

HEALING RACIAL TRAUMA THROUGH SOMATIC ANTI-RACISM PRACTICES

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ABOUT THE PRESENTER



- She/her/hers
- Indian Woman Body, cis-gendered, heterosexual female, middle class, educated, able-bodied, immigrant
- Somatic psychotherapist specializing in addiction, complex trauma, and racial trauma
- Certified Brainspotting Therapist, Consultant, and Trainer and currently in two-year training for Somatic Abolitionism Training Program
- Piloting the implementation of these practices with patients, in the workplace and within teams
- Passionate about truly embodying anti-racism practices, creating strategies that build new communities, and creating spaces that invite the wholeness of each individual

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ACKNOWLEDGEMENT

I currently reside and give this presentation on unceded indigenous land belonging to the Dakota and Anishanaabe peoples. This land is now known as Minnesota, USA, but was named Mni Sota by the Dakota people and is the birthplace of these people. The Dakota and Anishnaabe continue to live on this land today.

I pay respects to the original peoples of this land and of the USA-Turtle Island. I acknowledge them as the original owners and guardians of the waters and lands of this country. I acknowledge their aliveness, as well as their important and sacred continued connection to this land, its waterways, animals, and culture.

I acknowledge the deep intergenerational suffering that began with European colonization in the 1600s on these indigenous peoples and those of African descent via the Transatlantic Slave Trade.

I acknowledge the myriad injustices and inequalities which have been, and continue to be, 400 years later, forced onto our Indigenous and black siblings, and that I am committed to doing my part to build an anti-racist and anti-oppressive world.

Click here to learn more about [this land](#) and to learn about [the land you live on](#).

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LEARNING OBJECTIVES

- Recognize the effects of trauma, especially racial trauma and oppressive tendencies in oneself and others.
- Describe the individual, relational, communal and systemic natures of racism, as well as how to better attend to each aspect with attunement and skill.
- Identify how to implement somatic skills to increase awareness of difficult racial and cultural situations and manage their associated stressful responses.
- Discuss the individual and collective responsibility to build anti-racist and communal culture.
- Identify the benefits of embodying communal culture-building practices as an integral part of core lifestyle values, in the workplace, with clients, and beyond.

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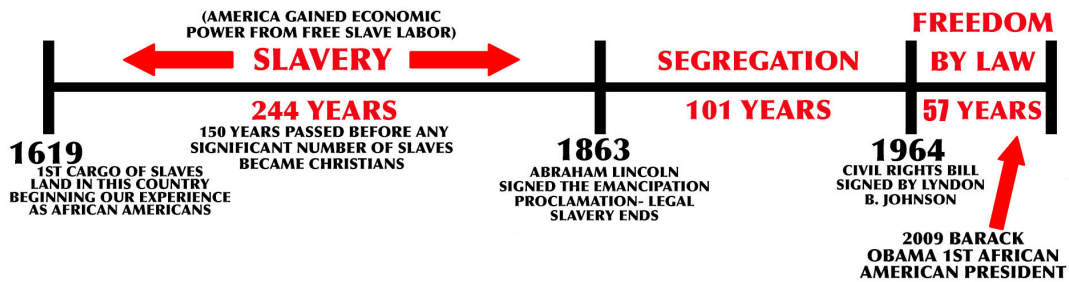
HISTORY OF RACISM IN THE UNITED STATES

- European immigrants came to the USA fleeing persecution and hundreds of years of violence in Europe (Middle Ages, Crusades, wars, religious persecution)
 - These refugees then decimated the indigenous population and began the Transatlantic Slave Trade to work the land
- 1697: Concept of whiteness was created to construct a new ruling class and prevent slaves or others of non-European descent from voting or having power
- 1600–1863: Slavery, expansion, Manifest Destiny, and removal and genocide of Native peoples from their lands, Civil War
- 1863: Slavery ended with the Emancipation Proclamation
- 1864: Jim Crow laws, segregation; expansion to systemic racism today (e.g., prisons, laws, etc.)
- White supremacy: Anglo/Christian culture, individualism, materialism, consumption, capitalism
- *What is the trauma of whiteness? What is the cost to uphold racism for white bodies?*

<https://www.loc.gov/classroom-materials/united-states-history-primary-source-timeline/colonial-settlement-1600-1763/overview/>

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AFRICAN AMERICAN HISTORY TIMELINE



<https://ujamaaplace.org/commemorate-black-history-culture/>

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INTERSECTIONALITY

- Intersectionality is an analytical framework for understanding how aspects of a person's social and political identities combine to create different modes of discrimination and privilege. This concept was formulated by Kimberlé Crenshaw in 1989 (3).
- A better understanding and examination of intersectionality can provide a gateway to understanding:
 - How to value one's own experiences and others' experiences with equality and the recognition of a need for equity
 - How all of us may have advantaged or unadvantaged aspects layered within our social identities
 - Racial trauma

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SOMATIC ABOLITIONISM

- A process of embodying anti-racist and culture-building practices
- Recognizing that racial trauma is stored in our bodies and passed down from generation to generation and within the collective through our bodies, nervous systems, and institutions
- Created by Resmaa Menakem, anti-racist speaker, coach, activist and author of [My Grandmother's Hands](#) (4)
- Education for Racial Equity(5) and Rooted are agencies that promote coaching and instruction of this work

** Special thanks to the team at Education for Racial Equity and Resmaa Menakem for their dedication to teaching these practices*

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TRAUMA

- SAMHSA describes individual trauma as resulting from *“an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”*¹
- In Essence: Trauma is any event or experience that overwhelms our nervous system or incites feelings of helplessness and aloneness
- Trauma continues to live in the brains and bodies of sufferers long after the experience is over (trauma loop)
 - Epigenetic influence – passed down from generation to generation
 - Body/brain is unable to sense that the danger is over

<https://www.samhsa.gov/trauma-violence>

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TRAUMA, THE BODY, AND SOMATICS

- Trauma is held in the body, not just the mind: mind and body experiences reflect and mirror each other (one complete nervous system)
- Trauma is demonstrated as fight/flight/freeze (collapse) or fawn responses
 - Created by our subcortex and limbic system, which are constantly scanning for threats
 - Protective mechanism, not a defect
 - Can occur even with perceived threats (vs. actual threats)
 - The brain codes these traumatic experiences and works hard to prevent them in the future by responding to anything that appears to be perceived or real threat
 - Subcortex does not know linear time and space like the frontal lobe
 - This creates the vicious cycle of “stuckness” in trauma
- It takes an enormous amount of energy to “manage” trauma that is stored in the body, leading to numerous emotional and physical illnesses and loss of “vitality”

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COLLECTIVE AND RACIAL TRAUMA

- When a traumatic experience occurs and impacts a group of people in similar ways (e.g., the COVID-19 pandemic, genocide, 9/11, misogyny)
- Collective Trauma:
 - Japanese internment camps – led to Asian hate
 - Genocide of indigenous peoples – demonstrated the invisibility of Native Americans (e.g., the lack of honoring of treaties and agreements)
 - Tuskegee experiments – Black bodies have increased distrust of Western medical environments
 - Racial trauma – Transatlantic slave trade, genocide of indigenous peoples
- Racial trauma is ongoing – many are experiencing *continuing* racism
 - This is not post-traumatic (meaning the trauma is over)
 - Pervasive Traumatic Stress Disorder (ongoing and continued exposure to violence or emotional harm)

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CAUSES OF RACIAL TRAUMA

Any type of stress or anxiety around racial factors or treatment can trigger racial trauma. Here are some examples:

- **Exposure to racial or ethnic stereotypes**, e.g., when academics or textbooks assert that some racial groups are better or worse at certain tasks.
- **Fears about personal safety**, e.g., when a Latinx person fears the label of an undocumented immigrant, or a person of color fears abuse by police.
- **Witnessing abuse** of members of a person's group: This can be in real life or via the media, such as when a Latinx person sees immigrant children in cages, or a Black person sees a video of an unarmed Black person being killed.
- **Racist abuse of loved ones**: This can include attacks on partners, parents, or children.
- **Direct exposure to racist abuse or discrimination**: This may be hearing racist stereotypes at work or being the recipient of a racial slur.
- **Others' invalidation of one's experiences of racism**: This may happen when people question if someone's experience was real.

<https://www.medicalnewstoday.com/articles/racial-trauma#symptoms>

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RACIAL TRAUMA — SYMPTOMS

Racial trauma can affect virtually every aspect of a person's well-being. Many people with racial trauma experience symptoms of PTSD, especially after direct experiences of discrimination or racist violence.

Some symptoms include:

- Distress relating to the trauma: This may cause a person to think about and relive an event continually. Some people have flashbacks or nightmares.
- Avoiding things that remind the person of the trauma: This can negatively affect a person's life in many ways. For example, a person who experiences racism at college may leave school, while a person who experiences racism in a police interaction may fear the police, or run when they see them.
- Intense anxiety or depression relating to the trauma. This can affect someone at any time or continuously.
- Feeling distracted by memories or thoughts of the trauma. Again, this experience may occur from time-to-time or regularly.
- Negative thoughts about self, other people, or the world. For example, a person might lose trust in other people or worry that all authority figures want to harm them-not being able to trust authority.

<https://www.medicalnewstoday.com/articles/racial-trauma#symptoms>

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RACIAL TRAUMA — SYMPTOMS, CONTINUED

- Increased sensitivity and reactivity: A person may startle easily and become more hypervigilant to their surroundings. This may increase exposure to further trauma, such as when a person is afraid of the police and behaves anxiously when they are around.
- In addition to symptoms of PTSD, racial trauma can have other symptoms and signs, including:
- Dissociation: This is the feeling of a person being numb or disconnected from themselves or others. In more extreme cases, they might have an out-of-body experience or not remember periods of dissociation.
- Weathering: This is the chronic health effects of exposure to racial discrimination and trauma. Marginalized populations typically have worse overall health and higher risks of cardiovascular disease and other ailments. This may be because of the lifetime of racial trauma they face.
- Prolonged trauma and poor mental health: Unlike some other traumas, racial discrimination continues to permeate much of everyday life. This means that marginalized communities may face chronic trauma and aggression, making it difficult to recover from racist abuse.

<https://www.medicalnewstoday.com/articles/racial-trauma#symptoms>

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WHAT DOES (RACIAL) TRAUMA LOOK LIKE?

Other signs of racial trauma include:

- Overriding
- Appeasing, fawning
- Rage
- Deep feelings of sadness and isolation
- Numbness
- Strong or out of proportion reactions to things (usually a store of historical charge that is out of context)
- Unexplained pains and physical illnesses
- Depression, anxiety, ADHD, oppositional defiance, conduct disorders in children

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“Trauma decontextualized in a person can look like personality.
Trauma decontextualized in a family can look like family traits.
Trauma in a people can look like culture.”

– *Resmaa Menakem*

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SIGNS OF OPPRESSIVE TENDENCIES

- Minimizing or invalidating one's experience, not believing someone
- Negating or minimizing that history still impacts the present time
- Lack of accountability
- Interrupting
- Centering oneself in the space
- Becoming highly dysregulated, combative, overwhelmed by shame or tears when confronted with feedback/criticism (not having the ability to hold an experience)
- Microaggressions – *but, who gets to determine that it's micro?
- Profiling, stereotyping, systemic/institutionalized racism
- Sense of urgency
- Intellectualization

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SIGNS OF OPPRESSIVE TENDENCIES — GAINING INSIGHT

- Ask yourself:
 - What are your oppressive tendencies?
 - What is in your unconscious that needs to become conscious?
- Oppressive tendencies are most often REFLEXIVE: inherent to our limbic system, unconscious
- Reflexive=protective
- Many of these behavioral tendencies are similar to the signs of trauma and are part of the limbic system's protective responses to threat
- Consider:
 - What is the cost of racism on white bodies?
 - Where does the oppressor's trauma come from?

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“True resistance begins with people confronting pain...and wanting to do something to change it.”

– bell hooks, in *Yearning: Race, Gender, and Cultural Politics* (1999)

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EMERGING THERAPIES FOR TRAUMA

- Therapies such as Eye Movement Desensitization and Reprocessing (EMDR), Somatic Experiencing, Brainspotting, Sensorimotor Psychotherapy, and Accelerated Resolution Therapy are becoming the standard for treating trauma
- Research is showing that somatic psychotherapy is more effective than CBT for treating trauma due to the cognitive dysfunction in many traumatized individuals (makes cognitive processing challenging)
“Overall, the present findings are consistent with previous findings on body-oriented PTSD interventions. In a comprehensive field review, Kim et al. (2013) showed that body-oriented procedures are effective interventions for the treatment of PTSD symptoms and have a positive effect on comorbid symptoms, as well. Consistently, we found preliminary evidence suggesting that SE is an effective approach to treat PTSD and comorbid symptoms. Taken together, findings suggest that body-oriented interventions are a promising approach to treat trauma-related disorders and may complement other interventions in this area.” (Kuhfuß, Marie, et al.) (9)
- Recognition that mind and body are one connected system vs. treating body and mind separately
- Newer neuroscience-backed approaches are showing positive results and will likely be fully evidence-based practices in the next 10–20 years

<https://www.nccenterforresiliency.com/somatic-articles/what-is-cbt-vs-somatic-therapy/>

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SKILLS OFTEN USED IN TRAUMA THERAPY

- “Your body is the compass, the holder of your experience”
- Sensory skills:
 - Orienting to space
 - Self-touch or hovering
 - Humming, rocking, swaying
 - Grounding, breathing techniques
- Journaling on the invisible – describing what a situation felt like (using all five senses) for a few minutes
- Self scrutiny:
 - What was not being said, what urges did you have, what sensations were in the body?
 - Analyze signs of flight/fight/freeze reactions – tensed muscles, numbness, coldness, flushing, etc.
- *Pause, pause, pause* – go internal/subcortical, pause on restrictions, pause on resources

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GROUP PRACTICES

- This can be used for starting team meetings. We begin team meetings this way.
- Sit down, orient to the room (turn head fully and give yourself 360 degree awareness)
- Twist upper body to get a psoas stretch (this massages the vagus nerve, responsible for sympathetic/parasympathetic activation)
- Sit in silence together for 2 minutes, grounding and noticing the body
- Notice each person in the room with your eyes open or closed and the feel of the space
- Acknowledge that each person is bringing with them their individual, ancestral, and historical memories with them and that it is part of the space (invisible as it can seem)
- We bring consciousness to what is invisible/unseen within us and between us and welcome it

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GROUP PRACTICES, CONTINUED

- Round robin sharing: one person as *witness*, one person as *speaker*, one as *observer*
- Can share journal entries (2-3 minutes per person)
- Do not give feedback, sharers and observers describe their own experiences
- Focus is on active listening to sharer and ONESELF/inner processes

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CASE EXAMPLE #1

- In a meeting, brainstorming new programming at the clinic
- A white male, 3 women of color in the room
- White male interrupted and spoke over one of the women of color
- A tension was felt in the room and there was a momentary silence
- After a moment, the white male (who had been doing these practices) apologized to the woman he had interrupted, acknowledging his privilege and taking up space as a white man
- The woman was honest with him that she had been offended, and that she has noticed this pattern of behavior in him
- He apologized again, made space for this feedback (for his own emotions and hers) and thanked her for making her aware of this, and that he would continue working on it. And then gave space for her to share her point of view.
- The group then shared feedback on what this conflict and interaction was like for them and that this was the dismantling of racism in action (moving from invisible to visible)
- A conscious pause was asked for with grounding and resettling
- This increased the connection and bond between the team
- This is somatic abolitionism and culture building in action

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CASE EXAMPLE #2

A group of team members attended the Foundations of Somatic Abolitionism training together

Two bodies of culture decided to reclaim the original pronunciation of their names

The two bodies shared this via a text message group of the cohort attending, with voice texts of how the names were pronounced

The other two bodies in the group received the new names in celebration and we have been using the new pronunciations of the names since

This led to a deep sense of belonging within this group and increased team building and safety

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IMPLICATIONS IN THE WORKPLACE AND IN PATIENT CARE

- Create an environment of trust
- Trust is built on consistency, reliability, and predictability
- Our deepest neural networks are our attachment pathways
- Trust is crucial to secure attachment and nervous system regulation
- The safer employees and patients feel, the more present and creative they can be
- Groups co-regulate together (herd mentality, group mind)
- I believe we can achieve peace, creativity, and our highest problem-solving capacity when all of us have the tools, skills to regulate our own nervous systems
 - This creates space for others to regulate their own



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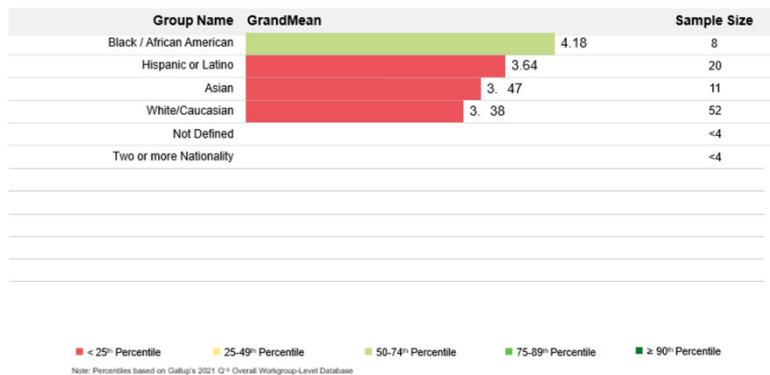
IMPLEMENTING CHANGE IN HUMAN RESOURCES AND ONBOARDING/CULTURE

- Deliver this presentation to all new onboardees and managers
- Change/shift interviewing techniques and content to reflect questions about a candidate's capacity/willingness/commitment to do this work
- Increase awareness of our own biases and discriminatory reflexes during the interviewing and hiring processes

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GALLUP STATISTICS — UFM SURVEY 2021

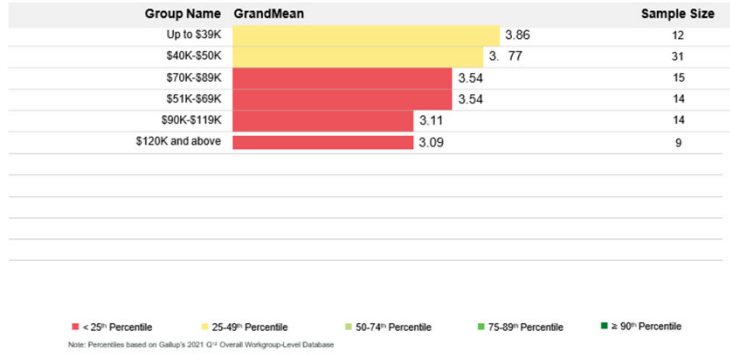
Lowest paid employees are most engaged (mostly POC)
Engagement by Ethnicity Code Description



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GALLUP STATISTICS — UFM SURVEY 2021

Highest-paid employees are least engaged (mostly white)
Engagement by Salary Bucket

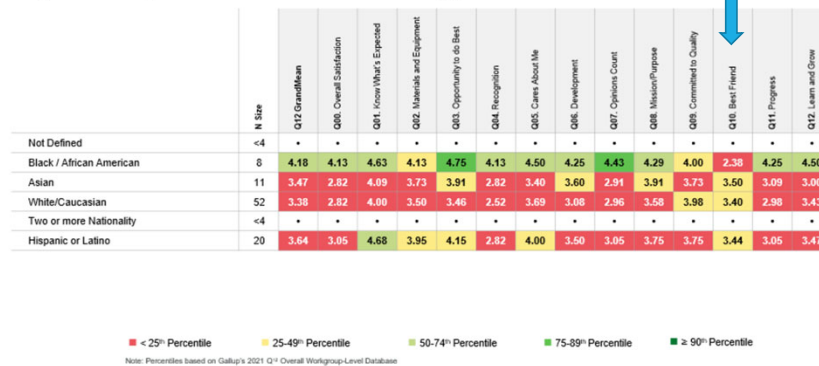


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GALLUP STATISTICS — UFM SURVEY 2021

Engagement Variance by Ethnicity Code Description

Leaders should recognize top groups with above-average engagement. Celebrate the engagement of these groups, and study them for best practices that others can use to increase engagement.



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SOMATIC PRACTICES IN ACTION

- This is a process, a way of living, not a procedure – a lens in everything we do
- Experiential
- Onboarding
- Development
- One-on-one interactions
- Performance management
- Corrective action
- Leadership training

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CONTINUED GROWTH

- “You gotta put skin in the game” – Resmaa Menakem
- Be willing to make mistakes
- Be willing to feel and learn how to manage your emotions (stretch)
- Practice your skills so you can tolerate discomfort
- Stretch your nervous system’s capacity to hold experiences
- Discomfort is part of growth and breaking down barriers
- Research your own history
- Find your community

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“Power at its best is love implementing the demands of justice,
and justice at its best is power correcting everything that
stands against love.”

– Martin Luther King Jr.

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11. Click here to learn more about [this land](#) and to learn about [the land you live on](#).

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