Trauma, Grief, & Healing:

Identifying the Mental Health Implications of Intersectionality on the Lives of Black Women

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In Partial Fulfilment of the Requirements For the Degree of

Bachelor of Arts

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May 5, 2020

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Acknowledgments

I am grateful to have been able to commit myself to this work & see it completed during these hard times. COVID19 really dampened my spirits with overwhelming daily reports of increased death counts, and news of friends and family being impacted. I found it very difficult to balance the weight of this pandemic with the weight of my research, and my passion to write this paper slowly dwindled. Being isolated from friends and family during this process also did not make it easier. I am thankful that I was able to rise out of that depressive state and use this paper as a distraction from what is going on outside.

Thank you to God for providing solace and clarity throughout my writing process. Thank you to my mother, Nwadiogo Iloka, for being my inspiration and instilling in me a great strength and faith that drives my purpose. Thank you for your wisdom and compassion, your honesty and laughter. Thank you for your openness and the opportunities you have given me.

I also want to thank my advisor, Prof. Imani Perry. Thank you for the constant reminders to never give too much authority to the stress of writing this paper. Also, thank you for trusting and believing in my work, even when I lost sight of my vision.

Thank you to my mentor, Dr. Norman Cotterell. Your guidance and wealth of resources really informed my work. Your consistency and willingness to offer guidance, meet me wherever I was in my writing process, and provide feedback was really encouraging.

Thank you to my partner, Kofi Anokye-Boateng. You held me accountable (even when I would get defensive) for procrastinating. You reminded me to be patient with myself, but not be idle. I am sure that I have been telling you about my hopes to write this paper since 2017, so you have truly watched this dream blossom into a reality.

Thank you to my friends and family. If I were to mention all your names, it would take up the rest of this paper. The support that I have received throughout this process has been **amazing**. Nearly everyone I shared my ideas with offered help or guidance in one way or another. My gratitude is boundless. I am humbled by your support and hope this paper has done justice to the faith you have in me.

Abstract

Black women have been silenced in the face of trauma and left out of the discourse surrounding mental illness, treatment, and accessibility. Such silencing has been culturally re-enforced through archetypes like the Strong Black Woman, the substitution of spirituality for mental health care, and through societal/cultural stigma associated with mental illnesses. The aim of the paper is to contribute to the discourse on the crucial impact of trauma and depression on Black women's mental and emotional health. Upon reading the works of Ntozake Shange, Lynn Nottage, Danai Gurira & Nikkole Salter, and Ngozi Anyanwu, I identify a common theme of **trauma, grief, and healing**. This paper, however, focuses solely on Lynn Nottage's *Ruined.* This paper argues that the unique marginalization Black women face due to their race, gender, and class, can negatively impact their psyche and lead to depression; Through her work, Nottage authenticates the experiences of Black women and emphasize the importance of support and community in order to grieve and find healing in the face of trauma. Heightened awareness on this topic can pave the way for better resources to be provided and can vitally strengthen the mental and emotional health of Black women globally.

Keywords: Intersectionality, Depression, Trauma, Grief, Healing

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Introduction

Black women playwrights have traditionally used the theatre to create an accessible space for exploring the varying obstacles confronted by Black women with emphasis upon the mental health consequences of the multi-faceted oppressions they face. This paper analyzes Lynn Nottage's *Ruined* as she, along with many other Black female playwrights, examines the psychological and emotional realities Black women must reckon with. Mental illnesses like depression are often regarded in a negative light within the Black community. Beck (2003) defines depression as an individual's physical, emotional, and mental way of processing and dealing with loss; this entails having negative beliefs about oneself, personal world, and future, which results in hibernation and lacking hope for a better future. He describes this process as "The Depressive Triad" (Beck, 2003).[1] This paper applies Beck's definition to highlight the ways in which the trauma, loss, and grief that Black women experience can compromise their mental health and leave them vulnerable to mental illnesses like depression.

Historically, Black women have been silenced in the face of trauma and left out of the discourse surrounding mental illness, treatment, and accessibility. Such silencing has been culturally reinforced through archetypes like the Strong Black Woman and the "hush-hush" mentality of the Black community. Green (2019, p. 267) writes in her article, "Strong Like My Mama," that the Strong Black Woman archetype "encourages women to be self-sacrificing, detached from their own emotions, and reluctant to seek help for their own needs" (as cited in Romero, 2000). She identifies these three factors (caretaking, self-reliance, and affect regulation)

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[1] **Note** By hibernation, I refer to the inclination depressed individuals feel to conserve their energy rather than waste it on a fruitless pursuit; they see no hope for the future and lack motivation to seek help or healing. Thus, they are often isolated from those around them.

of the SBW archetype as the "strength" paradigm (Green, 2019, p. 266). This strength paradigm comes with the conditioning of Black women to not feel bad for themselves nor speak out on their oppression in order to maintain a strong, impenetrable facade. The SBW archetype also coincides with the "hush-hush" mentality, which refers to the emphasis placed on secrecy and keeping things within the family. This mentality often leads to the shaming of individuals who *do* seek help outside of their family or community which, as Watson et al., 2013 find, results in the underutilization of professional psychological resources.

The primary goal of this research is to add to the discourse surrounding the crucial impact of trauma and depression on Black women's mental and emotional health. The paper utilizes a culturally informed, intersectional approach which highlights the relationship between literature and psychology. By using a literature review of Black female playwright, Lynn Nottage, the research aims to uncover the ways in which the unique Black female experience is validated and represented through the arts. Upon reading Nottage's work, the common themes of **trauma, grief, and healing** are revealed. This research ultimately explores the ways in which the effects of intersectionality can result in mental illnesses such as depression, among Black women.[2] By using literature written by a Black woman (for and about Black women), this paper seeks to highlight the negative impact of discrimination and oppression based on one's race, gender, and class.

This article also recognizes the ways in which the authentic, trans-continental portrayals of Black women, in plays written by Black female playwrights, can be unifying for Black women across the diaspora. Such forms of representation further humanize Black women as individuals who are susceptible to trauma, grief, and healing; they also increase awareness of the stigmas

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[2] **Note:** Intersectionality was coined as an official term about 30 years ago, in 1989, by Black feminist scholar Kimberlé Williams Crenshaw. I make it a point to use intersectionality as a *concept* in understanding the unique oppression that Black women face, rather than as the cause of such oppression.[#] I seek to highlight the experiences of Black women, as portrayed in theatrical performances, through the multidimensional lens Crenshaw describes.

associated with depression. The purpose of this research is to answer the critical questions: How can depression manifest itself within Black women? What prevention methods can be taken to help Black women overcome the depressive states that their marginalization may lead them to? Thirdly, how do Black women playwrights use theatre to raise awareness, critique, and/or offer healing to the plights of Black women?

Background

Black women who struggle with depression are often dissuaded from speaking out on their illness due to the risk of being stigmatized by others and blamed for their condition. Such societal and cultural silencing that Black women experience are not exclusive to those that suffer from mental illnesses; rather, the pressures appear in varying aspects of Black womanhood including speaking out on abuse, discrimination, and feeling under-supported. When writing about the varying factors that can lead to depression among Black women, licensed Clinical Psychologist Dr. Brandeis Green writes:

> The role of societal expectations of African American women being able to smoothly handle multiple responsibilities and support others...teaches them to internalize their emotions, which when coupled with other factors such as stress or exposure to discrimination, can lead to various psychological problems, including depression and low self-esteem. (Green, 2019, p. 268)

In this statement, Dr. Green alludes to the Strong Black Woman narrative which is often propelled in the media and within the Black community, that Black women are invincible and capable of overcoming *any* adversity. While this is an uplifting narrative, it also serves as a double-edged sword as it reinforces the notion that if *and* when Black women are unable to maintain faith and resilience in times of hardship, they are therefore weak and incompetent. This in turn, can result in the internalization of such hardships and self-silencing as a means of upholding the façade of invincibility. Green (2019, p. 268) continues that "intimate partner violence, substance use,

hopelessness, and poor social support" are also prime factors that impact depression and suicidality in African American women (as cited in Compton, Nancy, Thompson, & Kaslow, 2005; Kaslow et al., 2000). She highlights the role that socio-economic status plays in increasing Black women's likelihood of depression and suicidality; low income manifests itself in one's housing and living conditions and can lead to inadequate access to resources, such as healthcare and public education, and further expose individuals to racial and gender oppression (Green, 2019, p. 270).

It is evident that the intersecting identities of race, gender, and class plays a crucial role in determining Black women's privileges and ability to succeed, as well as the resources and support systems made accessible to them. Dale and Safren (2019, p. 688) found that, "Higher race-related discrimination significantly predicted PTSD hyperarousal, negative cognitions about the world, and self-blame." This highlights the ways in which Black women who are subjected to traumatic experiences of racial and/or ethnic discrimination can have negative perceptions of the world around them and consequently internalize their marginalization. Being a Black woman, a *low-income* Black woman with these factors in mind, often means being subjected to the forms of race, gender, and income-based oppression that are mentioned above. Black women are a double minority[3] and experience a unique form of marginalization that is often discounted and must be recognized in order for better treatment practices and psychological resources to be made available to them.

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[3] **Note:** The term "double minority" is further explored and highlighted in Frances M Beal's 1971 pamphlet: *Double Jeopardy: To Be Black and Female",* in which Beal hypothesizes that Black women are economically and sexually exploited, resourcefully disparaged and abused compared to their Black male and white female counterparts, and often excluded from discourse surrounding liberation (Beal, 1971).

Spirituality & Mental Illness

Although spirituality and religion serve as important coping mechanisms for Black women, they also pose significant consequences when used as a substitute for mental health care. This is because spirituality can be used to perpetuate negative biases about mental illness and propel notions of self-blame. The National Alliance on Mental Illness (NAMI) states, "Sometimes faith communities can be a source of distress and stigma if they are misinformed about mental health or do not know how to support families dealing with these conditions" (African American Mental Health, n.d.). Individuals suffering from mental illnesses like depression may feel further isolated and unsupported from their faith communities when misinformation about mental illness and misattribution of symptoms are made by those communities. For example, the attribution of depressive symptoms to spirituality poses the risk of demonizing individuals who are unable to overcome their depressive states through prayer and worship alone; it could also prevent individuals from seeking professional psychological help and hinder their ability to find practical treatment options.

Despite these evident short comings of spirituality and mental health, there are also some positive implications of using spirituality as a coping mechanism for mental illness. In a study of how spirituality and trauma can impact one another, Starnino (2005) found that "Spirituality and religion are helpful resources for dealing with a variety of trauma events including rape, sexual abuse, life-threatening illnesses, and loss of a loved one" (as cited in Shaw et al., 2005). Starnino added that many of the women interviewed in a 1997 study, "relied on spirituality and religion to experience a sense of hope, courage, gratitude, and forgiveness, all of which contributed to their trauma recovery" (as cited in Fallot, 1997). These findings highlight the essential role that spirituality and religion play in activating individuals' healing and offering them a mode of release

from past traumatic experiences. Black female Psychologist, Dr. Joy Harden, propels this notion in her claim that religious coping is a primary mode of coping for Black women. Dr. Harden mentions a participant in a study of hers, who stated that in times of hardship, the first thing she does is pray (Domino & Lauriston, 2019). Spirituality and religion provide solace for Black women by giving them a sense of hope and courage, and allowing them to focus on the positive aspects of their hardships through gratitude and forgiveness; these are all strategies that can also help Black women overcome depression because they take the attention away from hopelessness and defeat and focus on mood and personal upliftment.

While spirituality serves as a great source of strength and support for Black women suffering from trauma and depression, because the belief in a higher power can offer comfort and restoration to these women, it does not necessarily meet their everyday needs. Etta Fly, founder of "Where do Black Women go to Grieve?" supports this claim in her statement that, "There's nothing wrong with going to church, but we need something in the physical space as well" (Domino & Lauriston, 2020). Fly argues that while she relies on her spirituality and God for healing, there is also a need for Black women to commune and speak about their trauma and grief, and heal with one another. Black female clinical psychologists Drs. Kira Banks and Laura Wood also found that, "Culturally-based methods of coping: spirituality, social support, the role of family and other interpersonal relationships have all been implicated as important protective factors for African American women" (Banks & Wood, 2002, p. 179). The inclusion of social support and interpersonal relationships is significant because it highlights that while spirituality is beneficial, interpersonal support systems also serve as reinforcers for Black women and can help decrease their sense of isolation. It is important to note, however, that social and familial support are privileges that are inaccessible for some Black women; Some women may not feel comfortable

seeking help within their interpersonal relationships, may lack reliable support systems to lean on, and may internalize their depressive states and adversities as a reflection of their own inadequacy.

When assessing the relationship between spirituality and depression within the Black community, it is evident that the etiology of such illnesses is sometimes attributed to lack of prayer, weakness, or even insanity; these misattributions can cause Black women to self-blame, isolate, and face stigmatization. In regards to the prayer misattribution, Charla Lauriston, co-host of *The Secret Lives of Black Women* podcast, shares that growing up in her Haitian culture, the common response to mental illnesses was: "You need to go to Jesus, you need to pray" (Domino & Lauriston, 2019). She adds, however, that prayer never offered her practical tools for coping in her day-to-day life. This highlights the ways in which prayer is not enough to help Black women overcome their trauma and depression.

Fonda Bryant then elaborates on the misattribution of depression to insanity within the Black community in a published blog post by NAMI. Bryant writes, "From the words we use—like "crazy," "cray cray," "psycho," "nuts"—to hurtful jokes about people who live with mental health conditions, stigma surrounding mental health in [African American] culture is deep-rooted" (Bryant, n.d.). Bryant continues that, "In fact, 63% of African-Americans believe that a mental health condition is a personal sign of weakness" (Bryant, n.d.). These negative attributions further stigmatize individuals suffering from mental illnesses like depression and can lead to the internalization of those stigmas. Bryant concludes that there is very little compassion or empathy towards mental illness in the Black community, and such apathy can shame people away from seeking help (Bryant, n.d.).

The internalization of one's depressive symptoms of hopelessness and defeat conflicts with notions of gratitude and fulfillment that are associated with spirituality. Such incongruency can

further isolate Black women who experience cognitive dissonance when their spiritual beliefs are incongruent with their attitudes and behaviors.[4] Dr. Starnino finds that the tension that comes with this incongruence can result in self-blaming and stigmatizing. But increased awareness on mental illnesses like depression as well as on the role that cognitions play in the way individuals understand their trauma, plays a crucial role in de-stigmatizing illnesses like depression and eliminating the self-blame individuals feel. Such a decrease in internalization and self-blame would also encourage people to speak out on their trauma and oppression, and ultimately seek professional psychological help if they can.

Limited Access to Mental Health Services

While it is important to discuss the stigmas associated with mental health and illnesses, it is vital to also recognize the systematic limitations Black women face from accessing mental health services due to racial, gendered, and class discrimination. Black women have higher rates of unmet needs for mental health care than their white counterparts (Kugelmass, 2016, p. 170). Upon conducting a study on the effect of race, class, and gender on the accessibility of psychotherapists, Kugelmass finds that, "Blacks are approximately 40% less likely to receive an appointment offer than whites, and working-class callers are almost 70% less likely to receive an appointment offer than middle-class callers" (Kugelmass, 2016, p. 175). When discussing issues surrounding African American Mental health, NAMI writes that, "Socio-economic factors play a part too and can make treatment options less available. In 2017, 11% of African Americans had no form of health insurance" (African American Mental Health, n.d.). From these findings, it can be inferred that Black women, as a whole, face racial and class discrimination from mental health providers which

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[4] **Note:** In the field of psychology, cognitive dissonance occurs when an individual's thoughts, beliefs, or attitudes are inconsistent with their behavioral decisions and attitude changes. This theory was first proposed by Leon Festinger.

makes it more difficult for them to access such support, as compared to their white female counterparts. With the inability to find mental health practitioners who are open to offering services to Black women, Black women are then forced to find other means of healing.

Notably, even if a therapist may accept Black women, they may not be culturally competent enough to understand how to approach treatment for Black women that takes into consideration the interlocking forms of oppression Black women face. NAMI states that, "Research has shown lack of cultural competence in mental health care. This results in misdiagnosis and inadequate treatment" (African American Mental Health, n.d.). They continue that such lack of cultural competency has resulted in African Americans receiving poorer quality of care compared to their racial counterparts. For example, Black women's trauma and grief may manifest in the form of physical ailments; they may experience body aches and pains when talking about depression (African American Mental Health, n.d.). If a therapist is unaware of these cultural signifiers, they may misdiagnose Black women's conditions and provide inadequate means of care.

Registered Psychiatric Nurse, Faye Gary also notes that, "Part of what continues to perpetuate these health disparities is that too few African American mental health professionals have been able to join the ranks of mental health professionals" (Gary, 2005, p. 982). Gary speaks to the role representation plays in increasing the variability of culturally competent mental health providers whom Black female clients can relate to. Gary also alludes to the ways in which increased representation of Black mental health professionals can pave the way for more research to be conducted by members of the community. Such lack of representation, as I will elaborate upon in the next section, limits Black women's abilities to find same-race mental health providers and spaces (both for individual and group therapy) in which they feel represented and accepted.

All of the factors discussed in this section contribute to Black women's limited access to mental health care and can, in turn, result in them feeling further silenced and unsupported.

Gaps in Research

The self, cultural, and historical silencing of Black women has resulted in under and misdiagnosis of mental disorders. Green (2019, p. 266) writes that, "Historically, African American women have suffered from underdiagnosis, misdiagnosis, delaying treatment for depression, often prolonging the disorder, delaying treatment, and exacerbating symptoms" (as cited in Carrington, 2006; O'Malley, Forest, & Miranda, 2003). Dr. Green adds that, "African American women have experienced racialized gender discrimination and a legacy of oppression that has resulted in the uneven allocation of resources evident today" (Green, 2019, p. 265). As can be inferred, I find that there are three primary reasons for such disparity: 1. The silencing of Black women has resulted in less women speaking out and seeking professional help for mental illnesses and symptoms. 2. Mental healthcare providers have subconscious and conscious biases towards clients that may lead to discrimination and preference of White clients over Black clients. 3. There is an underwhelming amount of research and awareness on the impact of mental illness on Black communities. Dr. Earlise Ward states that, "As you think about health disparities, African-Americans are experiencing depression at the same rate as Caucasians, but… they are not seeking mental health services at the rate they're experiencing those issues. They are suffering in silence (Ward, 2017).

Upon realizing that scholarship on the impact of mental illness within Black communities is limited, it became evident that seeking scholarship on Black women specifically, yielded lesser results. Such scarcity in scholarship unfortunately allows for misperceptions and ignorant ideas about mental illness to be passed down. Limited research also implies that less focus is being payed

to Black communities; there is not nearly enough discourse on the ways in which African Americans and Africans alike are marginalized and likely experiences mental illnesses in different ways than their white counterparts. Psychiatrist Dr. Bessell van der Kolk emphasizes the lack of attention paid to Black women in psychology as he states, "When men go to war and suffer, it becomes headline news. But when women have a domestic war and suffer, it makes the last page of the newspaper...even worse for Black women" (*CenterScene*, 2015). The limited inclusion of Black people in clinical and psychiatric research inherently undermines the reality that Black people can and do suffer from mental illnesses at similar rates to their white counterparts. The lack of representation also hinders the kinds of resources that *need* to be provided to Black people and Black women, specifically, in order for them to overcome the unique form of oppression they face due to their race, gender, and class. In order for progress to be made and more resources provided for under-privileged, minority communities, there must be increased cultural competence of mental illness and the ways in which they impact different groups.

Methodology

This research serves as a mixed methodological qualitative analysis using online interviews/podcasts with Black female therapists, psychological articles that highlight the relationship between Black womanhood, intersectionality, and depression, to inform, a literature review of Lynn Nottage's *Ruined* which authenticates the marginalization Black women experience through representation and flexibility. Plays offer an intimate space for people to tune into one story and experience; both the audience and performers are actively embedded into the tragedies and stunning moments of the stories. When asked about the significance of theatre in telling uncomfortable stories that audiences may find difficult to grapple with, American playwright Lynn Nottage responds, "I think there's something special about an audience that's

gonna be able to look at each other as they're dealing with these very difficult subject matters" (*Arenastage1*, 2010). Nottage recalls feeling nervous about the way her audience would react to her play *Ruined,* she states: "I thought people are going to turn away from the subject matter because it's really tough" (*Arenastage1*, 2010). Nottage prides herself for telling the stories of the Congolese women she writes about, in a way that is "accessible and invites people to know these women and to engage with their humanity" (*Arenastage1*, 2010).

Healing Through The Arts

It is important to also recognize the ways in which music and dance can serve as therapeutic, healing measures.[5] Through dance and music, the unheard thoughts and needs of characters are illuminated; singing and dancing also serve as interventions for individuals suffering through trauma as it allows them to feel joy and pleasure. Dr. van der Kolk explains this when discussing the Truth and Reconciliation Commission in South Africa ("Tutu, Mandela and PTSD by Bessel van der Kolk," 2020). He found that singing and dancing played an essential role in the healing process of victims who were traumatized by the violence and gross human rights violations committed during the apartheid era. Dr. van der Kolk states that:

> This was the most therapeutic approach for individuals to process and talk about their dark experiences. Through singing and dancing, individuals could alternate the dark and traumatic experiences they had with joy, pleasure, and courage so they have the courage to go into the dark side of life. This prevents individuals from getting consumed by the trauma. ("Tutu, Mandela and PTSD by Bessel van der Kolk," 2020)

The healing qualities of singing and dancing are further exemplified in the works that I read as the playwrights alternate them between moments of high tension or when characters use it as substitutes to convey their true emotions.

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[5] **Note:** Music and dance can also be used to portray aspects of Black culture.

Review of Literature

This literature review analyzes Lynn Nottage's 2007 play *Ruined.* While *Ruined* does not actively portray characters with mental illnesses, the trauma that the women experience allude to the toll such trauma takes on Black women's mental health and the ways in which depression and suicidality may come as a result of it. Nottage uses the theatre to fill in the gaps of representation of Blackness in mental health by raising cultural awareness on the unique forms of oppression Black women experience. When asked about *Ruined,* Nottage shares that she "was really interested in telling a story about gender specific human rights abuses that were occurring" in the Congo (*Arenastage1*, 2010). Nottage adds that she prides herself in telling the stories of her mother and grandmothers, highlighting the generations of knowledge that have been passed down to her (*Arenastage1*, 2010).

Themes

Nottage highlights varying forms of trauma and grieving; she portrays Black women in a non-linear, humanistic way that leaves room for growth, heartbreaks, disorder, and joy. The three central themes of **trauma, grief, and healing** are driving forces in Nottage's *Ruined*. When describing trauma, licensed therapist Davia Roberts states that, "Trauma can be completely stored in our body. Even if we don't remember something, our bodies can react in certain environments" (Roberts, 2017). Dr. van der Kolk adds that, "Trauma is not just in the event that took place sometime in the past. It is mainly an imprint left by that experience on the mind, brain, and body. Most of all the body" (*CenterScene,* 2015).

Trauma

Individuals who experience trauma are vulnerable to experiencing post-traumatic stress disorder (PTSD) which manifests in four different categories: reexperiencing the trauma, avoidance, negative alterations in mood/cognition, and arousal/hypervigilance.[6] My mentor Dr. Norman Cotterell describes 'reexperiencing the trauma' as the body's way of saying "never again will I put myself in that situation" (Cotterell, 2020). Avoidance is exemplified through avoiding similar environments or topics that may trigger one's memory of the trauma. The negative change in cognitions can result in self-blaming, depression, and suicidal thoughts (Spokas, 2020). Lastly, hypervigilance and arousal can manifest itself in an individual's constant fight or flight mode. Dr. Cotterell concludes that, "Individuals suffering from PTSD experience a numbing of their vulnerability as a way to conserve their energy. But in doing so, they also numb joy, gratitude, courage... the positive effects of vulnerability as well" (Cotterell, 2020). Such emotional numbing can lead to depression and push individuals into the grieving stage.

Grief

Grief is a quiddative process that comes in five stages, as identified by Elisabeth Kubler-Ross and David Kessler, which serves as a catharsis for individuals suffering through loss.[7] This paper identifies grief as a process that comes with the prospect of hope because it ends in the acceptance of one's loss and such acceptance paves the way for positive cognitions of oneself and loss. Licensed grief counselor Keisha Wells describes grief as a process that occurs behind closed doors (Domino & Lauriston, 2020). Lauriston adds that through talking about grief, Black women

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[6] **Note**: I credit this classification to my Psychopathology Professor Dr. Megan Spokas and my Princeton Black Alumni mentor Dr. Norman Cotterell.

[7] **Note**: Elisabeth Kubler-Ross & David Kessler identified these 5 stages as stages of dying for those in grief, but over the years, Kessler's understanding of the stages evolved and they have since been applied to the area of grief.

give each other permission to be open about their grief and vulnerabilities (Domino & Lauriston, 2020). Through grieving, Black women can come to terms with accepting the reality of their loss, in whatever way that loss appears, and are better able to work through their pain and emotions.

Healing

This then leads to (or coincides with) healing, which is described in this paper as a never-ending rainbow that manifests in the ways in which individuals understand and interact with their trauma. Through my research, it is evident that Black women experience healing through positive cognitions of themselves and their trauma, reclaiming their voice and autonomy, expressing their emotions through music and dance, spiritual nourishment, and communion with other Black women. Healing is a life-long journey. It may never truly be over and accepting that reality makes all the difference for individuals embarking on the journey.

Lynn Nottage: *Ruined* (2007)

Lynn Nottage's *Ruined* explores the gendered and economic disparities in the Democratic Republic of Congo, and the ways in which such inequalities are exploited in times of war. When describing the war, Nottage's travel companion Kate Whoriskey states, "A violent war over natural resources had been raging there for years, causing one of the highest death tolls of any war" (Nottage, 2009, p. x). Although the war commenced in 2002, its deadly impact still remains. Nottage remarks that "Nearly 5.4 million people have died in that country since the conflict began...The fact is the war in the Congo is the deadliest conflict since WWII" (Huntington Theatre Company, n.d.). She adds that, "In the Congo, the mixture of poverty and war is a lethal combination...The human body becomes the weapon, the teenage boy the terror, and a woman's womb the battleground" (Huntington Theatre Company, n.d.). By this, Nottage refers to the use of

rape as a means of dehumanizing and demoralizing the community; it is used by the militias to obtain power and control.

Nottage's *Ruined* highlights the psychological warfare and physical violence that Congolese women suffered during the Civil war. Nottage journeyed to East Africa to collect narratives of Congolese women in hopes of giving the women a voice and audience. Upon interviewing the women, Nottage realized that "a war was being fought over the bodies of women. Rape was being used as a weapon to punish and destroy communities" (Huntington Theatre Company, n.d.). The gruesome stories that the women openly shared with Nottage revealed the sexual abuse and cruelty they experienced at the hands of both governmental and rebel soldiers. Nottage states that she "wanted to paint a three-dimensional portrait of the women caught in the middle of armed conflicts...and understand who they were beyond their status as victims" (Huntington Theatre Company, n.d.). This distinction is significant because Nottage is recognizing these women for their humanity; they are not just victims but survivors. The title of the play is significant as the term "ruined" specifically refers to a very brutal way in which a woman is raped both physically and psychologically (*Theatretalk*, 2015). Physically it means that she has a fistula, a tear between her vagina and anus. She literally has been destroyed" (*Theatretalk*, 2015). Psychologically, such trauma can leave women feeling depressed as they must cope with the loss of their fertility and bodily autonomy.

The trauma of sexual assault also leaves the women with negative cognitions about themselves, personal world, and their future because they are socially isolated and stripped of their ability to be loved by others. When a woman is *ruined*, she can no longer return to her village nor find romance in the future because it brings shame and dishonor to the family (Nottage, 2009, p. 15). These women bear not only the memory of such traumatic experiences, but also the blame

and shame of what is done to them. When asked why the men use rape as a weapon, Nottage responds that, "There's a legacy of brutality in the Congo that began with colonialism. The people feel completely dehumanized and act on that" (*Theatretalk*, 2015). Ruined is a story of trauma (PTSD), Sexual violence and exploitation, survival, and healing.

The story is centered on three powerful women: Sophie, Salima, and Mama Nadi. Mama Nadi is the owner of a bar and sex brothel in a small mining town which serves as her only means of income. As both governmental and rebel soldiers visit Mama Nadi's bar, it is evident that both sides believe they are the innocent parties, and Mama Nadi uses their patronage to her advantage. Both governmental and rebel soldiers face a moral injury, which is defined in this paper as being exposed to situations during which things occur that one believes is not morally sane, and not having an appropriate outlet to speak on that trauma (Veterans Affairs, 2020). Mama Nadi's girls often witness the intimidating soldiers breakdown in tears and confide in them about all the horrors they have committed; These men, who are oppressive and behave as though they are entitled to the girls' bodies, confess how they wish things were different and could take back their evildoings. During intercourse, the soldiers often unleash their suppressed rage on the bodies of Mama Nadi's girls. Salima describes this as she confides in Sophie, saying: "Sometimes their hands are so full of rage that it hurts to be touched" (Nottage, 2009, p. 32). Unfortunately for the girls, having the autonomy to use their bodies as a means of obtaining financial rewards comes at a detriment to their own mental, emotional, and physical health; the women risk contracting sexually transmitted diseases like HIV, are left with bruises and forced to tolerate their oppressors.

Salima, Sophie, and Mama Nadi can all identify with the four categories of trauma. Salima's trauma is manifested through "reexperiencing the trauma" as she promises herself that she will never have to endure the brutality and dehumanization she was subjected to, nor will she

be in situations that could compromise her safety. Sophie's character identifies with hypervigilance and arousal as she is still physically scarred from her trauma; she is *ruined,* and the pain associated with her brutal rape keeps her trapped in a battlefield mentality. She tenses at the touch of any man and is very protective of her body. Sophie is also the only one of Mama Nadi's girls that is not required to sleep with the men, so she sings at the bar to compensate for it. Thirdly, Mama Nadi identifies with avoidance and dissociation from her past trauma. Only at the end of the play, is it revealed that Mama Nadi is also *ruined* and swore to never relive such memories. Lastly, all three women experience negative alterations in their mood and cognitions as they internalize their trauma, which also serves as a hindrance for their future connections. Each woman experiences grief in their own ways and by the end of the play, they are able to build a community amongst one another. Their "sister circle," as Etta Fly calls it, allows them to come together and talk about their living and physical losses (Domino & Lauriston, 2020). This analysis seeks to highlight the ways in which the women's sexual assaults could lead to them feeling depressed, and the ways they are able to grieve and find healing in one another.

To start, Sophie is characterized as a very pretty young girl with a face no man can resist. This physical attribute unfortunately gets her in a lot of trouble as she is captured at gunpoint by the militia, brutally raped with a bayonet, and left for dead. Sophie's traumatic experience results in her loss of fertility and diminishes her likelihood of finding a romantic relationship in the future. Sophie is brought to work for Mama Nadi by her uncle, Christian, and Mama Nadi shows great reluctance to let her stay as she posed a risk of ruining Mama's business and reputation. She was a liability because, if it was revealed that she was ruined, the men may feel disgusted and avoid returning to Mama Nadi's bar. Sophie also suffered from PTSD so she could not be placed in situations where the men could access her physically; this could have caused tensions with the

other girls who were required to sleep with the men despite their own past trauma. Despite knowing that her assault was not her fault, Sophie bears the shame of being *ruined.* She longs for treatment to reverse her condition and feels hopeless about her living conditions. Most of the songs Sophie sings at the bar are very solemn with an underlying tone defeat. In one song, she sings, "To be seen is to be doomed. And yet the bird still cries out to be heard" (Nottage, 2009, p. 38). In another, she sings, "You come here to forget, you say drive away all regret, and dance like it's the ending, the ending of the war" (Nottage, 2009, p. 20). Through Nottage's lyrics, Sophie seamlessly conveys the depression and desolation they feel and the yearning they have to be seen, to be heard.

Salima suffers one of the most inhumane and brutal assaults one can imagine. As she tended to her garden, some rebel soldiers walked up behind her, knocked her down, and proceeded to brutally rape her in front of her baby girl. When her daughter began to cry out in fear, Salima was forced to watch a rebel soldier stomp her daughter to death while she was being raped; she was helpless, alone, and afraid. Her husband, who later becomes a governmental soldier in search of Salima, had gone out to buy a pot that day so he was not there to protect her. Salima was then captured, tied up by the soldiers, and continuously raped for five months straight. She recalls a rebel soldier announcing that she was "for everyone, soup to be had before dinner" (Nottage, 2009, p. 69). Salima continues that the militia tied her to a tree by her foot and came whenever they wanted "soup". She made their fires, cooked their food, and was forced to lay there as they tore her to pieces, until she was raw (Nottage, 2009, p. 69).

Salima's traumatic assault fills her with a lot of hurt and resentment, but she faces an even greater betrayal when she returns home. Her husband, Fortune, was so disgusted by what she went through, and proceeded to blame and curse her for it; Fortune calls her a "filthy dog," accuses her of tempting the men, and states that she has dishonored him (Nottage, 2009, p. 67). Even the rest

of Salima's family rejects and turns their backs on her. Salima states that her husband "was too proud to bear her shame... but not proud enough to protect her from it" (Nottage, 2009, p. 70). In her grief, Salima begins to blame herself for not being more cognizant of her environment, especially in a time of war. She asks Sophie, "What did I do? I must have done something. How did I get in the middle of their fight?" (Nottage, 2009, p. 69).[8] Salima is damaged both physically, emotionally, and psychologically by her traumatic experience and social castigation, however, she perseveres and exudes great tenacity. She is a survivor and takes no disrespect from people, not even Mama Nadi. Her ability to later relay her story in detail to Sophie also highlights this strength. She and Sophie serve as confidants for one another; they grieve together and are protective of one another from the moment the audience is introduced to them.

As the story unfolds, we learn more about Mama Nadi's traumatic past and the grief she endured. Mama Nadi is a clear portrayal of the Strong Black Woman archetype as she carries the weight of everyone else, suppresses her pain, and rejects the idea of vulnerability and love. She identifies survival with being self-established and refuses to abandon her bar even with the threat of being killed by the soldiers. Mama Nadi's character also adds nuance to the SBW archetype as she can be very egoistic and puts her own needs before others; her girls understand that "Mama Nadi eats first before they do". However, Mama Nadi's selflessness and growth as a character are exemplified when she places Sophie's well-being above hers; she gives Sophie her treasured diamond which she kept as an insurance policy, to pay for Sophie's fistula repair surgery.

Viewers also come to learn that mama Nadi's adverse childhood experiences influence her cynicism and avoidance of vulnerability and sexual pleasure.[9] As a child, Mama witnessed her

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[8] **Note**: By "they," Salima refers to the governmental and rebel militias

[9] **Note**: I learned about adverse childhood experiences (ACEs) through Dr. Nadine Burke Harris's TED Talk

mother pursue men who could compensate her in exchange for sexual gratification. She states, "My father was whoever put money in my mama's pocket! Chief, farmer who the hell cares?" (Nottage, 2009, p. 52). By the end of the play, it is also revealed that Mama Nadi is *ruined*, which explains why she never engages physically with the men that visit her bar. Mama Nadi has strong pessimistic feelings about the world, deprives herself of love as she feels she is unworthy of it, and has low expectations of her future. Her low expectations of the future are partially what leads her to giving Sophie the diamond; she believes her time to find happiness and a better future has passed and hopes Sophie can get the surgery and upgrade her life.

Sophie and Salima find healing through expressing their grief and becoming support systems for one another. While Mama Nadi is an authoritative figure for the girls and tries to maintain a distant relationship, she inevitably grows love and displays empathy and compassion for them as well. Nottage explains that in writing *Ruined,* she sought to tell a story of the positives alongside the negatives of war and the loss Congolese women experienced as a result of it. Whoriskey writes, "We did not want to focus solely on the damage but also the hope" (Nottage, 2009, p. xii). Nottage achieves this goal in *Ruined* through her genuine commitment to telling the stories of these women. She gives the Congolese women she spoke with a voice and a platform for their stories to be heard by the world. She validates their trauma and experiences and reminds them of their tenacity as survivors.

Discussion

Nottage's *Ruined* highlights the ways in which the intersecting identities of Black women are used to oppress and marginalize them in their communities and respective geographical locations. It is important to reiterate my driving point that although Nottage writes more specifically about East African Congo, her work captures and illustrates a common theme in the

lives of Black women; Black women transnationally experience these forms of marginalization and socio-cultural expectations placed on them based on their race, gender, and class. This is why using intersectionality as a form of analysis is imperative; it allows for Black women from differing circumstances to find a connection within their experiences. Through such connections, Black women can better understand that they are not alone in their hardships and be inspired to find healing in one another and admit when they need help.

Future Directions

Despite the progress that has been made in calling attention to the unique forms of oppression Black women face, there is still more to be done. More research needs to be conducted in order to spread awareness and shed light on the negative impact race, gender, and class-based oppression has on Black women's mental health. More nuance could also be added by analyzing the other forms of oppression Black women experience that stem from the umbrella terms of race, gender, and class. These include colorism, domestic violence, workforce discrimination, and even the ways such forms of subjugation manifest on the physical body. Increased awareness also decreases the stigma associated with mental illness and depression and encourages Black women to take advantage of the resources made available to them. Dr. Green recommends that providers, "use the terminology of 'Strong Black Women' and provide psychoeducation to clients about ways this idea could be impacting them" (Green, 2019, p. 283). Through this approach, providers not only help their Black female clients, but also equip them to help themselves outside of therapy or counseling, and share their knowledge with others. Increased awareness and discourse on this topic give Black women the permission to be more open and vocal about their trauma and grief; it normalizes their emotions and paves the way for more resources to be provided for them. It can

also help decrease the biases and stigmas that are held by mental health professionals about Black women.

Conclusion

Heightened awareness on this topic can pave the way for better resources to be provided and can vitally strengthen the mental and emotional health of Black women globally. In addition, it is crucial for a multi-faceted approach to be used when analyzing the impact of intersectionality on Black women because the concept cannot be understood solely through one perspective. Dr. Green supports this point in her statement that, "Mental health providers may benefit from utilizing more culturally responsive interventions with African American women rather than using a 'one size fits all' approach" (Green, 2019, p. 282). This paper attempts to follow the multicultural approach by highlighting the role that theatre plays in propelling the stories and trans-continental representations of Black women. This research only serves as one piece of a greater discourse that is increasingly being held both by playwrights, psychologists and counselors, and within the Black community at large.

References

African American Mental Health. (n.d.). Retrieved from https://www.nami.org/Support-
        Education/Diverse-Communities/African American-Mental-Health

Arenastage1. (2010, October 6). Lynn Nottage discusses bringing "Ruined" to Arena Stage –
        YouTube. Retrieved from https://www.youtube.com/watch?v=zmWlrTOLUi8

Banks, Kira Hudson and Kohn-Wood, Laura P., "Gender, Ethnicity and Depression:
        Intersectionality in Mental Health Research with African American Women" (2002).
        Scholarship. Paper 6. Pp. 174-184. http://digitalcommons.iwu.edu/psych_scholarship/6

Beal, F. (1971). Double jeopardy: To be Black and female. Detroit, MI: Radical Education
        Project.

Beck, A. T. (2003). *Cognitive therapy of depression*. New York: Guilford Press.
        Brown, B. (n.d.). The power of vulnerability. Retrieved from
        https://www.ted.com/talks/brene_brown_the_power_of_vulnerability

Bryant, F. (n.d.). You Can't "Pray Away" a Mental Health Condition. Retrieved from
        https://www.nami.org/Blogs/NAMI-Blog/March-2018/You-Can-t-Pray-Away"-a-Mental-
        Health-Condition

CenterScene. (2015, May 22). The Body Keeps the Score: Brain, Mind, and Body ... - YouTube.
        Retrieved from https://www.youtube.com/watch?v=53RX2ESIqsM

Dale, S. K., & Safren, S. A. (2019). Gendered racial microaggressions predict posttraumatic
        stress disorder symptoms and cognitions among Black women living with
        HIV. *Psychological Trauma: Theory, Research, Practice, and Policy*, *11*(7), 685–694. doi:
        10.1037/tra0000467

Domino, L. & Lauriston, C. (Stitcher). (2019, September 12). *Ep 8 Doing the Word with Dr.
        Joy Harden Bradford.* The Secret Lives of Black Women (podcast).

Domino, L. Lauriston, C. (Stitcher). (2020, April 6). *Ep 30 Confronting Grief with Keisha
        Wells.* The Secret Lives of Black Women (podcast).

Domino, L. & Lauriston, C. (Stitcher). (2020, April 23). *Ep 31 Creating New Support Networks
        with Etta Fly.* The Secret Lives of Black Women (podcast).

Gary, F. A. (2005). Stigma: Barrier To Mental Health Care Among Ethnic Minorities. *Issues in
        Mental Health Nursing*, *26*(10), 979–999. doi: 10.1080/01612840500280638

Green, B. "N. (2019). Strong Like My Mama: The Legacy of "Strength," Depression, and
        Suicidality in African American Women. *Women & Therapy*, *42*(3-4), 265–288. doi:
        10.1080/02703149.2019.1622909

Kugelmass, H. (2016). "Sorry, I'm Not Accepting New Patients." *Journal of Health and Social
        Behavior*, *57*(2), 168–183. doi: 10.1177/0022146516647098

Huntington Theatre Company. N.D. Lynn Nottage on Ruined. (n.d.). Retrieved from
        https://www.huntingtontheatre.org/articles/Lynn-Nottage-on-iRuinedi/

Nottage, L. (2009). *Ruined.* New York: Theatre Communications Group.

Roberts, D. (AFFIRM). (2017, October 20). *Ep 18 Domestic Violence: Love Shouldn't Hurt.*
        Redefine Enough + Just Davia (podcast).

Starnino, V. R. (2016). When trauma, spirituality, and mental illness intersect: A qualitative case
        study. *Psychological Trauma: Theory, Research, Practice, and Policy*, *8*(3), 375–383. doi:
        10.1037/tra0000105

Theatretalk. (2015, July 18). Playwright Lynn Nottage's on "Ruined;' plus Critic Elisabeth
        Vincentelli (YouTube). Retrieved from

https://www.youtube.com/watch?v=8XqveK8iOV0&t=649s

VA.gov: Veterans Affairs. (2020, April 20). Retrieved from https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp

Watson, N. N., & Hunter, C. D. (2015). Anxiety and depression among African American women: The costs of strength and negative attitudes toward psychological help-seeking. *Cultural Diversity and Ethnic Minority Psychology*, *21*(4), 604–612. doi: 10.1037/cdp0000015

Www.wholebeingfilms.com. (2020, April 20). Tutu, Mandela and PTSD by Bessel van der Kolk. Retrieved from https://vimeo.com/294381301