An Unexpected Education in Hope, Truth and Humanity
In the Midst of Systemic Racism and Social Injustice

Elizabeth Ford, MD
Edited by D. Thomas Stone, Jr., PhD, ABPP, CGP, FAGPA, AGPA Connect Co-Chair

Of all the places I have worked in New York City as a psychiatrist, most have been covered in barbed wire or plexiglass, as well as thick, callous insults. They are either too hot or too cold, never just right. Built of concrete and plexiglass, as well as thick, callous insults. They are either overcrowded by cops; hospital units filled with patients whose symptoms of mistrust, apathy, and sleep disturbance can be malignant, sometimes fatal, and too frequently mislabeled as mental illness. I learned that the authority and racism of medicine is too easily accepted, silencing the voices of patients when what they say is not what doctors want to hear. I felt in my tense muscles and weary heart the helplessness that accompanies chronic isolation and fear, with no sense that there is anyone around who is willing to protect you. The hundreds of thousands of people with serious mental illness in U.S. jails and prisons were no longer a statistic.

Despite this education, which has sometimes been so painful that it has brought me to my knees, the most persistent and unexpected themes are those shown to me by countless patients and colleagues: hope and resilience. A former warden, schooled in the style of brute force, came out of retirement to mentor new recruits about non-violent de-escalation. A patient with a history of violent assaults and horrific childhood abuse, who was known to spit and punch at the slightest provocation, escorted me through the hallways when I was pregnant. The protection and care that patients of all ages and backgrounds gave to that 78-year-old man with dementia arrested for wandering too close to the United Nations was heartening.

Nowhere did these lessons seem more compelling than when learned in a group, when strangers, locked up together for different reasons but as a result of the same broken systems, shared their insights and emotional stories. I listened as men who had lost so much to schizophrenia, addiction, and trauma support each other in the debate about whether the shame of incarceration was worse than the shame of poverty. There is no reward quite like witnessing the applause of 12 people in juxtaposition raucously cheering a peer who has just recited original poetry, or watching a young man lift his head high for the first time after being told by a group member that he is good enough.

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Treating Racial Trauma: Science, Art, and Spirituality

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The Anne and Ramon Alonso Plenary Address, sponsored by the Group Foundation for Advancing Mental Health, at AGPA Connect 2021 to be given by Thema Bryant Davis, PhD, will focus on racial trauma. Dr. Thema, as most people call her, brings a uniquely integrated presence to her work as a psychologist, an artist, and a pastor. I do not use the word integrated casually, but very intentionally to capture what seems to be the essence of Dr. Thema’s passion personally and professionally. Social justice is a central starting point in her teaching, research, and psychotherapeutic work; she stylishly integrates her three roles as a professor, researcher, and clinician. When examining the body of her work, she has accomplished this task and is well ahead of most of us, with a mission still grappling with how to incorporate social justice activism into our work as group psychotherapists. This article focuses on three aspects of her work—racial trauma, creativity and the arts, and spirituality and religion.

Racial Trauma

The assessment, diagnosis, and treatment of Post-Traumatic Stress Disorder (PTSD) has historically focused on the individual’s symptoms of trauma and its effects. In most practice guidelines for PTSD treatment, it is apparent that the influence of race and culture, especially in marginalized communities, is woefully neglected. Dr. Thema, however, emphasizes that one’s understanding of the process of recovery must “acknowledge and integrate the social-political and the sociocultural realities and resources of the survivor” (Bryant-Davis, 2019, p.620). This is in addition to the focus on the survivor’s individual thoughts, feelings, and behaviors. Her approach creates a broader context of the actual experience of marginalized peoples who suffer oppression in multiple ways. As trauma treatment has evolved over the years, the narrative of the traumatized self needs to be both historically and culturally grounded to include the transgenerational nature of trauma in survivors’ families and communities. The socio-political and socio-cultural context also speaks to the limitations of access to treatment that is experienced by many marginalized communities. These limitations also extend into the difficulties faced by researchers to conduct studies in these communities. Dr. Thema argues for culturally modified treatments that incorporate ethnic and racial realities, such as socioeconomic status; migration status; accessibility to and cost of services; spirituality or religion; literacy; and level of neighborhood safety from violence (Bryant-Davis, 2019). These factors in aggregate contribute to the complexity of racial trauma that is often transgenerational. Finally, she calls for the clinician to be aware of how intersectionality is woven into the fabric of trauma survivor’s psyche and is articulated in themes of “discrimination, migration, language, skin color, gender, sexual orientation, religion, spirituality, age, identity, roles, responsibilities, stigma, and cultural strengths” (Bryant-Davis, 2019).

Creativity and the Arts

As an artist and dancer, Dr. Thema values and facilitates artistic expressions that have historical and cultural meaning to the marginalized people whom she sees in treatment. As a victim of racial and sexual trauma herself, she knows the value of finding one’s Continued on next page

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voice in embedded symbols and wave that can capture and ground one’s experience. This works because the experiences of Black Americans lack narratives and meaning in their cultural context and is expressed in metaphor, symbol and ritual. Racial trauma has always found a way to express itself in music, spiritual dance, storytelling and joy. Black Americans have a rich history of these creative expressions. Such artistic presentations that many of us will never and cannot have, healing can become a way out of “no way”. In Bryant-Davis, T. & Comas-Diaz, L. (Eds) (2021), 400-408.

Spirituality and Religion

Dr. Thema is the daughter of a pastor, and her religious upbringing has shaped and informed not just her interest in the course of time, were a way to challenge and assert their identity, as well as over time, ways to push aside our assumptions of my experiences with you at AGPA Connect 2021 and mentoring. She wants to make sure that they frequently sheesh outs to show her to her and her audience: “Survive, Thrive, Rise!”

This one article cannot do justice to the depth and breadth of Dr. Thema’s energy and contributions to the study and treatment of racial trauma. Her work encompasses intersectionality in all its forms, as well as the many arenas in which trauma occurs for marginalized people. I hope this piece works to be just enough so that you can imagine missing out on her plenary speech at AGPA Connect 2021. There is no doubt that she will speak passionately and authoritatively.

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True respect comes when we push aside our assumptions of what another person is, what they may have done, and what they need. With humble, kind curiosity about experiences that many of us will never and cannot have, healing can become a way out of “no way”. In Bryant-Davis, T. & Comas-Diaz, L. (Eds) (2021), 400-408.

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