Trauma’s “Underground History”: Assessing Traumatization and Trauma Resilience Through Retrospective Analysis of African-American Slave Narratives

by

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Introduction

“Each American generation has its characteristic psychiatric diagnosis,” my thesis advisor, Professor Charles Barber, writes in his essay, “We Live in the Age of Trauma” (Barber, 2013). “If this is so, the appropriate diagnosis of the last decade – since Sept. 11, 2001, to be exact – may be PTSD: post-traumatic stress disorder.”

Trauma and traumatization are more present in both the scholarly and informal consciousness today than ever. But what makes this assertion interesting is the fact that neither traumatic events, nor the psychological reactions to them, are in any way new. As a psychology student, this is what I have always found fascinating about the study of war and combat. These forces have been constants of the human condition, and thus of the human psyche, throughout evolution and human history. It is this dichotomy – the constancy of the psychological concept of trauma against the modern and rapidly expanding modern understanding of the disorder, which was the impetus for this thesis.

Advances in research on posttraumatic stress disorder (PTSD) have generally first come in the context of the military. This is reasonable – while the experiences themselves are certainly traumatic, at least war is a place where such horrors are expected. Accordingly, it has been in the military, and not the civilian realm, that a societally accepted place for and understanding of traumatic events has occurred. However, in recent decades, the diagnosis has continued to evolve. In fact, it was a relatively recent development (in the 1980s, with the codification of the PTSD diagnosis) that acknowledged that traumatic stressors on and off the battlefield were triggers for the same mental disorder.
One of the most recent advances in the evolution of the posttraumatic stress disorder diagnosis was the classification by Harvard psychiatrist Judith Herman of a new subtype of PTSD called complex posttraumatic stress disorder (C-PTSD). Complex posttraumatic stress disorder is a mental disorder characterized by changes in emotional and memory regulation, as well as personal relationships and self-perception, found in individuals who have been the victim of sustained traumatic experiences. These are, in other words, prolonged situations where trauma becomes a way of life.

As traumatization becomes more fully understood by contemporary research, there is a parallel trend towards looking backwards in time – using written medical and personal records to trace the disorder’s presence throughout history. However, this body of work has to date focused on the diagnosis of PTSD in veterans, from the Vietnam War (Kilpatrick, 2007), World War II (Kaiman, 2003), and going as far back as the Civil War (T. Horowitz, 2015). Comparable research in civilian populations has lagged behind, partly due to the relative lack of large databases of medical records. A notable exception is the work that has been done to study the effects of concentration camp experiences in the Holocaust and Japanese-American internment in the United States during World War II (Favaro, 1999; Kuch, 1992; Potts, 1994).

It is here that this study links with the understanding of the history of trauma. I wanted to know what the results would be of taking the more open contemporary understanding of trauma and traumatization and applying it to a historical population outside of the military. During a preliminary search of possible populations, I read
Herman’s book, *Trauma and Recovery*, which would become the central theoretical basis for this study. In the introduction, Herman writes:

Denial, repression, and dissociation operate on a social as well as an individual level. The study of psychological trauma has an “underground” history. Like traumatized people, we have been cut off from the knowledge of our past. Like traumatized people, we need to understand the past in order to reclaim the present and the future. Therefore, an understanding of psychological trauma begins with rediscovering history.

This quote speaks, rightly, to the need to bring to light stories of trauma that have been suppressed, stories of those who have faced appalling traumatic stressors and then been revictimized by society’s refusal to acknowledge their experiences. One of the most shameful tragedies in American history is the practice of the chattel slavery for hundreds of years. The lives of African-American slaves – men, women, and children who were subject to an unjust system in a society that wanted to sweep their stories under the rug – are important stories in the underground history of trauma.

It is important to recognize at this juncture that I am not African-American: I have not lived under the residual effects of slavery nor experienced the injustice of institutional racism in American society. American history has been dominated by white voices, and I see the merits of the argument that African-American self-determination in scholarship of their own past is crucial in revision, defense, and celebration of the collective history of African-Americans. However, I believe that this study is an important topic regardless of whether I am the same race as my subjects. It is a first attempt to match a population whose mental health has been
greatly understudied, considering the magnitude of the injustices done to them, with a diagnosis that has been only recently developed.

I found only one other academic work that has studied posttraumatic symptoms in former slaves. Joy DeGruy’s 2005 work, *Post Traumatic Slave Syndrome: America’s Legacy of Enduring Injury and Healing* takes a sociological approach, focusing on studies of race and gender relations through modern media, art, and language. Post Traumatic Slave Syndrome is an explanatory theory created by DeGruy that describes a syndrome of behaviors, beliefs, and actions, associated with multi-generational trauma experienced by African Americans, possibly related to undiagnosed and untreated PTSD in enslaved Africans. DeGruy posits that centuries of slavery in the United States, followed by systemic and structural racial oppression, have resulted in inherited maladaptive relational behaviors (DeGruy 2005). While DeGruy implicates the existence of such pathological mental effects as PTSD in the era of slavery, this is not done in any detail, as the focus of her work is contemporary society and not historical case study.

In the following paper I describe the process of conducting a retrospective analysis of C-PTSD in former slaves, using their own written accounts to look for indicators of symptoms from a pre-written, culturally-specific standardized test. The research process has been rewarding and interesting, but not without its challenges. It is important to clarify some of the limitations of my research which have arisen from these challenges. The information to which I had access while conducting my research was limited, both in the individuals about whom I could learn, and in what the texts I was reading could tell me about each person’s mental state. As a function
of the prejudicial attitude held towards Africans and African-Americans in the era in question, medical records were not kept. I am also using subjective written works, recorded in some cases decades after the events in question. Although all of my sources are autobiographical, narratives were sometimes edited and changed by others, and were almost always written with the express purpose of proving a point about the horrors of slavery to the reader. They were not written for use as medical records, and it is entirely possible that authors who did not wish to set down such personal information about their emotional state, or who simply considered it irrelevant, left out details that could have been pertinent. With these factors in mind, my analysis is qualified with the caveat that I am not performing a psychological diagnosis; I am only analyzing written material using a standardized test that I created, and reporting what is suggested by textual evidence. Considering its limitations and possibilities, and it is my sincere belief that this study is meaningful, that it contributes towards what Herman calls “rediscovering history” in the service of more fully understanding traumatized people.

After devoting Chapter I to the history and evolution of trauma diagnoses and the specifics of complex posttraumatic stress disorder, I use Chapter II to give an overview of antebellum slavery and provide context for the slave narratives analyzed in this study. In Chapter III, I give the information on diagnostic methodology for posttraumatic disorders and retrospective diagnosis that went into creating my original diagnostic test, and conclude with this test in full. Chapter IV analyzes the text of four narratives of slavery for the presence of markers of C-PTSD symptoms. The discussion of my results, including a more extensive consideration of the
limitations inherent in retrospective diagnosis, and a short conclusion detailing round out the paper.
I. Evolving Understanding of Trauma

Stress and Trauma

From the modern perspective, it is hard to imagine a time, early in hominid evolution, when human ancestors were under almost constant threat. Paleobiologist Steven M. Stanley proposed that it was this “need for self-defense while living freely on the ground [that] was the primary driving force behind the natural selection that created the large brain of Homo” (Stanley, 1996). Driven by the imperative of survival, hominids adapted, developing protective skills and cognitive abilities to compensate for their physical vulnerability, forming social groups for mutual defense. Hominid brains grew larger, gaining capacity to form thousands of associations to any event. They developed forms of communication to transmit information, first symbolic, then lingual. Hominids’ memories became stronger than those of their mammalian ancestors, enabling them to hold on to memories throughout a lifetime, and thus capable of expanding upon and passing on useful information. At the same time hominid emotional systems, already hardwired to their autonomic nervous systems, became even more intimately connected to memory, the formation of bonds with others of their kind, and their complex networks of thoughts and ideas (Bloom, 2010).

Although the evolution of this kind of mental sophistication gave early humans the ability to survive against predation, it left certain vulnerabilities in the human brain, especially when functioning under suboptimal conditions. While the integration of systems of memory, emotion, and cognition allowed for far greater
processing, and led to greater survival rates, these complex and integrated brains were also more vulnerable to the effects of stressful events.

The brains of modern humans are shaped by these early adaptations. Stressful stimuli trigger elevated physiological and cognitive responses so that the individual can react to any possible threat. This process is physiologically and cognitively disorganizing, however, and prevents the brain from functioning normally.

The psychological category of trauma is defined as the detrimental effect of stress when it overwhelms manageable levels. Traumatic levels of stress can be caused by a wide variety of stressors, but often involve physical trauma that threatens the individual’s life or security. Traumatic levels of stress may be caused by stressor events first-hand, witnessing an event, or hearing about such an event. Stressor events include combat trauma (Grinker, 1945), rape, kidnapping (Terr, 1983), domestic abuse (Hilberman, 1980), accidents (Lindemann, 1944; Wilkinson, 1983), concentration camp experiences (Krystal, 1978), and child abuse (Green, 1993). There is historical evidence of all of these stressor events occurring in the lives of slaves in the American South (which is discussed in more detail in the next chapter).

The Politics of Trauma: A History

For as long as trauma has been the subject of psychological study, the debates over it - what it is, how it is remembered, and how it affects people - have spilled out of the academic realm and been intertwined with politicized concerns. Ideas about mental health, evolving diagnoses, and theories for treatment have been transformed throughout history, tied to new medical science, changing social stigma and biases, and evolving psychological understandings of the human psyche.
The study of trauma is documented as far back in human history as 1900 BCE, when Egyptian doctors described the adverse psychological effects of soldiers exposed to traumatic events in battle. The Greek historian Herodotus, writing about the battle of Marathon in 490 BCE, described the case of an Athenian warrior. The man, apparently, went permanently blind after seeing the man next to him killed, although the he himself “was wounded in no part of his body” (Herodotus 490).

It was a group of Swiss military physicians in 1678, nearly two centuries before the Civil War, who first used the term “nostalgia” to describe the constellation of behaviors that they observed in post-combat soldiers. Soldiers with nostalgia would show symptoms that included melancholic thinking, preoccupation with home, disrupted sleep, anxiety, physical weakness, loss of appetite, heart palpitations, stupor, and fever (Bentley, 1991). This same diagnosis was still in use in the early nineteenth century by military physicians in North America. Nostalgia was conceptualized on a continuum from insanity to depression, mimicking the same hyperaroused and hypoaroused dichotomy that form the biphasic trauma response discussed previously in this chapter. No physical cure was found to be effective in treating nostalgia, but upon closer observation of which units were spared and which were disproportionately affected, certain traits became clearer as apparently protecting soldiers from developing this unexplained malady. Units with high morale, firm discipline, and fair leadership suffered less. At the same time, a campaign was undertaken to impress upon soldiers that “their disease was a moral turpitude; that soldiers of courage, patriotism, and sense should be superior to the influences that brought about their condition” (“The Medical and Surgical History of the War of the
Rebellion," 1888). That these ailments were stigmatized was a problem for the soldiers themselves, for their physicians, and for the army itself.

During the American Civil War (1861-1865) doctors began to notice that soldiers who were returning from war were changed in various ways. Soldiers were claiming illness where none could be observed, having mental breakdowns apparently without cause, and presenting with inexplicable physical symptoms. For the doctors who believed that in the authenticity of these claims, and did not suspect the soldiers of malingering, there were two theories invoked to explain their symptoms. The two diagnostic schema were psychological (nostalgia) and a new physiological one, named “Soldier’s Heart” or “Irritable Heart.”

Jacob Mendes da Costa, a cardiologist who studied and described these conditions during the Civil War, was the first to describe the symptoms, which included chest pains, heart palpitations, breathlessness, and fatigue (Da Costa, 1871). In what Da Costa describes as a typical case, a previously healthy soldier would go to the hospital with an “annoying” bout of diarrhea or fever, but would quickly get better and return to active service. Upon his return, the soldier would find that he experienced the cardiac symptoms listed above, rendering him unable to continue his service, but “some time later appear generally healthy” (Da Costa, 1871).

Soldier’s Heart, or Irritable Heart, under the name Da Costa’s Syndrome, is still included in the International Classification of Diseases. Characteristic to this disorder is the fact that, although the patient presents symptoms similar to those of heart disease, a medical examination reveals no physical abnormalities. As there are no physiological explanations for the bodily complaints, it has been recharacterized as
a form of neurosis, and classified under somatoform autonomic dysfunction with other disorders for which there is a strong likelihood that psychological factors are involved.

At the time it was proposed, “Soldier’s Heart” or “Irritable Heart” was a welcome diagnosis. Being able to attribute these negative changes in soldiers to a physical cause “provided an ‘honorable solution’ to all vested parties, as it left the self-respect of the soldier intact, and it kept military authorities from having to explain the ‘psychological breakdowns in previously brave soldiers’ or to account for ‘such troublesome issues as cowardice, low unit morale, poor leadership, or the meaning of the war effort’” (Lasiuk, 2006). Psychological problems were subject to stigma then, as they are to this day. The relative unknown nature of psychological problems meant that, to the average person, a psychological breakdown was an invented illness. Soldiers were expected to glory in war and betray no sign of terror; the soldier who developed a psychological disorder that prevented him from fighting was at best a constitutionally inferior man, at worst a malingerer and a coward.

The Civil War happened decades before psychoanalysts’ Sigmund Freud and Pierre Janet’s work with female victims of incest and their development of the theory of hysteria, but psychological problems were already associated with the feminine, and to suffer from them was a sign of weakness in men. Especially for soldiers, who were expected to embody all of the traits traditionally associated with masculinity (e.g., courage and physical strength) a diagnosis that could provide a tangible physical cause for psychological symptoms represented an advance in the understanding of trauma.
The shift to understanding posttraumatic symptoms as psychological rather than physiological began in the later decades of the nineteenth century, when French and German physicians began to study the symptoms of a disorder known for centuries as hysteria. Neurologist Jean-Martin Charcot initiated the study of hysteria by observing the symptoms that he recognized as similar to neurological damage (e.g., motor paralysis, sensory loss, convulsions, and amnesia). By 1880, by testing and artificially inducing symptoms, Charcot was able to demonstrate that they were psychological in nature.

Charcot’s contemporaries, namely Janet in Paris, and Freud and Joseph Breuer in Vienna, arrived independently at similar formulations by the mid 1890s in their research into the causes of hysteria. Each of them had independently arrived at a variation of the conclusion that hysteria was a condition caused by psychological trauma. Unbearable emotional reactions to traumatic events produced an altered state of consciousness, which in turn induced the hysterical symptoms (Herman, 1997).

Investigation into the causes of hysteria, however, was abruptly cut off. Freud had come to realize that the symptoms he was finding were more widespread than he had imagined. To continue with his research, he would have been forced to conclude that sexual abuse was common, even among the upper echelons of society. His correspondence from the time makes it clear that he was increasingly troubled by the radical social implications of his work: that what he called “perverted acts against children” were endemic among respectable proletariat families (Herman, 1997). In the face of pushback from his peers and political connections, Freud ceased trusting his patients, interpreting their traumatic exploitation as fulfillment of some repressed
desire. For close to a century, these patients (mostly women) would be scorned and silenced, and the study of psychological trauma came to a virtual halt.

It took the harsh realities of the World Wars, and the unremitting stress of trench warfare, to bring the subject of trauma back into the public consciousness. Faced with the continual threat of death and watching their comrades being killed in more dramatic, violent ways than any previous wars, soldiers began to display the same symptoms that were present in “hysterical” women- uncontrollable crying, paralysis, amnesia, and emotional numbness. The World Wars brought the diagnoses of “shell shock” onto the scene.

One of the first psychologists to study what happens to the brain under stress using an integrated theory of the mind and body as interrelated, mutually affecting systems was psychoanalyst Abram Kardiner. In working with World War I veterans, Kardiner observed that they displayed physiological, in addition to psychological, alterations. At the end of World War I, the connection between psychological trauma and war neuroses was still not clear, but Kardiner’s work would later serve as the basis for the first formal diagnosis of PTSD (Kardiner, 1941).

Compared with the long record of trauma, the formal diagnosis of PTSD was codified relatively recently in the Diagnostic and Statistical Manual (DSM) in 1980, after concerns about the psychological readjustment of soldiers returning from the Vietnam War had inspired the recognition of posttraumatic stress disorder in the third edition of the DSM. Fueled by human rights and antiwar sentiments, Vietnam veterans had joined forces for two reasons: to support those who had suffered psychological trauma and raise awareness about the effects of war (Herman, 1997).
Their testimony focused public attention on the real and lasting effects of trauma on veterans’ mental health.

Sympathetic mental health professionals turned their attention again to the effects of psychological trauma in individuals, and together these groups influenced the creation of a diagnosis that would subsume military and civilian trauma (e.g., rape trauma syndrome, abused child syndrome, and battered woman syndrome) under the new category of PTSD. For the first time, it was being recognized that the same traumatic force was exerted upon the human mind by private, non-combat traumas as by the stressors of war.

While many welcomed the new diagnosis, there were some who viewed it as a political ploy, and dismissed it as an invalid psychiatric concept (Lasiuk, 2006; McNally, 2003)

Posttraumatic Stress Disorder in the DSM-5

PTSD is unique among the psychiatric disorders of the DSM because the authors of the DSM-III, despite declining to speculate as to the etiology of all other mental disorders included in the compendium, specified a causal factor in its criteria. An individual diagnosed with PTSD according to the guidelines of the DSM-5 must have been exposed to a traumatic stressor that presents a real or perceived threat of harm. This exposure may be second-hand (having witnessed the event) or even farther removed from direct experience (having simply heard about the event or witnessed it on television).

After the traumatic experience has ended, the traumatized person develops symptoms that must last for at least one month and cause “clinically significant distress or impairment in social functioning” for the individual to be diagnosed with
PTSD. These symptoms can present as intrusive re-experiencing of the event in the form of nightmares and flashbacks, which can cause physiological hyperarousal such as a racing heart, sweating, physical illness. Stimuli that trigger such arousal can be the people, places, or thoughts that remind them of the event, or external stimuli whose substance are related to the original trauma (i.e., the sound of a car backfiring, or a helicopter passing overhead may trigger a response in a soldier). The traumatized person will avoid these stimuli, either consciously or unconsciously. His or her startle response will be exaggerated, as well as his or her emotional reactivity. The affected individual may be irritable and quick to anger.

One of the reasons why PTSD is so often comorbid with major depressive disorder is that after the trauma, the person will often hold beliefs that the world is an evil place, feel depressed, or experience anhedonia, or the inability to get pleasure from previously enjoyed activities and relationships. Personal relationships are difficult to maintain for a person with PTSD. In addition to their altered emotional reactivity, they may engage in reckless behavior that alienates friends or loved ones. They may perceive emotional estrangement where there is none, or they might avoid people who remind them, even unconsciously, of their trauma (D.S.M. Task Force, 2013).

A New Diagnosis: Complex-Posttraumatic Stress Disorder

While the diagnostic criteria for PTSD accurately describe the result of experiencing a single short-lived traumatic event, chronic traumatic events can occur constantly or repeat for months or years, and the existing PTSD diagnosis does not describe the pervasive negative impact of chronic or repetitive trauma (van der Kolk & Courtois, 2005). Herman suggests that a new diagnosis, Complex Posttraumatic
Stress Disorder (C-PTSD), more accurately captures the cluster of symptoms associated with prolonged trauma. PTSD diagnoses fail to capture certain core characteristics of C-PTSD. These elements include captivity, psychological fragmentation, a loss of trust, safety, and self-worth, as well as the tendency to be re-victimized. Most importantly, there is a loss of a coherent sense of self. After a single traumatic incident, the self-concept is shaken but not permanently altered, whereas Lawrence Kolb notes, “it is those individuals threatened over long periods of time who suffer the long-standing severe personality disorientation” (Kolb, 1989). It is this loss, and the ensuing symptom profile, that most pointedly differentiates C-PTSD from PTSD.

Herman writes of prolonged trauma that it is “an affliction of the powerless... the victim is rendered helpless by overwhelming force” (Herman 33). Individuals for whom the traumatic event and their reaction become routine over time often develop a chronic sense of helplessness and victimization in addition to the constrictive and intrusive symptoms of the traumatic response. If they are subject to prolonged victimization where they lose control over what happens to them, they may lose the sense that they have agency over their own lives at all.

Clinicians working with populations of Holocaust survivors, refugees from Southeast Asia, survivors of childhood abuse, as well as Herman’s own work with survivors of domestic abuse – all cases in which there is an actual or perceived inability for the victim to escape – point to a need for a revised diagnostic formulation of posttraumatic stress. As of now, neither the DSM nor the International Statistical Classification of Diseases and Related Health Problems (ICD) recognize this
expanded concept of posttraumatic stress, but a version of the diagnosis is being considered by working groups for both the DSM and ICD, under the names “disorder of extreme stress not otherwise specified,” and “personality change from catastrophic experience,” respectively (Herman, 1997). For the sake of clarity, I will use C-PTSD to refer to the syndrome described below, but it is worth noting that this is a diagnosis whose designation is still somewhat in flux.

**Diagnostic Criteria For C-PTSD**

The traumatized person must have experienced subjugation to totalitarian control over a prolonged period of time, no less than one month and ranging to a matter of years (Criterion 1). The traumatized individual will show alterations in their affective regulation, which may be profoundly constricted, or manifest an exaggerated mood, but which also may also be expressed in chronic sexual preoccupation or self-injury (Criterion 2). They may experience alterations in consciousness, a diagnostic category that combines the constrictive and intrusive symptom categories discussed previously in this chapter (Criterion 3).

The next two categories of symptoms, which are characteristic of the conceptual evolution from PTSD to C-PTSD, are alterations in self-perception and perception of the perpetrator (Criteria 4 and 5). The traumatized person may feel as though they are to blame for what happened to them, may feel the stigma of being permanently defined by their trauma, or may feel that they lack agency over what happens in their lives post-trauma. Their relationship with the perpetrator(s) of their trauma may take on special significance for them, becoming an obsession. This relationship can be the subject of revenge fantasies, or can acquire a paradoxically
positive valence (e.g., rationalizing the perpetrator’s behavior or accepting their value system, idealizing them, believing that he or she shares a special or supernatural relationship with the perpetrator of their trauma). Relationships with individuals who were not the perpetrator of the trauma are also disrupted. The traumatized person may alternate between withdrawal/isolation and a search for a “rescuer” figure, putting him or herself in danger in the process (Criterion 6).

That something like their traumatic event could happen leaves the traumatized person feeling hopelessness, and despairing of what he or she perceives to be a world that is no longer explicable through the systems of meaning that were held pre-trauma (Criterion 7). The traumatized person loses faith in the world, and is left with a profound sense of despair.

There are two accepted sets of diagnostic criteria for C-PTSD, from Herman, and Luxenberg, Spinazzola, and van der Kolk (reproduced in full in Appendices I and II, respectively). Their diagnoses of C-PTSD are expressed in seven criteria. These are the presence of a traumatic stressor and six symptomatic categories describing affect, consciousness, self-perception, relations with others, and systems of meaning. The set of Herman criteria also include a subscale on the victim’s perception of the perpetrator, and the Luxenberg, Spinazzola, and van der Kolk criteria also include a subscale for the presence of somatic symptoms—problems with sleep, digestion, and sexual arousal (Herman, 1992; Luxenberg, 2001).
II. American Slavery: History and Psychological Effect

Slavery in American Society: From Codification to Abolitionism

For over two centuries, both before and after the Declaration of Independence asserted that, “all men are created equal,” chattel slavery, a system wherein one person owns another as property, was a reality in America. Africans and African-Americans lived in a society whose laws and social mores had rendered them a permanently servile class. For more than two centuries the vast majority of their labor was forced, and they were subject to violence, sexual assault, death, and the threat of the destruction of their closest relationships.

In a letter in 1619, Virginia planter John Rolfe described the arrival of twenty Africans brought onboard a Dutch ship to the British colony of Jamestown, Virginia. The captain of the Dutch ship, Rolfe wrote, “brought not one thing but 20 and odd Negroes, which the Governor and Cape Marchant bought for victualle… at the best and easyest rate they could” (Rose, 19876, p. 15). (Although this was the beginning of the historical record of American chattel slavery, it is entirely possible that there were Africans in Virginia prior to 1619, as neither Rolfe nor any of his contemporaries specified that this was the first contingent.) What is known is that this letter marked the first written record of the start of chattel slavery, an institution whose history would span more than two centuries.

Most of the African slaves who were bought to work the large plantations upon which the early colonies’ fortunes depended were captured and sold via the transatlantic slave trade (Halpern, 2002). The transatlantic slave trade was part of the so-called “triangle trade,” a route that operated from the late 16th to early 19th
centuries. It carried slaves, cash crops, and manufactured goods in a loop from West Africa, to European colonies in the Caribbean or North America, to Europe, (with the New England colonies of British North America sometimes taking over the role of Europe). In the triangle trade, Europeans had created a market to which the enslavement of Africans was fundamental. Cash crops grown in the Americas and traded to Europe, such as sugar and tobacco, were expensive to grow and required large amounts of labor, and the young colonies simply did not have the people required. American crops were shipped to Europe, whose manufactured goods were then used to purchase African slaves. Slaves were captured from tribes, originally coastal West Africans but increasingly from more inland populations, and then transported west from Africa to the Americas, through the so-called Middle Passage (Eltis, 1999).

The Middle Passage was infamous for the high mortality rates of captured Africans in transit across the Atlantic Ocean. Between 13 and 33 percent of the captured people brought onboard died at sea due to crowded, unsanitary conditions. The variability in estimations of deaths was due to in part to reporting error, related to the perception of slaves’ deaths as material losses, not human losses to be carefully recorded. There was also variability over the years as the impact of economic factors, as well as the pressure of abolition, urged traders to take risks that made the journey more dangerous for their prisoners (Curtin, 1969; Davidson, 1961; Fage, 1969; Rotberg, 1965). In fact, the cost of slavery in America, in terms of numbers of human lives lost, was many times that of the slaves who actually arrived on American soil. For every slave who landed alive, many others died in warfare, along the paths
leading to the western coast of Africa, or while awaiting shipment there. After arrival in the Americas, still others died due to exposure to a new disease environment.

_Slavery's Codification_

In the Americas, African slaves coexisted with a large number of European indentured servants, as well as some African indentured servants. Until the 1630s, the law made little distinction between the legal statuses of the two categories of unfree labor. Starting in the 1630s, however, new laws – the slave codes – increasingly began to discriminate between indentured servitude and slavery. At the same time, white colonists were engaging in a strengthening of racial barriers. These new distinctions led to the introduction of laws like the 1630 statute in Virginia forbidding white men from having sexual relations with black women (*Statutes 1:146*, Rose, 1976, p. 15).

American slavery looked very different from slavery in other societies. For one thing, before the European slave trade began in 1440, most slavery was the result of war. In ancient Greece and Rome, and throughout the African continent, slaves had legal rights and the ability to work towards freedom and citizenship. It was not uncommon for masters to free slave women in order to marry them, and the children they bore would also be free. In America, although slaveholders often fathered children with slave women, they were legally barred from marrying them, and the overwhelming majority of the children of their unions were never freed (DeGruy, 2005).

By the 1670s, the expression “Negro slaves” – which characterizes the 1680 “Act for Preventing Negroes Insurrection” – had replaced the more general term
“Negro servant” in common use. This change reflected changes in the slave codes that strengthened the institution, specifically the perpetuation of slavery through successive generations. For instance, in December of 1662 the Virginia legislature declared that, “all children borne in this country shalbe held bond or free only according to the condition of the mother” (Statutes 2:170, Halpern, 2002, p. 15). Since mixed-race children were primarily born between European men and African women, this effectively bound all mixed-race children into slavery for life.

Another legal ruling amended an earlier statute that had stated that Christianity was a criterion for exemption from slavery. However, since slaves began converting to Christianity due to exposure to Catholicism in the Caribbean, this was followed in 1682 by an act declaring that the baptism of slaves into Christianity did not exempt them from slavery. Through these laws, the distinction between black and other races of unfree labor was entrenched, and American slavery became a system based solely on race, where “black” and “slave” came to be synonymous.

According to Thomas D. Morris, author of Southern Slavery and the Law, 1619-1860, there have been few societies worldwide where entire populations were considered to be less than human (“thinking property,” as they were sometimes called) based on physical characteristics alone. The American slave notion, however, was fundamentally based in racial inferiority. Africans were presumed to be “natural slaves” without due rights because of their skin color (Morris, 1997, p. 305). This belief, reinforced by successive generations born into the system, created a “slave society” (as opposed to a society with slaves). The American colonies, but particularly what would become the southern states and later the Confederacy,
became a culture wherein slavery defined people according to the category they fell into: slaves, slave-owners, non-slave holding whites, free blacks, and Native Americans.

Justified by their self-created myths and fears of Africans as uncivilized and inferior people, white Americans created a legal system that defined the political, social, and economic subjugation of Africans (Asante, 1992). Such laws varied between the colonies, and later between the states, but they generally prohibited marriage between one black and white person, barred black people from owning property, and limited or negated their political rights, education, assembly, ownership of weapons, and self-defense (Harding, 1981). These laws minimized the interaction between Europeans and Africans, and reduced Africans in the eyes of Europeans and white Americans to the status of property to be bought and sold.

**Antebellum Slavery**

The practice of slavery occurred in all thirteen colonies, and thus the institution was bolstered in the south and became an integral part of the region’s economy. This was partly due to the crops grown there; indigo, rice, and tobacco were all profitable but also labor-intensive. Tobacco, for example, was an eleven-month crop, necessitating numbers of workers that far outstripped the capabilities of the colonies’ early populations. Consequently, the enslaved population of the southern colonies was increased through the 17th and 18th centuries. By the dawn of the American Revolution in 1776, 33 percent of the population in the southern colonies was of African descent (the enslaved population of South Carolina had outnumbered their white counterparts since 1708) (Crew, 2014). As the enslaved
population rose, white Americans increased the legal bindings on their captivity. In 1715, Maryland passed a law declaring that all enslaved people entering the province, and all of their descendants, be enslaved for life. Eight years later, Virginia also outlawed the manumission of slaves. In the same year, Virginia took away the rights of free African Americans to vote or take part in the legal system in any way.

By the eve of the 18th century, support for slavery was waning, due in part to a series of economic crises in the South. Within a decade, however, the invention of the cotton gin (1793) and the Louisiana Purchase (1803) created a “perfect storm” for slavery’s reification as a key part of the southern production of cotton. An increase in profitability and new land to plant with cotton both led to an increase in demand for slave labor. While the new machine, which separated cotton fibers from their seeds, greatly reduced the need for labor in the separation stage of production, it did not eliminate the need for manual labor to plant and harvest the crop. So, as cotton grew more profitable for southern farmers, they grew to depend more on slave labor.

Concurrent with the increased ease of cotton production was a growing demand for raw material for the textile mills of England and New England. These factors increased the motivation of southern farmers to get as much labor out of their slaves as possible. Cotton suited both small and large-scale production. Although only one percent of slaveholders owned 50 or more slaves, 25 percent of slaves lived on plantations of this size.

The numbers of slaves grew, and as the United States expanded westward into new territory, so too did slavery. In 1803, under the Jefferson Administration, the United States purchased the Louisiana Territory from France. As new territory began
to open up Southern farmers began to move west: into Alabama, Mississippi, Louisiana, Tennessee, and Texas. Slaveholders facing widespread soil depletion on the east coast moved westward, and the expansion caused the dissolution of thousands of slave families (Halpern, 2002). Other slaveholders from the upper South sold their slaves to the labor-hungry planters of the new cotton-growing territories, creating an internal slave trade that effectively replaced the Act Prohibiting Importation of Slaves of 1807, which was itself not always well-enforced (Finkelman, 2007).

The antebellum South was largely rural, with few factories and few cities. The only urban centers that contained over 50,000 people (Baltimore, Saint Louis, and New Orleans) had underdeveloped infrastructures and functioned primarily as markets for agricultural, slave-produced crops. The majority of the economic drive came from rural farmers who engaged in trade, half of whom were slave-owners. Non-slaveholders were mostly self-sufficient and remained on the periphery of society, hindered by poor transportation and limited access to markets (Fogel, 1974; Halpern, 2002). The antebellum Southern economy was inextricably linked with unfree labor, and simultaneously limited by the possibility of expansion only within the limits of new land and the continued legality of slavery.

Abolitionism, Secession, and the Road to Emancipation

“Among the revolutionary processes that transformed the nineteenth-century world, none was so dramatic in its human consequences or as far-reaching in its social implications as the abolition of chattel slavery” (Foner, 2007, p. 1). Certainly no one event in American history had ever had greater implications for the future of
American society that that of slavery’s abolition. The institution of slavery had been at once a system of labor that produced the staple crops of the South, a mode of highly stratified racial domination, the bedrock for a distinctive southern ruling class, and the incubator of a unique African-American culture. The emancipation of chattel slavery in 1863 not only ended a practice that was increasingly at odds with the moral and ethical mores of the time, but also raised pressing questions about the systems (of labor and economics and social relations) that would spring up in its absence.

Since the 1790s, abolitionists in the northern states had been demanding that the United States put an end to the international slave trade and the practice of slavery on American soil. The Abolitionist movement was rooted in the spread of evangelical reform during the Second Great Awakening of the 1830s and 1840s; at its center was William Lloyd Garrison, a deeply religious Protestant who believed that slavery was a sin in the eyes of god and who thus framed his argument against the institution as a moral crusade against evil (Cain, 1995). Garrison was based in Boston, but groups of Abolitionists could be found all over the North.

Abolitionists believed in the idea, radical for the time, of racial equality. Many shared Garrison’s religious motivation, and for some their beliefs stemmed from republican ideals of equality as enumerated in the Declaration of Independence. They realized, as one African American Abolitionist leader stated, that “the real ground of prejudice is not the color of skin, but the condition. We have so long associated color with condition, that we have forgotten the fact, and have charged the offence to the wrong account” (Ripley, 1992, p. 227). They recognized that to end slavery meant not only outlawing the practice in the South, but also bringing together free blacks
and whites in the North, where the two populations had been largely segregated, to contradict the assumptions upon which anti-black racial prejudice rested (Goodman, 1998).

Most Abolitionists were white, and the movement had a degree of racial prejudice that was evident in its often patronizing treatment of African American Abolitionist leaders. Some African Americans, though, took an active role in the movement from the beginning. One such leader, and possibly the most famous, was Frederick Douglass, an ex-slave who had fled captivity in Maryland and who had a singular gift for oratory. His autobiography, *Narrative of the Life of Frederick Douglass, an American Slave* (1845), was emblematic of the impact that freed slaves could have on the abolition movement simply by making public their own firsthand experience of slavery.

By the end of the 1850s, the political mood around slavery was tense and sharply divided. Nat Turner’s Rebellion in 1831, during which slaves in Southampton County, Virginia killed between 55 and 65 people, lasted only a few days but had widespread and long-lasting fallout. The subsequent violent retaliation and debate over the legality of slavery were part of a larger trend towards sectional conflict over slavery. A current of radical Abolitionists had made one of their strategies the provocation of general slave insurrection, leading to the 1859 raid and capture of the federal arsenal in Harper’s Ferry, Virginia, by abolitionist John Brown and 20 men. Brown’s party was soon forced to surrender, and after his trial and execution he became a martyr to the anti-slavery camp, and a symbol of the dangerous radical Abolitionist movement to those who were pro-slavery.
With every new state that entered the United States, the issue of slavery was raised anew, mediated first by the Missouri Compromise of 1820 (which specified that slavery was to be contained south of the Mason-Dixon Line) and then the Kansas-Nebraska Act of 1854, which specified that all states would decide the issue of slavery according to popular sovereignty (Halpern, 2002). The political aftermath to the Kansas-Nebraska act gave rise to the first political party to take an anti-slavery position, the Republican Party. To Republicans, slavery was a relic of barbarism, especially compared to the superior social and economic systems of the North.

The leading member of the 19th century Republican Party, Abraham Lincoln, won the presidency in 1860. He was elected with a narrow margin of the popular vote by a nation deeply divided over the divergent social and economic systems of the North and South. Less than two months later, on December 20, 1860, the South Carolina legislature met to ratify the Ordinance of Secession, dissolving the state’s ties to the Union. Mississippi, Florida, Alabama, Georgia, Louisiana, and Texas followed suit in the next months, becoming the Confederate States of America. The Civil War, whose stated aim Lincoln had made clear was simply the restoration of the Union, began that spring.

By this time, the population of the South was 38% enslaved African Americans. From the outset of the war, slaves began fleeing and turning up in Union camps, forcing Lincoln to crystallize the Union’s position on Southern slavery (in the absence of clear policy, the fate of fugitive slaves had simply been decided by individual commanding officers.) Torn between Union Democrats who would only support the war if it had no implications for slavery and Republicans who wanted to
take steps toward emancipation, Lincoln attempted to find a middle ground. Still, in the summer of 1862 Lincoln drafted the Emancipation Proclamation. According to the Proclamation, all slaves in areas still under Confederate control would be declared free at the start of 1863 (ironically, slaves in Union-controlled territories remained enslaved). The Emancipation Proclamation was, in the words of Mark Halpern (2002), “a revolutionary document cloaked in conservative terms.” It emphasized reunification as the primary goal of the conflict, and qualified the pursuit of emancipation as a measure necessary to achieve reunification and a Union victory (Halpern, 2002, p. 378).

While life for most Southern slaves did not radically change until the end of the Civil War in 1865, all-black units did form and fight in the Union Army, eventually numbering 179,000 (ten percent of the Union Army), with another 19,000 serving in the Navy. There they faced discrimination from their own side: they were paid less and were subject to racial prejudice from other members of the military. Despite this, African American leaders viewed participation in the war effort as an important step forward. Frederick Douglass believed that fighting in the same war side by side would force white soldiers to reconsider their stereotypes, and prove emphatically to the rest of the country African Americans’ dedication to the Union. Speaking in Rochester, New York, Douglass delivered a speech entitled “Men of Color, to Arms!,” in which he urged, “Once let the black man get upon his person the brass letter, U.S., let him get an eagle on his button and a musket on his shoulder and bullets in his pocket, there is no power on earth that can deny that he has earned the right to citizenship” (Douglass, 1863).
Emancipation was not a panacea, however. Emancipation and Reconstruction, and the diversity of freed slaves’ experiences are discussed in greater detail in the subsection entitled “Slave Narratives in Reconstruction” and through the slave narratives that comprise the case studies.

Slavery in America has an immensely complex and nuanced history, and I am constrained by the scope of this study and unable to even begin to scratch the surface of this history and the diversity of experiences it encompassed. That slavery was, first and foremost, an institution that every person who lived through it experienced differently is something that I hope to convey in the individual case studies and diagnoses of ex-slaves later in this work. For a more full understanding of the history of slavery, a few of the resources that I found to be invaluable during my research were; Rick Halpern and Enrico Dal Lago’s compendium of primary sources, *Slavery and Emancipation*; Eric Foner’s *Voices of Freedom: a Documentary History*; and Marli F. Weiner and Mazie Hough’s *Sex, Sickness, and Slavery: Defining Illness in the Antebellum South*.

**Control and Resistance**

*Intimidation, Corporeal Punishment, and Sexual Abuse*

Although there were slaveholders who controlled slaves through nonviolent means (e.g., establishing strong personal relationships between master and slave, or offering slaves rewards for good behavior) they were the rare exceptions rather than the rule. To maintain a balance of power in their favor, the majority of slaveholders used a mix of intimidation and physical violence. In *The Peculiar Institution*, Stampp uses the testimony of slave owners to illustrate their belief that force was necessary to preserve control over their slaves (Stampp, 1956). Corporeal punishment had an
impact on two fronts, by punishing the person who was experiencing it and by spreading fear and intimidation to all those who witnessed or heard about it.

If slaveholders still felt that their slaves were not obedient, they could, and did, deprive them of food, keep them in isolation, or string them up by their thumbs and leave them for hours (Crew, 2014). The Reverend W. B. Allen, a former slave from Alabama, recalled horrifyingly diverse physical tortures he witnessed as a child, writing, “Cruel masters and overseers, after ‘Bucking’ and ‘Rolling Jimming’ [two methods of whipping] a Negro, would then rub salt and pepper into his wounds, causing him to go into convulsions, developing fever, resulting frequently in a state of coma lasting for several days” (Crew, 2014b, p. 814).

Most punishments were not as severe as this, because slaveholders and overseers still wanted the punished slave to be able to continue to work. Field workers’ production was fundamental to the operation of the plantation system, and by extension the entire economy of the South. Realizing this, slaveholders, as well as the overseers and slave drivers to whom they delegated responsibility, used abuse and the threat thereof as incentives to drive slaves to productivity. Enslaved people who worked in the fields, no matter who they were, could face punishment that if they did not meet expectations each day. Most overseers and slave drivers carried a whip, and used it freely, especially during times of the year when they wanted to speed the pace at which slaves would work, such as during the fall harvest. Punishment was not always predictable, though. Mrs. John Barclay of Texas recalled that, “our punishment depended on th’ mood of th’ overseer.” Heard Griffin, of Georgia, recalls a similar dynamic with his master, describing how the owner would appear to simply
“think of some man, send for him, and for no reason at all, give him a good beating” (Crew, 2014b, p. 813). The effect of this was that slaves were in a constant state of uncertainty and fear, often with no way to control whether or not they would be beaten.

While as a generalization domestic slaves (who worked for the slaveholders’ families in their home) had easier lives than field slaves, working closely with the family did not mean protection from physical abuse. In some instances, the personal bond that formed from proximity with their master served to mitigate the severity of the punishment suffered (Crew, 2014). More often, however, domestic workers were subject to the moods of the slaveholder and would be punished for not carrying out tasks in the manner expected. Fannie Griffin, a domestic slave from South Carolina, recalls her mistress whipping her mother and herself “a heap of times when we ain’t done nothing bad to be whip for…. [She] give me a hundred lashes. I think ‘bout my old mammy heap of times now and how I seen her whipped, wid the blood dripping off of her” (Crew, 2014b, p. 852). Physical punishment was the lot of all enslaved people, not just field workers, and not just at the hands of men.

Sometimes physical abuse by the wives of slaveholders had a deeper cause. Sometimes it sprang from women’s anger over their husbands real or perceived sexual acts with slave women. Julia Rush described this happening to while enslaved in Georgia. “Mrs. Rush says that her young mistress thought that her husband was being intimate with her and so she constantly beat and mistrusted her. On one occasion all of the hair on her head… was cut from her head by the young mistress” (Crew, 2014b, p. 853). The combination of physical punishment with the attempt to
make her slave look less feminine supports Rush’s claim that the abuse was motivated by jealousy.

It is painfully true that, in many cases, enslaved women were at the mercies of their masters’ sexual advances as well as violent punishments. If they tried to resist they would usually be raped, and afterwards have no recourse under the law, and their loved ones could and were killed for trying to protect them. John Aldrich, of Texas, described the way the master had sex with female slaves, under threat of violence, on his plantation. “De women have to do what dere masters told ‘em to do. If dey didn’t, dey picking on ‘em and whipping ‘em… Sometimes he go in one [cabin] and tell de man to go outside and wait ‘til he do what he want to do” (Crew, 2014c, p. 598).

The legal and social context of the South also should be taken into account. Rape laws in the South embodied a racial double standard. Black men who were accused of the rape of white women were punished by death, but legally there was no such thing as the rape of a black woman and white men could rape female slaves with impunity (Getman, 1984). The sexual abuse of slaves was also partially rooted in the southern patriarchal culture, where women of any race were treated as male property.

Children born from these unions faced an uncertain future. Bearing a child fathered by their master could sometimes give the child or the mother some degree of protection, but this was not guaranteed. While sometimes the master would favor the child, the wives of these men resented their husbands’ extramarital affairs. Within a society where wives had little power to exercise over their husbands, the child and the mother would become targets of retribution (e.g., selling the child away) for circumstances over which they had no control.
Slavery was a situation where the enslaved person was rarely safe from the violation of their body through violence or abuse. “Soul murder, the feeling of anger, depression and low self-esteem” is how historian Nell Irvin Painter describes the effects of this abuse (Painter, 1995). That slaves resisted, then, is all the more impressive. The following subsection describes the many forms that resistance took, from the forcible (violent resistance, rebellions, and escape attempts) to quieter, less obvious forms of resistance.

Resistance: Runaways, Revolts, and Self-Emancipation

The push-pull factors affecting the slave’s daily life were discipline and resistance to discipline, which expressed itself in many forms depending on the individual and the situation: both active tactics (flight and violent resistance) to less obvious, although no less valid, methods.

Slave rebellions have been the study of numerous historians, including W.E.B. Du Bois, Herpert Aptheker, and John Hope Franklin. Most well known are the 1739 Stono Uprising, Nat Turner’s Rebellion in 1831, and the revolt aboard the slave ship the Amistad in 1839. This study is concerned with the everyday rebellion, though, with the ways that slaves resisted the dehumanization and identity-suppressing forces of slavery. Although Aptheker hypothesizes the existence of over 250 slave uprisings, it is much more likely that a slave would rebel in a nonviolent manner (Aptheker, 1963; Mitchell, 2008). Historian William Dusinbarre, in an essay summarizing his work on the antebellum slave era, asserts that slaves’ discontent with their harsh treatment was primarily expressed through nonviolent actions: flight from the plantation (for days, weeks, or months), not acts of violence. His research on
multiple specific plantations in the Savannah River region documents dozens of slave runaways per decade, but no recorded instances of violent resistance (Dusinbarre, 2011). Temporary flight was more common than permanent escape, for purely practical reasons. Life on the run was difficult; the Fugitive Slave Act mandated that slaves be returned to their owners, and even if they avoided capture by trackers and the dogs they used, many would die of exposure in the woods, especially if they were not fleeing from the states of the upper South. The narratives used in this study are primarily the stories of individuals who fled bondage, and this is a selection bias that will be addressed in the fourth chapter.

Violent resistance or flight was not the only option for slaves looking to resist their treatment, though. For the enslaved person, learning to read and write could provide a psychological release comparable to that of forcible resistance. The number of slaves who had the opportunity to learn, however was low. Du Bois estimated that only about five percent of slaves learned to read or write before Emancipation (DuBois, 1962). The exact figure is debatable, but the estimate does suggest that laws limiting black slaves’ literacy were effective at curtailing the numbers who learned to read and write in the antebellum South. As discussed in the previous chapter, narrative writing is correlated with positive outcomes in traumatized people, and this is hypothesized to be linked to an increase in perceived agency and self-efficacy. In other words, learning to read and write was the first step towards psychological self-emancipation for some enslaved African Americans, reasserting their identity outside of the slave identity that had been imposed upon them by society.
Reconstruction and Slave Narratives

Slave narratives after slavery evolved out of the national experience with Reconstruction, the period of time that began months after the Union’s victory and the end of the Civil War and which saw the enactment of three Constitutional amendments; the Thirteenth (1865), which made slavery unconstitutional; the Fourteenth (1868), which made all people born in the United States equal and protected citizens; and the Fifteenth (1870), which granted black men the right to vote. Legislative progress, along with the establishment of the Freedman’s Bureau gave freed slaves and their advocates hope for social, political, and economic reform in the former Confederate states. Genuine change, however, was inconsistent in the South, where many whites pushed back on federal efforts to repeal restrictive “Black Codes” and end exploitive labor practices, refused to recognize the legality of freed slaves’ marriages, and attempted to disenfranchise black voters through fraud and intimidation (Edwards, 1997). Blacks also faced violence instigated by their political opponents and carried out by white terrorist groups, including the most well known, the Ku Klux Klan. Patsy Mitchner, an ex-slave who lived in North Carolina following her emancipation, offered the following testimonial:

Slavery was a bad thing, and freedom, of the kin’ we got, wit nothing to live on was bad. Two snakes full of poison. One lyin’ wit his head pintin’ north, the other wit his head pintin’ south. Dere names was slavery and freedom. De snake called slavery lay wit his head pinted south, an’ de snake called freedom lay wit his head pinted north. Both bit de nigger, and dey both was bad.

(Hurmence, 1984, p. 75).

Although some headway was made, especially in religious life, public education, economic productivity, and the election of black men as representatives to Congress, by 1876 Reconstruction had lost its momentum with politicians – northern
whites in general and the national Republican Party in particular. The Compromise of 1877, which put Rutherford B. Hayes in the White House, also resulted in the federal government pulling remaining federal troops from South Carolina and Louisiana, effectively ending the enforcement of Reconstruction (Andrews, 1982). Following Reconstruction, the South returned to a white-dominated sociopolitical color divide that, according to Du Bois was more entrenched than it had been when slavery was legal (DuBois, 1962). Historian William L. Andrews, co-editor of Slave Narratives After Slavery, alleges that many authors of slave narratives in the post-war era were slaves who had faced difficult conditions and persistent prejudice in the south and wanted to leave a record for their descendants (or for history) of how they had “made a way out of no way” (Andrews, 2000).

A more diverse set of authors was able to record their narratives after slavery than in the antebellum period, when the autobiographies and biographies published were largely male fugitives who and fled from the eastern and northern South and settled in New England (Andrews, 2000). Taking into account the lack of women’s narratives in the narratives antebellum period, as well as the prevailing portrayal of them as victims lacking in agency, the female ex-slave narratives of the late nineteenth century (including Sojourner Truth (1850), Mattie Jackson (1866), Elizabeth Keckley (1868), and Bethany Veney (1889) represented a significant step forward in the recognition and study of the experiences of black women in slavery.

New tropes emerged in the post-emancipation slave narratives as well. Although there are many examples in post-emancipation narratives of slaves who forcibly rebelled and tried to escape from captivity, for the most part the post-
emancipation narratives are characterized by a different form of resistance. In one such narrative, *Summary of the New Man: Twenty-Nine Years a Slave, Twenty-Nine Years a Free Man*, Henry Clay Bruce recalls slaves who “knew their helpless condition” and yet “did not give up in abject servility, but held up their heads and proceeded to do the next best thing under the circumstances, which was, to so live and act as to win the confidence of their masters” (1895). Bruce’s observations highlight a new form of resistance that countered the thesis of the antebellum slave narrative: that forcible rebellion and flight from captivity were the only means of asserting and preserving selfhood (Bruce, 1996).
III. Trauma Assessment: Methods and Original Test

Retrospective Diagnosis

Retrospective diagnosis is the process of synthesizing current medical knowledge and early evidence. The term has multiple different meanings, in the domain of clinical medicine, psychiatry, paleopathology, and the diagnosis of historical figures based on textual evidence and other historical architects (the method of this study). The methods used to perform a retrospective diagnosis of a historical figure vary widely. This relative lack of structure compared to traditional clinical interviews and diagnoses is one point on which retrospective diagnosis is often challenged (a more in-depth critique of retrospective diagnosis is included in Chapter V). To address this critique, I developed a standardized diagnostic test with which I could evaluate every case study.

The second methodological question has to do with assessing the written content of the narratives. With the recognition that they are literary works and that some choices might be made to make the narrative appear more interesting or appealing, how can the reader know which passages or events are of greater salience and provide insights into the writer’s psychological state. To organize the narrative material and pick out the psychologically significant parts of the autobiographies, I employed the criteria used by psychologists Irving Alexander and William Todd Schultz, as presented in the following table (I. Alexander, 1990; I. Alexander, 2005; Schultz, 2005).
<table>
<thead>
<tr>
<th>Irving Alexander</th>
<th>William Todd Schultz</th>
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<tbody>
<tr>
<td><em>Primary indicators of psychological salience:</em></td>
<td><em>Keys to identifying “prototypical scenes”:</em></td>
</tr>
<tr>
<td>Frequency</td>
<td>Vividness, specificity, emotional intensity</td>
</tr>
<tr>
<td>Primacy</td>
<td>Interpenetration</td>
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<td>Emphasis</td>
<td>Developmental crisis</td>
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<tr>
<td>Isolation</td>
<td>Family conflict</td>
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<tr>
<td>Uniqueness</td>
<td>Thrownness (getting into a scene that places the subject into a situation which violates the status quo)</td>
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<tr>
<td>Incompletion</td>
<td></td>
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<tr>
<td>Error, distortion, omission</td>
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<td>Negation</td>
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**Diagnosing C-PTSD**

Diagnosing C-PTSD is complicated by the disorder’s comorbidity with other psychiatric disorders, such as major depressive disorder, substance abuse disorder, and dysfunctions in memory and cognition. Major depressive disorder shares several symptoms with posttraumatic disorders, including diminished interest in normal activities, lowered irritability and anger thresholds, sleep disturbances, difficulty concentrating, and thoughts of death (American Psychiatric Association, 2013). The fact that posttraumatic disorders are composed of such a broad, if unique, constellation of psychological symptoms, means that creating any measure that is both sensitive and specific to PTSD requires care. Considering this, in preparation for my primary source analysis, I reviewed the fifteen scales currently in clinical use that are collected in Assessing Psychological Trauma and PTSD (Wilson & Keane, 2004). All of the scales are designed to measure the symptomatic criteria for PTSD or closely related constructs. They fall into four expansive and intersecting categories based on their measurement strategies. First are those that follow, line by line, the symptom criteria for PTSD as outlined in the DSM-III-R or DSM-IV. Next are the scales that assess symptoms of PTSD continuously, and are less rigidly tied to the
DSM. The third type of measurement creates PTSD assessment scales as subscales of larger symptom inventories that are commonly used in clinical practice. The fourth strategy has been to develop measures created with concern to the experiences and culturally relevant outcomes of specific, possibly traumatized populations.

*The Harvard Trauma Questionnaire*

A leading example of the population-specific model is the Harvard Trauma Questionnaire, developed by Richard Mollica and colleagues at the Harvard Program in Refugee Trauma (HRPT) at Harvard University in 1992. The original version of the Harvard Trauma Questionnaire (HTQ) was written for use with Southeastern Asian refugees of the Cambodian-Vietnamese War. Along with the Vietnamese, Laotian, and Cambodian versions of the HTQ, today there is a Japanese version that was written for survivors of the 1995 Kobe earthquake, a Croatian version written for veterans of the wars in the Balkans, a Bosnian version that was written for civilian survivors of that conflict. Relevant selections from the newest version, an Arabic version written for use by Iraqi refugees in 2007, are included in Appendix III.

The HTQ is designed to assess both the traumatic stressor event, and individual post-traumatic symptoms. It is comprised of four sections: in the first, the respondent answers whether he or she: (1) did not experience, (2) heard about, (3) witnessed first-hand, or (4) personally experienced any of 17 different events determined to have potentially affected the population in question. Part II of the test is an open-ended question that asks the respondent to give a subjective description of the most traumatic event(s) he or she experienced. Part III asks about events that may
have led to a head injury, to determine mitigating physical factors that might affect answers.

Part IV, the symptom portion of the questionnaire, now includes 40 items, 16 of which were derived from symptom criteria for PTSD from the internationally recognized but largely western-centric DSM-IV, and 14 of which were developed by the HPRT to gauge stress and the trauma response as it is expressed in Southeastern Asian culture (Mollica, 2007; Norris & Riad, 1997).

The theory behind the creation of the HTQ is that for every population in question, the actual traumatic events, as well as the meaning attributed to them by the specific historical, political, and cultural context, will vary. Fran Norris and Jasmin Riad, in *Assessing Psychological Trauma and PTSD*, write that the Harvard Trauma Questionnaire “illustrates a forward-thinking approach that balances cross-cultural standardization with cultural specificity in developing assessment tools” (Norris & Riad, 1997, p. 36). This questionnaire is a good model for the measure I will write for this study. Not only is the HTQ designed to be sensitive to particular cultural context and provide a cross-cultural approach to the assessment of trauma and PTSD; it is specifically designed so that with each new population who will be assessed, a new questionnaire should be developed.

*Cross-Cultural Equivalence, Reliability And Validity*

To create a culture-specific test, for each new population, a list of traumatic events that would encompass most of the traumatic events experienced by the group should be created. For that purpose, the specific political and sociocultural history of trauma must be studied by means of historical analysis, oral histories, reports from
key informants, and focus groups. Symptoms of trauma specific to the population can be identified through research with the same sources, plus traditional healers in the community and primary care settings (Shoeb, Weinstein, & Mollica, 2007). In creating my test, I used symptoms outlined in the Herman and Luxenberg diagnoses and rewrote them as descriptions of experiences or feelings, using the HTQ for style. (I.e., the diagnostic subscale “Reliving experiences, either in the form of intrusive post-traumatic stress disorder symptoms or in the form of ruminative preoccupation” becomes the descriptive experiential items “recurring thoughts or memories of the most hurtful or terrifying events of slavery” and “recurrent nightmares.”) Both sets of original diagnostic criteria are reproduced in full in Appendices I and II.

Several subscale items were also determined to be invalid for use with this population and removed. One such item was “unrealistic attribution of total power to the perpetrator.” In Herman’s original diagnostic outline, she adds the caveat that the victim’s assessment of the power dynamic may be more realistic than the clinicians (Herman, 1992). In the case of this study, enslaved blacks were living under theoretically total control by their master and within a society where total power of their race was granted to another race. It therefore seems imprudent to pathologize the former slave’s assessment of total power to the perpetrator of the trauma.

In African-American folk-healing traditions, the individual’s health was considered to rely in equal parts collective relationships and individual wellbeing and being healthy meant maintaining one’s proper place in a network of relationships including living people, one’s family, and the elders of one’s community, one’s own dead ancestors, and the spirit world (Tannenbaum, 2012). With this in mind I also
added a subcategory of symptoms that deal with the individual’s relation to his or her community. Self-isolation, either from the slave community while still enslaved or the larger African-American community once free, is included within the category of altered relations with others. (For assistance in creating a culture-specific test I relied on the DSM-IV’s Outline for Cultural Formulation, which is reproduced in full in Appendix IV.)

**Diagnostic Standard**

The HTQ, as well as every other diagnostic scale I reviewed, was not designed for use in a retrospective diagnosis, and so was formatted as a series of questions. Trauma symptoms are scored from one to four to describe how often or how severely each one occurred. Because I am working with a limited written record, my test is designed to reduce speculation and each symptom is assessed by a simple binary of presence/absence of evidence.

There are seven categories of diagnostic items, decided by combining Luxenberg, Spinazzola, and van der Kolk’s diagnostic criteria with Herman’s. The two criteria are functionally very similar, the only difference being the inclusion of a separate category for “alterations in perception of perpetrator” that exists only in Herman and a section on somatic symptoms that exists only in Luxenberg. Both categories are included as separate items in my diagnostic criteria.

As noted, it is important to make clear the limitations of this study, as I wish to avoid overreaching and making assertions beyond what the information and my own analysis can offer. The information available for each individual case study would inadequate to make a full diagnosis, both in quantity and content. The autobiographies and narratives that are available for analysis were not written with
the intent to furnish medical information, or even to provide a full understanding of the mental state of each individual. It is the experience of slavery, albeit as it occurred for each individual author, that is the main subject of the texts. The men and women writing their narratives knew that their testimony was useful to the Abolitionist movement, and so focused their texts on describing the institution and events of slavery first, and their subjective mental state second. Even if their goal had been to concentrate on their psychological reactions, it is conceivable that the authors might be unwilling to describe in such a public forum some of the symptom criteria (e.g., sexual dysfunction, depression). The results of this study are provisional and limited. I make no assertions that project constitutes a medical diagnosis or anything beyond what is suggested by an analysis of written material. Furthermore, the results of this analysis cannot be extrapolated outward to infer anything about traumatization in the full population of slaves and former slaves.

In recognition of the limited information available, only one subscale item is required for endorsement of the category in each of the seven symptom categories. The diagnoses then are phrased in terms of what the textual indicators “suggest” rather than diagnose – individuals presenting textual markers in three or fewer categories of symptoms are described as “do no suggest presence of C-PTSD symptoms.” Individuals with four or five categories (including the traumatic stressor) are described as “suggest presence of C-PTSD symptoms,” and individuals who have indicators for symptoms in six or seven categories are described as “strongly suggest presence of C-PTSD symptoms.”
Original Diagnostic Scale

Part I: Potential Stressor Events

1. Enslaved because of race
2. Forced to labor
3. Separated from family, close friends
4. Suffered ill health without access to medical care or medicine
5. Suffered because of lack of food or clean water
6. Lacked shelter
7. Witnessed slave’s murder
8. Witnessed slave’s physical punishment
9. Witnessed slave’s rape
10. Victim of sexual abuse or rape, or attempt thereof
11. Physically harmed as a result of work
12. Physically harmed as punishment (beaten, whipped, etc.)
13. Murder or violent death of family member (child, spouse, etc.)
14. Murder or violent death of friend
15. Disappearance of family member (child, spouse, etc.)
16. Disappearance of friend
17. Prevented from learning to read and write
18. Prevented from desired religious practice

Part II: Posttraumatic Symptoms

1. Attention and consciousness
   a. Difficulty concentrating
   b. No memory of traumatic events, or extremely vivid memory
   c. Intrusive symptoms
   i. Recurrent thoughts or memories of the most hurtful or terrifying events of slavery
   ii. Reliving events through ruminative preoccupation
   iii. Recurrent nightmares
   iv. Feeling as though events from past are happening again
   v. Avoiding people, places, activities that trigger intrusive recollections or are reminders of slavery
      1. Avoiding contact with enslaved people once freed
   d. Hyperarousal
      i. Feeling jumpy, easily startled
      ii. Feeling constantly “on guard”
   e. Dissociative episodes surrounding traumatic events
      i. Depersonalization
      ii. Derealization
2. Alteration in affect and impulse regulation
   a. Feeling irritable or having outbursts of anger
   b. Persistent low mood
   c. Inability to feel emotions
d. Excessive risk-taking
   i. Note: risky escape attempts can be included here, but only if impulsive

e. Purposeful self-harm
   i. Attempts or thoughts of suicide

f. Alteration in sexuality
   i. Sexual preoccupation
   ii. Lack of sexual desires

3. Alteration in self-identity
   a. Loss of self-efficacy, self-agency
   b. Feeling powerless, unable to affect what happens to self
   c. Feeling permanently damaged, without a future
   d. Guilt, shame, or self-blame
   e. Internalized slave identity (internalized humiliation, inferiority)

4. Perception of perpetrator
   a. Preoccupation with relationship with master (includes preoccupation with revenge)
   b. Idealization or paradoxical gratitude towards master
   c. Acceptance/internalization of the belief system

5. Relations with others
   a. Self-isolating behavior
   b. Inability to trust fellow slaves
   c. Feeling that no one can understand what’s happened, feeling alone in the world
      i. Feeling detached from fellow slaves
      ii. After being freed: feeling detached from larger Black community

6. Somatization
   a. Chronic pain not explained by biological cause
   b. Trouble sleeping not explained by biological cause
   c. Exhaustion not explained by biological cause
   d. Other conversion symptoms
   e. Cardio-pulmonary symptoms

7. Alterations in systems of meaning
   a. Loss of previously sustaining beliefs
      i. Loss of religious faith
      ii. Loss of hope at ever becoming free
IV. Case Studies and Results

This chapter presents the results of an analysis of four narratives of slavery, written by Olaudah Equiano (1789), Charles Ball (1836), Harriet Jacobs (1861), and Mattie Jackson (1866). To minimize selection bias, these four case studies were chosen using a stratified random sampling technique out of the 21 case studies I read while preparing for this study (those available from Wesleyan University’s library). The strata were sex of the author, giving a population of eight female authors and eleven male authors, from each of which were chosen two authors. The source material for this project was originally intended to be the Works Progress Administration interviews of former slaves, but for substantive as well as pragmatic reasons discussed in Chapter V, these were not used.

None of the case studies met the diagnostic standard to strongly suggest the presence of symptoms of C-PTSD. **Charles Ball and Harriet Jacobs’ narratives revealed textual evidence to suggest the presence of symptoms of C-PTSD.** Jacobs showed markers for symptoms in five of seven diagnostic categories, and Ball showed markers for symptoms in four. **Neither Mattie Jackson nor Olaudah Equiano’s narratives met the diagnostic standard to suggest the presence of markers of C-PTSD.** Equiano’s narrative had symptoms in only three of seven categories, and Jackson’s had none.

Three of the chosen autobiographies were written by the individuals themselves, the only exception being Jackson’s, which was dictated to Jackson’s stepmother. Equiano is the only individual included who was born outside of the United States, in what is present-day Nigeria. Between the four individuals, they were
enslaved in Maryland, Virginia, North and South Carolina, Georgia, Kentucky, and Missouri.

Each of the four case studies includes biographical information for the author, a selection of relevant quotations from the narrative, analysis of the narrative, and a breakdown of C-PTSD symptoms. They follow, in chronological order.

**Olaudah Equiano, c. 1745-1797**

The author of the earliest narrative included in this study is Olaudah Equiano, a freed slave and antislavery activist whose autobiography (published in 1789) is considered influential in ending the African slave trade in Britain and the British colonies.

In his narrative, Equiano states that he was born around 1745 to the Igbo people in modern-day Nigeria. His name, which signifies good fortune, was given because of a childhood reputation for good luck. When Ball was about eleven he and his sister were kidnapped and sold to African slave traders. They changed hands several times before being taken to the coast and sold into the European slave trade. He was taken to Virginia, then still a British colony, at which time he and his sister were separated. He would never meet any of his family members again.

Ball was sold to a slaveholder in South Carolina, and then to a lieutenant in the British Royal Navy named Michael Pascal. Although his descriptions of his own captivity are relatively limited, Equiano wrote in his narrative that other slaves in Virginia were treated cruelly and subjected to punishments such as an “iron muzzle” used to keep slaves quiet, unable to eat or speak (Equiano, 1789).
After buying him in Virginia, Pascal attempted to rename Equiano Gustavus Vassa, after the 16th century Swedish king. Equiano had already been renamed twice – first Michael by the slave traders who initially kidnapped him, and then Jacob by his first owner. This third time, Equiano refused the new name, an assertion that he wrote later “gained me many a cuff” (Equiano, 1789). He eventually submitted to the name, using it throughout his life and on all official records, but because he published his autobiography using his original name, this is how he is identified in this study. Equiano’s struggle for control of his name – one of the most basic elements of a person’s identity – is evidence of resilience in the face of the ways in which slavery and slaveholders attempted to overpower the individual’s identity.

By his own account, Equiano’s relationship with Pascal was relatively good; Pascal appeared to favor him, treating him as personal valet rather than having him do manual labor (Walvin, 2000). Pascal also taught him to read and write, skills that were not afforded to most slaves. When Pascal returned to England, Equiano, trained in seamanship, accompanied him to assist Pascal’s crew during the Seven Years’ War with France. After the war, despite Pascal’s special treatment and promise to free him, Equiano was sold to a trader who sailed between the Caribbean and Georgia, and then to another trader, a Quaker merchant named Robert King.

It was King who promised Equiano, when the latter was about 20 years old, that if Equiano could raise the money, he could purchase his own freedom. Over the next several years, Equiano describes buying and selling goods along his travels, eventually earning enough to buy his freedom in 1767, when he would have been 22 or 23. He ended up having a remarkable life: he was on an expedition that sailed to
the Arctic Circle, among other things. He spent the last decades of his life working
for the Abolitionist cause in England, and his autobiography in 1789 became not just
a record of his adventures, but one of the first influential works in the genre of slave
narratives.

*Selected Quotations from The Interesting Life of Olaudah Equiano, or Gustavus
Vassa, the African, Written by Himself*  
(Equiano, 1789)

“I might say my sufferings were great: but when I compare my lot with that of most
of my countrymen, I regard myself as a particular favourite of Heaven, and
acknowledge the mercies of Providence in every occurrence of my life” (Equiano,
1789, p. 3).

“The first object which saluted my eyes when I arrived on the coast was the sea, and a
slave ship, which was then riding at anchor, and waiting for its cargo. These filled me
with astonishment, which was soon converted into terror when I was carried on
board. I was immediately handled and tossed up to see if I were sound by some of the
crew; and I was now persuaded that I had gotten into a world of bad spirits, and that
they were going to kill me” (Equiano, 1789a, p. 70).

“We were sold after their usual manner, which is this: On a signal given, (as the beat
of a drum) the buyers rush at once into the yard where the slaves are confined, and
make choice of that parcel they like best. The noise and clamour with which this is
attended, and the eagerness visible in the countenances of the buyers, serve not a little
to increase the apprehensions of the terrified Africans…. In this manner, without
scruple, are relations and friends separated, most of them never to see each other
again.

...Are the dearest friends and relations, now rendered more dear by their
separation from their kindred, still to be parted from each other, and thus prevented
from cheering the gloom of slavery with the small comfort of being together and
mingling their sufferings and sorrows? Why are parents to lose their children,
brothers their sisters, or husbands their wives? Surely this is a new refinement in
cruelty, which, while it has no advantage to atone for it, thus aggravates distress, and
adds fresh horrors even to the wretchedness of slavery” (Equiano, 1789a, p. 87).

*[On slave ship, unable to speak English]* “I had no person to speak to that I could
understand. In this state I was constantly grieving and pining, and wishing for death
rather than any thing else” (Equiano, 1789a, p. 91).

“While I was on board this ship, my captain and master named me Gustavus Vasa. I
at that time began to understand him a little, and refused to be called so, and told him
as well as I could that I would be called Jacob; but he said I should not, and still
called me Gustavus; and when I refused to answer to my new name, which at first I
did, it gained me many a cuff; so at length I submitted, and was obliged to bear the
present name, by which I have been known ever since” (Equiano, 1789a, p. 96).

“My grieves too, which in young minds are not perpetual, were now wearing away; and
I soon enjoyed myself pretty well, and felt tolerably easy in my present situation.
There was a number of boys on board, which still made it more agreeable; for we
were always together, and a great part of our time was spent in play” (Equiano,
1789a, p. 112).

“I now became the captain's steward, in which situation I was very happy: for I was
extremely well treated by all on board; and I had leisure to improve myself in reading
and writing” (Equiano, 1789a, p. 151).

“One night, the 20th of April, being terrified with a dream, I awoke in so great a
fright that I could not rest in his bed any longer, nor even remain in cabin; and went
upon deck about four o'clock in the morning extremely agitated” (Equiano, 1789a, p.
155).

[In Italy] “His is one of the finest cities I ever saw… But all this grandeur was in my
eyes disgraced by the galley slaves, whose condition both there and in other parts of
Italy is truly piteous and wretched” (Equiano, 1789b, p. 92).

“My mind was unaccountably disturbed; I often wished for death, though at the same
time convinced I was altogether unprepared for that awful summons. Suffering much
by villains in the late cause, and being much concerned about the state of my soul,
these things (but particularly the latter) brought me very low; so that I became a
burden to myself, and viewed all things around me as emptiness and vanity, which
could give no satisfaction to a troubled conscience” (Equiano, 1789b, p. 123).

Analysis

Based on Olaudah Equiano’s autobiography, The Interesting Narrative of the
Life of Olaudah Equiano, or Gustavus Vassa, the African. Written by Himself, there is
only textual support for two out of seven possible symptom categories. This test
therefore does not suggest the presence of C-PTSD symptoms in Equiano.

The most striking of Equiano’s symptoms is his recurrent thoughts of suicide,
(mentioned on four separate occasions,) which continue until 1784, when he has been
free for almost 20 years. There are two emotional triggers for these: fear, and frustration by encounters with situations, either involving an injustice to himself or to others, that he is powerless to change. In the 1784 occurrence Equiano has been trying free a black man who has been arrested unjustly; in the face of his inability to help Equiano writes that he “often wished for death, though at the same time convinces that I was unprepared for that awful summons” (p. 123).

Writing that he was brought “very low” and felt like he was a “burden to himself” and had a guilty conscience indicates that perhaps Equiano was experiencing symptoms of a depressive episode at this point in his life (p. 123). It is not reoccurring, however, which it would need to be to indicate that he suffered from Major Depressive Disorder. Equiano describes no actual attempts or preparations for a suicide attempt, and while his wish for death is mentioned at four points in the text, a fear of death or wish to avoid death is mentioned on 48 separate occasions. Both the frequency and the vividness with which fear of death is depicted, as well as Equiano having taken action to protect his life and not to end it, point to mentions of suicide having a low psychological salience in this work.

During Equiano’s travels once he is freed, he describes seeing slaves in Italy, writing “all this grandeur was in my eyes disgraced by the galley slaves whose condition both there and in other parts of Italy is truly piteous and wretched” (p. 92). He leaves, and avoids witnessing the presence of slavery in Italy – despite his work with the Abolitionists, it seems that being confronted with enslaved people while traveling inspires discomfort in him and he goes out of his way to avoid it. As a freed slave, with a good degree of self-awareness of his relative luck, it is logical to assume
that he feels guilty at being faced with those worse off than him while he is enjoying the freedom that they lack.

For the most part Equiano describes events in his life and his affective state positively but realistically (external factors that may have impacted this are included in the discussion). He writes about finding happiness in his life as a slave and expresses pride when he is treated well by others. In the passage that opens his autobiography he writes that although he was kidnapped away from his family and homeland, he was very lucky compared to what others went through – demonstrating a level of introspection that is both optimistic and realistic.

Equiano’s relationship with his masters is of particular interest. In 1983, Elizabeth Fox-Genovese and Eugene D. Genovese published “Poor Richard in the Cotton Fields: a Critique of the Psychological and Ideological Presuppositions of Time on the Cross”. In this essay, the Genoveses recognize “slave courage, strength, and psychological resourcefulness” and explore the significance of the relationship between slaves and their masters. They hypothesize that “membership in the plantation family at least partially mitigated the slave’s sense of degradation and offered him or her a positive identity with the master or mistress” (Fox-Genovese & Genovese, 1975). Affiliation with the perpetrators of their trauma became, in this argument, a kind of defensive measure. Although never enslaved on a plantation, Equiano certainly seems to feel a close relationship with his masters, particularly Pascal, even though he later betrays Equiano’s trust and does not free him when he promised to.
Equiano’s language choices when describing his interactions with Pascal are of interest. In the majority of slave narratives the slaves’ own actions are described as dependent on their masters’, e.g., “my master took me to town,” or even nonexistent “my master went to town” (implying that the slave accompanies but never actually describing their action) (Jackson, 1866; Delaney, 1891). In contrast to this, Equiano almost exclusively uses “we” when referring to his master’s and his actions. This may simply be a function of the unusually close and civil relationship that Equiano shared with his masters. However, his use of inclusive language may also be evidence of Equiano’s perception of himself as an equal with his master, a trait that would certainly be protective in maintaining his identity outside of his place in society as a slave.

A further protective factor is that Equiano was able to perform the ultimate act of independence in freeing himself. Equiano was unique among the four case studies in that his last master allowed him to earn money independently and buy his own freedom. This would have done a great deal to ameliorate the effects of slavery that attempted to suppress slaves’ opportunities for self-agency.

*C-PTSD Symptom Breakdown*

Part I: Stressor Events
   1. Enslaved because of race
   2. Forced to labor
   3. Separated from family
   4. Physically harmed as punishment (whipped, beaten)
   5. Witnessed physical punishment of others

Part II: Trauma Symptoms
   1. Attention and consciousness- intrusive symptoms
a. Avoiding people, places, activities that trigger intrusive recollections or are reminders of slavery – avoiding contact with slaves once freed

2. Alteration in affect and impulse regulation
   a. Purposeful self-harm – suicidal ideation

Charles Ball, 1780-?

Charles Ball was born into slavery in Calvert County, Maryland in 1780. By the age of four, he had been separated from both parents, remaining on the plantation where he was born while they were sold away. He lived there until young adulthood, marrying a woman from a nearby plantation. By his own description, his masters at the time were relatively kind.

In his mid-twenties, Ball was kidnapped away from his wife and child. He was bound together with 51 other slaves in neck and leg irons, and forced to walk for over a month until they reached Columbia, South Carolina – a journey that killed three people. There, Ball was sold to work on a large rice and cotton plantation (he estimates about 260 slaves) and later worked for the owner’s youngest daughter in Georgia. He describes the conditions of slave life, including their terrible diet of slaves and dawn to dusk workday.

When his owner died in 1809, Ball found himself at the mercy of his former owner’s sons, whose cruelty he describes as unbearable. That same year, he escaped from slavery and made the trip from Georgia to Maryland on foot to rejoin his wife and child.

There, on the advice of his wife’s owners, Ball hired himself out to work for wages until he had saved enough money to buy a farm of his own outside of Baltimore. He lived there for ten years with his family until 1830, when he was identified as a fugitive slave and returned to slavery. He escaped a second time, this
time stowing away on a ship going from Savannah to Philadelphia, where he lived out the rest of his life and published his narrative, in 1836.

Ball’s narrative was published in 1836 with the help of a white lawyer named Isaac Fischer. Fischer declares in his preface that Ball had instructed him to redact Ball’s political beliefs about slavery. These admissions of significant editing has led to questions about the authenticity of Ball’s narrative, but most scholars agree that the work represents a true story (Andrews, 2001; Andrews & Gates, 2000).

Selected Quotations from Slavery in the United States: A Narrative of the Life and Adventures of Charles Ball, a Black Man (Ball, 1836)

“My poor mother, when she saw me leaving her for the last time, ran after me, took me down from the horse, clasped me in her arms, and wept loudly and bitterly over me. …My mother then turned to [her master] and cried, "Oh, master, do not take me from my child!" Without making any reply, he gave her two or three heavy blows on the shoulders with his raw hide, snatched me from her arms, handed me to my master, and seizing her by one arm, dragged her back towards the place of sale. My master then quickened the pace of his horse; and as we advanced, the cries of my poor parent became more and more indistinct--at length they died away in the distance, and I never again heard the voice of my poor mother. Young as I was, the horrors of that day sank deeply into my heart, and even at this time, though half a century” (Ball, 1836, p. 17).

[After being kidnapped] “A strong iron collar was closely fitted by means of a padlock round each of our necks. A chain of iron, about a hundred feet in length, was passed through the hasp of each padlock, except at the two ends, where the hasps of the padlocks passed through a link of the chain. … I felt indifferent to my fate. It appeared to me that the worst had come, that could come, and that no change of fortune could harm me. After we were all chained and handcuffed together, we sat down upon the ground; and here reflecting upon the sad reverse of fortune that had so suddenly overtaken me, and the dreadful suffering which awaited me, I became weary of life, and bitterly execrated the day I was born. …I longed to die, and escape from the hands of my tormentors; but even the wretched privilege of destroying myself was denied me; for I could not shake off my chains, nor move a yard without the consent of my master. Reflecting in silence upon my forlorn condition, I at length concluded that as things could not become worse--and as the life of man is but a continued round of changes, they must, of necessity,
take a turn in my favour at some future day. I found relief in this vague and indefinite hope, and when we received orders to go on board the scow, which was to transport us over the Patuxent, I marched down to the water with a firmness of purpose of which I did not believe myself capable, a few minutes before” (Ball, 1836, p. 37).

“I at length fell asleep, but was distressed by painful dreams. My wife and children appeared to be weeping and lamenting my calamity; and beseeching and imploring my master on their knees, not to carry me away from them. My little boy came and begged me not to go and leave him, and endeavoured, as I thought, with his little hands to break the fetters that bound me. I awoke in agony and cursed my existence” (Ball, 1836, p. 39).

“What is life worth, amidst hunger, nakedness, and excessive toil, under the continuously uplifted lash?” (Ball, 1836, p. 50).

“From my earliest recollections, the name of South Carolina had been little less terrible to me than that of the bottomless pit. In Maryland, it had always been the practice of masters and mistresses, who wished to terrify their slaves, to threaten to sell them to South Carolina; where, it was represented, that their condition would be a hundred fold worse than it was in Maryland. … At length I found myself, without having committed any crime, or even the slightest transgression, in the place and condition, of entertaining the greatest dread. I slept but little that night. … I had at times serious thoughts of suicide, so great was my anguish. If I could have got a rope I should have hanged myself at Lancaster” (Ball, 1836, p. 68).

“With all my future life one long, waste, barren desert, of cheerless, hopeless, lifeless slavery; to be varied only by the pangs of hunger and the stings of the lash” (Ball, 1836, p. 115).

[He sees an enslaved father and child] “My children seemed to flit by the door in the dusky twilight; and the twittering of a swallow, which that moment fluttered over my head, sounded in my ear as the infantile tittering of my own little boy” (Ball, 1836, p. 144).

“From this time until I left the plantation, my life was a continual torment to me. The overseer often came up to me in the field, and gave me several lashes with his long whip, over my naked back, through mere wantonness; and I was often compelled, after I had done my day's work in the field, to cut wood, or perform some other labour at the house, until long after dark. My sufferings were too great to be borne long by any human creature; and to a man who had once tasted the sweets of liberty, they were doubly tormenting” (Ball, 1836, p. 489).

“This intelligence almost deprived me of life; it was the most dreadful of all the misfortunes that I had ever suffered. It was now clear that some slave-dealer had come in my absence, and seized my wife and children as slaves, and sold them to
such men as I had served in the south. They had now passed into hopeless bondage, and were gone forever beyond my reach. ...

For the last few years, I have resided about fifty miles from Philadelphia, where I expect to pass the evening of my life, in working hard for my subsistence, without the least hope of ever again seeing my wife and children: fearful, to this day, that as an article of property, I am of sufficient value to be worth pursuing in my old age” (Ball, 1836, p. 517).

*Analysis*

Based on Charles Ball’s autobiography, *Slavery in the United States: A Narrative of the Life and Adventures of Charles Ball, a Black Man*, there is textual support for four out of seven possible symptom categories. This test therefore suggests the presence of symptoms of C-PTSD in Ball.

The most psychologically salient stressor for Ball is his separation from his wife and children. When he is first kidnapped to South Carolina, he has trouble sleeping, kept awake by “thinking of my wife and little children, whom I could not hope ever to see again” (p. 31). Ball describes being kept awake by aversive thoughts on multiple occasions (p. 38, 70, & 131). When he does sleep, he has recurrent nightmares that feature his family “weeping and lamenting my calamity; and beseeching and imploring my master on their knees, not to carry me away from them,” and the sight of another man with his son triggers flashbacks of his own children (p. 31). Ball also recalls the memory of being separated from his own parents as a child, that “though half a century has elapsed, the terrors of the scene return with painful vividness upon my memory” (p. 11). The language (“return”) is ambiguous – it could indicate flashbacks and intrusive recollections, but it could also be referring to the way a once-painful memory has not lost its impact.
At three points in his autobiography Ball describes suicidal feelings, during one of which he specifically states, “If I could have got a rope I should have hanged myself at Lancaster” (p. 35). This is the most significant manner in which any of the narratives describe suicidal ideation and planning, and can be understood as having significant lethality. During the second mention of suicide, Ball questions: “What is life worth, amidst hunger, nakedness, and excessive toil, under the continuously uplifted lash?” (p. 50). He vacillates between this kind of despair, and a “firmness of purpose” – the dichotomy of which is characterized in a passage from his march south with his kidnappers. Ball goes from wishing for death to, after reflection and concluding that his situation must someday improve, a “vague and indefinite hope” that gives him the strength, literally, to continue the march (p. 30).

Overall, Ball’s narrative suggests the presence of symptoms early in life (immediately following capture and separation from family), but his repeated instances of trusting strangers (black and white alike) show no lasting impact on perception of others. In addition, Ball refuses to be resigned to his life as a slave. His unyielding work in pursuit of his goal of freedom demonstrates psychological resilience, as does the personal philosophy that comes across in his words. In his autobiography, Ball creates a system of meaning that explains the world, a strong moral code that defines the relationship of slave and master as a symbiotic one where the slave has agency over slaveholders who, after all, “are only men.”

_C-PTSD Symptom Breakdown_

Part I: Potential Stressor Events
   1. Enslaved because of race
   2. Forced to labor
3. Separated from family, close friends
4. Suffered ill health without access to medical care or medicine
5. Suffered because of lack of food or clean water
6. Lacked shelter
7. Witnessed slave’s murder
8. Witnessed slave’s physical punishment
9. Physically harmed as punishment (beaten, whipped, etc.)
10. Prevented from learning to read and write

Part II: Posttraumatic Symptoms
1. Attention and consciousness – intrusive symptoms
   a. Recurrent thoughts or memories of the most hurtful or terrifying events of slavery
   b. Reliving events through ruminative preoccupation
   c. Recurrent nightmares
2. Alteration in affect and impulse regulation
   a. Purposeful self-harm – suicidal ideation
3. Alterations in identity
   a. Guilt, shame, or self-blame
4. Alterations in systems of meaning
   a. Loss of previously sustaining beliefs
5. Somatization
   a. Trouble sleeping not explained by biological cause

Harriet Jacobs, 1813-1897

Harriet Jacobs was born in Edenton, North Carolina, in the fall of 1813. Her mother was Delilah Horniblow, an enslaved black woman held by a tavern owner, and her father was Daniel Jacobs, an enslaved biracial house carpenter. Under the principle of partus sequitur ventrem, (lit. “that which is brought forth follows the womb”), both Harriet and her brother Jacob were born into slavery. Their enslaved status was determined based on their mother’s status, and not by their likely European-American heritage. Harriet Jacobs lived with her mother until Delilah’s death when Jacobs was six, the same age at which Jacobs describes first realizing that she was the property of her mistress, Margaret Horniblow (from whom Jacobs
learned to read and write). After her mother’s death, Jacobs’ closest relationship was with her grandmother, a free black woman named Molly, who tried to help all of her children and grandchildren gain their freedom.

Upon Horniblow’s death, Jacobs was bequeathed to the woman’s niece, and her father, Dr. James Norcom, became Jacobs’ master. Although little more than a child – eleven years old – Jacobs began to be sexually harassed by Norcom. He refused to allow her to marry any man, but Jacobs began a consensual relationship with Samuel Sawyer, a free white lawyer. Jacobs had two children by Sawyer: Joseph and Louisa. Her children were both born into slavery, with Norcom as their master as well.

By 1835, Jacobs’ domestic situation had grown unbearable; she was threatened with violence if she did not enter into a relationship with Norcom, and despised by his wife, who was jealous of Norcom’s obsession with Jacobs. Hoping that by appearing to run away she could induce Norcom to sell her children to their white father, Jacobs hid herself in a crawl-space over her grandmother’s attic. She remained in that confined space for seven years: reading the bible, sewing, keeping watch over her children as best she could, and writing occasional letters to Norcom designed to make him believe that she was living in a northern city.

In 1837 Sawyer was elected to the U.S. House of Representatives, and moved to Washington, D.C. Although he had purchased his and Jacobs’ children in accordance with Jacobs’ wishes, he did not emancipate either of the children and sent their daughter to New York to work as a house servant. In 1842 Jacobs left her hiding place in North Carolina and escaped to New York by boat to reclaim her daughter.
For the next ten years, although Jacobs was reunited with both of her children, Jacobs lived the nerve-wracking life of a fugitive slave. It was only in 1852, after Norcom had made several trips north to try to recover her, that Jacobs’ employer paid Norcom 300 dollars, buying Jacobs’ freedom (Andrews, 2004). Jacobs described feeling uncomfortable with the prospect of still being a purchasable commodity, but this freedom gave her room to publish her autobiography, *Incidents in the Life of a Slave Girl, Written by Herself*, in 1861.

*Selected Quotations from* Incidents in the Life of a Slave Girl, Written by Herself (Jacobs, 1861)

“I was born a slave; but I never knew it till six years of happy childhood had passed away. They [Jacobs’ parents] lived together in a comfortable home; and, though we were all slaves, I was so fondly shielded that I never dreamed I was a piece of merchandise, trusted to them for safe keeping, and liable to be demanded of them at any moment” (Jacobs, 1861, p. 11).

“My father, by his nature, as well as by the habit of transacting business as a skilful mechanic, had more of the feelings of a freeman than is common among slaves” (Jacobs, 1861, p. 17).

“Most earnestly did she [grandmother] strive to make us feel that it [enslavement] was the will of God: that He had seen fit to place us under such circumstances; and though it seemed hard, we ought to pray for contentment” (Jacobs, 1861, p. 28).

“The brave old woman [grandmother] still toiled on, hoping to rescue some of her other children. After a while she succeeded in buying Phillip. She paid eight hundred dollars, and came home with the precious document that secured his freedom. The happy mother and son sat together by the old hearthstone that night, telling how proud they were of each other, and how they would prove to the world that they could take care of themselves, as they had long taken care of others. We all concluded by saying, ‘He that is willing to be a slave, let him be a slave’” (Jacobs, 1861, p. 43).

“My master began to whisper foul words in my ear. Young as I was, I could not remain ignorant of their import. I tried to treat them with indifference or contempt. The master’s age, my extreme youth, and the fear that his conduct would be reported to my grandmother, made him bear this treatment for many months.

…He tried his utmost to corrupt the pure principles my grandmother had instilled. He peopled my young mind with unclean images, such as only a vile
monster could think of. I turned from him with disgust and hatred. But he was my master. I was compelled to live under the same roof with him—where I saw a man forty years my senior daily violating the most sacred commandments of nature. He told me I was his property; that I must be subject to his will in all things” (Jacobs, 1861, p. 44).

“Where could I turn for protection? No matter whether the slave girl be as black as ebony or as fair as her mistress. In either case, there is no shadow of law to protect her from insult, from violence, or even from death; all these are inflicted by fiends who bear the shape of men. The mistress, who ought to protect the helpless victim, has no other feelings towards her but those of jealousy and rage” (Jacobs, 1861, p. 44).

“I know that some are too much brutalized by slavery to feel the humiliation of their position; but many slaves feel it most acutely, and shrink from the memory of it. I cannot tell how much I suffered in the presence of these wrongs, nor how I am still pained by the retrospect

I longed for some one to confide in. I would have given the world to have laid my head on my grandmother's faithful bosom, and told her all my troubles. But Dr. Flint swore he would kill me, if I was not as silent as the grave. Then, although my grandmother was all in all to me, I feared her as well as loved her. I had been accustomed to look up to her with a respect bordering upon a we. I was very young, and felt shamefaced about telling her such impure things” (Jacobs, 1861, p. 46).

“I would rather drudge out my life on a cotton plantation, till the grave opened to give me rest, than to live with an unprincipled master and a jealous mistress. The felon's home in a penitentiary is preferable. He may repent, and turn from the error of his ways, and so find peace; but it is not so with a favorite slave. She is not allowed to have any pride of character. It is deemed a crime in her to wish to be virtuous (Jacobs, 1861, p. 49).

“Why does the slave ever love? Why allow the tendrils of the heart to twine around objects which may at any moment be wrenched away by the hand of violence? …Youth will be youth. I loved, and I indulged the hope that the dark clouds around me would turn out a bright lining” (Jacobs, 1861, p. 58).

“When they told me my new-born babe was a girl, my heart was heavier than it had ever been before. Slavery is terrible for men; but it is far more terrible for women. Superadded to the burden common to all, they have wrongs, and sufferings, and mortifications peculiarly their own” (Jacobs, 1861, p. 119).

[While hiding in crawl-space] “Dark thoughts passed through my mind as I lay there day after day” (Jacobs, 1861, p. 186).

“My body still suffers from the effects of that long imprisonment, to say nothing of my soul. Members of my family, now living in New York and Boston, can testify to
the truth of what I say. … Sometimes it appeared to me as if ages had rolled away since I entered upon that gloomy, monotonous existence. At times, I was stupefied and listless” (Jacobs, 1861, p. 224)

“Such prudence may seem extraordinary in a boy of twelve years, but slaves, being surrounded by mysteries, deceptions, and dangers, early learn to be suspicious and watchful, and prematurely cautious and cunning. … I was naturally of a confiding disposition, but slavery had made me suspicious of every body” (Jacobs, 1861, p. 234)

[On her brother] “There are no bonds so strong as those which are formed by suffering together” (Jacobs, 1861, p. 257).

“Hot weather brings out snakes and slaveholders, and I like one class of the venomous creatures as little as I do the other. What a comfort it is, to be free to say so!” (Jacobs, 1861, p. 263).

[After arrival in Boston] “The day after my arrival was one of the happiest of my life. I felt as if I was beyond the reach of the bloodhounds; and, for the first time during many years, I had both my children together with me. They greatly enjoyed their reunion, and laughed and chatted merrily. I watched them with a swelling heart. Their every motion delighted me” (Jacobs, 1861, p. 274).

“So I was sold at last! A human being sold in the free city of New York! … I well know the value of that bit of paper; but much as I love freedom, I do not like to look upon it. I am deeply grateful to the generous friend who procured it, but I despise the miscreant who demanded payment for what never rightfully belonged to him or his” (Jacobs, 1861, p. 300).

Analysis

Based on Harriet Jacobs’ autobiography, Incidents in the Life of a Slave Girl, Written by Herself, there is textual support for five out of seven possible symptom categories. This test therefore suggests the presence of C-PTSD symptoms in Jacobs.

Most of Jacobs’ posttraumatic symptoms seem to be linked to the seven years she spent confined to the crawl-space above her grandmother’s attic. Jacobs writes of her confinement’s impact on her body “to say nothing of my soul,” describing symptoms that resemble derealization – time seeming to pass unnaturally slowly,
feeling disconnected from reality and “stupefied” (p. 224). She also attests to the fact that her body was never the same after slavery, and attributes this to the stress of confinement (although it could also be attributed to muscle atrophy after remaining in a small room without space to exercise).

Following the trauma of being threatened with sexual violence by her master, he mood is consistently low than it was prior to that trauma, when she describes herself as a happy child. One way in which her trauma has altered her mood is evident at the birth of her daughter, what would otherwise be a happy occasion. When she learns that her child is a girl, she writes: “my heart was heavier than it had ever been before” (p. 119). Jacobs is burdened by the knowledge that she has brought a girl into the world whose experiences could be the same as her own, and this anxiety is a constant of her time in confinement, when she is unable to communicate with her children or protect them herself.

During Jacobs’ time as a fugitive in New York, she comes to realize another change in her personality that slavery has caused. “I was naturally of a confiding disposition,” she writes, “but slavery had made me suspicious of every body” (p. 239). This distrust of even fellow fugitive slaves is one of the culture-specific symptom markers of this test.

The most profound symptom suggested by Jacobs’ autobiography is her internalized guilt surrounding the sexual harassment and threats she experienced from her master. She describes her unwillingness to tell her grandmother, normally her closest confidant. “I was very young,” she recalls, “and shamefaced about telling her such impure things” (p. 46). This same internalized shame was still affecting Jacobs
nine years after she was freed, when she wrote her autobiography. Despite her desire
to speak frankly about her experiences in slavery, Jacobs was unwilling to disclose
her own identity, writing Incidents in the Life of a Slave Girl under the name ‘Linda
Brendt.’ “I had no motive for secrecy on my own account,” she writes in the preface
to Incidents, but she was fearful that disclosing these “foul secrets” would open her
up to the judgment that should be reserved for Norcom (p. 5).

\textit{C-PTSD Symptom Breakdown}

Part I: Potential Stressor Events
\begin{enumerate}
\item Enslaved because of race
\item Forced to labor
\item Separated from family, close friends
\item Suffered ill health without access to medical care or medicine
\item Witnessed slave’s physical punishment
\item Victim of sexual abuse or rape, or attempt thereof
\item Physically harmed as punishment (beaten, whipped, etc.)
\end{enumerate}

Part II: Posttraumatic Symptoms
\begin{enumerate}
\item Attention and consciousness – constrictive symptoms
  \begin{enumerate}
  \item Dissociative episodes surrounding traumatic events
    \begin{enumerate}
    \item Derealization
    \end{enumerate}
  \end{enumerate}
\item Alteration in affect and impulse regulation
  \begin{enumerate}
  \item Persistent low mood
  \end{enumerate}
\item Relations with others
  \begin{enumerate}
  \item Inability to trust fellow slaves
  \end{enumerate}
\item Somatization
  \begin{enumerate}
  \item Chronic pain not explained by biological cause (possible)
  \end{enumerate}
\end{enumerate}

\textbf{Mattie Jackson, 1847-1910}

Mattie J. Jackson, daughter of Westly Jackson and Ellen Turner, was born in
Saint Louis, Missouri in 1847. Although Turner was repeatedly sold to owners who
moved the couple further apart from each other, they had three daughters together, of
whom Mattie was the second. With Turner’s assistance, Westly Jackson escaped to
Illinois, where he became a preacher. Six years later, Turner met and married George Brown, with whom she had two sons, one of whom died as a baby. Brown also escaped, making it to Canada around 1855. During Mattie Jackson’s childhood, her mother made six separate escape attempts. As she was traveling with all of her children, she failed repeatedly and would be caught and beaten.

Rather than continue to have to deal with Turner’s repeated attempts at escape, her master sold the family to the captain of a Mississippi River steamboat, who then sold them to a slaveholder in Louisville, Kentucky. This is where the family lived during the last years of the Civil War. The proximity of Union forces to the plantation where she was enslaved provided an opportunity for Jackson – she kept herself informed about the war via rumors circulating among the slaves, for whom the proximity of Union soldiers in Kentucky provided a source of hope.

It was from Kentucky that Jackson was able to escape via the Underground Railroad and its network of antislavery activists. She lived as a fugitive slave in Indiana, where her mother and half-brother were able to reach her after several months. After the end of the Civil War, Jackson, her mother, and her half-brother made their way back to Saint Louis, where Turner was able to rejoin her husband.

Jackson’s stepfather, the former George Brown (now John G. Thompson) located the family and invited Jackson and her eleven-year-old half-brother to join him and his wife in Lawrence, Massachusetts. It was there that Jackson learned to read, and dictated her story to her stepmother, with the goal that the money raised by its sale would allow Jackson to further her education. The resulting book, *The Story of Mattie J. Jackson* was published in 1866 (Jackson, 1866).
Selected Quotations from The Story of Mattie J. Jackson; A True Story
(Jackson, 1866)

“When my father left I was about three years of age, yet I can well remember the little kindnesses my father used to bestow upon us, and the deep affection and fondness he manifested for us.

I shall never forget the bitter anguish of my parents' hearts, the sighs they uttered or the profusion of tears which coursed down their sable checks. O, what a horrid scene, but he was not hers, for cruel hands had separated them” (Jackson, 1866, p. 5).

[After the family's first escape attempt] “We were taken back to St. Louis and committed to prison and remained there one week, after which they put us in Linch's trader's yard, where we remained about four weeks. We were then sold to William Lewis. Mr. Lewis was a very severe master, and inflicted such punishment upon us as he thought proper. However, I only remember one severe contest Mr. Lewis had with my mother. For some slight offence Mrs. Lewis became offended and was tartly and loudly reprimanding her, when Mr. L. came in and rashly felled her to the floor with his fist” (Jackson, 1866, p. 7).

“My mother and myself could read enough to make out the news in the papers. The Union soldiers took much delight in tossing a paper over the fence to us. It aggravated my mistress very much. My mother used to sit up nights and read to keep posted about the war” (Jackson, 1866, p. 10).

“He immediately gave me a severe blow with a stick of wood, which inflicted a deep wound upon my head. The blood ran over my clothing, which gave me a frightful appearance. Mr. Lewis then ordered me to change my clothing immediately. As I did not obey he became more enraged, and pulled me into another room and threw me on the floor, placed his knee on my stomach, slapped me on the face and beat me with his fist, and would have punished me more had not my mother interfered. He then told her to go away or he would compel her to, but she remained until he left me. I struggled mightily, and stood him a good test for a while, but he was fast conquering me when my mother came. He was aware my mother could usually defend herself against one man, and both of us would overpower him” (Jackson, 1866, p. 12).

“I fared worse than either of the family. I was not allowed enough to eat, exposed to the cold, and not allowed through the cold winter to thoroughly warm myself once a month.

…I was then seventeen years of age. My health has been impaired from that time to the present. I have a severe pain in my side by the slightest over exertion. In the Winter I suffer intensely with cold, and cannot get warm unless in a room heated to eighty degrees. I am infirm and burdened with the influence of slavery, whose impress will ever remain on my mind and body” (Jackson, 1866, p. 20).
“I seated myself in a remote corner of the boat, and in a few moments I landed on free soil for the first time in my life, except when hurled through Albany and Springfield at the time of our capture. I was now under my own control” (Jackson, 1866, p. 22).

“In two or three weeks after the body of the President was carried through, my sister made her escape, but by some means we entirely lost trace of her. We heard she was in a free State. In three months my mother also escaped. She rose quite early in the morning, took my little brother, and arrived at my place of service in the afternoon. I was much surprised, and asked my mother how she came there. She could scarcely tell me for weeping, but I soon found out the mystery. After so many long years and so many attempts, for this was her seventh, she at last succeeded, and we were now all free. My mother had been a slave for more than forty-three years, and liberty was very sweet to her” (Jackson, 1866, p. 25).

[Living in Boston] “I was never permitted to attend a white church before, or ride in any public conveyance without being placed in a car for the especial purpose; and in the street cars we were not permitted to ride at all, either South or West. Here I ride where I please, without the slightest remark, except from the ignorant. Many ask me if I am contented” (Jackson, 1866, p. 29).

**Analysis**

Based on Mattie Jackson’s narrative, *The Story of Mattie J. Jackson*, there is only textual support for three out of seven possible symptom categories. This test therefore does not suggest the presence of C-PTSD symptoms in Jackson.

*The Story of Mattie J. Jackson* is unique among the canon of slave narratives in that Jackson presents her story almost entirely as a family history, describing the experiences of her mother and siblings as integral parts of her own life. Her mother is an especially strong character in Jackson’s narrative. Jackson recounts how her mother, who assisted in the escape of two husband found “solace in the contemplation of her husband as a free man” and her desire that she and her children might be able to escape as well “and meet to part no more on earth” (p. 6). In addition to describing the hope and solace that her husbands’ freedom gave her, these passages describe the “psychological trauma inflicted on those who attempt to develop relationships in the
midst of slavery’s constant threat of forcible separation” (Wiliamson, 2004). Jackson describes watching her mother part from her husbands, writing, “I shall never forget the bitter anguish of my parents’ hearts, the sighs they uttered or the profusion of [their] tears” (p. 5). The psychological trauma of these relationships also impacted the children, who learned from first-hand experience the fragility of such relationships, but also their immense value.

Throughout her narrative, Turner remains a strong character in Jackson’s life, her protector in both the emotional and literal, physical sense of the word. On one occasion, Jackson’s master began to beat her, but she reports that he “would have punished me more had not my mother interfered” and that her master was “aware my mother could usually defend herself against one man, and both of us would overpower him” (p. 12). The mother-daughter relationship was not only a source of physical protection for Jackson, but likely also a protective factor against posttraumatic symptoms. Despite her time enslaved, during which she was beaten and physically abused by slaveholders, Jackson remained with her family. The social support system that this gave her, as well as the example set by her mother’s clearly indomitable spirit (exemplified by her repeated escape attempts) was likely involved in protecting Jackson’s mental state.

_C-PTSD Symptom Breakdown_

Part I: Potential Stressor Events
1. Enslaved because of race
2. Forced to labor
3. Separated from family, close friends
4. Witnessed slave’s physical punishment
5. Physically harmed as punishment (beaten, whipped, etc.)
6. Disappearance of family member (child, spouse, etc.)
7. Prevented from learning to read and write
V. Discussion

A Critical Approach to Methodology and Primary Source Material

There are important critiques that are raised against the practice of retrospective diagnosis. The following discussion of two such claims owes much to Dr. Osamu Muramoto’s article “Retrospective diagnosis of a famous historical figure: ontological, epistemic, and ethical considerations,” and his philosophical considerations of the critique and defense of retrospective diagnosis. This subsection will address the ontological and epistemic arguments, although as will become clear, they are not entirely separate issues.

The ontological critique, which challenges the veracity of claims to the existence of a given disease, argues that retrospective diagnoses often fail to consider the possibility that a particular disease may not have existed at a given place and time in history. A second critique is epistemic, or pertaining to investigation of what distinguishes justified belief from opinion, and here referring specifically to the access to historical knowledge. The epistemic challenge to retrospective diagnosis is that it is impossible to definitively prove or disprove any retrospective medical hypothesis (for obvious reasons—it is impossible to examine and test a historical subject) (Muramoto, 2014).

The ontological challenge to retrospective diagnosis is mitigated by the fact that the disease with which this study is dealing is a mental disorder. Medical diseases emerge and ebb over time, as the viruses, microbes, and parasites which cause them evolve and in a relatively short period of time (e.g., influenza viruses). As per the presumed etiology of C-PTSD there is no disease entity involved, there is no need to
grapple with the persistence or evolution of the causes of disease over time (Leven, 2004). As the first chapter demonstrated, a) the traumatic response is one of the oldest elements of the human psyche, b) traumatic stressors have existed throughout time, and c) contemporary psychology is becoming aware of the idea that exposure to traumatic stressors over prolonged periods of time causes C-PTSD. The second chapter has demonstrated that traumatic events, equivalent to known traumatic stressors from contemporary research, would likely have been present for prolonged periods of time in the life of a slave in the American South. It is reasonable to conclude that the conditions of C-PTSD were present during the era of American slavery.

Beyond the initial question of the existence in history of the disorder is the philosophical question of whether what we recognize today as C-PTSD (or PTSD, depending on the time-span of the stressor) is the same disorder as “soldier’s heart,” “irritable heart,” “nostalgia,” or any other historical name for a syndrome with similar manifestations to C-PTSD or PTSD. In this conception, the human stress response may be identical throughout human history, but “PTSD” and “soldier’s heart” are different because they are conceptualized within different contexts, with different linguistic, social, and cultural meanings attached to them. Even if we are dealing with the identical stress response, mental reactions could be different over time due to changing social and cultural factors (e.g., the effect of mass media on perpetuating the traumatic response). For these reasons, critics argue, it is impossible to make a retrospective diagnosis.
To historians looking at retrospective diagnosis, there is another apparent problem: that it does not make sense to put new labels to historical information without any new evidence. This point is well taken; retrospective diagnosis is not without its methodological hiccups, especially in terms of historical anachronism, retrospective diagnosis being anachronistic because it attempts to reconcile a past disorder with a present diagnosis. This challenge is based on the doctrine that historical facts in general must be interpreted in their historical context. Muramoto states that: “it seems that the critics’ challenges are based on the assumption that it is an observer-independent fact that a certain disease existed in a historical person, whether any historian can know and describe it, or any medical professional can diagnose it” (Muramoto, 2014).

What is left out of the understanding here is that diagnostic categories are a human construction, not something natural and “organic”. As Andrew Cunningham, professor in the Philosophy of Science department at the University of Cambridge, states, a disease or a disease concept does not exist independent from the act of diagnosing. He expresses this simply: “you die of what your doctor says you die of” (Cunningham, 2002). Nosology, especially of mental disorders, is a paradigm with cultural implications that is continually evolving (Chiong, 2004). Medical diagnoses are constantly being revised and updated, and thus any diagnosis (whether retrospective or contemporary) is an observer-dependent reality, always analyzed and described with the vocabulary and medical concepts of the observer’s time, and therefore necessarily changing over time.
Medical diagnosis is fundamentally a probabilistic judgment (a determination that something is more likely true than not) rather than an apodictic judgment (verifying whether a biological reality is true or false) under full certainty. Indeed, diagnoses need not be unambiguously certain to be a useful tool. If conclusions can be drawn one way or another that there is evidence of markers pointing to the presence of C-PTSD in slaves in the American South, it will still have contributed to the body of research. While it is certainly true that retrospective diagnoses do not allow the researcher to examine or test the subject, this problem has been addressed by the provisional nature of the claims made by this study’s analyses.

The Historiography of Slavery

As historian George Rawick notes, “masters not only ruled the past in fact, [but also] rule its written history” (Rawick, 1972b, p. xiv). Works such as Ulrich Bonnell Phillips’ *American Negro Slavery* (published in 1918) treated slaves in broad generalizations, and was infused with rhetoric about the racial inferiority of Africans. Although academics such as Du Bois criticized this description, this book was the preeminent American text on slavery until the 1950s (DuBois, 1918). In 1959, Stanley Elkins published *Slavery: A Problem in American Institutional and Intellectual Life* (a now-controversial and largely superseded work). In *Slavery*, Elkins invoked Freud, Harry Stack Sullivan, and others to defend the veracity of the trope of the deceitful, infantilized slave (Elkins, 1959). He argued, however, that such tropes of slavery (e.g., docility) were the results of captivity and not innate traits. His argument was based on psychological research conducted by Bruno Bettelheim on inmates of Nazi concentration camps, showing that fear of totalitarian control
destroyed the inmates’ ability to plan, to form positive relationships with each other, and ultimately to resist their captivity. Elkins posited that antebellum slavery was a similar system and instilled a dependent personality system in slaves (Elkins, 1959). Although Elkins’ assessment that slavery was a psychologically coercive system that profoundly impacted slaves’ mental states is valid – and the basis for this study – Elkins’ Freudian assessment of slave psychology faced enormous pushback from African Americans angered by his “re-minstralizing” portrayal of black servility (Wyatt-Brown, 1988).

It is an unfortunate truth that most of the history writings on of slavery have been dominated by white sources, with more weight often given to white sources over the voices of slaves themselves. As such, I have endeavored to editorialize as little as possible in this study, and instead let the authors whose life stories made up my case studies speak for themselves whenever feasible.

The scholarly discussion of slavery may have been dominated by white voices, but publication of first-hand accounts of enslaved Africans-Americans began in America in the middle of the 18th century. The literary tradition of slave narratives reached its apex during the three decades of regional controversy that preceded the Civil War, from the suppression of Nat Turner’s Rebellion in 1831 to the end of the era of slavery with enactment of the Thirteenth Amendment in 1865. Abolitionists in the northern states published (and, it is important to note, edited and prefaced) former slaves’ life stories, which enjoyed immense success. (The autobiography of Olaudah Equiano is an exception to this, as he was living in England at the time of his book’s publication.)
In his 1988 dissertation, Charles Wilson explains the great interest Northerners took in the former lives of fugitives, writing, “slaves were still alien creatures whose very ability to communicate thwarted the arguments of slavery’s apologists” (Wilson, 1988). From the turn of the 19th century until the end of the Civil War (1865), 87 slave narratives were published in either book or pamphlet form in the United States. Between 1866 and 1900, 54 more book-length narratives were written and published by freedmen and women (Andrews, 1982).

The four works used as primary source material for this thesis’s case studies are four such narratives. Narratives of American slavery fall into three chronological categories: those written between about 1760 and 1810, those written between about 1810 and 1885 (a period spanning the Civil War and Emancipation), and those written after about 1885. Each phase reflects distinct traits and emphases with regards to narrative voice and depiction of slavery (Wilson, 1988).

Most slave narratives written in the phase before 1810 barely deserve the name. William Andrews asserts in The First Fifty Years of the Slave Narrative, 1760-1810 that “[t]here is no evidence before 1810 that Afro-American slave narrators were involved in the transcription, editing, proofreading, or publication of their life stories” (Andrews, 1982, p. 8, as cited in Wilson, 1988). As a consequence, the slave narrators in these works are depicted as miscreants who need the moral guidance of their owners, and thus are eager to return to the safety of slavery. Because of this didactic and formulaic of the slave, there are “so many silences in these autobiographies, so few expressions of personal feelings and ethnic experience” (Andrews, 1982, p. 82; Wilson, 1988).
Olaudah Equiano’s autobiography was written and published during this period. While it is likely that Equiano was able to publish his autobiography and find an audience for it because he had a relatively easy experience in slavery, it is my opinion, (shared by Henry Louis Gates and William Andrews, both of whom have written prefaces to Equiano’s autobiography) that *The Life of Olaudah Equiano* represents an honest portrayal of Equiano’s personal experiences, and that it would be a mistake and an oversimplification to characterize this work as not being anti-slavery.

Charles Ball’s, Harriet Jacobs’, and Mattie Jackson’s narratives were all written during the second phase of narratives, which began in about 1810 and lasted until 1885. During this period, slave narratives could be published with lesser or minimal editorializing; in general the canon of this era offers a more realistic sense of the ex-slave’s reaction to living through slavery than do the narratives of the first phase.

These antebellum slave narratives were influential as evidence in the antislavery movement. The proslavery camp alleged that the “peculiar institution” was essentially benevolent; that although vicious slave owners existed, the typical slave’s position was much better than that of a Northern wage earner (Yetman, 1984). The many fugitive slaves who wrote accounts of captivity provided a persuasive, if often sensationalized, challenge to the roseate picture of slavery painted by its apologists. Slave narratives written during antebellum slavery are a reminder that, despite the cruelty of slavery and the degradation slaves faced from slaveholders and
society at large, slaves consciously struggled to preserve their dignity and maintain moral and cultural integrity.

The third phase, narratives recorded after 1885, is best represented by the Works Progress Administration (WPA) interviews. This collection includes more than 2,000 interviews with former slaves collected in southern and border states between 1936 and 1938. These interviews have many characteristics to commend them. They feature a greater heterogeneity of narrators than any other set of slave testimonies, and their transcription by the interviewer allowed for illiterate individuals to leave a written record of their memories.

The original concept for this study was to use the WPA interviews as source material. However, though their breadth of information makes them useful for background research, I ultimately decided not to base any of the psychological analysis in my thesis on the WPA interview records. There were several reasons, both ideological and pragmatic, behind this decision. It is my opinion and the opinion of others who have considered the use of the WPA narratives that the power differential between the interviewer and interviewee resulted in a skewed perspective, both directly (via editorializing and editing), and indirectly (via existing social prejudices and a reticence on the part of the black interviewee to open up to a white interviewer). While in several states (namely Virginia, Louisiana, and Florida) African Americans participated in the Federal Writers’ Project to a great degree, in other states their participation was only nominal. In all states, the interviewers were almost all white (Yetman, 1984).
Blassingame, who decided to exclude evidence from the WPA interviews from *The Slave Community*, wrote that “slave interviews rival autobiographies in their revelations about the internal dynamics of bondage, [but] the heavy editing of the WPA interviews makes them far more difficult to utilize than black autobiographies” (Blassingame, 1972, p. 375). He defended this opinion further, describing the way that WPA interviewers often deleted material contradictory to the post-war paternalistic view of slavery, and concluding that “[u]ncritical use of the interviews will lead almost inevitably to a simplistic and distorted view of the plantation as a paternalistic institution where a chief feature of life was mutual love and respect between masters and slaves” (Blassingame, 1975). The revision or editing of the interviews is supported by evidence from Rawicks’s search of state Writer’s Project archives (Rawick, 1972).

The quality of the typewritten accounts of the interviews is uneven, reflecting the varying talents of the writers (most of whom were amateurs, unused to the interview process and unfamiliar with how to minimize the distortion inherent in the process). Male and female interviewers received different responses, as did black or white interviewers (Wilson, 1988). A questionnaire devised by the director of the project was largely ignored, leading to discussions that were frequently disjointed or superficial. The resulting records are often too short to be reasonably used as a basis for any kind of retrospective diagnosis. Even the interviews that contain a great detail suffer from the same uncorrectable problem— for which the WPA is not at fault— that the project was undertaken in the late 1930s, about 75 years after the end of slavery. This means that, using the mean age of the individuals interviewed (84.5
years old) the average individual interviewed in the WPA project was only about ten and a half years old when slavery ended.

This combination of the limited length of the records, the mitigating factors of race on the interviewees’ willingness to open up, and the relatively young age at the time of emancipation meant that the WPA narratives did not prove useful as primary source material for this study.

Protective Features in Case Studies

As described in the previous chapter, analysis of the narratives of Mattie Jackson, Harriet Jacobs, Charles Ball, and Olaudah Equiano found markers suggesting the presence of C-PTSD symptoms in two individuals (Ball and Jacobs), and two individuals whose narratives did not suggest the presence of C-PTSD symptoms (Jackson and Equiano).

Jackson’s narrative was unique in that it included no markers for symptoms of C-PTSD. This could be attributed to several factors: that her narrative was significantly shorter (by about 150 pages) than the others, that she alone was dictating her story to family member rather than writing it herself, and that she may have taken a more broad, political view of the work she was producing, choosing to focus on general ideas rather than personal details that could provide insight into her mental state. Jackson’s narrative otherwise, however, is full of personal details: she discusses her own traumatic stressors and her emotional reactions openly, and describes her family at great length. It is interesting to note, then, that of the four individuals, Jackson had the strongest social support network during her period of enslavement, a factor that I hypothesize may have contributed to her psychological resilience.
The importance of social bonds, particularly familial, is twofold. Firstly, African-American slave culture valued communal life highly, especially with regards to well-being. Just as the maelstrom of the slave trade had mixed cultures from across the African continent, it had also thrown together an array of healing systems. Black healers drew on practices and beliefs from African healing systems, Native American medicine, and influences from European and white southern practitioners. Integral to beliefs held by these healers was a collective theory of health, a relational vision that diverged fundamentally from white southerners’ conceptualizations of health. This philosophy connected the individual’s well-being to the broader community; being healthy meant maintaining one’s proper place in a network of relationships including living people, one’s family, and the elders of one’s community, one’s own dead ancestors, and the spirit world (Fett, 2002; Tannenbaum, 2012).

With this in mind, I believe that separation from family was for some enslaved people the traumatic stressor in their life that was the most salient. This certainly seems to be the case for Ball, for whom his posttraumatic symptoms (namely intrusive symptoms in the form of nightmares and flashbacks) center on his separation from his son and wife. Estrangement from family members was especially trying psychologically because it was often a situation of prolonged and profound uncertainty.

Secondly, the presence of social support in the posttraumatic context could strongly impact the relative severity of posttraumatic reactions. Researchers comparing trauma-related and social factors in a population of male Iraqi refugees found that strong social networks were a greater predictor of positive outcomes than
any feature of the traumatic event to which they were exposed (Gorst-Unsworth, 1998). The loss of social networks and estrangement from family members caused by enslavement could have perpetuated psychological symptoms, but conversely, close familial bonds like Jackson’s with her mother would have been a strong protective factor against becoming traumatized (Gorst-Unsworth, 1998; Karam, 1998).

It was common for families to be separated through sale (either as a punishment or to turn a profit). As shown in the case studies, though, enslaved African-Americans worked hard to maintain strong familial bonds, often working to buy the freedom of members of their families who remained in bondage (like Jacobs’ grandmother) or staging escape attempts to try to rejoin missing family (as Ball did). Slaves for whom these recourses were not possible formed close bonds based on fictive kinship, calling each other aunt, uncle, cousin, grandmother, and other familial terms (Chatters, 1994). This practice, a holdover from African oral traditions and an inclusive concept of what constitutes family and community survived through slavery and gave those who had lost biological family a support system to cope with that loss.

**Resilience**

In addition to social and relational protective factors, there are also important protective factors that exist at the individual level. When an individual undergoes a single traumatic experience, it can radically shake their self-concept by making them question things they previously believed about the way the world works, about justice, and about their own identity as a victim or a survivor. A lifetime of acute traumatic stress as a slave would be even more disruptive to the former slave’s self-
concept. The manner in which they could recover their self-concept, then, is key to whether or not they developed posttraumatic features in the aftermath.

A large part of the research on protective factors for posttraumatic disorders has focused on the individual finding meaning in the traumatic experience. The psychological trait of resilience is a good model for this type of positive integration. Resilience is demonstrated within individuals who can navigate their traumatic experiences with relative ease and utilize coping methods. Resilient individuals are not people with no negative emotions, but rather people who effectively balance negative emotions with positive ones. Resilient coping after trauma is a multifaceted phenomenon that incorporates traits and behaviors in a variety of dimensions. The areas that are most relevant to the study of former slaves are the seven that follow:

<table>
<thead>
<tr>
<th>Affect regulation</th>
<th>Balancing negative and positive emotionality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity formation</td>
<td>Experiencing having power and control over one’s own life, caring for oneself and others, identifying as a survivor rather than a victim, no longer identifying as a slave, no longer viewing self as inferior</td>
</tr>
<tr>
<td>Meaning-making</td>
<td>Finding meaning in the trauma or aftermath through a sense of commitment to a political cause (Karam, 1998), religious faith (Peres, 2007), finding a meaningful role within community that brings with it acceptance.</td>
</tr>
<tr>
<td>Posttraumatic growth</td>
<td>Experiencing positive changes in post-trauma adaptation period, associated with lowered levels of psychological problems and PTSD symptom severity (Frazier, 2001; Ssenyonga, 2013)</td>
</tr>
<tr>
<td>Adherence to cultural practices</td>
<td>Adherence to, or knowledge of, one’s local and/or global cultural practices, values, and beliefs (Ungar, 2007).</td>
</tr>
<tr>
<td>Access to supportive relationships</td>
<td>Relationships with others within the family or community, feeling like a part of something larger than oneself</td>
</tr>
<tr>
<td>Narrative-writing</td>
<td>See following</td>
</tr>
</tbody>
</table>

I hypothesize that writing their autobiographies served as a protective factor against traumatization for former slaves. This is an idea with support in the
psychological community. Social psychologist James Pennebaker has done extensive research on the therapeutic effects of narrative writing and storytelling as a natural human instinct that allows individuals to organize and understand their experiences, and therefore themselves. Given the disorganization and intrusiveness that characterizes memories of trauma, being able to give the traumatic experience structure and meaning makes the emotional effects of that experience also more manageable. Pennebaker writes that, “constructing stories facilitates a sense of resolution, which results in less rumination and eventually allows disturbing experiences to subside gradually from conscious thought” (Pennebaker, 1999).

Recording the realities of their lives as slaves was a powerful means by which men and women who had once been owned themselves could reclaim ownership of their lives. For former slaves whose self-concept had been shaken by the acceptance of a stigmatized racial identity could benefit from writing their own experience and reclaiming a degree of power and ownership over what had happened, and over their futures. In an autobiographical document, words that are connected to identity, like pronouns, are good measures of the self-concept of the writer. These and other “function words” – pronouns, articles, and prepositions – can indicate sex, personality traits, and age, as well as predict recovery from traumatic events (Pennebaker, 2003). In a 2003 study, Pennebaker found specifically that flexibility in the use of common words, especially personal pronouns, was related to positive health outcomes (Pennebaker, 2003). With a disorder like C-PTSD, characterized by alterations in self-identity and self-perception, language choices that are telling of the individual’s self-concept (such as Equiano’s use of empowered language that puts himself on
equal footing with his master) provide a useful metric by which to assess identity-related symptoms. It is, in other words, not just whether the former slave recounted their experiences, but how they did that is interesting when attempting a retrospective analysis.

**Symptomatology in Case Studies**

Clinical research on traumatic response has shown that there is great variation when it comes to an individual’s response to and capacity to cope with catastrophic stress. Most people (90% of the population of the United States) are exposed to traumatic stressors, but not everyone is traumatized (eight and 20% respectively among men and women exposed to traumatic stressors) (Breslau, 1998; Kulka, 1990). The traumatic response is filtered through cognitive and emotional processes, and there are numerous factors that are shown to be associated with a greater or lesser risk of developing posttraumatic features. Such observations have prompted the recognition that trauma, like pain, is not an external phenomenon that can be completely objectified, but instead a subjective experience.

Introduced by Erich Lindemann and refined by Milton J. Horowitz, the biphasic model of trauma response is based on alternating mental states of intrusive and numbing responses to the traumatic event (M. Horowitz, 1986; Lindemann, 1944). Over time, this dialectic between intrusive and constrictive symptoms goes through a gradual evolution. Initially, intrusive reliving of the traumatic event dominates. Traumatized people experience intrusive symptoms persisting for long periods of time. A Dutch study of freed hostages documents that all hostages were symptomatic in the first month after being set free, and after six months to one year
75% still showed intrusive symptoms. The longer they had been in captivity, the more symptomatic and slower to recover they were. After six to nine years, about half the survivors (46%) still had constrictive symptoms, and about one-third (32%) still had intrusive symptoms. While their general anxiety tended to fade over time, their psychosomatic symptoms worsened (Herman, 1997; van der Ploerd, 1989). Specific, trauma-related intrusive symptoms begin to fade after a period of months and constrictive or numbing symptoms become the most prominent features of traumatization (although intrusive recollections can still be triggered, even years after the event, by reminders of the original trauma) (Herman, 1997).

Although the timeline (specifically how much time had elapsed between escape from slavery and writing the autobiography) did not have an effect on the presence of symptom markers in this project’s case studies, this would be an interesting avenue for further research. For both Equiano and Ball more than 20 years elapsed between when they escaped slavery and wrote their autobiographies. Jackson’s narrative was written the same year she escaped, and Jacobs’ nine years afterwards. Possibly Jackson would have started to experience symptoms later, or the others experience different symptoms earlier after their traumas, but that is outside the scope of this study. A study using a larger sample set with more controlled variables might be able to look for a relationship between time elapsed since trauma and traumatization, and possibly look for evidence of the phasic evolution of posttraumatic symptoms.

Of the three symptomatic case studies, two showed markers only of hyperarousal symptoms, and the remaining one showed markers only of constrictive
symptoms. It is possible that certain symptoms had simply faded with time, but considering how the authors all included detailed descriptions of past emotional states, it is unlikely that constriction/hyperarousal symptoms were not mentioned because they were no longer felt. It is also possible that constriction is simply less easy to describe because it is less dramatic than hyperarousal.

Constriction

Constriction describes symptoms where the traumatized individual feels as though elements of the world around them have been disconnected from their ordinary meanings. Trauma victims’ physical perceptions may be numbed, and their sense of time may be slowed. These perceptual changes, in combination with affective reactions, indifference, detachment, and profound passivity, do not correspond to the severity of the present situation create a state of surrender where the person’s system of self-defense shuts down entirely.

After a traumatic event, it is common for individuals to be ‘in shock,’ and unable to remember details of the event, or to remember the event but not feel emotionally connected to it. In this manifestation of constriction, a form of psychological dissociation, detachment from reality (derealization) allows the individual to transcend the constraints of a painful situation, and thus to tolerate irreconcilable conflicts (Bloom, 2010). Derealization is the symptom manifested by Jacobs during her confinement above her grandmother’s attic. She describes time passing slowly, and other ways in which the world seemed to be less real (and therefore more tolerable).
Constriction may also increase pain tolerance in the same ways that do opiates. Research has found persistent alterations in pain perception in combat veterans with PTSD, and suggests that traumatic dissociation may be connected to alterations in pain-regulating endogenous opioids. Herman theorizes that traumatized people who cannot effectively dissociate may abuse alcohol or narcotics in attempt to produce the same effect. Studies show a strong positive relationship between symptoms of PTSD and substance abuse among soldiers returning from war (Card, 1983; Grinker, 1945; Hendin, 1984). These veterans abused alcohol and narcotics to control their hyperarousal and intrusive symptoms, including insomnia, nightmares, irritability, and rage outbursts (Herman, 1997).

Constrictive symptoms apply not only to internal factors (states of consciousness, pain perception, and emotional affect) but also external factors, with the result often that the traumatized individual feels isolated from society. This can stem from difficulties in the individual’s close relationships and experiences of anhedonia (the inability to experience pleasure from previously-enjoyed activities). These reactions can be understood as a way of warding off the painful experience of reliving the trauma, or they may be an end in themselves, and give the traumatized person a way of feeling in control of some aspect of their lives and mental state. Retreating from existing relationships and avoiding forming new ones diminishes the relative significance of life, post-trauma, and reinforces the perceived centrality of the traumatic event in the person’s life (Herman, 1997; Krystal, 1978; van der Kolk, 1987).
Hyperarousal

Traumatized people experience profound changes in the way that the brain deals with information processing, memory, and affective regulation. Typically, when a person perceives a threat in their environment, they go into a state of “autonomic arousal,” the general physiological arousal associated with what is commonly known as the “fight or flight” impulse wherein the mind prepares to make split-second decisions. The increased startle response (the tendency of traumatized people to appear jumpy or on edge) is indicative of changes in autonomic arousal (Kardiner, 1941).

Traumatic events appear to recondition the human nervous system. The traumatized individual no longer has a normal “baseline” level of arousal - alert, but relaxed. Instead, they respond to even minor stimuli with a degree of arousal appropriate for an emergency situation. When in a state of hyperarousal, the individual reacts to sensations and emotions as though they were still in danger, as though their original trauma was still a threat (Herman, 1992). The increase in arousal persists even during sleep, resulting in insomnia, sensitivity to noise when falling asleep, or waking up throughout the night.

Autonomic activation is necessary to react to highly stressful situations, so in traumatized individuals who have a disturbed capacity to activate appropriate autonomic reactions, what would be everyday stressors have a negative impact on their psychological state. The degree of autonomic arousal in turn moderates the individual’s emotional response, with the situational context determining the valence of the emotional reaction (whether the emotion is positive or negative) (Schachter, 1962). Traumatized people react to stimuli that remind them, consciously or
unconsciously, of horrific past experiences. They thus suffer from a combination of generalized anxiety and specific fears. A number of studies have shown the hyperarousal symptoms of traumatization to be both extensive and enduring (Karney, et al. 2008; Birmes, et al., 2007). The physiological category hyperarousal symptoms were far less prevalent in the case studies than intrusive re-experiencing symptoms. Some physiological symptoms (e.g. elevated heart rate) would not be apparent to the individual themselves, and others (e.g. elevated startle response) might not occur to an author to include in what is largely an account of events and their emotional impact on the author.

_Intrusive Re-experiencing_

The most common of the symptoms found in the case studies were symptoms of hyperarousal in the form of intrusive re-experiencing (through dreams and flashbacks) of traumatic stressors. There are several reasons why I hypothesize that this is the case. First, intrusive symptoms are conducive to the literary format. They are dramatic, and well suited to a narrative structure (i.e. they are dreams that already have a storyline). It is more difficult for the author (and, in my opinion, makes less of an emotional impact on the reader) to describe a time when he or she did not feel an emotional connection to someone or something than a traumatic memory he or she is haunted by.

Traumatic memories, unlike the ordinary memories of adults, are not linear, verbal accounts that are assimilated into the person’s life story. Rather, they are encoded in the form of vivid impressions, often one particular set of images which crystallizes the experience, with an intense focus on fragmentary bodily sensations (Herman, 1992). Studies done with animals suggest that when high levels of
adrenaline and other stress hormones are circulating, memories are encoded more deeply, possibly accounting for the unusually vivid nature of traumatic memories (Pitman, 1989).

Intrusive re-experiencing can take the form of ruminative preoccupation, flashbacks, and nightmares. Ball, who had the clearest markers for intrusive symptoms, described experiencing all three. Dreams about trauma often share many of the features of memories discussed above. They often feature the fragments of the traumatic event in exact replication, occur repeatedly, and are experienced with frightening reality, as though occurring in the present. Small environmental stimuli perceived during these dreams can be registered as signals of attack, provoking violent reactions (Herman, 1997). Furthermore, traumatic nightmares often occur during times in the sleep cycle when ordinarily people do not dream, furthering the hypothesis that, while sleeping as well as while awake, there is an altered neurological organization involved in the recollection of trauma (Ross, 1989; van der Kolk, 1987). The disturbed sleep that Ball mentions is feasibly caused by traumatic nightmares that he describes suffering from.

Even after the danger has passed, people with posttraumatic symptoms relive the experience of danger over and over. For them, it is as though the danger is continually reoccurring in the present, interrupting their daily lives. Reliving the traumatic stressor might offer an opportunity for mastery, but for most traumatized people even the reliving of the event is accompanied by the almost the same fear as the original trauma (Herman, 1997). When normally safe spaces, people, and occasions become associated with the anger and terror that accompany intrusive
symptoms, the attempt to avoid them can exacerbate the posttraumatic response. This is where the symptom “avoiding objects, places, or people associated with trauma” comes from, which Equiano had markers of. The indication of traumatization is in the unspoken reason why his encountering an enslaved person was aversive to him. Equiano does not share his reasons, but I can speculate that seeing a still-enslaved person was either a trigger for an intrusive symptom, or due to internalized guilt or shame, what is commonly called “survivor’s guilt.”

_Equiano_ does not share his reasons, but I can speculate that seeing a still-enslaved person was either a trigger for an intrusive symptom, or due to internalized guilt or shame, what is commonly called “survivor’s guilt.”

_Traumatization as Threat to Self-Concept_

During the antebellum period, slave revolts were a constant threat (Aptheker, 1963; Franklin, 1967; Meier, 1976; Mitchell, 2008). The perpetuation of slavery required, among other factors, the maintenance of “slave mentalities” (i.e., certain controllable traits) in Africans. Slave codes and laws may have codified the subjugation of slaves’ legal rights, but these methods of “slave management” solidified slaves’ psychological enslavement (Mitchell, 2008). According to Stampp, the slaveholder’s methods for creating the psychological conditions of slavery were six-fold:

1. The establishment of strict discipline over the captive population;
2. The development within African people of personal inferiority in relation to skin color;
3. The development of raw fear and awe at the master’s power;
4. The establishment within the enslaved person’s psyche of a sense of affiliation with their master’s welfare;
5. Imparting a willingness among African captives and their descendants to accept the slaveholder’s standards of conduct as their own;
6. Imparting the sense within the captive people a total dependence on those people who claimed to be their masters and hopelessness without them. (Stampp, 1956).
The domains on which these methods act are strikingly similar to the domains affected by C-PTSD. Both the diagnostic criteria for C-PTSD and the methods for creating the psychological condition of slavery describe how the victim is robbed of hope and made to feel dependent on the perpetrator of their trauma. Both also describe the alterations to the victim’s perception of their perpetrator/the slaveholder, especially as pertains to acceptance of the slaveholder’s standards of conduct and belief system. Finally, both describe changes to the victim’s self-perception, how they are made to internalize a sense of personal inferiority and feel that they lack any control over what happens to themselves. One of the most basic ways that slaves were made to feel that they lacked control over their lives was through the slaveholder’s control over their physical bodies.

That their bodies were commoditized objects, and their worth as people was linked to the work that their body could do, were facts that slaves were made aware of from a young age, in many cases especially when they were still young children. Their growth was tracked against their projected value to their owners, and through a combination of care and discipline their bodies were shaped by owners interested in their worth and utility. John Brown recalls his that his mistress would “call us children up to the Big House every morning and give us a dose of garlic and rue to keep us ‘wholesome’ as she said, and make us ‘grow likely for the market.’” She would have the slave children run laps around a tree in the yard, whipping them with to make them “nimbler,” all in an effort to animate them into the spirit which she imagined buyers would be looking for (Brown, 1991, p. 7).
The ways in which children were shaped into slaves often included brutal physical punishment. Testimony delivered in New Orleans, Louisiana, in 1829 and 1860 describes the way that thirteen-year-old Celestine was beaten until her back was scarred because she could not find a particular item in the kitchen, and twelve-year-old Monday was whipped because his lupus made his nose run. (*Bloom v. Beebe, Testimony of Catherine Klopman and L. Klopman*, 1860; *Halpern*, 2002; *Pilie v. Ferriere, Testimony of Mary Ann Poyfarre and Celeste*, 1829). Jacobs’ life story includes a particularly disturbing example of the child coming to learn that their body was under the control of another. From the age of eleven Jacobs’ master, a grown man, was sexually threatening her. She reflects on how “[h]e told me I was his property; that I must be subject to his will in all things” (Jacobs, 1861, p. 44).

Enslaved children learned early that within chattel slavery, their bodies belonged to their masters.

The slave trade was the omnipresent threat of slavery. Every slave had to live with the possibility that if they couldn’t work, or if their sale worth was high enough to entice their masters, they could be separated from their family and friends. Analysis of this project’s case studies, particularly Jackson and Ball’s, bears out the argument that separation from family was often the most psychologically distressing event in an enslaved person’s life. Living under chattel slavery meant that forming any relationship also meant living with the awareness that your relationship could be dissolved by forces beyond either party’s control. Jacobs raises the issue, writing, “Why allow the tendrils of the heart to twine around objects which may at any moment be wrenched away by the hand of violence?” (Jacobs, 1861, p. 58). Even
nominally non-violent slave-owners could threaten families with sale, which brought with it social death—permanent separation from parent, child, lover, friend, or playmate.

Being sold also became synonymous with literal death. Slaves understood that the Deep South states—Louisiana, Mississippi, etc.—were almost a death sentence. These were states where slaves were “driven hard, and worked to death in a few years… Louisiana was considered by the slaves a place of slaughter, so those who were going there did not expect to see their friends again” (Clarke, 1845, p. 84). Ball describes having this exact mindset during his march to South Carolina, telling the reader how “In Maryland, it had always been the practice of masters and mistresses, who wished to terrify their slaves, to threaten to sell them to South Carolina; where, it was represented, that their condition would be a hundred fold worse than it was in Maryland” (Ball, 1836, p. 68).

The terms by which slaves remember slave traders’ presences during their childhood (e.g., “perpetual dread,” “always apprehensive,” “all around”) demonstrate how the chattel principle affected their early development, especially in regards to self-efficacy. They were constantly being shown that, no matter what their actions, they could be uprooted from their lives and everyone they knew. Children exposed to traumatic stressors are more likely to display drastically over or under-controlled behavior in early childhood in what some psychologists theorize is an attempt to gain a sense of control over an overwhelming situation (Cook, 2003). They are shown to develop negative associations with their self-concept, and are less likely to consolidate a stable and integrated sense of identity, an effect that holds true when the
trauma in question takes place at ages as young as 18 months (Herman, 1997). I hypothesize that writing their narratives was a contributing factor in helping Equiano, Ball, Jacobs, and Jackson maintain stable identities even in the face of early, psychologically disorganizing trauma.
Conclusion

In this study I have applied today’s legitimate deepening of the understanding of traumatization to the past. Analysis of the autobiographies of former slaves has shown sufficient evidence to meet this study’s diagnostic standard for C-PTSD in the narratives of Harriet Jacobs and Charles Ball, but failed to do so in Mattie Jackson and Olaudah Equiano. This is a small result, but one that identifies areas for meaningful future research.

The introduction of the C-PTSD diagnosis is just one example of the evolution through which the study of psychology shifts with social and cultural trends. When PTSD was codified within the canon of psychological disorders in 1980, it had profound effects for traumatized people. With the new diagnosis, individuals who had experienced traumatic events had an official means by which they could seek help in ameliorating the psychological pain of posttraumatic symptoms. They could have the validation of simply knowing that what they were feeling had a name, and the comfort of knowing that they were not alone in their distress. The codification also acted on general society: since PTSD was formally introduced to society in 1980, the floodgates have opened and the awareness of posttraumatic disorders has risen steeply in American society.

The omnipresence of posttraumatic disorders has already faced criticism. Critics like Richard McNally, a leading authority in the dynamics of memory and trauma, contend that the current formulation has been “badly overextended so that it routinely mistakes depression, anxiety, or even normal adjustment for a unique and particularly stubborn ailment” (Dobbs, 2009). The consequences of this
overdiagnosis, Dobbs claims, are felt at the individual level (returning veterans are pulled into a self-fulfilling image of themselves as permanently altered), and social level (VA hospitals are diagnosing PTSD at massively inflated rates). At best, this situation results in a massive oversimplification of the complexities of traumatization, and at worst real problems might be overlooked in favor of the easier, expected diagnosis.

While I see McNally’s point, I cannot agree fully with him. While his assessment of over-diagnosis may be valid among the veteran population, an equal level of attention has not yet been paid to civilian traumatization. Research such as this study has a part to play. The untold story of slaves’ traumatization can go a long way toward making it clear that psychological trauma is not only a result of violent trauma, nor is it a new phenomenon whose significance in society will pass as soon as it arose. Today’s “underground traumas”, such as relationship violence and sexual abuse, occur in private, where neither stressor nor reaction is visible to society. If we hope to address these serious issues, then the increasing interest in trauma and its consequences should act as a sign of awareness of the problem, a sign that is anything but pessimistic.
Appendix I

Diagnostic Criteria for C-PTSD, Herman 1997

Criterion 1) A history of subjection to totalitarian control over a prolonged period (months to years). Examples include hostages, prisoners of war, concentration-camp survivors, and survivors of some religious cults. Examples also include those subjected to totalitarian systems in sexual and domestic life, (survivors of domestic battering, childhood physical or sexual abuse, and organized sexual exploitation.)

Criterion 2) Alterations in affect regulation, including
   a) Persistent dysphoria
   b) Chronic sexual preoccupation
   c) Self-injury
   d) Explosive or extremely inhibited anger (may alternate)
   e) Compulsive or extremely inhibited sexuality (may alternate)

Criterion 3) Alterations in consciousness, including
   • Amnesia or hypermnnesia for traumatic events
   • Transient dissociative episodes
   • Depersonalization/derealization
   • Reliving experiences, either in the form of intrusive post-traumatic stress disorder symptoms or in the form of ruminative preoccupation

Criterion 4) Alterations in self-perception, including
   • Sense of helplessness or paralysis of initiative
   • Shame, guilt, and self-blame
   • Sense of defilement or stigma
   • Sense of complete difference from others (may include sense of specialness, utter aloneness, belief no other person can understand, or nonhuman identity)

Criterion 5) Alterations in perception of perpetrator, including
   • Preoccupation with relationship with perpetrator (includes preoccupation with revenge)
   • Unrealistic attribution of total power to perpetrator (caution: victim’s assessment of power realities may be more realistic than clinician’s)
   • Idealization or paradoxical gratitude
   • Sense of special or supernatural relationship
   • Acceptance of belief system or rationalization of perpetrator

Criterion 6) Alterations in relations with others, including
   • Isolation and withdrawal
   • Disruption in intimate relationships
   • Repeated search for rescuer (may alternate with isolation and withdrawal)
   • Persistent distrust
   • Repeated failures of self-protection

Criterion 7) Alterations in systems of meaning
   • Loss of sustaining faith
   • Sense of hopelessness and despair
   (Herman, 1997, p. 121).
Appendix II

Diagnostic Criteria for C-PTSD, Luxenberg, Spinazzola, van der Kolk, 2001

(I) Alteration in Regulation of Affect and Impulse (A and one of B to F required)
   A. affect regulation (2)*
   B. modulation of anger (2)
   C. self-destructive behavior
   D. suicidal preoccupation
   E. difficulty modulating sexual involvement
   F. excessive risk-taking

(II) Alterations in Attention or Consciousness (A or B required)
   A. amnesia
   B. transient dissociative episodes and depersonalization

(III) Alterations in Self-Perception (Two of A to F required)
   A. ineffectiveness
   B. permanent damage
   C. guilt and responsibility
   D. shame
   E. nobody can understand
   F. minimizing

(IV) Alterations in Relations with Other (One of A to C required)
   A. inability to trust
   B. re-victimization
   C. victimizing others

(V) Somatization (Two of A to E required)
   A. problems with the digestive system
   B. chronic pain
   C. cardiopulmonary symptoms
   D. conversion symptoms
   E. sexual symptoms

(VI) Alterations in Systems of Meaning (A or B required)
   A. despair and hopelessness
   B. loss of previously sustaining beliefs

* Numbers in parentheses indicate number of subscale items required for endorsement of subscale. Only one item required for endorsement of all other subscales.

(Luxenberg, et al., 2001).
Appendix III

The Harvard Trauma Questionnaire – Iraqi Version

### PART IV: TRAUMA SYMPTOMS

The following are symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. Please read each one carefully and decide how much the symptoms bothered you in the past week.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Arabic Translation</th>
<th>English Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1</td>
<td>Recurrent thoughts or memories of the most hurtful or terrifying events</td>
<td>جعل النسيانات العديدة والأفكار للأحداث الأكثر الحضرة آمنة أو ألقاها</td>
<td>Recurrent thoughts or memories of the most hurtful or terrifying events</td>
</tr>
<tr>
<td>7/2</td>
<td>Feeling as though the event is happening again</td>
<td>تذكر كأن الحادثة مرة أخرى</td>
<td>Feeling as though the event is happening again</td>
</tr>
<tr>
<td>7/3</td>
<td>Recurrent nightmares</td>
<td>تذكار كأن الحادثة يحدث من جديد</td>
<td>Recurrent nightmares</td>
</tr>
<tr>
<td>7/4</td>
<td>Feeling detached or withdrawn from people</td>
<td>لا يمكنني التفكير في الناس أو الاتصال مع الناس</td>
<td>Feeling detached or withdrawn from people</td>
</tr>
<tr>
<td>7/5</td>
<td>Feeling jumpy, easily startled</td>
<td>فكرتك صعبة في تركز أفكارك</td>
<td>Feeling jumpy, easily startled</td>
</tr>
<tr>
<td>7/6</td>
<td>Difficulty concentrating</td>
<td>صعوبة في التفكير في النوم</td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td>7/8</td>
<td>Trouble sleeping</td>
<td>صعوبة في النوم</td>
<td>Trouble sleeping</td>
</tr>
<tr>
<td>7/9</td>
<td>Feeling on guard</td>
<td>فكرتك صعبة في النوم أو على حذر</td>
<td>Feeling on guard</td>
</tr>
<tr>
<td>7/10</td>
<td>Feeling irritable or having outbursts of anger</td>
<td>فكرتك صعبة الأفعال أو تأتيك سوائل من القلب</td>
<td>Feeling irritable or having outbursts of anger</td>
</tr>
<tr>
<td>7/11</td>
<td>Avoiding activities that remind you of the hurtful event</td>
<td>تجنب الأفعال التي تذكرك بالحادثة المؤلمة</td>
<td>Avoiding activities that remind you of the hurtful event</td>
</tr>
<tr>
<td>7/12</td>
<td>Inability to remember parts of the most hurtful events</td>
<td>فكرتك صعبة في تذكر بعض الأفعال التي سببت لك أشد الأزمات</td>
<td>Inability to remember parts of the most hurtful events</td>
</tr>
<tr>
<td>7/13</td>
<td>Less interest in daily activities</td>
<td>أقل اهتماماً بالأعمال اليومية</td>
<td>Less interest in daily activities</td>
</tr>
<tr>
<td>Arabic</td>
<td>English</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14/106</td>
<td>Feeling as if you don’t have a future</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15/106</td>
<td>Avoiding thoughts or feelings associated with the harmful events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16/106</td>
<td>Sudden emotional or physical reaction when reminded of the most harmful events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17/106</td>
<td>Poor memory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18/106</td>
<td>Feeling exhausted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19/106</td>
<td>Troubled by bodily pain or physical problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20/106</td>
<td>Feeling that you have less skills than you did before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21/106</td>
<td>Difficulty paying attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22/106</td>
<td>Feeling unable to make daily plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23/106</td>
<td>Having difficulty dealing with new situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24/106</td>
<td>Feeling that you are the only one who suffered these events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25/106</td>
<td>Feeling that others don’t understand what happened to you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26/106</td>
<td>Feeling guilty for having survived</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27/106</td>
<td>Blaming yourself for things that have happened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28/106</td>
<td>Spending time thinking why God is making you go through such events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29/106</td>
<td>Feeling a need for revenge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30/106</td>
<td>Feeling others are hostile to you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31/106</td>
<td>Feeling that someone you trusted betrayed you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32/106</td>
<td>Feeling no trust in others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33/106</td>
<td>Feeling that you have no one to rely upon but God</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Hopelessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Feeling powerless to help others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Feeling ashamed of the hurtful or traumatic events that have happened to you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Feeling humiliated by your experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Feeling that you are a jinx to yourself and your family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Finding out or being told by other people that you have done something that you can't remember</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Feeling as though you are split into two people and one of you is watching what the other is doing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Dayeg (rumination, poor concentration, lack of initiative, boredom, sleep problems, tiredness, and somatic complaints)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Qalbok maqboud (sensation of the heart being squeezed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Asabli (irritability, nervousness, lack of patience, and anger outbursts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Nafak deeyega and makhnook (feeling of tightness in the chest and a choking sensation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Nafeetak ta'bana (tired soul)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 For further explications of items 41-45, please refer to the manual
**TORTURE HISTORY**

Please indicate whether you have experienced any of the following events that many people consider torture (check "Yes" or "No" for each column).

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced to write false confessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humiliated and threatened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blindfolded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forced to stand for long periods of time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chained or tied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placed in a sack, box, or very small place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placed in an isolation cell with no clothes, toilet, or ventilation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deprived of sleep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposed to continuous and piercing noise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposed to heat, sun, or light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposed to rain or cold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deprived of food and water for long periods of time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposed to dirty conditions leading to ill health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevented from urinating or defecating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deprived of medical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>11/16</td>
<td>Prohibited from ablation and prayer</td>
<td></td>
</tr>
<tr>
<td>11/17</td>
<td>Forced labor</td>
<td></td>
</tr>
<tr>
<td>11/18</td>
<td>Suspended from a rod by hands and feet for long periods of time</td>
<td></td>
</tr>
<tr>
<td>11/19</td>
<td>Stretched on a rack for long periods of time</td>
<td></td>
</tr>
<tr>
<td>11/20</td>
<td>Punched, slapped, kicked, or stricken with objects (please specify targeted areas: head, torso, back, genitalia, etc.)</td>
<td></td>
</tr>
<tr>
<td>11/21</td>
<td>Beaten on soles of feet with rods or whips (Falanga)</td>
<td></td>
</tr>
<tr>
<td>11/22</td>
<td>Head submerged in water with near drowning</td>
<td></td>
</tr>
<tr>
<td>11/23</td>
<td>Burned by cigarettes, electrically heated rods, hot oil, fire, or corrosive acid/“hitzah” (please specify targeted areas: hands, torso, back, genitalia, etc.)</td>
<td></td>
</tr>
<tr>
<td>11/24</td>
<td>Electrocuted (please specify targeted areas: hands, torso, back, genitalia, etc.)</td>
<td></td>
</tr>
<tr>
<td>11/25</td>
<td>Fingernails, toenails, or teeth forcefully extracted</td>
<td></td>
</tr>
<tr>
<td>11/26</td>
<td>Forehead branded with an (•)</td>
<td></td>
</tr>
<tr>
<td>11/27</td>
<td>Body parts mutilated (ears, nose, tongue, hands, breasts, limbs, genitalia, etc.)</td>
<td></td>
</tr>
<tr>
<td>11/28</td>
<td>Subjected to mock executions</td>
<td></td>
</tr>
<tr>
<td>11/29</td>
<td>Forced to undress in front of people</td>
<td></td>
</tr>
<tr>
<td>11/30</td>
<td>Forcibly arranged in various humiliating or sexually explicit positions</td>
<td></td>
</tr>
<tr>
<td>11/31</td>
<td>If YES to (51), were you photographed?</td>
<td></td>
</tr>
<tr>
<td>11/32</td>
<td>Witnessed the sexual abuse, rape (i.e., forced sexual activity), or torture of someone</td>
<td></td>
</tr>
<tr>
<td>11/33</td>
<td>Forced to participate in the sexual abuse, rape, or torture of someone</td>
<td></td>
</tr>
<tr>
<td>11/34</td>
<td>Sexually abused or raped (i.e., forced sexual activity)</td>
<td></td>
</tr>
</tbody>
</table>

(Harvard Trauma Program, 2006)
Appendix IV

The DSM-IV Outline for Cultural Formulation

“...The clinician may provide a narrative summary for each of the following categories:

**Cultural identity of the individual.** Note the individual’s ethnic or cultural reference groups. For immigrants and ethnic minorities, note separately the degree of involvement with both the culture of origin and the host culture (where applicable). Also note language abilities, use, and preferences (including multilingualism).

**Cultural explanation of the individual’s illness.** The following may be identified: the predominant idioms of distress through which symptoms or the need for social support are communicated (e.g., “nerves,” possessing spirits, somatic symptoms, inexplicable misfortune), the meaning and perceived severity of the individual’s symptoms in relation to norms of the cultural reference group, any local illness category used by the individual’s family and community to identify the condition, the perceived causes or explanatory models that the individual and the reference group use to explain the illness, and current preferences for and past experiences with professional and popular sources of care.

**Cultural factors related to psychosocial environmental and levels of functioning.** Note culturally relevant interpretations of social stressors, available social supports, and levels of functioning and disability. This would include stresses in the local social environment and the role of religion and kin networks in providing emotional, instrumental, and informational support.

**Cultural elements of the relationship between the individual and clinician.** Indicate differences in cultural and social status between the individual and the clinician and problems that these differences may cause in diagnosis and treatment (e.g., difficulty in communicating in the individual’s first language, in eliciting symptoms or understanding their cultural significance, in determining whether a behavior is normative or pathological.

**Overall cultural assessment for diagnosis and care.** The formulation concludes with a discussion of how cultural considerations specifically influence comprehensive diagnosis and care.

Bibliography


Ball, C. (1836). Slavery in the United States: A Narrative of the Life and Adventures of Charles Ball, a Black Man, Who Lived Forty Years in Maryland, South Carolina and Georgia, as a Slave Under Various Masters, and was One Year in the Navy with Commodore Barney, During the Late War. New York, NY: H. Dayton, Publisher.

Barber, C. (2013). We live in the Age of Trauma. Salon.


Bremner, J. D., Bloom v. Beebe, Testimony of Catherine Klopman and L. Klopman, Supreme Court of Louisiana (1860)


Clarke, L. (1845). Narrative of the Sufferings of Lewis Clarke during a Captivity of More than Twenty-Five Years amongst the Algerines of Kentucky Boston.


Herodotus. A New and Literal Version from the Text of Baehr, with a Geographical and General Index (pp. 398).


Pilie v. Ferriere, Testimony of Mary Ann Poyfarre and Celeste, Supreme Court of Louisiana (1829).


Wilson, C. E. (1988). The Antebellum Slave Narrative and American Literature. (PhD), University of Georgia, Athens, GA.
