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Residual Effects of Slavery: What Clinicians Need to Know

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Abstract Marriage and family therapists grapple with the intersection of societal influence and African American clients' presenting problems. Questions include: what impact has the historical trauma of slavery had on African Americans and what are the clinical implications of this trauma? This paper reviews the literature on the various residual effects of slavery (RES) within the African American community. A case vignette and a broad discussion of therapeutic techniques will be used to highlight the clinical implications of RES.

Keywords Slavery · Culture · African American · Historical trauma

It has long been argued that African Americans have been profoundly affected by slavery and its aftermath (Lerner and Hardy 1995; Pinderhughes 1990; Pouissant and Alexander 2000; Loury 2002; Price et al. 2008). The impact of this historical trauma on African Americans has included lingering psychological and emotional injuries, but has also led to the development of unique survival strategies (Crawford et al. 2003). Failure to consider the ways in which slavery, and various other historical traumas affect aspects of clients' experiences and presenting problems may lead therapists to conceptualize cases from the default perspective of the dominant discourse, which may lead to ineffective treatment or even harm. Marriage and family therapists must understand the issues related to diversity both in theoretical and clinical practice. Although many of the ethical codes (3.1, 3.7, 3.11) outlined in the American Association for Marriage and Family Therapists (AAMFT) code of ethics call for exploration of multiculturalism and the alleviation of stigma and discrimination that is associated with race and ethnicity, MFTs have not yet incorporated interventions geared towards African American clients into mainstream practice, training

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and research. This paper will specifically discuss the residual effects of slavery (RES) and will provide a case vignette to delineate how MFTs can address these residuals to aid the therapeutic treatment of African American clients.

Literature indicates that African American clients underutilize therapeutic services (Brown 2003; Neighbors 1988, Sussman et al. 1987; Awosan et al. 2011). Additionally, statistical evidence suggests that African Americans are receiving inadequate mental health care. For example, Richardson et al. (2003) found that African Americans are less likely than Caucasians to receive mental health counseling and psychotherapy, but are more likely to receive pharmacotherapy. This is particularly problematic because the 2008 National Healthcare Disparities Report pharmacotherapy has been identified as minimally adequate treatment. The report also found that within a sampling of adults who had been diagnosed with a major depressive episode in the last 12 months, fewer African Americans received treatment than Caucasians (58.9 % compared with 71.1 %). This finding suggests that even when African Americans receive a mental health diagnosis they continue to be reluctant to seek mental health services.

Davey and Watson (2008) stated that many African Americans are wary about participating in therapy because of a 400 year history in which they have been perceived as inferior. Awosan et al. (2011) found that “lack of cultural understanding” is a salient factor that deters African American clients from seeking therapy. Disparate experiences with therapy and professional services have been previously associated with variability in wealth and cultural mistrust points to the necessity for MFTs to develop a better understanding of African American culture, including clients’ cultural histories. As such, there is a need for MFT to begin developing a cadre of literature that ascertains the ways in which clients’ cultural histories inform their presenting problems.

Although the residual effects of slavery have been acknowledged in other mental health disciplines including, but not limited to: psychiatry (e.g., Allen 1996); social work (e.g., DeGruy Leary 2005; Pinderhughes 1990); clinical psychology (e.g., Washington and Washington 2007), few MFT scholars have published work regarding this phenomenon. RES are defined as the ways in which the racist treatment of African Americans, during and after slavery, has impacted multiple generations of African Americans. As MFT scholars have not yet developed a breadth of clinical literature and resources for viewing RES systemically, this paper serves as a starting point for an RES-sensitive approach for working with African Americans. Doing so should aid MFTs in developing an understanding of clinical methods that aid in the amelioration of RES.

Residual Effects of Slavery

Racial stratification is still a prominent feature of American culture fifty years after the inception of the Civil Rights Movement (Loury 2002). The idea that the effects of slavery continue to shape societal dynamics is not a new concept (Loury 2002; Pinderhughes 1990; Price et al. 2008). Billingsley (1968) argued:

It is often said that slavery was a long time ago; that surely the freedom and opportunity granted to the Negro people by emancipation has been sufficient...but the historical facts are otherwise. The Negro people have never been indemnified, either economically, or politically, or socially, or psychologically for two centuries of bondage (pp. 68–69).

Some objections to examining RES may be attributed to defensiveness, particularly since the social position of African Americans in a democratic society suggests a contradiction (Myrdal 1962). However, it is important to examine African Americans' current social position from an historical perspective, connecting the traumatic experiences of slavery and African American lifestyles in the post-Civil Rights era (Allen 1996). This will help make the connections between past enslavement and current challenges more explicit.

Further, although various populations have been affected by other types of historical traumas, such as the Holocaust or Native Americans Historical trauma, exploration of other traumas fall outside the scope of this paper. It is possible that some of the clinical interventions that are mentioned may have implications for other populations. Examination of the ways that various historical traumas affect clinical populations should be considered an area of future research, but is outside the scope of this paper that is specifically examining the residual effects of slavery on African Americans.

A dearth of empirical evidence has been developed by mental health scholars supporting the ways in which RES have affected clinical populations. But other fields such as criminal justice (e.g., Vandiver et al. 2008), sociology (e.g., Ruef and Fletcher 2004; O'Connell 2012) and public policy (e.g., Zajonc 2003) have quantified the continued existence of RES. Ruef and Fletcher (2004) tested of a model of durable inequality which suggested that the antebellum regime was reproduced even after slavery, and that barriers to status mobility can be attributed to legacies of slavery. Zajonc (2003) used the 1997 Economic Census Surveys of Minority- and Women-Owned Business Enterprises to explore a "legacy of slavery" hypothesis and found that a significant negative correlation remains between the concentration of slavery in 1840 and the prevalence of back owned enterprise. Zajonc (2003) suggests that residuals of slavery have reduced the number of black owned businesses by 71,009 and sales by \$27.3 billion per year. By controlling for present day demography, economy conditions, racialized wealth disparities and racism, O'Connell (2012) found that residuals of slavery are connected to present day economic disparities between African Americans and Caucasians. Last, Vandiver et al. (2008) found a relationship between slavery and modern executions, as the overwhelming majority of executions occur in states that supported the practice of slavery. The findings of each of these studies supports the existence of RES, and although other fields have quantified this topic, the first part of this paper will explore many of the theories that mental health disciplines have created to understand RES.

Slavery

The dehumanizing that Africans would experience in this country can be traced to the Middle Passage (Jones 2004) when Africans were marked for slavery, chained, and transported in the bowels of ships (DeGruy Leary 2005). Significantly, the Middle Passage has been commonly ignored in historical accounts of slavery despite the estimated death of millions of Africans (DeGruy Leary 2005). Furthermore, slavery's brutality and its racist aftermath have underscored the continuing dehumanization of African Americans (Billingsley 1968; Raphael 2002; DeGruy Leary 2009).

The harsh treatment of slaves during the Middle Passage foretold of Africans' treatment as sub-human beings on American soil. To rationalize the inhumanity of slavery, Africans were reduced to sub-human status and labeled "primitive" (Jones 2004). Dehumanization was a unique and a particularly important feature of the North American slave trade, partially because the government failed to pass laws protecting the physical safety of slaves and many

Caucasians believed Africans to be inferior (Billingsley 1968). The *Encyclopedia Britannica* (1884) defined the word Negro as referring to Africans who “occupied the lowest position of the evolutionary scale...” (p. 316). Accordingly, it was legally and socially permissible for slaveowners to subject enslaved Africans to any type of physical force (Myrdal 1962).

Post-Slavery

In the aftermath of slavery, African Americans experienced increased struggle as they were afforded limited rights (Woodward 1951) because of Caucasians’ persistent view of them as inferior (Tatum 2002). Despite emancipation, the American landscape sustained social, economic, and political powerlessness for most African Americans due to the absence of structure to assist freed slaves and denial of access to education (Pinderhughes 1990).

Because neither reparations nor land distributions were provided for freed slaves (Cross 1998), emancipation, ironically, translated into the freedom to die from starvation and illness (Billingsley 1968). African Americans were excluded from poorhouses, orphanages, hospitals, and state facilities during the first 25 years after slavery (Rabinowitz 1974). Therefore Emancipation is considered to have been a social crisis for freed African Americans and Reconstruction defined as a failure (Billingsley 1968).

Following slavery, discrimination preserved the subordinate relationship of African Americans and was responsible for peonage, Black Codes, and Sundown Laws (DeGruy Leary 2005). African Americans’ attempts to protest unfair laws and to advocate for their rights in the South were met with violence and reprisals (Comer 1972). According to Myrdal (1962), violence perpetrated against African Americans post-slavery was comparable to slavery as threats from Caucasians were enough to effectively control newly freed African Americans. For example, the Lien Laws defined any tenant failing to meet responsibilities as a criminal, and the Vagrancy Laws forced homeless people to work on chain gangs or other jobs that were designated by the police (Myrdal 1962).

African Americans have experienced multigenerational oppression that has led to racial disparities across a number of indices of well-being, including but not limited to: social and political powerlessness (Pinderhughes 1990); low wages, high unemployment rates, educational deprivation (Winbush 2003); capped income, threat of violence (Carter 1991); distorted standardized test scores, higher prison enrollment and crime victimization rates (Loury 2002). Such inequities have threatened many African Americans’ development of positive self-esteem and adequate family functioning (Pinderhughes 1990). Henderson Daniel (2000) stated that trauma continues to affect African Americans in the arenas of: medicine, education, economy and social activism. Pouissant and Alexander (2000) wrote:

The impact of racism itself, independent of poverty, still appears to exact a toll on the minds and bodies of the descendants of men and women brought to this continent as slaves, straining their capacity to adapt successfully in America. (p. 142)

Assumptions About RES

Residual Effect of Slavery as a Trauma

It is important to note that African Americans, like other ethnic groups, are diverse, and reactions to RES vary. Regardless, the literature suggests that RES can affect multiple

generations because direct exposure to the trauma is not necessary for individuals and families to feel its effects (DeGruy Leary 2005; Hartmann 1958; Washington and Washington 2007).

The trauma associated with slavery is unique, because it has yet to be accepted as having had profound implications. Theorists have attempted to explicate the ways in which African Americans have adopted behaviors in response to the viciousness of slavery and its aftereffects. Newly liberated African Americans did not receive mental health care for probable PTSD following the abolition of slavery (Crawford et al. 2003). Instead of treating the trauma of slavery with healing centers, newly freed African Americans were raped, castrated, and lynched (Washington and Washington 2007).

Post-Traumatic Slave Syndrome has been used to explain the multigenerational transmission of trauma, which includes behaviors associated with lowered self-esteem, anger, and feelings of inferiority (Billingsley 1968; DeGruy Leary 2005; Pouissant and Alexander 2000; Moss 2003). Pouissant and Alexander (2000) describe Post-Traumatic Slave Syndrome as: “the persistent presence of racism, despite the significant legal, social, and political progress made during the last half of the twentieth century, has created a physiological risk for black people that is virtually unknown to white Americans” (p. 15).

Attempts to understand the process of the trauma on past and current generations have been made through intergenerational transmission and the affect of RES on identity formation. Moss’ (2003) theory explores the transmission of trauma on the vertical axis as it intersects with the present day issues of difference and identity on the horizontal axis. Also, Eyerman (2001) posits that the residual trauma of slavery has affected African American identity formation in as a collective identity that has resulted from remembering the event.

Slavery’s Effects on the Individual Psyche

Slavery has had a profound effect on the interpsychic functioning of African Americans (Grier and Cobbs 1968; Pinderhughes 1990; Moss 2003). Pinderhughes (1990) supports this assertion by writing: “Dilemma, duality, contradiction, confusion, entrapment, craziness, schizophrenic existence... characterize the reality of Black people’s existence in America since slavery” (p. 289).

Current feelings of rage and passivity among many African Americans can be connected to the interpsychic functioning of enslaved Africans (Billingsley 1968; Grier and Cobbs 1968; Pouissant and Atkinson 1972). Stereotypes of the enraged slave required that African Americans forge nonthreatening identities, since survival necessitated that they stifle their natural response to oppression (Grier and Cobbs 1968). After witnessing the abuse of slaves who demonstrated aggressive in reaction to slaveowners’ brutality, some slaves utilized passivity as a survival technique. Pouissant and Atkinson (1972) wrote that this dynamic is currently recreated when African Americans are careful not to be too outspoken, because they fear retribution. Myrdal (1962) claims that rage is a salient response of African Americans towards oppression. Further stated that it is likely that rage, psychic pain and identity conflict is disguised as passivity in order to safely navigate oppressive conditions. Historical oppression has led some African Americans to develop feelings of powerlessness (Pinderhughes 1990). Tatum (2002) stated that this historical oppression has led to assimilation, crime, delinquency, or protest.

Cultural mistrust has also been attributed to RES. It may be related to secrecy and is defined as feelings that many African Americans have of distrust, avoidance and apprehension regarding Caucasians. Terrel et al. (2009) have suggested that African Americans

have developed a cultural mistrust because of the mistreatment of their ancestors; and they rely on this mistrust for survival.

Effects on the African American Family

A primary familial function is to aid in the successful socialization of children. Slavery required enslaved parents to teach their children how to survive in the midst of dangerous conditions. This correlated with the practice of many African American parents' teaching their children how to navigate the dangers of oppressive circumstances. As a result of RES, many African American children are socialized not to challenge the system of oppression that affects themes of powerlessness, family organization and loss. For example, Grier and Cobbs (1968) and DeGruy Leary (2005) have both theorized that many African American mothers must assist their sons to quell urges to battle the oppressive system and often use forms of corporal punishment. This is associated with the practice during slavery when parents were overly punitive in order to save their children from savage punishment.

Enslaved children who experienced puberty and gained adult competencies were frequently taken from their parents. DeGruy Leary (2005) suggested that the trauma of this practice has resulted in African American parents' fear of loss, which is connected with difficulty in praising their children. Watson (1998) also examined loss and the forcible removal of Africans from their home and family in Africa. Watson (1998) further suggested that experiences of loss could be connected to expectations of family loyalty, which is expected to override the needs of the individual.

In response to numerous theories associating patriarchy with family health, Simms-Brown (1982) examined the role of African American women during and after slavery. Results of this study suggested that many African American households are egalitarian as opposed to "pathologically" matriarchal and were created as a result of oppression. Conversely, Frazier (1939) suggested that Emancipation caused more disorganization among newly freed families, which strengthened their matriarchal, less organized qualities. Thus the scholar concluded that if the economic status of African Americans improved, these families would become more organized, functional, and ultimately more patriarchal.

Resilience in Spite of RES

Many literary works have described the African American community as being pathological or problem-saturated and few have focused on specific, community-wide strengths (Jenkins 1991). One such example, the Moynihan Report (1965), illustrated African American families as disorganized and dysfunctional. In 1991, Jenkins asserted that the Moynihan report was flawed as it resulted in blaming the victim for a larger societal ill.

The Strengths of Black Families (Hill 1971) is one of the first scholarly works written that attempted to correct the stereotype that most African American families are riddled with criminality, drug addiction, or desertion. Recognition of psychological resilience as a prominent feature of the African American community is helpful in terms of therapeutic work and client empowerment (Jones 2004). The fact that African Americans still exist in the United States, even with persistent oppression, is proof of their resilience (Jenkins 1991). Crawford et al. (2003) stated that the Transatlantic Slave Trade, slavery, and racism have left an indelible mark on the bodies and minds of generations of African Americans, and that even in the face of these events, African Americans have survived and persevered against all odds. Grier and Cobbs (1968) wrote:

But along with their scars, black people have a secret. Their genius is that they have survived....It has touched religion, music, and the broad canvas of creativity. The psyche of black men has been distorted, but out of that deformity has risen a majesty. (p. 108).

The ability of Africans in America to survive oppression in all its permutations and progress over four centuries should raise curiosity about the psychological and cultural resources that have enabled their survival (Jones 2004).

Resilience of Individual Psyche

Allen (1996) stated that, despite the stress of slavery and its aftermath, many African Americans have displayed considerable resilience through adaptive behaviors and relentless hopefulness. After slavery, African Americans forged identities that consisted of adjustment, coping, assimilation, and acculturation (Cross 1998). Hines (2008) discusses the ways that African Americans' capacity to hope aided their resilience despite RES. Hines stated:

African Americans have historically recognized that maintaining the will to live life to its fullest and never to give up is vital to our physical, psychological, and spiritual survival, and we have proved to be masters at doing so under unimaginable circumstances (p. 369).

African Americans were able to have the courage and ability to survive and endure adversity. Even when separated from their families and communities during slavery and post-slavery years, African Americans found creative ways to physically survive and psychologically manage extensive hardships. The capacity for African Americans to survive while frequently separated from family and community serves as specific evidence of individual resiliency, as the African American community values collectivism and familial cohesion as a fundamental form of support and healing (DeGruy Leary 2005; Washington and Washington 2007). Despite the frequent separation that took place during slavery and post-slavery years, Milton (2009) was able to empirically identify specific protective factors in historical narratives of recently enslaved African Americans. Further, the author found that these protective factors translated into contemporary resiliencies found within African Americans today. Overall the resiliencies of African American people as individuals and as community members are evident through historical data analysis and present-day observation.

Resilience in Families

Billingsley (1968), following a strength-based perspective, is critical of the pathology framework that is frequently used to address the African American family. This scholar stated, that despite slavery and oppression, some African American families achieved stable families, with a few even gaining social distinction (Billingsley 1968). Moreover, Hill (1971) described five core strengths of African American families: adaptability of family roles, strong kinship bonds, strong work orientation, strong religious affiliation and strong achievement orientation.

Billingsley (1968) stated that African American families cope by banding together, forming extended support networks among kin and neighbors and that by doing so they prioritize the group's needs over any individual needs. Thomas et al. (2008) and Hill (1971) stated that African American family members provide social support to each other

and take in relatives, mostly children, to help counter the effect of RES. Resultantly, African Americans created an informal adoption network that tightened kinship bonds; particularly since many African American women are unwilling to put their children up for adoption (Hill 1971).

Working mothers have been a source of strength for many African American families as being self-reliant and the primary breadwinner are indicative of family adaptability (Hill 1971; Loury 2002). Family role flexibility is another strength; however, these family adaptations have been necessary due to systemic economic disadvantages. Similarly, many African American young adults have worked to supplement the family income (Hill 1971).

Rather than focus on the matriarchal African American family as a negative stereotype, Grier and Cobbs (1968) propose understanding the functionality of matriarchal family systems. When African American women, whose sexuality has largely been undervalued, stand beside African American men as heads of household, they epitomize womanhood: caring for loved ones (Grier and Cobbs 1968). Furthermore, the presence of fathers within African American families largely has been undervalued and underreported. Notwithstanding on-going oppression since slavery, many African American fathers have been significant providers. Additional research is therefore recommended to clarify the roles of African American fathers.

The extended family network represents the adaptive capacity and survival of African Americans (Gutman 1976). During slavery, non-working feeble and/or elderly grandparents became responsible for grandchildren, and the custom of grandparents caring for their grandchildren continues today (Washington and Washington 2007). The tradition of non-kin relatives caring for children originated during slavery. Jenkins (1991) asserted that extended families function to stabilize the family system similarly to female-headed households. This tradition, related to African tribal tradition, was practiced during slavery and continues to ensure dignity despite oppression (Boyd-Franklin 1991). Because enslaved children often were separated immediately from their parents after birth, non-kin parents have reared them and passed on cultural knowledge (Washington and Washington 2007).

Clinical Implications of RES

Therapeutic interventions must occur on multiple levels, because RES have affected African Americans on multiple levels. Hope Franklin (1988) suggests that institutionalized racism has continued, because preventive and healing strategies have not been identified. Hardy (2001) asserts that relationships cannot thrive amongst oppression or voicelessness. To do so, Hardy and Laszloffy (2000) assert that it is necessary for MFTs to move from a stance of racial awareness, which is an acknowledgement that race exists—to one of racial sensitivity, which involves actively challenging racial injustice. For therapists to fully understand the multigenerational context of African American clients' problems, it is important to consider the influence of RES, or to give voice to the existence of this phenomenon in clients' lives. A case vignette will be used to highlight the ways that MFT training and therapeutic treatment can address the influence of RES on clients' lives.

Case Vignette

Aisha (age 30), an African American woman, entered the couple and family therapy program at the University of Applesby because it was committed to training

therapists with a particular emphasis on the intersection of social justice and self-of-the-therapist exploration. Her cohort was diverse, and Applesby's program challenged students to individually explore their self-of-the therapist issues. Self-of-the therapist training often impacted classroom discussions about power, privilege and oppression as students began to reflect these dynamics within their own family histories. Aisha gained enhanced insight about topics such as: internalized hatred, legacies of guilt and shame, intergenerational transmission of historical traumas; including RES, internalized superiority and racial invisibility. She considered how her experiences of these dynamics affected the way that she conceptualized clients' problems. Towards the end of the year many students reported greater ease in asking clients difficult questions about these issues, and Aisha credited the curriculum at Applesby for helping her to actively consider the way that contextual factors affect her therapeutic relationship, case conceptualizations and the presenting problems of her clients.

It is critical that MFT educators ensure that diversity is a central component of MFT curriculum (Murphy et al. 2006). Regardless of cultural background, it is important for therapists, including African American therapists, to manage self-of-the-therapist issues when working with African American clients from a perspective that considers diversity and the influence of RES. This type of exploration has important implications for both African American and non-African American therapists. Aisha's educational process encouraged students to examine feelings of internalized hatred (Grier and Cobbs 1968; Abdullah 1998), experiences of RES and to consider working towards social justice (Abdullah 1998). Conversely, Grier and Cobbs (1968) state that is essential for Caucasian trainees and clinicians to explore feelings of white guilt and internalized superiority in order to lessen difficulty that they might have understanding the etiology of African Americans' problems. Thus participation in the type of self-of-the therapist training that was described in the case vignette is key in mitigating the negative impact of RES in the therapeutic relationship.

Terrence (age 13) entered family therapy with his mother, Mrs. H (age 25) and father Mr. H (age 27), each person in the family was African American. Terrence was mandated to attend counseling after a series of school conduct issues. The most recent event resulted in a suspension that required Terrence to attend counseling to specifically work on issues that focused on, "anger management." Mrs. H was wary of conventional medical practices, as her parents had avoided doctor visits because generations of family members had experienced a series of events where the health care system had harmed instead of helped them. Mrs. H was adamant that she and her husband attend counseling together as she was concerned that the counselor might stereotype her son as being "angry," and was nervous about the damage that might occur if the counselor did so. She had seen the way that her father, brother and husband had been affected by this stigma, and did not want it to affect her son. Mrs. H questioned whether African American children were being prescribed psychotropic medicine because they needed it, or because of stereotypes.

As trust is critical, therapists should address cultural mistrust with African American clients (Dana 2002; Sue and Chu 2003; Whaley 2001; Watson and Davey 2007). In the case of Terrence's family, only one aspect of their RES related trauma might have been linked to the way that some African Americans have been harmed by healthcare systems, and was likely compounded by other ways in which RES affected them. Like other trauma

victims, African American clients may be reluctant to trust a therapist or therapeutic process that involves recalling the trauma (Allen 1996). Most clients will not readily identify RES as affecting the therapeutic relationship, so the onus is on the therapist to recognize the possibility that behaviors, such as reluctance to fully participate in therapeutic conversations, as symptomatic of RES related trauma.

The fact that Aisha was an African American therapist did not ease the family's concerns that she would have a stereotypical perception of their son. They gave polite, yet short responses to each question that Aisha asked. During the first session Aisha asked the family what they hoped to accomplish in therapy, since they were mandated to attend. Mrs. H briefly explained that they were only in therapy as a contingent of Terrence's suspension. After the family left Aisha wondered how she might have contributed to the family's apparent reluctance to participate in counseling. Reflecting on her experiences at Applesby, she recalled the differences that existed between her and other African American cohort members. Aisha decided that in order to join with the family she would have to lessen hierarchy and not to assume that similar ethnic group membership would warrant trust from the family.

The family entered the next session quietly, waiting for Aisha to ask the requisite questions. Aisha felt tinges of anxiety as she stated that she was struck by the referral of Terrence for anger management, and that although she had a strong reaction to the implied labeling of Terrence, she hoped for their thoughts about the issue. Mr. and Mrs. H's affect changed as they discussed the ways that they have perceived African American men as having been impacted by this stereotype. Aisha explored the family's definition of racism and the ways that they felt that it intersected with Terrence's recent troubles at school. She also explained the process of double binds to the family and the parents recognized the apparent double bind that was created by the school forcing their son into a therapeutic process. The family questioned whether an experience could be therapeutic if it was mandated. Aisha recalled the difficult conversations that she had during graduate school, and asked the family if they could trust her not to be another untrustworthy, punitive entity. The family admitted that they had been cautious, but that the session had soothed some of their initial concerns, and that they thought therapy could be helpful for issues that they wanted to work through.

DeGruy Leary (2005) proposed that clinicians assist African American clients in improving self-esteem, managing anger, and developing positive racial socialization. Aisha did this while also attending to the aspect of the multicultural perspective that considers historical and contemporary contextual factors. Hardy and Laszloffy (2002) stated that many people of color are strongly connected to both historical and contemporary dynamics. Acknowledgement of RES is tantamount to therapeutic progress and the healing of RES scars (Morrow 2003). Failure to do so may lead to re-injury, which may be more damaging than the initial injury (Washington and Washington 2007). As in the case of Terrence's family, it is common for clients not to articulate mistrust of the therapeutic encounter as being linked to RES. Therefore Aisha slowly began to introduce this topic by discussing her reaction to the labeling of Terrence.

Mahmoud (2008) recommends techniques for helping African Americans cope with double binds of oppression (which may be used synonymously with RES). The techniques that Aisha employed to do this included: verification of clients' feelings about their relationships with perpetrators, provision of psychoeducation about racism and double

binds, verification that the therapist has understood the client. Mahmoud (2008) suggests that tasks for later sessions would include development of strategies for escaping racist relationships, and helping clients recognize the existence of double binds in their lives.

The primary intervention of the next session consisted of Aisha showing a news story about the killing of a young man who had been fatally shot, after having been wrongly suspected of criminal activity. She asked the family to share their thoughts about the ways that stereotypes contribute to the disproportionate incarceration of African American men. Aisha also asked the family to explore fears that they had regarding the behavior that Terrence had been exhibiting at school, asking them each to provide a worst case scenario about the outcome of these behaviors 5 years from now. The scenarios that each family member provided ranged from the incarceration to death. Moved by the vulnerable admissions of his parents, Terrence revealed that he often felt disengaged, disinterested and incompetent at school. Aisha wondered whether the initial observation of anger might actually have been depression.

Terrence admitted that he sometimes misbehaved at school, that he did not feel invested in school, and that many of his non-African American friends also misbehaved, but did not suffer the same disciplinary consequences. Mr. H commiserated with Terrence and spoke about the ways in which, growing up as an African American male, he often was more harshly disciplined by people in authority. But Mr. H was also adamant that the parents discipline Terrence for his inappropriate behavior, explaining that it was better for Terrence to be disciplined within the home than external to the home. Aisha mediated the family's discussion about the disproportionate discipline of African Americans. Aisha asked Mr. And Mrs. H to explore the experiences that their family members have had with people in authority, and to discuss fears that they had if Terrence chose to misbehave in the future.

The next session, a film was viewed that depicted the ways that African Americans have been disproportionately criminalized. After viewing the film the family discussed similarities between Terrence's disproportionate sanctions and the historic treatment of African Americans in the United States. The therapist asked the family to read selections from a book about this topic prior to the next session.

Kunjufu (2004) offered a number of exercises for the healing of the trauma of slavery: critically thinking about popular literature and movie selections, assessing popular standards of beauty, acknowledging one's racial identity, determining one's knowledge of African culture, practicing forgiveness for the purpose of unity, learning about power and liberation, and appreciating core African principles. Aisha used the film and book excerpts to aid in the reversal of negative behaviors associated with RES. Some of Kunjufu's exercises are reflected in the movie selection, reading, and critical thought that the family engaged in about the historic experiences of African Americans.

At the beginning of the following session, the family discussed the various ways that they think historic treatment of African Americans affects them personally. Each family member offered different examples, including family stories about how people in authority had hurt family members.

The therapist asked the family to participate in an intervention where Terrence roleplayed as one of their enslaved ancestors. Aisha slowly asked each family member to imagine how Terrence would look if he was one of their enslaved ancestors. To imagine how he would be dressed, what his hair would look like, if he would have any wounds on his skin, how he would sound, and the strength that was needed to

endure slavery. Aisha then asked Terence, as an enslaved ancestor, to imagine looking at his parents' present day lives. Aisha then guided the family through a conversation where Mr. and Mrs. H asked Terence how he was surviving the conditions of slavery, and how they could best honor his experience of slavery. They then thanked Terence for his sacrifices and for being so strong, promising to live in ways that honored his existence and sacrifices. Terence implored them to remember his struggle and to pass on his resilience to future generations.

Clinicians also must recognize the ways in which attributes of cleverness, adaptability, strength, and resilience (Pinderhughes 1990) are present in African American families despite oppressive societal conditions and RES. The intervention that Aisha employed borrows from Payne's (2005) suggested use of role-plays where one member of the family represents an enslaved ancestor. Payne has witnessed the remaining family members' experiences of physical symptoms such as nausea, and weakness. The author identified that, when the unrecognized existence of these ancestors was recognized, the current family system displayed symptoms related to their presence on the family system. Payne then recommended that, in the presence of the role-playing enslaved family member, the remaining members celebrate the resilience of the family and have other family members reflect back the resilience of the system. Eventually the descendants identify themselves as members of a strong and resilient system, as opposed to that of a system that has only been plagued by suffering.

Terence had become increasingly interested in the history of African Americans in this country as he began viewing his struggles at school as similar to those experiences of his ancestors. Aisha led the family in conversations that explored the resilience that it took for their ancestors to survive slavery and Terence reasoned that he must be pretty strong to be related to them. Aisha informed the family about an organization that educated and celebrated African culture and that the only membership requirement was that Terence remain in good academic standing with his school.

Akbar (1996), although not directly related to clinical interventions, suggested methods that individuals could employ to reverse RES. Aisha's treatment plan reflected many of the approaches that Akbar recommended. These methods include correcting cognitive distortions about African culture, celebrating African culture, developing a greater sense of pride and self-love, unifying with other African Americans, and developing a belief that it is possible to become free of psychological slavery.

Conclusion

Residual effects of slavery have far reaching implications for professional development, training, and advocacy. It will be important for training programs to consider incorporation of RES, as well as other historical traumas in their curriculum. In addition, practicing therapists who are unfamiliar with this topic will benefit from enhancing their knowledge about the ways in which RES have affected presenting problems and the therapeutic relationship. The reviewed literature offers a number of clinical interventions, and although elaboration of each of these interventions falls outside the scope of this literature review, important directions for training are suggested. Future research should elaborate and investigate the ways that MFTs can apply these clinical interventions.

A review of the literature also reveals that there is a need for MFTs to develop a breadth of empirical literature regarding the effective and practical application of the therapeutic suggestions that are found in the literature. Furthermore, most of the scholarly work regarding RES has been completed in related mental health disciplines, as MFT has not yet developed a broad body of work regarding historical traumas; it will be expedient for the field to further examine this phenomenon. Literature reveals that both African American and non-African Americans experience RES, therefore the development of additional MFT literature will enhance the field's ability to meet the needs not only of African American clients, but also the needs of diverse client populations.

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