

CANADIAN JOURNAL OF

# Disability Studies

Published by the Canadian Disability Studies Association · Association Canadienne des Études sur l'Incapacité

*Canadian Journal of Disability Studies*

**Published by the Canadian Disability Studies Association**

**Association Canadienne des Études sur l'Incapacité**

**Hosted by The University of Waterloo**

[www.cjds.uwaterloo.ca](http://www.cjds.uwaterloo.ca)

**The Healing Power of Art in Intergenerational Trauma:  
Race, Sex, Age and Disability**

Gloria Swain, M.A, York University, Independent Artist  
glcarissa@gmail.com

**Abstract**

Throughout this paper, I use a political and activist lens to think about disability arts and its potential role in opening up a necessary conversation around how madness is produced by experiences of racism, poverty, sexism, and inter-generational trauma within the Black community. I begin by explaining how the Black body has a history of being the site of medical experimentation. From the perspective of my own experience, I suggest that this history of medical abuse has caused Black people to be suspicious and wary of the healthcare system, including the mental healthcare system, which forecloses discussions around the intersection of Blackness and mental health. I go on to argue that this discussion is further silenced through the trope of the 'strong Black woman,' which, in my experience works to perpetuate the idea that Black women must bear the effects of systemic racism by being 'strong,' rather than society addressing this racism, and she must not admit the toll that this 'resilience' might have on her mental health. I close with a discussion of how my art practice seeks to open up a conversation about madness in the Black community by suggesting that madness is political.

**Keywords**

Blackness, madness, anti-Black racism, disability arts

**The healing power of art in intergenerational trauma:  
Race, sex, age and disability**

Gloria Swain, M.A, York University, Independent Artist  
glcarissa@gmail.com

**Introduction**

There is no argument that being a Black woman is stressful. In addressing institutional systemic racism, I critically reflect on my lived experience. The continuities of systematic racism are evident in the recent police encounters with Black women today and are a continued example of how violence against Black women and their rights as citizens are ignored. This leads me to review violence against Black women who face devastating amounts of violence because of race, sex, age and disability. In looking at how systemic oppression and emotional trauma can produce madness, I look to historical racism and income inequality affecting me as a member of the Black community. As a Black woman living in poverty, who is part of a community that experience racism, police violence and brutality, unemployment, unaffordable housing, and gaps in mental health services, and as someone who carries the history of generations of oppression and pain in my body, my depression is deeply political. My depression is political; it is the direct result of anti-Blackness and all the cruelty that has been shown to Black people. My art practice, which animate the connection between madness and anti-Black racism is political and also therapeutic; the two do not cancel each other out.

Throughout this paper, I use a political and activist lens to think about disability arts and its potential role in opening up a necessary conversation around how madness is produced by experiences of racism, poverty, sexism, and inter-generational trauma within the Black community. I begin by explaining how the Black body has a history of being the site of medical experimentation. From the perspective of my own experience, I suggest that this history of

medical abuse has caused Black people to be suspicious and wary of the healthcare system, including the mental healthcare system, which forecloses discussions around the intersection of Blackness and mental health. I go on to argue that this discussion is further silenced through the trope of the 'strong Black woman,' which, in my experience works to perpetuate the idea that Black people must bear the effects of systemic racism by being 'strong', rather than society addressing this racism, and she must not admit the toll that this 'resilience' might have on her mental health. I close with a discussion of how my art practice seeks to open up a conversation about madness in the Black community by suggesting that madness is political.

### **A history of the use of mad Black bodies in medicine**

The history of human medical experimentation includes disadvantaged, marginalised, Mad and enslaved Black women. During slavery, many Black female bodies were used for scientific and medical experimentations that led to medical breakthroughs that aided in cures for white women. For example, Sara Baartman, a Black woman, was put on display from 1810 until 1815 across Europe as part of a freak show. Baartman was referred to as "Hottentot Venus," a racist term that was then used to refer to Khoi people. After her death on December 29, 1815 at age 26, researchers kept her sexual organs and her brain and placed them on display at the Musee de l'Homme in Paris (Gordon, 2014). On August 9<sup>th</sup>, 2002, Baartman was finally laid to rest 187 years after she died (Davis, 2012). Another example of how Black women have been used within medical experiments throughout history is the medical research on Henrietta Lacks. Lacks was born Loretta Pleasant on August 1, 1920 in Roanoke, Virginia and died of cervical cancer on October 4, 1951 at thirty-one years of age. Her cancer cells were taken without her knowledge or consent in 1951 (Zielinski, 2010). Her cells proved to be important in cancer research even after

her death (Skloot, 2017). This is an example of how the healthcare system in the United States has violated the rights of Black women and therefore Black women are still mistrustful of this system. These examples demonstrate some of the historical ways that Black women have been mistreated by medical institutions, which points to the need to search for alternative ways of healing. It is no surprise that because of this history, many Black women continue to mistrust the healthcare system.

### **The trope of the 'strong Black woman'**

In this section, I investigate the stereotypes which have led to and are imbedded within the cultural trope of the 'strong Black woman.' Because of the history of slavery and the way in which Black women were told just accept sexual and physical abuse and move on, history has made mental disability a taboo subject in the Black community. The denial of mental disability in North America is particularly prevalent among African-American women (Bhui, et al, 2005). As someone who has been characterized as a 'strong Black woman' myself, I know that this term tells Black women, as well as the rest of society, that instead of confronting systemic anti-Black racism and its violent effects instead Black women must be 'strong,' resilient, and bear this violence on behalf of ourselves and our families. The term also depoliticizes Black women's resistance by suggesting that it is inherent to our nature to be "strong" and "indestructible." The strong Black woman narrative dictates that Black women must be strong and not address the pain or the fact that throughout history no one ever addressed the mental health of Black women. Being a strong Black woman is killing Black women because we are remaining silent and suffering because we believe we must take care of others before taking care of ourselves. Along with the ways that this trope affects our lived experiences of encountering and resisting

oppression, this may make Black women continue to not use services because of the history of racist practices in healthcare and expectations of 'just dealing with it.' This combination of expectations and understandings underlines my point that the concept of the strong Black woman is killing Black women. Because of the history of subjugation, openly suffering from 'mental disability' is taboo, which only puts more pressure and stress on Black women who live with madness. Growing up with statements like, "we don't get depressed, we went through slavery" just means that the trauma is passed down from generation to generation. We need to look at how slavery affected the Black community and why it's so difficult for us to discuss mental health without fear or shame. As a Black woman in the healthcare system, I continue to face barriers and experience a lack of access to preventive healthcare services and programs, according to Deramus (2015). I have also noticed a lack of support and cultural sensitivity in the Black community surrounding mental health and treatment.

For example, I personally experience a barrier when I cannot access art therapy with Black therapists. For me, as a patient, it's important to be listened to and not judged because of my race, gender, and class and it is often difficult to share one's experiences with someone who does not look like or understand what you are going through. Elkins and Deaver (2013) write, "While clients are diverse in race, ethnicity, gender, and additional identities, practitioners are predominantly white and female." While similar cultural roots may not guarantee a better understanding and relationship between therapist and patient, therapists who share the same identity tend to understand what the patient is experiencing without making assumptions.

I have spent time in and out of hospitals with consistent and unexplainable joint pain and have been sent home without a diagnosis, but with a prescription. I was later diagnosed with chronic joint disease. And prior to being diagnosed with a chronic blood disorder, I was passed

around from specialist to specialist and was finally misdiagnosed. I was informed that my blood disorder was because I was mixed with European and Black blood. And when I received my first diagnosis of depression in 2002, my doctor informed me that if she wrote a prescription for antidepressants, she would have to report me to children's services. At that time, I was a single mother on social assistance with a small child and it was a requirement for the physician to report such cases for the safety of the child. Because of this practice, it is no wonder Black women don't feel comfortable talking openly about their experiences of depression; it is no wonder they do not reach out for support. Thus, I suffered alone and in silence with a diagnosis of depression which was later diagnosed as manic bipolar disorder in 2004 as a Black woman living in a low-income situation.

My experiences as a Mad Black woman who encounters systemic oppression more often than systemic support prompts me to ask the question: what does healing in mental health look like for Black women in low-income communities? Levin and Becker (2010) argue that preventive mental health services in the Black community should be resource-intensive, which includes components such as emergency relief and access to childcare. For me, the very opposite was the case. Instead of offering help with childcare, I was threatened with losing my child. At the time, my family physician informed me that if she wrote me a prescription for depression, she was required to report me to Children's Services to protect my small daughter. These services would benefit Black women who use community organizations and address social issues by helping to remove pressure and anxiety in securing financial assistance and resources.

I have always been an artist. As a child who felt excluded and depressed, I used art as a way to escape childhood trauma. And so, when I was experiencing such a lack of support from the mental health system, I turned to art. Making art was, and still is, therapeutic: it helps me

cope with the oppression I experience daily. At the same time, my art is political: it animates my experience as a Mad Black woman, an experience that is not often, or adequately, represented in our culture, as I suggest further along in this essay. When I was depressed and going through difficult times, I found that art helped me get through some difficult predicaments. Using art as therapy and as an outlet for mental health issues could help other people who are finding it difficult to cope with their situations. Art was a way out for me and I started to put all my thoughts and feelings into my artwork. There are many ways out of darkness. Art became a way, for me, to deal with intergenerational trauma and a way to uplift other Black women who also struggle with mental health issues. I am currently on a journey of discovering and telling my own story through my work. I believe that using art, as an approach to expressing your emotions, could help others who may be struggling in silence. A report from the online publication, Arts Council England (2007), suggests that arts participation has an impact on the determinants of health. Thus, art funding and resources in health initiatives should be increased.

### **Possibilities and limitations of disability arts**

I am a Black woman and a Mad disabled artist who uses disability arts to share and politicize my experiences. My art practice connects my lived experience of madness to the broader social and political conditions which create it. My art practice allows me to develop ways to address adversity and to create events and spaces which might create positive change in families and communities. By talking openly about my own personal and political experiences of madness, I hope to draw attention to how madness and Blackness intersect; an issue that has kept Black people silenced, excluded and ignored around mental health conversations. Through the critical lens of a Mad, disabled, Black woman artist, my art practice explores the experiences and



identities of Black women that intersect with experiences of racism, sexism, classism, poverty and colonialism.

My art practice strongly focuses on the complexities of mental disability in the Black<sup>1</sup> community where we experience racism, sexism, classism and prejudice, especially against Mad Black women, like me. Disability arts reflects my experience with disability and creates a new way of looking at art and artists in relation to disability and how disability is understood, which is necessary for challenging negative stereotypes about disability that contribute to health inequities. Through disability arts, we can address problems of misrepresentation. For example, when the Bell Let's Talk campaign only portrays wealthy white people as having mental health issues, Black people are not given a voice in this conversation and, as a result, do not receive services, support and recognition. My art highlights these health inequities. My counter-campaign – Bell Let's Actually Talk – gave voice to mental health in the Black community because those who are marginalized are not prioritized in mainstream campaigns and dialogue.

In my own artistic practice, I explore ideas of race, gender, sexuality and disability to create spaces to talk about the intersection between madness and Black mental health. But as an aging Black female artist with a disability, I am unable to locate a specific community where I can hold space. Therefore, I create art-making spaces and places that ask, "What does your creative space look like?" I create this art-making space to address my concerns about mainstream disability arts, which promotes accessibility and inclusion in a way that privileges white able-bodied and disabled men the art world, which I see as a continuation of racism and settler colonialism. I think that the art world in general privileges able-bodied white men and, similarly, the disability art world privileges white disabled men because the majority of existing

---

<sup>1</sup> I use the capital B in Black as I do see it as merely a colour of skin pigmentation, but as a heritage, an experience, a cultural and personal identity.

spaces are white art spaces. Based on my personal experience, as an aging Black feminist artist, I have witnessed first-hand knowledge of the mass presence of white able-bodied male artists in Toronto's art spaces. In an online article written by Brian Sherwin, he states:

The 'art world' shares the same prejudice we face in the real world. That said, the illusion of togetherness that has been constructed around the art world makes said reality even more toxic. Forms of sexism, racism, and ageism dominate art culture just under the surface-- which dictates our collective knowledge of art history. This is a topic that few gallery owners want to discuss-- because it is a topic that, more often than not, reveals a world of bigotry and unnecessary challenges placed before artists. (2011)

Sherwin's comments speak of the experiences of many Black, Indigenous, and people of colour artists who are uninvited and not seen in many mainstream art spaces. And the rise in cultural appropriation in the mainstream art world is a strong indication that colonialism continues to strip away the identities of Black and Indigenous artists and art forms. For example, Indigenous activists in Canada forced the cancellation of an art show in Toronto by non-Indigenous painter Amanda PL in 2017. PL's first solo exhibition, at the new Visions Gallery in Toronto's Leslieville district, appropriated a form of Anishinaabe painting known as the Woodlands style. (Nazaryan, 2017). Another example of cultural appropriation in art galleries is the painting *Open Casket* by white artist Dana Schutz displayed this year (2017) at New York's Whitney Biennial Museum. This installation included a gruesome image of fourteen-year-old Emmett Till who was lynched in 1955 in Mississippi (Helmores, 2017), which was heavily protested by the Black community. These are just a few examples (and there are many more) of art galleries that exhibit artwork engendered with cultural appropriation, exhibits which are not questioned until Black, Indigenous, People of Colour communities protest them. The fact that

these protests must be mounted again and again evidences the pervasiveness of white supremacy in the arts.

Because of my passion for the arts, I have turned to disability arts to reach other Black women living with mental health disabilities. I argue that using disability arts for social change, practiced through a critical race and Black feminist perspective, can offer a more effective method for healing than harsh experimental prescription drugs, which can be abusive. My own ability to use art to heal is because art opened community conversations about systemic oppression and intergenerational trauma in a way that drugs were not able to. But I also consider that what works for me may not work for others and drugs and other forms of therapy might help in those cases. My own return to art could address my mental health issues in a way that prescription medication could not. While I was on various medications for several years I did not feel in control of my own thoughts. I would often burst into tears inside elevators, I was afraid to ride a crowded subway alone, and I had completely lost the confidence to stand in front of a crowd and speak. Yet, art gave me back my ability to laugh. I'm no longer afraid to ride the crowded subway car. I'm now able to stand in front of a crowd and share personal narratives about my lived experience with my mental disability. And all of this is because, for me, art is therapeutic and transformative. By using my art to talk about my journey with mental health, I can raise awareness of centuries of oppression and work to illuminate some of the shame that comes with Black women speaking about their mental disabilities.

My disability art, an important part of my healing process, focuses on my Blackness, mental health, disability and self-care. My work invites viewers into my journey with depression. It also allows me to develop relationships and collaborate with other Mad Black women. My art has informed my activism in such movements as Black Lives Matter Toronto, OccupyINAC,

supporting Black cis and trans women and my contribution to the Say Her Name Campaign. For example, art has become a central component of the occupation for BLMTO and OccupyINAC because it was the tool that brought people and cultures together within these movements.

### ***Mad Room***

Conversations and organizations within the mainstream art world do not typically include access and inclusion for disabled artists. As an aging Black woman artist with a mental disability, I have personally encountered such barriers as inaccessibility of art education and training, inadequate resources and support, and the lack of welcoming spaces for disability and Mad aesthetics.

Tangled Art + Disability is a non-profit organization in Toronto, Ontario that has been cultivating disability art in Ontario since 2003 by supporting the work of disability, Deaf, and Mad-identified artists through professional development workshops and holding cost-free and accessible disability art programming (Tangled Art + Disability, 2017).

In 2016, Tangled opened the Tangled Art Gallery (TAG), Canada's first art gallery dedicated to showcasing disability, Deaf, and Mad art and advancing accessible curatorial practices (Tangled Art + Disability, 2017). All of TAG's exhibitions and programming offers audio description, American Sign Language (ASL) interpretation, and personal support workers. All of their events are wheelchair accessible, they welcome service animals, and the art is hung at accessible levels. These practices, which are in no way common practices in mainstream galleries centred on white, cis-male, non-disabled subjects, are important for the way that they centre disabled, Deaf, and Mad artists and audiences.

In 2016, I was the Sharon Wolfe Artist-in-Residence<sup>2</sup> at Tangled Art & Disability, which was an opportunity that increased my own understanding of disability and the definition of Mad art. In this residency, I created over 50 paintings to fill the Tangled Gallery for my solo exhibition, *Mad Room*. In the exhibition's title, I use the term 'mad' in a Foucauldian<sup>3</sup> sense to refer to how anti-Black racism impacts my mental health. I spent two and half months and over three hundred hours working on my art exhibition titled, *Mad Room*. The paintings featured mixtures of vibrant textured shapes and colours that created a relaxing environment and all the paintings were 'touchable' which allowed people to embrace the work. Along with the paintings, this exhibit had a bed containing two blank canvases and a white textured mask with blue eyes, a monitor featuring the artist statement with visuals, a small table with re-labelled empty pill bottles and a coat hook with white clothing hanging on it. My artist statement was in the form of a short video which was closed captioned. The artwork was divided into sections: healing space, stigmas, traumatic, perseverance, demeanour, secrets, violence and mental disability sharing my journey with depression and anti-Black racism. The whole exhibition was audio described.

As a disabled, Mad Black female artist whose experience has taught me that art can be a refuge from the intense emotions associated with illness, disability and disablement (Collie et al, 2006), I feel it is important to share opportunities, resources and space in the healing process.

Disability arts allow an outlet for my pain and I can share lived experiences with other Black

---

<sup>2</sup> The Sharon Wolfe Artist in Residency (SWAIR) is named in honour of the organization's founding director. The SWAIR offers a disability-identified artist the rare opportunity to devote themselves fully to a creative project, while making an important contribution to the broader cultural community. The residency at Tangled was launched with the support of the Canada Council for the Arts and is currently funded through individual donations.

<sup>3</sup> Madness for Foucault (1971) has a complex relationship to unreason; it is both part of unreason and separate from it. It is essentially constructed and controlled by the intellectual and cultural forces that operate within society. The treatment of the mad person depends fundamentally on how they are perceived, Madness in the middle ages was associated with dark secrets and visions of the end of the world; in the classical period, it was confined along with other forms of social deviance and lost its exclusive status. The modern idea of madness as a treatable mental disease developed from nineteenth century ideas of madness as a kind of moral evil.

women. And so, along with being an art exhibition, I wanted *Mad Room* to be a community space by and for other Black women to talk about mental disability. This began during my residency as I invited other Black artists to visit me in my studio. In these visits, I showed these artists my work-in-progress and they could give me feedback. This also gave me the opportunity to introduce these artists to Tangled. Throughout it all, I could use my art-making space to open up opportunities for often-quieted conversations about mental health disabilities in Black communities and the connection between madness, colonialism, intergenerational trauma, and state-sanctioned anti-Black racism, like police brutality. These conversations continued after the exhibition as I held 16 (true!) artist talks—an unprecedented number of artists talks at Tangled. Many of these artist talks created space for my community to talk about the experience of madness in Black communities. This was also an opportunity for me to disrupt the ‘strong Black woman’ trope and focus on healing from intergenerational trauma<sup>4</sup>. It was exciting and heart-warming to see how relaxed people were when they entered the space.

Sharing my story through disability arts opened up conversations wherein people could speak freely about their own struggles with racism, ableism and how these systems of oppression intersect with and amplify experiences with mental health disabilities. *Mad Room* represented madness differently than it is represented in mainstream culture. For example, in the Bell Let’s Talk campaign this left me feeling that my mental health was not important and that I was invisible. The amount of discussion and community building that happened during my time at Tangled offered an opposite and alternative approach.

Disability arts continue to create community, raise political consciousness and bring action to social issues. My *Mad Room* exhibit was well received and successfully opened

---

<sup>4</sup> Intergenerational trauma is the transmission of historical oppression and its negative consequences across generations.

dialogue about older Black women and mental health issues and I continue to have these conversations today with other Black women through my art.

### **Conclusion**

As I reflect on my artistic contributions within disability arts, I conclude with a final example of how my art practice is political for how it opens up conversations about mental health in Black communities. I was an active member of the Black Lives Matter Toronto tent city in protest of the 2015 killing of Andrew Loku, a Black man with a history of mental health issues, by Toronto police. This tent city coincided with the eight-day occupation of the Indigenous and Northern Affairs Office (occupyINAC) in response to the Attawapiskat youth suicide epidemic, part of an ongoing mental health crisis that exists on Canadian reservations. Both protests called attention to the lack of support for Indigenous and Black people who experience mental health issues.

Disability arts played a major role in creating community in solidarity and bringing political consciousness to police violence and mental disability. My art brought attention to Blackness, disability, madness and self-determination while the work of Syrus Ware, Vanier Scholar, visual artist, community activist, researcher and member of Black Lives Matter Toronto, explored social justice and Black activist culture. The artist-led interventions in movements like Black Lives Matter Toronto and the Indigenous and Northern Affairs Office occupations centered around Black people, Indigenous people, and people of colour with experiences around madness and disability and illustrated the role of disability art in bringing awareness and creating change.

My art practice, specifically my work in *Mad Room*, focused on my identity as a Mad Black woman with experiences in the mental health system. It is my hope to use art to debunk the trope of the 'strong Black woman' and begin to politicize experiences of madness. *Mad*

*Room* was a deliberate way of inviting viewers into my mad space to raise awareness, open conversation and promote coping strategies and self-care for madness in the Black community.



## References

- Arts Council England. (2007). The arts, health and well-being. Retrieved from <http://webarchive.nationalarchives.gov.uk/20160204123010/http://www.artscouncil.org.uk/advice-and-guidance/browse-advice-and-guidance/the-arts-health-and-well-being>
- Bhui, Kamaldeep, Stansfeld, S., McKenzie, K., Karlsen, S., Nazroo, J., & Weich, S. (2005). Racial/ethnic discrimination and common mental disorders among workers: Findings from the empiric study of ethnic minority groups in the united kingdom. *American Journal of Public Health*, 95(3), 496-501.
- Collie, K., Bottorff, J. L., & Long B. C. (2006). A narrative view of art therapy and art making by women with breast cancer. *Journal of Health Psychology*, 11(5), 761-775.
- Davis, L. (2012). Sarah Baartman, at rest at last. *South Africa Info*. Retrieved November 11, 2016 from <http://www.southafrica.info/about/history/saartjie.htm#.WCW9y4WcE2w>
- Deramus, K. (2015, April 15). The stigma of mental health: Why black women don't ask for help. *The Wellesley News*. Retrieved November 27, 2016. <http://thewellesleynews.com/2015/04/15/the-stigma-of-mental-health-why-black-women-dont-ask-for-help/>
- Elkins, D. E., & Deaver, S. P. (2013). American art therapy Association, Inc.: 2011 membership survey report. *Art Therapy: Journal of the American Art Therapy Association*, 30(1), 36-45. doi: 10.1080/07421656.2013.757512
- Gordon, T. (2012). 5 unethical medical experiments that used black people as guinea pigs. *Atlanta Black Star*. Retrieved from <http://atlantablackstar.com/2014/12/02/5-unethical-medical-experiments-that-used-black-people-as-guinea-pigs/5/>
- Helmore, E. (2017, April 2). The painting that has reopened wounds of American racism. *The Observer*. Retrieved from <https://www.theguardian.com/us-news/2017/apr/02/emmett-till-painting-reopened-america-wounds-race-exploitation-dana-schutz>
- Levin, B. L., & Becker, M. A. (2010). *A public health perspective of women's mental health*. New York, NY: Springer.
- Nazaryan, A. (2017, May 10). A white painter was to exhibit her indigenous-inspired works, but cultural appropriation charges shut down the show. *Newsweek*. Retrieved from <http://www.newsweek.com/cultural-appropriation-outcry-succeeds-cancelling-gallery-show-white-painter-594924>
- Sherwin, B. (2011, February 19). Art and prejudice: Dealing with sexism, racism, and ageism in the art. *Fine Art Views*. Retrieved from <http://faso.com/fineartviews/27887/art-and-prejudice-dealing-with-sexism-racism-and-ageism-in-the-art-world>

Skloot, R. (2017). *The immortal life of henrietta lacks*. New York, NY: Broadway Books.

Zielinski, S. (2010, January 22). Henrietta lacks' 'immortal' cells. *Smithsonian.com*. Retrieved from <http://www.smithsonianmag.com/science-nature/henrietta-lacks-immortal-cells-6421299/>