therapy can play a role in treatment methods and planning.

Racial Trauma and PTSD

The diagnosis of PTSD was added to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1980, bringing awareness of the psychological impacts and adverse outcomes of a traumatic event on people (Goodman, 2015). As researchers work to conceptualize traumatic experiences and support different populations, the DSM-5 definition of the criterion for PTSD remains narrow. For an individual to be diagnosed with PTSD, they must meet several criteria, including Criterion A, “exposure to actual or threatened death, serious injury, or sexual violence” (5th ed.; DSM–5; American Psychiatric Association, 2013, p.271). Racism is only recognized as trauma when the event is physical and violent. Still, with modern racism, such microaggressions are not included “psychological research tends to centralize on

the internal human experience and pay less attention to inquiries regarding external factors” (Holmes et al., 2016, p. 315), discounting the culturally and socially bound nature of trauma in discrete forms of violence is restrictive. There is a need to attend to the complex and multifaceted types of traumas within the ecosystemic positioning of each person (Goodman, 2015). The need for the DSM to recognize oppressed-based trauma (social “isms”) reveals how the different forms of power imbalance (intrapersonal, interpersonal, macrolevel, state, and international) impact marginalized groups (Holmes et al., 2016; PESI, 2020). Butts (2002) critiques the DSM’s failure not to include racial discrimination as a traumatizing event that perpetuates racism and minimalizes the impact of racism. Butts (2002) concludes that the oppressed-based trauma African Americans’ experiences result in symptomatology consistent with a diagnosis of PTSD but no framework to support their experiences. Disregarding the symptomatology from such experiences emphasizes the DSM’s lack of clinical familiarity with racialized populations. DiAngelo (2011) talks about how the continual retreats of White groups from race-related discord and lack of engagement only “prevents authentic connections across racial lines and results in a perpetual cycle that works to hold racism in place” (p.66). Her concept of white fragility can be applied to clinical implications in the psychology literature, as stated by Butts (2002) and Holmes (2016).

The DSM-5 limits how it defines traumatic events as it focuses on a single incident in the past; this single-incident event does not include the complex and ongoing traumas individuals experience (Goodman, 2015). The need to have oppressed-based trauma is salient to understanding and addressing how an individual experiences trauma transmitted from generations or through communities of color. Goodman’s (2015) claim can be further supported by pediatrician Nadine Burke (2014), who mentioned that repeated exposure to childhood trauma

could change a person's physiology and increase health problems, as found in the Adverse Children Experience Study (ACES). Trauma has a biochemical component, as the body secretes stress hormones to protect the body from adversity. The increase of hormones and stress activation can become toxic in a developing brain and immune system. Trauma can ultimately change DNA structures, and babies can inherit the trauma through DNA expressions from their parents' "genetic alterations may be a way to protect the later generations" (Menakem, 2017, p.41). Furthermore, stressed parents impact the social well-being of their children as seen by their child-rearing and parenting practices. Black households use racial socialization as a protective factor to navigate the world (Jones et al., 2020). Nowhere is intergenerational and historical trauma inheritability through marginalized groups and the lack of inclusivity of diverse lived experiences in the DSM criterion (PESI, 2020; Bauer & Saraiya, 2021). The omission of such experiences in the PTSD criterion minimizes the perspectives of racialized groups, protects the dominant group from race-based stress, and alleviates the responsibility of addressing the impact of racism (Butts, 2002; Jernigan & Daniel, 2011).

Taking into account other concerns preventing the update of the current DSM-5 of the PTSD diagnosis, Jernigan and Daniel (2011) stated, "concerns by advocates regarding the inclusion of racial trauma given the current categorization and conceptualization of typical responses to racial incidents as 'disordered'" (p. 125), putting the fault onto the individual. The diagnosis would be pathologizing to the individual; calling the individual mentally disordered based on external factors is harmful. Bauer and Saraiya (2021) noted, "the conceptualization of racial trauma may pathologize normal reactions to racial discrimination/mistreatment, particularly since racial stressors exist on a continuum" (p. 2). Others have stated that psychological injury is more appropriate due to the endemic of discrimination; to combat the

stigma of being psychologically diagnosed (Jones et al., 2020). Thus, the extension of the diagnosis is not that simple. Moreover, counterarguments have been presented by showing how the experiences of oppressed-based trauma, like racism, can externalize the source of the symptomology and name the problem to kickstart the initial appropriate treatment planning and appropriate social solutions (Holmes et al., 2016).

Holmes et al. (2016) further include the expansion of Criterion A as merely one option and is in no way the only way the psychotherapy field can acknowledge oppression as a form of trauma. They are suggesting a new diagnosis altogether that encompasses the cultivated experience of racism with similar symptoms to PTSD, including psychological distress like depression, guilt, somatic symptoms, and adaptive coping strategies. Another way is to include oppression as a traumatic event in the new diagnosis of Complex PTSD or Disorders of Extreme Stress Note Otherwise Specified that is chronic but does not meet Criterion A (Holmes et al., 2016). Including racial stressors in the DSM can be the first step to validating the experience of individuals and relieving the psychological distress and shame that might be impacting their intrapersonal and interpersonal abilities.

Assessments for Racial Trauma

The narrow definition of trauma has not stopped researchers and clinicians from expanding the literature on racial trauma. Since racial trauma is a discrete experience or event, assessments must be comprehensive to understand trauma with marginalized groups. The critical assessment of trauma experiences helps put the roles of these experiences in the etiology of psychopathology (Bryant-Davis & Ocampo, 2006). The first assessment was created by Carter and colleagues (Pieterse et al., 2022), the Race-Based Trauma Stress Symptoms Scale, to assess a person's three significant racial encounters correlating to psychological and emotional

responses. The assessment produces seven individual scores for seven reactions, including depression, anger, avoidance, hypervigilance, low self-esteem, intrusions, and physical reaction (Pieterse et al., 2022). The 52-item assessment produces strong validity with symptom scores and perceived discrimination when controlling for general stress (Pieterse et al., 2022). Several other valid assessments like the General Ethnic Discrimination Scale, Experiences of Discrimination Scale, Racial Microaggression Scale-Modified, Trauma Symptoms of Discrimination Scale, and Racial Trauma Scale are used to evaluate and identify the trauma symptoms (PESI, 2020). Also, assessments that include the complete trauma history and other cultural constructs (PESI, 2020) to help conceptualize a particular person's strengths, social supports, and coping skills are recommended to treat the holistic person. Bryant-Davis & Ocampo (2006) stated:

Multi-modal assessment approach recommended for the treatment of all trauma survivors can be used, including obtaining information from the client, consulting collateral informants and available records, and conducting psychological tests and psychophysiological indexes. However, these methods must consider the influence of prejudice and discrimination. (p. 7)

Different Therapeutic Approaches and Treatment for Racial Trauma

When discussing therapeutic approaches, modifications are needed in current trauma-informed strategies to better address the trauma caused by the systemic nature of racism (Bryant-Davis & Ocampo, 2006). Most importantly, the therapist's work to validate the client's experiences to foster a therapeutic alliance and invite the engagement of race-related discourse is meaningful. According to Jones et al. (2020), "developing a trusting relationship lies in the transparency of disclosing one's understanding of and experiences with race-related matters, even if limited" (p. 275). For Bryant-Davis and Ocampo (2006), these steps are called to

acknowledge the events and provide a therapeutic space with belief, compassion, and support. The process of openly sharing is healing, as it helps clients regain control over their experiences and can help address the unresolved issues resulting in psychopathology and unprocessed trauma in the nervous system. Developing coping strategies to help manage emotionally driven arousals and control anxiety in response to a traumatic experience helps foster self-efficacy and migrate helplessness (Bryant-Davis & Ocampo, 2006; Jones et al., 2020). Lastly, resistance strategies through improving competence, autonomy, and self-worth can help empower individuals to explore social actions at a systemic level to address racial inequalities (Bryant-Davis & Ocampo, 2006; PESI, 2020).

Karcher (2017) examined the work on how art therapists have an opportunity to utilize artmaking to explore the individual response to trauma within an ecosystemic context of the impact on the self and the community. Art therapy can externalize oppressive messages and deconstruct the dominant narrative through the arts. The process of artmaking can help create a sense of agency, power, and mastery to act. Art has the potential to be a social change, as it helps locate the source of injustice within the sociopolitical context and not with the individual or their communities and facilitates critical consciousness. Karcher (2017) states, “the healing of trauma necessitates a reconnection with imagination and creativity to make the invisible visible” (p. 126). Decolonizing art therapy honors what the clients bring into the room and incorporates them into the process. The work of the art therapist is to validate the response to the oppressive trauma and help the client envision their way of healing and the world they want to create. Karcher asks clinicians to examine how they can mirror the realities of the client’s experiences to promote safety, alliances, and healing while ensuring their efforts to support the clients’ experiences and not let their response hijack the discussion to maintain the status of power and privilege.

Chavez et al. (2019) examined the interlocking system of oppression in Latin communities. The socio-historical context of anti-immigrant legislation and increased ethno-racial profiling to identify and criminalize immigrants have instilled fear in Latin communities. Witnessing others being detained and deported increased the experiences of anxiety, isolation, and fear of going out in public and in police enforcement. Stigma with migration and distancing from the cultural heritage is also common when faced with anti-immigrant policies and criminalizing attributes based on race (Chavez et al., 2019). This article presented a framework of healing ethno-racial trauma to support clients to achieve growth, wellness, and healing grounded in liberation psychology and trauma-informed care that integrates the individual, family, and community called the HEART Framework. This framework focuses on trauma symptoms and supports resisting the interlocking systems of oppression that cause and maintain these symptoms. This finding revealed that oppression and marginalization are not the faults of self-identity. The connection with communities and affirming organizations are influential in providing empowerment and collective action for social change. The development of HEART is designed for the Latin communities and their specific socio-historical experiences with racialized trauma. Clinicians should be mindful of the limitations of this framework with other marginalized communities.

Impact of Racial Trauma

Diagnostic Symptoms

Individuals with racism experience the same symptoms as those survivors of other traumatic events, including but not limited to intrusion, avoidance, adverse shifts in thoughts and moods, and changes in arousal and reaction. Flores et al. (2010) conducted a longitudinal study of the impact of discrimination on a group of 110 Mexican American teens. The teens displayed

PTSD symptoms six months later when the researchers controlled for demographic variables; the results also revealed higher health risk behaviors. These experiences “may leave youth feeling powerless and psychologically wounded. As a result, Mexican American youth may experience a state of heightened arousal or hypervigilance in expectation of future discriminatory assaults” (Flores et al., 2010, p. 270). Furthermore, Butts (2002) observed clients presenting symptoms like anxiety, depression, insomnia, obsessive ruminations of thoughts, nightmares, hypertension, and abdominal pain after experiencing housing discrimination from landlords. These two studies noted the link between discriminatory behaviors and PTSD diagnostic symptoms for people of color.

Effects of Racial Trauma on the Sense of Self

Beyond the diagnostic symptoms, examining the altered subjective perceptions of self and belonging to one’s cultural group is essential. Racial trauma can create grief, such as loss of sense of self due to a traumatic event: “Grieving and sadness inevitably connect to survivor shame and self-blame. Survivors may take responsibility for the incident, blaming themselves” (Bryant-Davis & Ocampo, 2006, p. 12). These traumatic events and accounts will never be true “post” trauma; as stated by Bryant-Davis and Ocampo (2006), the stress is ongoing due to the difference of identities to what the dominant culture values, which can result in self-devaluation, self-hate, and internalized racism. Internalized racism can respond to racial trauma and can be described “as the inverse of racial identity development” (Gale et al., 2020, p. 499), adopting the negative beliefs and ideality of the dominant group. Gale et al. conducted a meta-analysis of the literature from 1999 to 2015 to examine the relationship between internalized racism and adverse mental and physical health outcomes, showing a significant correlation between the two with clients of color. Hardy (2013) calls these the “hidden wounds” (p. 25). By the DSM not

extending the definition of trauma, these wounds will remain hidden. Hardy noticed that only the secondary symptoms of behavioral-related problems and maladaptive coping skills are addressed. Due to damaging repeated race-related messaging and direct inequality within different systems, identity formation and a strong sense of self can be obstructed. Webb (2021) speaks on how traumatizing other parts of the self can create disintegration, especially among youths, who are heavily attuned to their community and social groups for affirmation and validation.

Bailey et al. (2022) interviewed Black adolescent high school-age boys and their experiences of internalized racial oppression—the five categories from the data analysis aligned with Hardy’s conception of hidden wounds. Black households utilized racial socialization to help the children to navigate the world. However, this parenting method also be seen as internalized voicelessness to defend themselves against systemic injustice teens and preventing self-advocate: “Fighting, and that is probably the one thing my dad told me not to do, was fighting when I experience racism because that only makes me look more of a statistic” (Bailey et al., 2022, p. 378), whereas Hardy (2013) discussion with a student’s experience with internalized voicelessness illustrated the harsh consequences of speaking up:

I know I can’t say s--- cuz the minute I try to say something like that, the next thing you know, the person starts screaming and yelling, I am dead! You and I know what happens next...here comes the Po-Po, and the next thing you know, I’m on lockdown for just trying to tell some racist M----- F-----, I ain’t trying to rob them. (p. 26)

Internalized devaluation and assaulted sense of self are the aftermath of the internalization of racial oppression, followed by feelings of anger or hurt. Bailey et al. (2022) found this to be true with the participants when asking them about their emotional and behavioral responses, what

Hardy (2013) called a wound of rage. Anger is a normal response to discrimination and racial oppression, and with the help of a therapist, that can be identified and validated and bridged connections to other emotions (Bryant-Davis & Ocampo, 2006).

Some key treatment solutions and support that were helpful for the individuals in Bailey et al. (2022) research involved community and school-based interventions that help resist racism at school and increase accountability, genuine care from staff, and actions to support Black students. Working within an antiracist and social justice framework, teachers can better provide space for teens to process intense feelings and trauma. Hardy (2013) provided an eight steps treatment protocol for providers to address racial oppression through validation, naming, and externalizing. Most importantly, rechanneling rage can be less destructive to a sense of self and builds resilience.

Art therapist Eileen McGann (2006) examined the impact of racism and intra-family color prejudice on women of color as they negotiate identity formation. Through the inherited messaging from the dominant culture, McGann witnessed the ambivalence from the girls when creating art to express their ethnoracial identities: “When internalized, this message rips away at the adolescent’s emergent and often fragile sense of selves” (p.200-201). McGann counteracted these internalized messages and feelings of ambivalence with the inclusivity of paints for different skin colors and diverse representation in magazines. Space was offered for revisioning as a metaphor through inclusion and exclusion decisions regarding identity consolidation in self-portraits.

Thus, other impacts of racial trauma include racial, self-invalidation, emotional vulnerability, fragility, and inhibited experiences, which can be seen as acculturation strategies. As they move away from their ethnoracial identities, individuals have fewer protective factors

against other psychological distress, “High ethnic identity and self-efficacy can serve as protection against the negative impact of race-related stressors on mental health” (William, 2021, p. 2). After the bombing of Pearl Harbor in 1942, Japanese Americans were removed from their homes and relocated into incarceration camps to protect the country from espionage and sabotage. Due to this discriminatory treatment during this time, after their release from the camps, most Japanese Americans portrayed themselves as a model minority to distance themselves from the traumatic past to prove “they were more than 110 percent Americans” (Nagata et al., 2019, p. 40). The sense of shame and humiliation created deep consciousness of personal inferiority and heightened chronic stress, resulting in adverse physical health and medical outcomes. Nagata et al. (2019) suggested the need to redress the trauma by acknowledging the incarceration trauma by the collective to replace the self-blame with public-system blame and promote resistance through breaking the silence resulting from the distancing. From this example, we can see the impact of racial trauma as something insidious when it remains in our bodies and can profoundly impact not only ourselves but the many generations after.

How Is Trauma Embodied?

This section investigates how untreated and unacknowledged trauma, remain in our bodies long after an event, can be detrimental to our well-being, and influences the biological effect of trauma on the sense of self. Lastly, this section discusses how expressive art modalities have been shown to help process trauma by reconsolidating the memories in the body.

Unprocessed Trauma in Our Bodies

When faced with a traumatic event, our amygdala senses danger and sends a signal to the hypothalamus, activating the autonomic nervous system (ANS). The ANS governs the survival

response of fight, flight, or freeze to protect us from danger, activating the sympathetic and parasympathetic branches (Fisher, 2019). When looking at this from the Triune Brain model (Webb, 2021), the reptilian brain is in overdrive, and it is difficult for the rational and decision-making parts of the brain to control and evaluate safety. Reason and logic are unable to make sense of the experience. Due to the disconnect, traditional talk therapy can become inaccessible for memory retrieval and corrective emotional experiences. Additionally, blood and oxygen are diverted to muscles, and adrenaline floods the body; all functions not crucial to survival are shut off. The hypothalamus rapidly pumps cortisol to protect us from having pain interfere with memory encoding of the event and becoming stuck: “With trauma that has not been resolved, the message sent thus elicits a response that does not accurately reflection information received” (Perryman et al., 2019, p. 82)—keeping the self in a constant state of hypervigilance and easily triggered. This automatic response is called the “bottom-up” defensive response. The nervous system becomes stuck and is not fully recovered, and potential danger cues can trigger the brain and body again. The fight, flight and freeze responses are learned to address the potential danger as a protective factor but can have negative repercussions when enacted here and now. The effect of trauma leaves individuals to fight back and express aggression to others, avoiding the potential triggers and leading the individual to be distant or become immobilized. The trauma is stored in the body. The unprocessed trauma keeps the individual feeling stuck and feeling a sense of danger present (Perryman et al., 2019). The continuous activation of the ANS shrinks the tolerance window, as it interacts with affect regulation and predisposes the individual to mental health disorders like PTSD and somatic effects (Fisher, 2019).

Due to the impact of trauma being such a somatic experience, clinicians can support clients with interventions that involve bodywork to process the trauma response in the nervous

system and restore the body to baseline. Webb (2021) keyed the process in her video presentation as giving the body calm; when the individual is calm, they can think abstractly, and learning can happen.

Identity Formation After Trauma

Understanding trauma's biological role in identity formation is critical in this literature review, as it shows how our body physically adapts during protection that changes our perception of self. Lanius et al. (2020) examined the cognitive and somatic disturbances to a sense of self for individuals with PTSD through a literature review. Individuals present negative beliefs about themselves through self-blaming and bodily experiences like disembodiment and identity disturbances. Lanius et al. (2020) examined the default mode network (DMN) as the neural underpinnings of identity development over time. Individuals with PTSD have CT scans showing the DMN decrease in resting-state functional connectivity across different brain regions- medial prefrontal and medial temporal operating during memory processes. This reduced function likely altered the memory process of re-experiencing and correlated with symptoms of avoidance and numbness for these individuals:

Autobiographical memory helps us learn from previous experiences where we can evaluate past experiences in the present to guide actions more adaptively.

Autobiographical memory must then intrinsically represent our past experiences, which, in turn, would shape how we perceive the present – as the present exists in constant relation to the past. (p. 6)

The DMN also shows increased functional connectivity during trauma-related conditions to help process the threat and mediate defense responses such as hypervigilance and hyperarousal. The semblance of a sense of self might be only established in fear-inducing states:

Reckless behavior may assist the traumatized individual not only to feel more alive and embodied by helping to overcome intense symptoms of emotional numbing but may also aid in bringing online a sense of agency that is lacking sorely in the aftermath of their personal trauma. (p. 7)

Treatment focused on strength-based and resilience methods can help individuals explore and express their identity (Kuban, 2015). For individuals who experience racial trauma, exploring intergenerational resilience and post-traumatic growth is salient to mitigate the development of PTSD.

Mind and Body Treatment Methods

Due to the current neurobiology and physiology of trauma, treatment methods should help process the stuck trauma in the body and accommodate the lack of words; individuals must make sense of their experiences and selves. Fisher (2019) focused on the “bottom-up” approach or Hierarchical Information Processing when working with trauma and giving clients sensorimotor strategies like directed mindfulness and meditation to counteract trauma-related physiological responses and increase a window of tolerance. An increase in the window of tolerance can combat self-blame and achieve control over trauma experiences. Pat Ogden, Ph.D. (Fisher, 2019) developed sensorimotor psychotherapy to address the bodily and autonomic symptoms to equip clients better to process the trauma and narrative of incidents. Interrupting the trauma-related response with mindfulness refocusing the attention on sensations and emotions. Individuals observing these somatic responses with curiosity activate the medial prefrontal cortex, which is integrative for internal awareness. It helps to regulate the amygdala, threat perception, and autonomic arousal. Also, this method helps foster dual understanding, “increases the ability to differentiate past from present, and supports awareness of feeling endangered rather

than misinterpreting their responses as an immediate threat” (Fisher, 2019, p. 160). The reorganization of experiences can help restore the nervous system and help individuals appropriately respond to potential triggers.

However, sensorimotor techniques can still be integrated with other therapeutic methods that better fit the needs of race-based trauma. The integration of mixed modalities, like sensorimotor and art, is mentioned by Kuban (2015). Art activities can reduce hyperarousal by engagement of the body’s relaxation response. Increasing control over art materials and reclaiming control of the body’s reactions can foster self-awareness and resilience. Moreover, according to Perryman (2019), sensorimotor techniques can be seen with intensity and movement in the artmaking process to provide corrective emotional experiences for clients who are immobilized. Perryman (2019) keyed this as a mind-body connection. Much like sensorimotor interventions, creative arts can increase the window of tolerance, as they offer the safety of nonverbal expression, expand processing time, and allow integration to help the brain form a logical narrative of traumatic experiences; “nonverbal communication establishes new neural pathways and emotional memories” (Perryman et al., 2019, p. 85). A sand tray is explored, as it works from a bottom-up approach through body engagement, but it also provides a connection between the right and left hemispheres of the brain. The right and left hemispheres have their way of information processing, and the right hemisphere is the emotional center, holds autobiographic memory, and processes negative unconscious memories. The left brain translates experiences into verbal communication. For trauma to be processed, there is a need for the reconsolidation of memories between the right and left hemispheres to restore the nervous system to baseline (Perryman et al., 2019).

The creative arts connect the implicit and explicit memory of the traumatic experiences in the brain to provide a less threatening way to retell the incidents; “art expression offers a well-documented pathway for revealing, expressing and transforming the implicit experience” (Lubbers, 2019, p. 87). Lubbers integrated art therapy and focusing techniques to reconnect and reintegrate the implicit memories by bringing awareness to the body and using creative expression to visualize these somatic feelings. Lubbers designed the Bodymap Protocol (BMP) based on neurobiology research stating the efficacy of non-verbal modalities of art therapy and somatic methodologies as a treatment to resolve trauma and complete the biological responses in the body. Nine adult participants were selected through initial screening interviews and administered the protocol. The researcher conducted semi-structured interviews to discuss the artwork and lived experiences of the BMP. Before starting the body map, participants were oriented, grounded, and cultivated a safe place drawing to establish trust and safety before commencing the trauma work. The warm-up helps participants bring awareness to their bodies in response to their trauma and bring intentions to healing issues they hope to address in the body map. Researchers encouraged the participants to constantly check in on body sensations and healing issues using various art mediums to represent emergent feelings, memories, and somatic feelings (Lubbers, 2019).

Through the interviews, four common themes emerged that were positive and meaningful, helping to lessen trauma symptoms. BMP facilitated a safe container as the body map outline provided structure to express feelings. Artmaking and discussion help access unconscious materials into awareness, bringing insights and meaning-making. Participants witnessed greater embodiment and self-regulation by looking at their images and the emergence of laughter and other somatic responses to restore a balanced autonomic tone. Lastly, the

participants witnessed the emergence of healing imagery through the organic images “intuitively envision the change they sought and creating healing and integration for themselves” (Lubbers, 2019, p. 97).

Moreover, the integration of hip-hop and spoken word therapy (HHSWT) in a Boys and Girls Club was examined by Levy et al. (2020) to help cultivate a space to develop coping methods for traumatic events like racial discrimination. The authors took an ontological relativism and epistemological constructionism stance regarding data collection and analysis of 6 to 12 Black and Brown youths, “a platform through which students could discuss a given emotional theme, and then choreograph a dance or create lyrics reflective of the identified theme” (p.224). Results emerged with seven themes bolstering the youths’ confidence and coping skills through interviews with eight participants. The use of hip-hop and spoken words promoted the youths’ voices as they shared personal experiences, stepped out of their comfort zone, connected with others, and processed ways to talk about social issues and provide peer support. The use of movement and spoken words were combined to meet the youths where they were and provided space for the reconsolidation of traumatic experiences and the establishment of resilience. As Perryman et al. (2019) state, “drama and dance, performed directly by the body through movement, activate the right hemisphere and limbic system” (p.85) to help restore the body.

Current research bridges the use of art and wellness for Aboriginal people, and art at the community level can foster connection, belonging, and engagement (Muirhead & de Leeuw, 2012). Art therapist Nadia Ferrara saw that art therapy provides comfort with its nontraditional talk therapy model and diminishes the power hierarchy between therapists and clients, which “is an effective way of bridging the divide between primary non-indigenous health care systems and

providers... and indigenous worldviews and understanding of health” (Muirhead & de Leeuw, 2012, p. 5). Traditional artmaking expands to include the Aboriginal people's creative expression to signify the Indigenous community's resilience to combat colonialism and intergenerational trauma. The rich and extensive visual history and crafts were integrated into therapy to meet the clients where they the most comfort. Of mind and body interventions, how else can art therapists include the somatic experience in artmaking to help regulate traumatic response?

Expressive Therapies Continuum Framework

Kagin and Lusebrink developed the Expressive Therapies Continuum (ETC) in 1978 to provide a way to understand how people interact with art materials to process information and form images. The theoretical model is rooted in art therapy, clinical observations, and existing ideas from early art therapists (Hinz, 2009). The schematic framework is based on brain structure and the neuroscience of the right and left sides of the brain. ETC is separated into three levels with inverse components: Kinesthetic/Sensory, Perceptual/Affective, and Cognitive/Symbolic. Moreover, the fourth level, the creative level, integrates all three previous levels. Moreover, the ETC is based on a hierarchical structure representing the developmental levels of information processing, starting at an early stage of development and basic information processing to more complex visual information processing. The level of functioning according to the ETC will be examined to better understand the relationship between each component in making sense of information and visual processing.

Using different media and mediums, the other properties can integrate the client into a specific component to process information. The Kinesthetic and Sensory level reflects how infants and toddlers process their world through motion and sensation. During this level, the product is less essential but focuses on actions like tearing, tapping, and touching (Hinz, 2015).

Kinesthetic reflects the motor movement, the release of energy, and tension; clients can use the art to let go of inhibitions and control. Increasing movement expression can help break through physical and psychological numbness and produce relaxation (Hinz, 2015). Media like hard clay, scribbling, or tearing paper can be explored at the Kinesthetic component involving the brain's basal ganglia and motor cortex (Lusebrink, 2010, 2011). On the other hand, the Sensory component reflects the tactile and haptic sense while making art. Clients slow their movement as they invest more time in the sensory experience of artmaking, like using finger paint, blending pastels with their fingers, and introducing water to clay and textile work. Clients at the sensory component are learning to manage internal and external sensations. Exploring the values, materials, and textures can be self-soothing (Hinz, 2015). The Sensory component involves the somatosensory cortex.

The Perceptual/Affective level focuses on an image's form or structural qualities and the expression of emotions. The ventral visual stream (vision-to-perception pathway) is activated during this component (Lusebrink, 2010, 2011) to help define boundaries, differentiate forms, and increase organization to represent internal and external experiences by focusing on lines, shapes, and patterns. Additionally, perpetual activities like contour drawing or finding forms in scribble can help clarify parts of a problem, take perspective, contain emotions, and strengthen communication (Hinz, 2015). As the organization and awareness of the image decrease, the experiences of emotions increase in the Affective component. The Affective component reflects the presence, identification, and differentiation of emotions. The changes in hues and colors in artmaking can indicate a change in emotions (Lusebrink, 2010, 2011). Painting and other fluid media can help express feelings without regard to form for greater self-awareness and empathic

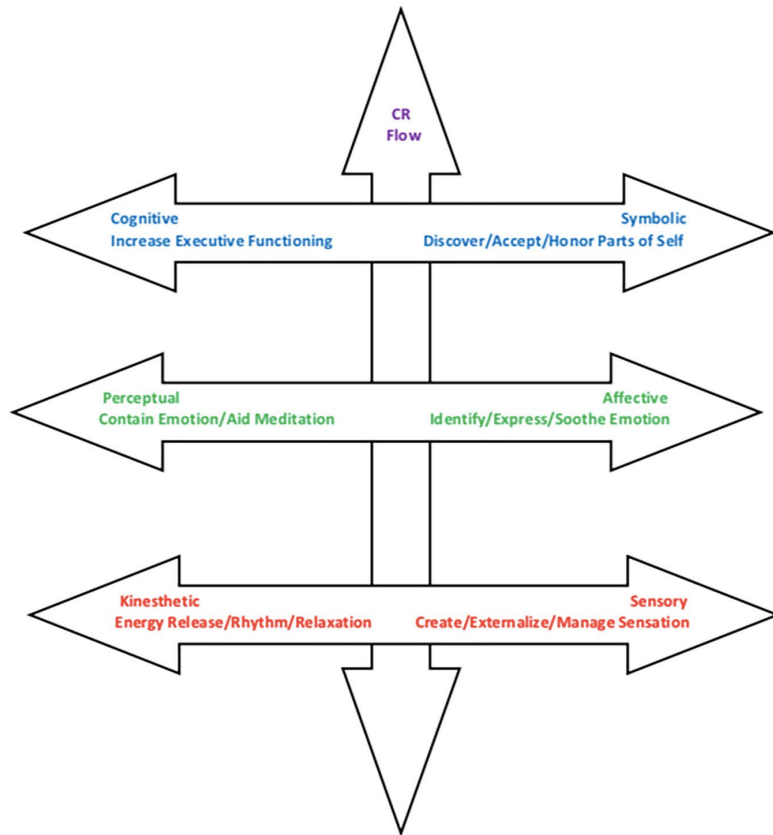
self-understanding (Hinz, 2015). The Affective component reflects the influence of processing emotion in the amygdala on the ventral visual stream (Lusebrink, 2010, 2011).

The most complex and sophisticated level of information processing resides in the Cognitive/Symbolic components, focusing on how the clients interact with the world. The Cognitive Component reflects cognitive operations like executive functioning, planning, decision-making, and problem-solving. Collage is an example that operates on the Cognitive Components, as clients are required to go through magazines, select images, and words and, then glue the different images to create a new and meaningful product—the process of collaging is “slow, deliberate, and effortful” (Hinz, 2015, p. 46) integrating the prefrontal cortex and dorsolateral prefrontal cortex (Lusebrink, 2010, 2011). The Symbolic component is the opposite, focusing on the intuitive concept formation, symbolic relationship, meaning of affective images, and symbolic use of color and abstraction (Lusebrink, 2011). The symbols hold ambiguity that allows personal or universal meaning to emerge from the artmaking, foster psychological growth, and increase finding meaning and insight into the art product. Mask-making and portraiture can help foster self-discovery and acceptance of and honor part of self in response to surrounding or situations (Hinz, 2015).

The Creative Level can take place on any of the previous levels or encompass the function of all the levels; “Creative level is an experience of “flow” that requires problem-solving, goal adjusting, challenge, and mastery” (Hinz, 2015, p.46). Figure 1 shows the emergent function of each of the components.

Figure 1

Emergent Function of the ETC



The ETC is used as an art-based assessment to help the art therapist meet the clients where they are initially starting therapy. The ETC assessment can provide insight into how clients process information by examining the overused or underused and block components. The framework ultimately allows the therapists to develop and choose which activity and art media would be developmentally and situationally appropriate for the client: “ETC levels will orient the reader to formal visual elements in an artwork that are understood to reflect the maker’s strengths, weaknesses, and psychopathology” (Lusebrink, 2010, p. 168). An art therapist who utilizes the ETC assessment can show respect to the client and help develop rapport and safety by seeing the client’s preferences in art mediums. Using ETC as a framework for assessment can help formulate treatment goals, as it opens communication between the client and therapy based

on art materials and processes (Hinz, 2015). Art therapy intervention can assist clients in therapeutic movement between components by offering new art mediums or materials to explore opposing components. It can change neural pathways and enhance neuroplasticity, as the clients are offered different ways to reflect on experiences (Lusebrink, 2011). Therapeutic movement can also proceed top-down to gain access to emotion, perception, and value of the body, or bottom-up movement to help clients gain cognitive control over feelings and behaviors overall, increasing flexibility and lessening resistance, thus operating from the creative level (Hinz, 2015).

ETC, Trauma, and Identity Formation

The ETC framework can be used as a starting point for clients who have unprocessed racial trauma and might have difficulty reconsolidating the memory. Understanding how the ETC can also support identity development and meaning-making of self in the world is salient to explore in this literature review.

When looking at the historical context of indigenous individuals before colonization, their self-understanding was developed by their relationship with the land and life; however, with the arrival of settlers comes an increase in governance, legislation, and trauma, taking and erasing lands, resources, and political autonomy (Whyte, 2020). With the loss of homelands, family members, culture, and knowledge, a “fragmented identity” (Whyte, 2020, p. 37) emerged, impacting the perception of self and ultimately passing the unprocessed trauma to later generations, which are then more susceptible to mental and physical health problems. Whyte (2020) witnesses the struggles of modern-day Kanien’keha: ka First Nation balancing their two cultural identities as Indigenous and Canadian. The feelings of colonial trauma and shame develop prevention, self-exploration, and wellness from integrating Indigenous and Canadian

identities. Whyte (2020) hopes to deconstruct cultural identity to help foster security and integration to restore and reconcile bicultural identity. Using the ETC framework, Whyte explored the relationship between First Nation and Western art materials, traditional rituals, and identity formation. “ETC may reveal and document how materials, their history, and their symbolism could impact trauma and self-understanding” (p. 38), mapping the cognitive and affective functioning. The Two-Row Wampum was used as a symbol to guide the relationship between two ways of knowing and information collecting, much like the bicultural identity of the study participants. Art modality and symbolism create a sense of cultural safety as the Kanien’keha: ka First Nation participants witness, process, and reconstruct identity using the materials.

Whyte (2020) found that increased cultural flexibility and integration of materials allow the group to explore, regulate, and create new symbolic meanings between self, wellness, and intergenerational trauma. She found that the overuse of Western material reflected feelings of shame and increased tension for the participants in the study, resulting in disengagement in the artmaking that may indicate cultural and colonial trauma. The natural material properties help regulate affective and somatic experiences by containment, kinesthetic release, and sensory/symbolic play through pressing berries and burnt wood charcoal. Moreover, visual art allows space for creative reflection between the cognitive and symbolic brain and bridges the two identities, “balancing the extremities on the ETC as well as the symbolism in the imagery/ material seemed to stimulate creative reflection and self-acceptance” (Whyte, 2020, p. 41).

Through mapping materials according to the ETC framework with overall functioning, trauma could be identified, witnessed, processed, and regulated. Whyte’s (2020) study contextualizes how natural materials choice can assess and process trauma and reconstruct

identity for the First Nation, who feels disconnected from the land and ancestral knowledge.

Furthermore, embedding culturally responsive care like lunar teaching and smudging can create cultural safety to confront trauma.

Discussion

This critical literature review intended to investigate the application of the Expressive Therapies Continuum framework with race-based trauma by providing a way to reflect on marginalized communities' experiences and strengthen the sense of self as a protective factor against the ongoing and insidious nature of racial trauma (Bryant-Davis & Ocampo, 2006; Chavez-Duenas et al., 2019; William, 2021). Due to how unprocessed trauma is embodied and remains stuck in the body, researchers from different sources examined the biological effect and treatment modalities attuning to the mind-body connection (Perryman, 2019; Lubbers, 2019) to understand the versatility of the ETC in trauma-based treatment for marginalized communities. The emerging themes contextualized the learning and findings — cultivation, acceptance, containment, and growth.

Cultivation

Throughout the literature, the research revealed an art therapist's important role in cultivating space for clients to safely reencounter the impact of racial trauma on their sense of self. The strength of artmaking provides a cathartic experience for individuals as they develop active awareness of racism and oppression in their understanding of being. Artmaking provides a space for exploring identity and what it means to be a part of a marginalized community. McGann (2006) shared that art therapy helps stay in the metaphor to bring acceptance to color, shape, and forms. For clients of color, cultivating a positive sense of self starts with validation and inclusion by the art therapist to dismantle systemic oppression through appropriate cross-

cultural assessments and ensure the space is welcoming and centralizing that person's experiences by providing relevant materials and mediums.

Art therapists' acknowledgment of their identities impacts the process, and McGann (2006) explored her role in her dynamics of identity formation with women of color through her artmaking. She examined her conscious awareness of race and personal biases. Acknowledging the therapist's racial identity plays a salient role in being noncolor-blind and anti-racist and welcomes the discussion of race and culture into the therapeutic space (Bryant-Davis & Ocampo, 2006; Karcher, 2017). Art therapists should explore how to cultivate a space for identity exploration and reflectivity, to then start inviting clients to explore their racial identity and the impact of racism and oppression on identity development without having to navigate the sudden discomfort or restrictive window of tolerance to racial discord (DiAngelo, 2011).

Acceptance

This literature review further supports the need for future research and work by art therapists to decolonize Western frameworks and techniques to invite marginalized populations to feel restorative in the process but remain authentic to their identities and history. Whereas the potential of the ETC framework to use as trauma-informed is sustainable due to its neurobiology background, as it can provide new neural pathways between physical, emotional, and cognitive components of the brain and allow new ways to make sense of a traumatic experience (Lusebrink, 2011), there is a small amount of research on how the application of ETC can be a beneficial way for racial trauma. Clients might prefer working on one component or level of the ETC due to blocked processing areas (Lusebrink, 2010), and they can also feel restricted due to the given materials. The use of specific art media according to the client's historical context and current barriers was found to be the most salient art therapist needs to be mindful of. Traditional

ETC Framework and Racial Trauma

western materials can instill shame or disconnect from cultural strengths and enforce acculturation. As Whyte (2020) noticed the disengagement of the group when she introduced the Western art materials solely, participants found it challenging to reconcile fragmented bicultural identity. Western art materials put forward a reminder of colonialism and segregation. Accepting traditional art mediums and integrating nontraditional materials or cultural-based practices should be considered in future research and work with marginalized groups. Due to the different components of the ETC, it can feel more flexible for clients to participate in the arts that feel more authentic to themselves and their experiences (Levy et al., 2020).

Containment

To better understand the implication of the efficacy of ETC to regulate the physiological responses when recounting a traumatic event, I conducted reflective artmaking to provide more introspection into the framework as a sensorimotor strategy for grounding and to increase a window of tolerance for further exploration of racialized experiences. This reflective artmaking allows me to explore my positions of power and how my experiences racial discrimination and oppression.

To better understand how racial trauma impacted my physical, emotional, and cognitive self, the question “What does racial trauma look like?” initiated the artmaking. Racial trauma presented at the Affective component; emotions emerged through red and darkened purple and blue hues (see Image 1). However, I used my hands instead of a paintbrush and explored the sensations that allowed self-soothing to emerge. During this stage of artmaking, the ETC provides regulation and containment (Hinz, 2015) with different material properties to better manage my traumatic responses to the question as I continued. Using finger paint felt more impactful for me to illustrate my lived experiences of racial trauma.

Image 1

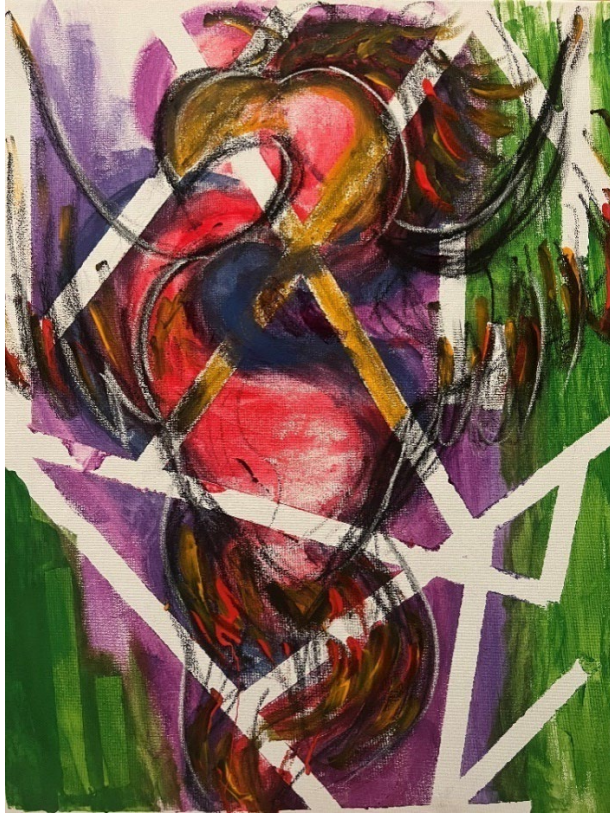
What does racial trauma look like?



As the self-soothing continued, I started to see a form in the painting, shifting from Affective to Perceptual to understand my racial experience better. An image of a phoenix appeared (see Image 2), the mythical bird called *phượng hoàng* in Vietnamese symbolizing rebirth, regeneration, and survival. The Symbolic component seemed to bring personal insight into my identity as I saw myself as the phoenix emerging from the ashes. The image of the phoenix brought meaning to my racial experiences and honored my identity with more significant curiosity about my ancestry roots and stories.

Image 2

Phượng Hoàng



Artmaking invites the unconscious into the consciousness (Karcher, 2017) and honors resiliency through meaningful imagery. Lubbers (2019) is one of the first researchers to bridge somatic psychotherapy and art therapy, providing both modalities that complement each other and have more significant potential for trauma treatment. The ETC framework should consider the BMP-integrated model to strengthen the reliability of the framework in trauma-informed work.

Growth

This critical literature review does not cover the methodology's application and is beyond this paper's scope. This review remains salient as it brings awareness of the discriminatory experiences and detrimental effects of the self when left untreated by clinicians. The silence of

clinicians on this matter continues to marginalize the experience and possible repair (DiAngelo, 2011). The therapist's acknowledgment of racism and its effects resists the self-blame clients might present from the experiences as their therapeutic alliance helps dismantle the systems of oppression (Adames et al., 2022). Clients also will have an opportunity to learn and attain critical consciousness (Karcher, 2017) as they engage in discord about their exposure to the sociopolitical world. They become more self-aware of their behaviors and actions in response to their encounters with racism, ultimately seeing how generational raced-based trauma and resilience are passed down from ancestors via DNA (Harris, 2014; Menakem, 2017; Nagata et al., 2019). With the help of the ETC to process experiences and unresolved trauma deeper from a nonjudgment way, individuals are learning how to use inner strengths and cultural knowledge to recover and resistance against future conditions (Adames et al., 2022).

This paper can provide potential avenues for future research in working with specific ethnoracial identities to fit communities of color's cultural needs emphasizing racial experiences in treatment planning for reconciliation to happen. Due to the collective experiences of racial trauma, future studies should consider the engagement of community-based work to resist isolation and strengthen social action (Chavez-Dunes et al., 2019). I connected with other clinicians of color to share in the research and discuss the importance of the work. The discussions with other peers in the field brought hope and care amid the critical research review and synthesis of ideas. This future work should be done in collaboration and consider the collective support from others in the field.

Additionally, a substantial gap in available data is the population described. The majority of identity development research is conducted on adolescents. This research highlights the prolonged effect of racial trauma on the sense of self, not just ending with teenage years, and can

be passed down through generations. Recommendations for future studies and researchers would be the reframing of racial identity from a strength-based perspective for adults to build resistance against more significant socioeconomic biases. Further research will be needed to clinically assess identity development and examine different treatment methods and outcomes for different ages using the ETC framework.

Conclusion

Together this critical literature review intended to expand the discourse of racial trauma in the clinical field. When the Expressive Therapies Continuum is deconstructed to accommodate the needs of marginalized communities, the acknowledgment of systemic-rooted racism is addressed by art therapists to help clients reclaim their sense of self and rechanneled resilience through new neural pathways created through artmaking and regulating somatic reactions. Specific future studies should be conducted to understand the experiences of each racial and age group in the context of their perception of racism and self. This thesis help invites future art-based intervention for cultivation, acceptance, containment, and growth.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Adames, H. Y., Chavez-Dueñas, N. Y., Lewis, J. A., Neville, H. A., French, B. H., Chen, G. A., & Mosley, D. V. (2022). Radical healing in psychotherapy: Addressing the wounds of racism-related stress and trauma. *Psychotherapy*. <https://doi-org.ezproxyles.flo.org/10.1037/pst0000435>
- Bailey, T.-K. M., Yeh, C. J., & Madu, K. (2022). Exploring Black adolescent males' experiences with racism and internalized racial oppression. *Journal of Counseling Psychology*, 69(4), 375–388. <https://doi-org.ezproxyles.flo.org/10.1037/cou0000591.supp> (Supplemental)
- Bauer, A.G., & Saraiya, T.C. (2021). Racial trauma clinical research sheet. International Society for Traumatic Stress Studies. https://istss.org/ISTSS_Main/media/Documents/Racial-Trauma-Clinical-Research-Sheet-FINAL.pdf
- Butts, H. F. (2002). The black mask of humanity: Racial/ethnic discrimination and post-traumatic stress disorder. *The Journal of the American Academy of Psychiatry and the Law*, 30(3), 336–339.
- Bryant-Davis, T., & Ocampo, C. (2006). A therapeutic approach to the treatment of racist-incident-based trauma. *Journal of Emotional Abuse*, 6(4), 1–22. https://doi-org.ezproxyles.flo.org/10.1300/J135v06n04_01
- Chavez-Dueñas, N. Y., Adames, H. Y., Perez-Chavez, J. G., & Salas, S. P. (2019). Healing ethno-racial trauma in Latinx immigrant communities: Cultivating hope, resistance, and

- action. *American Psychologist*, 74(1), 49–62. <https://doi-org.ezproxyles.flo.org/10.1037/amp0000289>
- Cheah, C., Wang, C., Ren, H., Zong, X., Cho, H.S., Xue, X. (2020). COVID-19 racism and mental health in Chinese American families. *Pediatrics*, 146(5), 1-10. <https://doi.org/10.1542/peds.2020-021816>
- Clack, A. R. (2018). *Women of Color Talk: Psychological Narratives on Trauma and Depression*. Clack Associates
- Fisher, J. (2019). Sensorimotor psychotherapy in the treatment of trauma. *Practice Innovations*, 4(3), 156–165. <https://doi-org.ezproxyles.flo.org/10.1037/pri0000096>
- Flores, E., Tschann, J. M., Dimas, J. M., Pasch, L. A., & de Groat, C. L. (2010). Perceived racial/ethnic discrimination, posttraumatic stress symptoms, and health risk behaviors among Mexican American adolescents. *Journal of Counseling Psychology*, 57(3), 264–273. <https://doi-org.ezproxyles.flo.org/10.1037/a0020026>
- Gale, M. M., Pieterse, A. L., Lee, D. L., Huynh, K., Powell, S., & Kirkinis, K. (2020). A meta-analysis of the relationship between internalized racial oppression and health-related outcomes. *Counseling Psychologist*, 48(4), 498–525. <https://doi-org.ezproxyles.flo.org/10.1177/0011000020904454>
- Goodman, R. D. (2015). Trauma counseling and interventions: Introduction to the special issue. *Journal of Mental Health Counseling*, 37(4), 283–294. <https://doi-org.ezproxyles.flo.org/10.17744/mehc.37.4.01>

- Hardy, K. V. (2013). Healing the hidden wounds of racial trauma. *Reclaiming Children & Youth*, 22(1), 24–28.
- Harris, N. B. [TedTalk]. (2014). How childhood trauma affects health across a lifetime. [Video file]. Retrieved from:
https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?referrer=playlist-how_does_my_brain_work&language=en
- Hinz, L. D. (2009). *Expressive therapies continuum: A framework for using art in therapy*. New York, NY: Routledge.
- Hinz, L. D. (2015). Expressive therapies continuum: Use and value demonstrated with a case study. *Canadian Art Therapy Association Journal*, 28(1–2), 43–50. <https://doi-org.ezproxyles.flo.org/10.1080/08322473.2015.1100581>
- Hiraldo, P. (2010). The role of critical race theory in higher education. *The Vermont Connection*, 31(1). <https://scholarworks.uvm.edu/tvc/vol31/iss1/7>
- Holmes, S. C., Facemire, V. C., & DaFonseca, A. M. (2016). Expanding criterion A for posttraumatic stress disorder: Considering the deleterious impact of oppression. *Traumatology*, 22(4), 314–321. <https://doi->
- Jernigan, M. M., & Daniel, J. H. (2011). Racial trauma in the lives of Black children and adolescents: Challenges and clinical implications. *Journal of Child & Adolescent Trauma*, 4, 123–141. <http://dx.doi.org/10.1080/19361521.2011.574678>
- Jones, S. C. T., Anderson, R. E., Gaskin-Wasson, A. L., Sawyer, B. A., Applewhite, K., & Metzger, I. W. (2020). From “crib to coffin”: Navigating coping from racism-related

- stress throughout the lifespan of Black Americans. *American Journal of Orthopsychiatry*, 90(2), 267–282. <https://doi-org.ezproxyles.flo.org/10.1037/ort0000430>
- Karcher, O. P. (2017). Sociopolitical oppression, trauma, and healing: Moving toward a social justice art therapy framework. *Art Therapy: Journal of the American Art Therapy Association*, 34(3), 123–128. <https://doi-org.ezproxyles.flo.org/10.1080/07421656.2017.1358024>
- Kuban, C. (2015). Healing trauma through art. *Reclaiming Children & Youth*, 24(2), 18–20.
- Lanius, R. A., Terpou, B. A., & McKinnon, M. C. (2020). The sense of self in the aftermath of trauma: lessons from the default mode network in posttraumatic stress disorder. *European Journal of Psychotraumatology*, 11(1), 1–11. <https://doi-org.ezproxyles.flo.org/10.1080/20008198.2020.1807703>
- Levy, I. P., Hess, C. W., Elber, A., & Hayden, L. (2021). A community-based intervention: A hip hop framework toward decolonizing counseling spaces. *Journal of Creativity in Mental Health*, 16(2), 212–230. <https://doi-org.ezproxyles.flo.org/10.1080/15401383.2020.1762816>
- Lubbers, D. (2019). Bodymap Protocol: Integrating art therapy and focusing on treating adults with trauma. *International Body Psychotherapy Journal*, 18(2), 86.
- Lusebrink, V. B. (2010). Assessment and therapeutic application of the expressive therapies continuum: Implications for brain structures and functions. *Art Therapy*, 27(4), 168–177. <https://doi.org/10.1080/07421656.2010.10129380>

- McGann, E. P. (2006). Color me beautiful: Racism, identity formation, and art therapy. *Journal of Emotional Abuse*, 6(2/3), 197–217. https://doi-org.ezproxyles.flo.org/10.1300/J135v06n02_12
- Menakem, R. (2017). *My grandmother's hands*. Central Recovery Press.
- Muirhead, A. & De Leeuw, S. (2012). Art and wellness: The importance of art for aboriginal peoples' health and healing. Retrieved from <https://www.ccnsa-nccah.ca/docs/emerging/FS-ArtWellness-Muirhead-deLeeuw-EN.pdf>
- Nagata, D. K., Kim, J. H. J., & Wu, K. (2019). The Japanese American wartime incarceration: Examining the scope of racial trauma. *American Psychologist*, 74(1), 36–48. <https://doi-org.ezproxyles.flo.org/10.1037/amp0000303>
- Perryman, K., Blisard, P., & Moss, R. (2019). Using creative arts in trauma therapy: The neuroscience of healing. *Journal of Mental Health Counseling*, 41(1), 80–94. <https://doi-org.ezproxyles.flo.org/10.17744/mehc.41.1.07>
- PESI, I. (Producer) (2020). Racial trauma: Assessment and treatment techniques for trauma rooted in racism. [Video/DVD] PESI Inc. Retrieved from <https://video.alexanderstreet.com/watch/racial-trauma-assessment-and-treatment-techniques-for-trauma-rooted-in-racism>
- Pieterse, A. L., Roberson, K. L., Garcia, R., & Carter, R. T. (2022). Racial discrimination and trauma symptoms: Further support for the race-based traumatic stress symptom scale. *Cultural Diversity and Ethnic Minority Psychology*. <https://doi-org.ezproxyles.flo.org/10.1037/cdp0000544>

Racial trauma. Mental Health America. (2022). Retrieved December 4, 2022, from <https://www.mhanational.org/racial-trauma>

Santiago-Rivera, A. L., Adames, H. Y., Chavez-Dueñas, N. Y., & Benson-Flórez, G. (2016). The impact of racism on communities of color: Historical contexts and contemporary issues. In *The cost of racism for people of color: Contextualizing experiences of discrimination*. (pp. 229–245). American Psychological Association. <https://doi-org.ezproxyles.flo.org/10.1037/14852-011>

Vance, L. D., & Potash, J. S. (2022). Black Lives Matter protest art: Uncovering explicit and implicit emotions through thematic analysis. *Peace and Conflict: Journal of Peace Psychology*, 28(1), 121–129. <https://doi-org.ezproxyles.flo.org/10.1037/pac0000584>

Webb, E. (2021). *Adolescence in crisis: racial trauma and identity (a trauma-focused DBT perspective)*. PESI, Inc.

Williams, M.T., Haeny, A.M., & Holmes, S.C. (2021). Posttraumatic stress disorder and racial trauma. *National Center for PTSD Research Quarterly*, 32(1), 1–9. Available from https://www.ptsd.va.gov/publications/rq_docs/V32N1.pdf

Whyte, M. K. (2020). Walking on two-row: Reconciling First Nations identity and colonial trauma through material interaction, acculturation, and art therapy. *Canadian Art Therapy Association Journal*, 33(1), 36–45. <https://doi-org.ezproxyles.flo.org/10.1080/08322473.2020.1724745>

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

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