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Resist and Rise: A Trauma-Informed Womanist Model for Group Therapy

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ABSTRACT

Black, Indigenous, and other Women of Color (BIWOC) are at increased risk for interpersonal trauma, including racial trauma. Interpersonal trauma has potentially deleterious emotional, cognitive, physical, social, and spiritual consequences. European models of trauma recovery often end their process with coping strategies and meaning-making; womanist psychology, which emerges from the cultural traditions of Black women's experiences and wisdom, incorporates survivors' adoption of resistance strategies to combat trauma and oppression. The authors present the Resist and Rise model for womanist trauma recovery groups, which frames each component as an act of resistance. Clinical, research, and policy implications are identified.

How to dance In blood And remain sane? Sonia Sanchez (morning haiku)

Black, Indigenous, and other Women of Color (BIWOC) have encountered interpersonal trauma in society and within psychotherapeutic practices that do not attend to their needs, experience, wisdom, or cultural resources. BIWOC's increased risk for exposure to interpersonal and societal trauma heightens their need for therapeutic interventions that center them and that empower them to resist the deleterious effects of trauma, including gendered-racial trauma which emerges from intersectional oppression (Comas-Díaz & Bryant-Davis, 2016). Calls have been issued for the decolonizing of psychology, which entails (a) recognition of intersectional oppression wounds, (b) integration of indigenous healing practices, (c) active engagement in the empowerment of marginalized people, and (d) resistance of racism, psychologically, therapeutically, and socio-politically (Bryant-Davis, 2020). Womanist psychology is a decolonizing approach that emerges from Black women and is particularly applicable for attending to and addressing the restoration of BIWOC trauma survivors (Bryant-Davis & Comas-Díaz, 2016). Narratives from survivors provide descriptions of traumatic experiences and

the survivors' resistance strategies aimed at countering oppression (Hillock, 2012). These narratives highlight the need for women of color to attend to their wellness while living with the ongoing reality of intersectional oppression. This article outlines BIWOC's risk for trauma exposure and the effects of these traumas, as well as the application of an innovative womanist trauma recovery group therapy model: Resist and Rise.

Risk for Trauma Exposure Among Women of Color

Black, Indigenous, and other Women of Color (BIWOC) are high-risk populations for exposure to trauma. This increased risk is not a matter of their biology, but the socio-political reality of racism, sexism, and other forms of intersectional oppression. Numerous risk factors disproportionately affect BIWOC, including a higher lifetime prevalence for various types of traumatic stressors, including but not limited to sexual assault, physical violence, and adverse childhood experiences (Breiding et al., 2014; Bryant-Davis & Comas-Díaz, 2016). Trauma varies across racial/ethnic groups, but the overall lifetime prevalence for exposure to any trauma is 76.37% for African Americans, 68.17% for Latinx, and 66.38% for Asian/Hawaiian/Pacific Islander (Roberts et al., 2011). Regarding Intimate Partner Violence, defined as rape, physical violence, or stalking by a current or former partner, multiracial individuals have the highest prevalence at 53.8%, followed by American Indians/Alaska Natives (46%), African-Americans (43.7%), and Latinx (37.1%) (Breiding et al., 2014). Child maltreatment has its highest prevalence among African-Americans (15.3%), being a victim of a violent crime by a stranger is highest among American Indian/Alaska Natives (28.2%), and prevalence of being a victim of a hate crime is highest among African-Americans (62.7%), closely followed by Latinx (47.4%) (Harrell, 2012). As compared to White people, BIWOC is also at increased risk for racially motivated hate crimes and other forms of racism (Tessler et al., 2021). This prevalence, compiled with other traumatic experiences, such as poverty and homelessness, amplifies risks for violation and exploitation (Carter, 2011; Fusaro et al., 2018).

Effects of Interpersonal Trauma

Exposure to trauma can result in deleterious physical and mental health outcomes. Compared to other racial and ethnic marginalized groups, African Americans are more likely to suffer physical health problems when exposed to traumatic events (Graves et al., 2010). Studies have shown that cardiovascular disease can be especially prevalent among populations of immigrant trauma survivors (Alegría et al., 2008). Other studies have shown that the highest rates of daily psychological distress, including nervousness, sadness, anxiety, and depression, are among Latinx (Bryant-Davis

& Ocampo, 2006; Torres et al., 2011). Racial trauma causes a physiological and psychological stress response, which leads to negative physical and mental health consequences (Williams & Williams-Morris, 2000). In addition to low self-worth and psychological distress (Okazaki, 2009), exposure to racism can cause hypertension and higher levels of arterial blood pressure (Williams & Williams-Morris, 2000).

The need for mental health care is crucial for racially and ethnically marginalized populations, as exposure to high-risk traumatic stressors can cause many side effects, which untreated can lead to long-term consequences (Williams & Williams-Morris, 2000). Harmful emotional and physiological effects, such as shame and self-blame, anxiety, depression, social withdrawal, negative self-image, flashbacks, hypervigilance, and panic attacks, are commonly experienced immediately after a traumatic event and potentially for years thereafter (Holcomb et al., 2011). Various psychiatric disorders, including Post-Traumatic Stress Disorder (PTSD), depression, and substance abuse, have been observed among survivors of Intimate Partner Violence (IPV) (Martin et al., 2008).

The effects of IPV often extend into other areas of life, including physical health, social and occupational functioning, and quality of life (Hedtke et al., 2008). Studies have shown that among women of color, depression levels for IPV survivors can be much higher than for White female survivors. A study of pregnant Latinx survivors of IPV found 51% to have experienced depression in comparison to only 14% of White women who also were survivors of IPV (Rodriguez et al., 2008). Further, a similar study found 31% of African American women exposed to IPV to be depressed compared with the 14% of White female survivors (Houry et al., 2006). Lastly, among American Indian/Alaska Native women, 40% of the women exposed to IPV reported depression and other conditions (Evans-Campbell et al., 2006). The pervasiveness of trauma in the lives of BIWOC and its damaging potential consequences highlight the need for culturally congruent therapeutic care.

Womanist Psychology and Womanist Therapy

Womanist psychology centers on the self-definition, healing, and empowerment of Black women and may be applied to all women of color (Bryant-Davis & Gobin, 2019). Bryant-Davis and Comas-Díaz (2016) note that womanist psychology acknowledges intersectionality, holding multiple marginalized identities, and identifies forms of resistance to the interlocking web of oppression as central to the wellness of women of color. Highlighting the role of gendered cultural identity, expressive art, spirituality, activism, and social support, womanist psychology shifts the focus from surviving to thriving (Bryant-Davis & Comas-Díaz, 2016). Womanist

psychology encompasses consciousness-raising, rejection of internalized oppression, cultivating self-compassion, healthy relationships with others, purpose, the journey toward justice, safety, and fulfillment. In application, womanist therapy as described by Sanchez-Hucles (2016) recognizes and celebrates the unique aspects of the cultural experience and cultural identity of women of color. In womanist therapy, there is space for the expression, exploration, and edification of the effect, speech, humor, relationships, sexuality, multiple roles, and spirituality of women of color. Sanchez-Hucles (2016), who advocates for an integration of empowerment strategies, cognitive-behavioral interventions, consciousness-raising, and cultural resources writes, "Womanist therapy offers a unique perspective to address the needs of WOC (women of color). It seeks to fully embrace the multiplicity of race, class, gender, sexual orientation, spirituality, culture, ethnicity, physical disability, their intersection, and multiple identities and oppression" (p. 86). Womanist therapy interrogates the lack of equity in society, the impact of these injustices, the struggle to counter these actions, and the restoration of women and girls of color (Bryant-Davis & Comas-Díaz, 2016). Restoration is holistic, including the mind, body, spirit, relationship, creativity, and political empowerment. Womanist therapy renders women of color visible, heard, and validated as the womanist therapeutic relationship is grounded in respect, compassion, and the capacity to honor the woman's strengths while also attending to her wounds (Bryant-Davis, 2019; Frame & Williams, 2002). From this perspective, all authentic womanist therapy is trauma-informed: recognizing the reality and impact of trauma on women of color as well as creating space for healing, restoration, resistance, and post-traumatic growth (Frame & Williams, 2002).

Trauma-Informed Womanist Group Therapy Model

In Resist and Rise, facilitators provide consciousness-raising and trauma recovery psycho-education through weekly topics that cover the integration of trauma recovery strategies in the context of BIWOC's lives. The weekly topic of awareness and education is provided in handouts and divided into sections with time-integrated after each section to unearth the wisdom in the circle as the participants share related reflections and experiences. One of the facilitators begins the circle by sharing and responding to a prompt question, which upends the traditional power dynamic assumed by the facilitator. The engagement of the facilitator counters the notion of mental health professionals as disengaged. Womanist psychology recognizes multiple modalities of knowledge building including scholarship and lived experience (Comas-Díaz & Bryant-Davis, 2016). Experiences related to gender, race, age/generation, migration, sexuality, socio-economic status, and

religion are also explored not only as targets of oppression but also cultural resources of resilience.

In Resist and Rise, several strategies for the agency, activism, and resistance of internalized oppression are utilized. Participants are invited to share wisdom and history from their cultural traditions. Of interest, the women discover similarities and unique aspects of their various traditions by sharing with each other. To understand the significance of this intervention, one must understand that culture is medicine. Wellness is not separation or abandonment of cultural identity but coming home to an affirmative understanding of racial, ethnic, and gender identity (Bryant-Davis & Comas-Díaz, 2016). Oppression, namely racism, teaches that racially marginalized identities are inferior and that worthiness requires the erasure of one's race and an embracing of Whiteness. Marginalized persons have often been taught a narrow, distorted view of their race and community so to heal those wounds is to relearn cultural identity and rich heritage from which one emerges. Some participants may not have experienced a positive racial/ethnic identity socialization experience, and they can learn from other group members an enriched understanding of their culture. Additionally, women are allowed to share resistance strategies for confronting racism and gendered racism in the workplace. Through the narratives of others, participants can explore and adopt diverse resistance strategies and get encouragement and feedback when they apply these strategies. These narratives are shared with an emotional range from humor to tears and create space for women to realize they are not alone and that there is a collective resource of wisdom to not only cope with oppression but to resist it. Participants discover or rediscover that they are not the only ones facing oppression and they have the opportunity to learn from the experiences of others and to edify others with the wisdom they carry. Womanist psychology, as well as multicultural feminist therapy, Black psychology, and empowerment feminist therapy, promote the use of therapeutic groups as sites of mentorship, education, and sharing of resistance strategies; these sites are both informational and affirmative (Bryant-Davis & Comas-Díaz, 2016).

Finally, space is created for women to share their resistance activities in the various realms of their lives including political engagement, community-based activism, and resistance of sexism in various settings from romantic relationships to religious communities, to families of origin that promote rigid gender roles. Facilitators acknowledge a range of activist engagement activities from the personal to the political. Trauma, including the trauma of oppression, can create anxiety about engagement among survivors. By providing awareness of the multiple ways in which one can engage, the group provides a broad enough spectrum for survivors to find a starting place and a space that feels safe for their contribution. The reality is that persons, who engage in direct action protests, face an increased risk

for incarceration, harassment, and assault. Survivors desiring action that is less physically risky may find it therapeutic and empowering to learn of diverse, yet impactful, ways in which to disrupt oppression.

Emerging from womanist psychotherapy, the underlying principles of womanist (trauma-informed) group psychotherapy is holistic wellness, interconnectedness, self-expression, and empowerment (Bryant-Davis & Comas-Díaz, 2016). With the foundation of these guiding principles, the Resist and Rise group model incorporates the following acts of resistance to rise from the degradation of trauma, including the trauma of oppression: connection as resistance, consciousness-raising, and psycho-education as resistance, creativity as resistance, spirituality as resistance, and agency/activism as resistance. With these five components, BIWOC are empowered to rise in the aftermath of and ongoing realities of trauma. The following section will define each component from the lens of resistance, provide scholarly support for the component, and describe how it is integrated into the Resist and Rise group (Fig. 1).

Figure 1. Five parts of the Resist and Rise model.

Application

For one year, the authors offered the Resist and Rise Womanist Trauma Recovery Group at a community center in Southern Los Angeles. The group used a drop-in format, which was important for attendees who faced various life stressors including housing insecurity. Because of a grant, childcare and lunch were provided. Attendees presented with a range of traumas, including but not limited to sexual assault, molestation, intimate partner abuse, traumatic grief, sex trafficking, homelessness, child abuse, poverty, historical trauma, and contemporary oppression. Integrating the components described above, the facilitators created a safe space for participants to engage, disclose, process, and resist internalizing their traumatic experiences. The authors/facilitators observed that making culture the starting point, instead of the aftermath, of the intervention was critical to the recruitment, retention, and impact of the intervention. Regarding the theme Resist and Rise, facilitators observed participants rising in post-traumatic growth components. Specifically, participants demonstrated and reported a greater sense of inner strength, enhanced relationships with each other and with their social networks, appreciation for life opportunities including the group, more reflective and engaged spirituality, a sense of purpose and meaning in supporting each other, and a sense of agency and voice to resist oppression in their lives. Future studies will detail the participants' evaluation of the womanist trauma recovery groups.

Connection as Resistance

Group Format

The group format provides a sense of shared efficacy, which is culturally appropriate for BIWOC due to the collectivist approach, which is foundational in marginalized communities (Talleyrand, 2012; Tummala-Narra, 2007). Tummala-Narra (2007) defines collective resilience as the coping process within social environments that is vital to building trust within a community. In collectivist cultures, individuals place a greater focus on preserving familial and community relationships (Tummala-Narra, 2007). In a 2002 study, Hobfoll et al. studied 103 Native American women participants and found that participants high in collective resilience experienced less anger and depressive symptoms when they encountered stressful situations compared to women with low collective resilience.

In the Resist and Rise group, the connection is made through the group format, creating the sister circle physically and emotionally as well as through the disclosures of facilitators and participants. Facilitators greeted and introduced attendees to other attendees when they arrive. They are

offered lunch and are free to choose their seat in the circle. Resist and Rise embodies connectivity by creating a welcoming space and creating informal opportunities for support at the close of each session. Connectivity is an opportunity to resist the trauma response of disconnection and distrust. Finally, space is created for women to share their resistance activities in the various realms of their lives including political engagement, community-based activism, and resistance of sexism in various settings from romantic relationships to religious communities to families of origin that promote rigid gender roles. A range of activist engagements is acknowledged from the personal to the political.

Group interventions lessen the degree of mental health stigma and potential barriers BIWOC women face (Talleyrand, 2012). Group counseling provides a support system in which strong relationships can be built and ties to the community can strengthen (Collie & Kante, 2011; Tummala-Narra, 2007). Womanist group counseling establishes a sense of community for members that can be empowering and beneficial to BIWOC (Frame & Williams, 2002). The group format allows group members' experiences to be validated by sharing similar experiences and enables members to depend on each other (Lamb, 2006).

To understand protective factors and barriers to trauma recovery, Todahl et al. (2014) explored 82 survivors' perspectives on the key elements of recovery. Participants described barriers they faced when seeking help and factors that assisted them along the way. Participants explained that validation, intimate relationships, and connection with people who had similar experiences were significant components in their recovery (Todahl et al., 2014). One participant noted if she could have known other people who shared her experience she would not have felt so alone. Another participant mentioned how helpful it was to have someone simply acknowledge similar feelings of chaos and confusion. The importance of connecting with others and listening to shared experiences is an essential and productive part of healing.

Self-Disclosure of Facilitators

Womanist approaches recognize the necessity of rapport building as a prerequisite for effective therapeutic engagement (Bryant-Davis & Comas-Díaz, 2016). One approach to establishing and maintaining rapport is therapist self-disclosure. Although self-disclosure by therapists has been controversial in the past, multicultural feminist therapy advocates for the positive impact disclosure can have in a therapeutic relationship (Bryant-Davis, 2019). Self-disclosure can be a helpful tool for building trust with a client. Creating a stronger bond and developing an intimate relationship through a similar connection can help foster the client's growth (Goldfried

et al., 2003). A therapist's authenticity is vital to encourage a client's openness, trust, self-understanding, and engagement in the treatment process (Audet & Everall, 2010). The therapist's transparency may normalize the client's struggle and enable them to serve as role models of how to open up (Bitar et al., 2014). Self-disclosure can help clients feel less shameful, equalize the power balance between therapist and client, and develop a sense of solidarity (Knox & Hill, 2003). There are seven sub-categories of self-disclosure (Hill & Knox, 2002). Self-disclosure examples can include emotions similar to those expressed by the patient, stress coping strategies, views regarding child rearing reading, and apologies for alleged professional mistakes (Ziv Beiman, 2013).

Studies have shown that BIWOC clients who see therapists of dissimilar races are more likely to drop out of treatment early and attend fewer sessions than clients whose therapists share their racial backgrounds (Wintersteen et al., 2005). When culturally dissimilar therapists self-disclose to African American clients and exhibit cultural competence, the client may be more willing to engage and disclose confidential race-related information (Constantine & Kwan, 2003). BIWOC clients may also be more inclined to trust a therapist's self-disclosure when it supports the therapist's ability to acknowledge and appreciate cultural and racial differences (Constantine & Kwan, 2003).

However, it is not only for White therapists that self-disclosure is encouraged. Thus, even when a BIWOC client has the same race/ethnicity therapist, it is possible for the client to view the therapist as part of a larger oppressive system that might not be sensitive to their issues or concerns (Constantine & Kwan, 2003). Self-disclosure can be an effective intervention to contradict this belief and disarm any mistrust the client may have.

In summary, having therapists who partake in self-disclosure can help establish a relationship built on a genuine human connection by creating a trusting environment where both therapist and clients can be seen as equals in the relationship. Self-disclosure fosters an open discourse, breaks previously established stigmas, and enhances the client's potential for self-understanding, growth, and positive change.

Some examples of resistance to oppression through connectivity in the Resist and Rise group are: (a) Co-creation of group rules to honor the needs and wisdom of BIWOC to determine ways to maximize emotional safety in the group; (b) Invitation for group members to identify and communicate their emotional and practical needs; (c) Start each group with collective guided meditation; and (d) Time for reflection and application time – when each attendee (including the facilitators) has an opportunity to share their check-in, reflect on the topic of the day, and provide a word of wisdom to the women sitting to the right of them. The co-facilitators are

seated in the circle, which means there is an opportunity for the women to the left of the facilitator to provide wisdom, encouragement, or guidance to a facilitator removing the illusion that facilitators are blank slates or all-knowing.

Trauma disconnects survivors from themselves and others by disrupting trust (Singleton, 2004). To begin to heal the wounds of trauma, survivors take the risk of being open to connecting with themselves and others (Bryant-Davis, 2005b). This act of defiance is a reclaiming of BIPOC cultural values of interconnectedness despite the interpersonal and societal traumas that have revealed the potential danger in connection (Hatcher et al., 2017).

Consciousness-Raising and Psychoeducation as Resistance

Consciousness-Raising

Trauma disrupts survivors' view of themselves, relationships, and the world (Bryant-Davis, 2019). Survivors may doubt themselves and have difficulty making sense of their experiences which can lead to shame and self-blame (Bryant-Davis, 2005). Rising from this place of confusion requires access to clarifying and liberating information, which includes consciousness-raising about the societal trauma of oppression (which can contextualize interpersonal trauma), and psychoeducation about trauma and the trauma recovery process. Consciousness-raising and psychoeducation are acts of resistance in defiance of the traumas that aim to sow self-doubt, confusion, insecurity, and uncertainty (Bryant-Davis & Comas-Díaz, 2016).

Utilizing a socio-cultural lens, through consciousness-raising to acknowledge the realities of oppression and marginalization, is particularly relevant and necessary for the psychotherapeutic care of BIWOC (Bryant-Davis & Comas-Díaz, 2016). More recently, Sanchez-Hucles (2016) notes that consciousness-raising provides awareness about intersectional domination perpetrated through institutional and interpersonal oppression. Unexamined, this oppression can manifest as internalized oppression. Consciousness-raising acknowledges and ameliorates the distress caused by historical and contemporary gendered-racial trauma. This reckoning also mitigates the mental and physical health consequences of gendered-racial trauma; it provides for appropriate therapeutic responses that foster resilience, self-determination, and liberation (Bartholomew et al., 2018).

Psychoeducation

Psychoeducation may foster awareness, healing, and understanding as survivors learn essential coping skills. Psychoeducation is defined as providing

individuals with relevant information regarding common reactions to traumatic events, post-traumatic-related symptoms, and tactics that can be used in the future (Wessel et al., 2008). Psychoeducational themes may include the following topics: shame, self-blame, trust, anger, mourning, safety self-care, sexuality, body image, self-esteem, healthy vs. unhealthy relationships, and healthy vs. unhealthy coping strategies. Trauma psychoeducation helps survivors understand how their traumatic experiences can affect their daily lives and provides strategies to mitigate the impact of trauma (Han et al., 2006; Whitworth, 2016). Understanding the consequences of early traumas and stress encourages individuals to access resources and tools to weaken trauma effects (O'Neill et al., 2018). Psychoeducation promotes healthy behaviors by teaching survivors a variety of skills to manage stress, enhance well-being, and foster resilience (Phoenix, 2007; Wessely et al., 2008). Discussing trauma broadly rather than having clients explore detailed personal instances of trauma is an essential strategy while individuals are still developing appropriate coping skills during this period of excessive stress (Phoenix, 2007; Whitworth, 2016).

Traumatic encounters are often preserved vividly in an individual's memory, which frames the individual's perceptions of self, others, and the world (Fasalojo, 2018). While providing community resources and education for survivors, it is essential to recognize and explain how trauma occurs in multiple contexts and how BIWOC are often exposed to numerous traumatic events that negatively affect their racial identity. Bryant-Davis (2007) defines race-based traumatic stress as personal and systematic racial discrimination combined to form persistent and pervasive traumatic experiences. Individuals from marginalized families (who have experienced trauma) often encounter various representations of that trauma passed down from the victim to their children (Bryant-Davis, 2005; O'Neill et al., 2018). This form of intergenerational trauma creates overwhelming feelings of anxiety and danger, which leads to vulnerability (Bryant-Davis, 2005). Trauma survivors with complex PTSD tend to have issues with emotion regulation, self-perception, attention, and memory (Phoenix, 2007; Van der Kolk et al., 2005). Ending intergenerational trauma is possible when survivors acknowledge the effects of trauma and are empowered with adequate skills to cope (O'Neill et al., 2018). Survivors can learn racial reframing techniques to help comprehend their traumatic experiences through a cultural lens (Bryant-Davis, 2005).

BIWOC who have been re-victimized may be particularly susceptible to future mental health challenges. Exposure to re-triggering environments is correlated to high levels of psychological distress for BIWOC survivors (Banyard et al., 2001). Banyard et al. (2001) examined the risk and resiliency factors for marginalized women survivors of childhood trauma. The

researchers found that dynamics, such as gender, race, education level, and socioeconomic status, affect the healing process.

Expressive Arts

All poets, all writers are political. Either they maintain the status quo, or they say, "Something's wrong, let's change it for the better." Sonia Sanchez

Trauma and oppression silence and stifle survivors, leaving many stuck in survival mode without the time and space to create (Bryant-Davis, 2005). To define, speak, affirm, and express one's self through creativity and imagination resists oppression and defies the aims of perpetrators (Drake-Burnette et al., 2016). The bodies of BIWOC have been exploited as expendable as sites of labor in service of others and whose value is based on the edification of others. Dance is an opportunity for BIWOC to move according to their own will and can therefore be an act of therapeutic resistance. Similarly, BIWOC's reclamation of their hands to paint, draw, and craft is an act of therapeutic resistance. Therapy for, by, and with BIWOC necessitates the inclusion of the expressive arts, including movement which has also been called embodied healing (Drake-Burnette et al., 2016).

When trauma survivors express themselves creatively – through music, dancing, drawing, poems, storytelling, or writing – healing is promoted (Fasalojo, 2018). Expressive arts as a therapeutic intervention heightens self-awareness, encourages emotional growth, and enhances relationships with others. Further, these activities are vehicles for exploring unconscious feelings or internal conflicts and can lead individuals to a better understanding of their experiences (Fasalojo, 2018; Rasmussen, 2014).

Womanist psychotherapy utilizes the expressive arts to both cope in the aftermath of trauma and resist ongoing trauma (Drake-Burnette et al., 2016). Art exercises are culturally congruent because of the cultural emphasis on art-making in many marginalized communities (Bryant-Davis, 2019). In a qualitative study of 29 women from various backgrounds, Leesha and Maxwell (2010) examined the benefits that dancing and artistic movement had on helping clients through traumatic events, such as abuse, community violence, relationship turmoil, and loss of self. The researchers found that creative movement provided many participants with a sense of freedom to release inhibitions of the mind and allow the body to move to its natural rhythm (Leseho & Maxwell, 2010).

The process of creating art may be an opportunity for the facilitator to engage the client on their emotions and better comprehend the client's feelings. A qualitative analysis found that art support groups aided BIWOC to overcome psychological and cultural barriers that prevent them from

seeking help (Collie & Kante, 2011). The arts and craft groups helped BIWOC place greater emphasis on their talents and accomplishments. The women were able to acquire new skills and help others while simultaneously being uplifted, which is relevant to BIWOC needing to feel efficacious (Collie & Kante, 2011).

Expressive Writing

Expressive writing takes many forms including reflective journaling, responding to prompts, or writing letters to the participant's past or future self. Focused expressive writing (FEW) is a form of expressive arts that helps individuals process negative emotions and increase psychological well-being (Lepore & Smyth, 2002; Smyth & Helm, 2003). During FEW, participants are given a time-limited writing task where they are expected to write continuously until the allotted time has expired. Expressive writing helps survivors remember and rework their memories (Lepore & Smyth, 2002). Music can be used individually or collectively during this time. Written poetry and spoken word can be a collective or individual experience used to engage participants.

In Resist and Rise, multiple expressive arts interventions are utilized. To resist shame, silencing, and secrecy, participants are invited to share poetry/spoken word. To resist body shame and dissociation, movement and dance are used with both simultaneous improvization and mirroring movement with each participant leading the group in a movement, dance step, or gesture. The music utilized for movement exercises is songs by BIWOC. Art supplies are brought into session, and participants are invited to resist denying their wisdom and creativity by expressing through visual art the topics covered in that day's consciousness-raising education. Symbols, words, abstract visualization, and images from magazines are utilized in the visual arts resistance expression. The women resist shame, racism, and sexism by singing together chants, popular songs, laments, affirmations, and songs that emerge from the content of the day.

Spirituality: Beliefs and Practices

> I shall become, I shall become a collector of me. And put meat on my soul.
> Sonia Sanchez

Trauma often disrupts and dismantles faith, and oppression systematically attempts to disconnect women from their spirituality, religion, faith, ritual, and intuition (Comas-Diaz, 2008). Traditionally, psychotherapy has participated in white supremacy by ignoring and pathologizing spirituality and religion. Womanist psychology resists spiritual and religious suppression by

centering and integrating them in the therapeutic process (Bryant-Davis & Comas-Díaz, 2016).

In a group predominantly made up of BIWOC, it is necessary to provide a collective, safe space where spirituality and religion can be openly discussed as part of a trauma-focused intervention (Comas-Díaz & Bryant-Davis, 2016). A womanist group recognizes and incorporates the spiritual and religious strategies and beliefs endorsed by many BIWOC survivors, such as meditation, prayer, listening to gospel music, yoga, liturgical dance, and reflecting on sacred texts (Singleton, 2004). Although there is growing evidence that individuals often utilize religious and spiritual coping when facing adversity, there are limited interventions that address spiritual concerns of trauma survivors of violence (Bryant-Davis & Wong, 2013). According to Hill and Pargament (2003), religion and spirituality can contribute to positive mental health through the act of having faith, which is correlated with optimism and hope. Therefore, religious and spiritual coping may play a valuable role in creating a means for post-traumatic growth (Bryant-Davis & Wong, 2013). Womanist psychotherapy, unlike most Western models of trauma-informed psychotherapy, integrates spirituality and religion as cornerstones of the therapeutic process. Womanist therapy, which is by design spiritually integrative, may use several techniques and spiritual practices from prayer and meditation to reflect on sacred texts (Frame & Williams, 2002).

Spirituality

Spirituality and religion are often used interchangeably; however, clear definitions must be established to fully appreciate the complexities of both. Mattis (2000) conducted a study to clearly define and distinguish between the meaning of both spirituality and religion for African American women. This study encompassed the differences and connections between these concepts and found that the majority of participants viewed spirituality as the belief of a transcendent, non-material dimension of life, whereas religiosity was seen as a person's adherence to prescribed rituals and beliefs about God(s). Many women view spirituality as an internalization, and constant expression and commitment to certain values, while religiosity encompasses an embrace of rituals and prescribed practices related to God. Many women also viewed religious practices and adherence to non-secular steadfast values as a means of achieving their desired spirituality (Mattis, 2000).

"Spirita," coined by Lillian Comas-Diaz (2008), refers to women of color's spirituality that encompasses cultural values as well as a reconstruction of identity, as well as promotes racial gender empowerment and women's

awareness of oppression. "Spirita" calls women to "take control of their lives, overcome their oppressed mentality, and achieve a critical knowledge of themselves" (Comas-Diaz, 2008, p. 13). Spirituality and religion can be a pathway to insight, creating a mechanism for making sense of the world. Fostering space for women to discuss their spirituality allows them the opportunity to find meaning in their suffering, helping them to cope after the tragedy.

Spiritual intervention does not have to be limited to a particular religion. In using spiritual interventions, the primary goal is to provide an inclusive space for the positive expression of spiritual and religious coping practices for women who consider spirituality an essential part of their healing process. It is imperative to recognize the role that faith-based strategies can have in overcoming trauma, especially among certain cultural, racial, or gender groups. Having an open space where this topic can be addressed and openly discussed creates an environment of trust and community, where those who value faith as part of healing can express their beliefs as part of their post-traumatic healing. From a womanist perspective, collective spiritual practice combined with collective resistance to oppression are integral to the healing journey for BIWOC (Bryant-Davis & Comas-Díaz, 2016). Spirituality affects almost every aspect of life for African American women and has shown to influence health, with research supporting that spiritual and religious coping is highly effective for African Americans with bereavement, illness, trauma, and stress (Bryant-Davis, 2014).

Beliefs and Practices

For women who are overcoming trauma, faith often plays a part in their healing process, particularly for BIWOC (Bryant-Davis, 2019). Research reveals that many Black people hold religious involvement in high importance and that they are more likely than White people to pray in private, attend services, partake in religious rituals, and believe in the Bible (Musgrave et al., 2002). For African American men and women, spirituality also appears to be used as a source of both strength and resilience (Newlin et al., 2002). For women in particular, who often struggle with poverty as well as gender discrimination, having an intimate relationship with God can serve as an outlet of faith which enables them to remain strong through obstacles and helps them thrive with a strong sense of self both as individuals and collectively (Heath, 2006). According to Hill and Pargament (2003), spirituality and religion can offer helpful pathways to deal with stressful situations, and when attempting to sustain themselves and their spirituality in difficult times, those holding a stronger religious framework will have access to a greater array of religious coping methods.

Mindfulness

Mindfulness is described as being conscious and alert to the present experience with openness and non-judgmental acceptance (Bostock et al., 2019; Dutton et al., 2013; Kabat-Zinn, 2015). Mindfulness-Based Interventions (MBIs) with trauma-exposed women of color have been associated with improvements in mental health functioning, including a significant reduction in post-traumatic stress and depression (Dutton et al., 2013; Vallejo & Amaro, 2009). Dutton et al. (2013) used the Mindfulness-Based Stress Reduction (MBSR) program with trauma-exposed African American women survivors of intimate partner violence. As hypothesized, they found that MBIs improved mental health and decreased PTSD symptoms of participants. In a study with a population of African American and Latinx women with histories of trauma, researchers found that the use of MBIs was successful in relapse prevention and early recovery (Vallejo & Amaro, 2009). Conventional approaches to mindfulness include silent meditation, described by Kabat-Zinn (2015) as a physically and spiritually restorative radical act of love, and walking meditations which involve paying attention as each foot touches the ground (Kabat-Zinn, 2015) which naturally promotes concentration, moment-to-moment awareness, and relaxation.

Mindfulness practices may raise concerns for BIWOC with a history of adherence to traditional religious coping strategies, such as sermons, prayer, spiritual texts, religious music, or fate to make sense of traumatic events (Bryant-Davis, 2005; Jenkins, 2002; Stevens-Watkins et al., 2014). Davidson and Kaszniak (2015) suggest that it is vital to consider culturally responsive practices and frame interventions in ways that are acceptable to participants. For example, encouraging participants to focus on their breath, rather than spiritual transcendence or faith-based expectations, is a neutral, non-religious goal. In a study with impoverished African American participants, researchers found that participants believed that mindfulness "might be consistent with, and even enhance, their religious and spiritual practices" (Spears et al., 2017, p. 1532).

In addition to religious concerns, finding the time and a quiet place to practice mindfulness may be problematic for BIWOC. Some participants may feel that they do not have the time or a private space to commit to practice—and may be reluctant to disclose this information. Counselors should present mindfulness meditation as a practice that can be done anywhere, at any time, and for as long as time permits. Also, inviting participants to ask questions and reassuring them that mindfulness meditation improves with each practice session may be helpful in demystifying perceptions of mindfulness as an inaccessible practice.

Resist through Agency and Activism

Traumatic experiences create a sense of powerlessness, helplessness, and/or lack of agency (Bryant-Davis, 2005). A decolonized therapeutic process cannot end with awareness and coping strategies; survivors must be empowered to own and utilize their voice, power, and agency (Goodman, 2015). Womanist psychology, which is a liberating and decolonizing tradition, resists oppression actively (Bryant-Davis & Comas-Díaz, 2016). Radical empowerment translates to reducing oppression and reimagining a world of equity in relationships and the creation of those relationships (Moreira, 2008). Black survivors of interpersonal trauma report utilizing activism as a therapeutic path to healing and empowerment (Bryant-Davis, 2005). Based on work with Latinx youth, we note that psychotherapy groups can specifically serve as transformational spaces that empower participants to resist internalized oppression by learning about and celebrating their history and culture, which allows pride to replace shame and self-blame (Miranda, 2013).

Reynolds and Hammoud-Beckett (2018) argue that psychotherapy needs to move away from oppressive practices of solely locating the problem and solution in the mind of the individual client and engage in justice work by acknowledging power and privilege, resist neutrality, actively take the stance of anti-oppression, and counter white supremacy and colonialism in practice. Womanist psychotherapy, similar to multicultural feminist psychotherapy, does not stop at consciousness-raising but also considers social justice, political activism, and social transformation as integral to the radical work of contextualized anti-oppression practice (Morrow et al., 2006). Womanist clinicians can educate survivors about the possible benefits of participation in different methods of activism, including organizing neighborhood-watch programs, community violence prevention (Wolfer, 2000), advocating for political leaders, and demanding diversity training for law enforcement (Jenkins, 2002).

Therapy must move away from being decontextualized and depoliticized to acknowledge and address power in ways that lead to participants' reflexivity and political participation in matters affecting them (González-Hidalgo, 2017). The arts can also be used for therapeutic activism including cultural self-discovery, empowerment, and resistance to oppression (Mosinski, 2010). Singh and Burnes (2010) provide these ten strategies for being a practitioner-activist:

- participation in community social justice groups
- creating accountability networks with activists and organizers outside of psychology
- using coalition-building through legislative action

- engage in international justice issues
- leverage technology in the movement
- bring attention to those who are marginalized in the movement
- attend to white privilege
- use voice to break the silence about injustice
- communicate about resistance
- actively practice self-love

Collective activism is therapeutic for trauma survivors because it counters the impact of trauma, which often leaves survivors feeling powerless, hopeless, isolated, and voiceless. On the other hand, collective activism fosters both agency and connectivity. While general community engagement can be therapeutic, having the opportunity to combat the specific trauma that one has experienced can have a targeted effect of empowerment. For example, rape survivors may find it empowering to become rape crisis counselors or advocates; similarly, women of color who have experienced gendered racism may find particular resonance in challenging sexism and racism through collective action.

Conclusions

In Resist and Rise, several strategies for the agency, activism, and resistance of internalized oppression are utilized. Participants are invited to share wisdom and history from their cultural traditions where they discover similarities and unique aspects of their various traditions by sharing with each other. Some participants may not have experienced a positive racial/ethnic identity socialization experience, but can learn from other group members in an enriched environment that leads to empowerment.

Interpersonal trauma affects BIWOC emotionally, socially, physically, psychologically, politically, and spiritually (Bryant-Davis, 2019). Despite the risk of depression, PTSD, addiction, suicidality, and other manifestations of distress, they face formidable barriers to psychotherapeutic services (Bryant-Davis, 2019). The development and provision of culturally congruent care models, such as Resist and Rise, for BIWOC who have experienced trauma, must be a priority for trauma psychologists, multicultural feminist psychologists, and all who provide mental health care. Trauma-informed feminist practitioners must integrate culturally informed interventions that acknowledge the experiences and diverse healing practices of BIWOC.

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