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# The results of breathwork on traumatized African American male juveniles

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# The Results of Breathwork on Traumatized African American Male Juveniles

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# VITA

The author was born in Milwaukee, Wisconsin. She graduated from Pulaski High School and received her Bachelor of Arts and Science degree with majors in Kinesiology, Africology, and Psychology from the University of Wisconsin-Milwaukee in 2006. She was inducted as a member into the National Honor Society in Psychology, Psi Chi.

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## Overview

African Americans have a history of profound trauma in America. More specifically, the African American man's trauma has been marginalized, not only in his own cultural context, but within the patriarchal constructs of dominant culture. This, coupled with institutional racism, has allowed African American men to become a target of the criminal justice system. To date, African American men have staggering rates of incarceration and lead all ethnic groups in recidivism. While African American males comprise 6.5 percent of the U.S. population, as a whole, they comprise 40 percent of the incarcerated prison system (Mauer, 1999; Alexander, 2010). Tie in experiences of the intergenerational trauma of slavery with the social constructs of male identity and the African American male felon's concerns are institutionally marginalized and made invisible (Alexander, 2010; Leary, 2005; Anderson, 2008).

The vast majority of youth in this study have backgrounds rooted in areas of systemic poverty and have faced various degrees of trauma throughout their life. It is this researcher's hypothesis that breathwork offers a way for African American felons to manage emotions, feel empowered, have ownership of their lives, and contribute constructively to their families and communities. This nonverbal therapeutic technique consists of deep and rapid breathing to facilitate the process of healing psychic trauma rooted outside conscious awareness.

This study seeks to answer the question: Can breathwork aid African American male felons to manage emotions, feel a sense of control over institutional racism, effects of incarceration, and poverty after being incarcerated? Analysis of the data will include basic demographic information, and the following instruments: Holmes Rahe Life Event Scale (Colbert, 2003), Zung Self Rating Depression Scale (Colbert, 2003), NOVACO Anger Inventory (Colbert, 2003) (short form). The researcher will use a one-tailed t-test to analyze the data.

# Chapter 1: Introduction

## African Americans

African Americans have a history and historical relationship with profound trauma dating back 400 years to when they were forcibly taken from their families and communities in Africa and brought to the Americas as slaves. This horrific historical event subjected those of the African Diaspora to the loss of their culture, language, food, and spirituality (Leary, 2005; Alexander, 2010). Furthermore, when they were finally "freed," the physical, mental, and emotional damage from enslavement left traumas that have never been fully addressed by themselves nor by the dominant society[i].

To date, African Americans have been marginalized. The African American male has faced, and continues to face, hatred and institutionalized racism to a degree that far exceeds what other groups have historically experienced (Anderson, 2008; Alexander, 2010; Leary, 2005; Hacker, 1992). The African American male has been condemned by the sheer ethnic appearance of dark skin, afro hair, and for having no true culture except the hybrid society that was created from being subjected to European customs. What evolved from this catastrophic historical event was a culture no longer African, but an adaptation to the continent or colony of enslavement. The United States of America birthed what would be later known as the African American (Hacker, 1992).

The African American struggle not only dates back 400 years, it continues on after the Civil War, from 1865 with the creation of black codes, to1881 with the creation of Jim Crow laws, into the 1960s with civil rights, and today through institutionalized racism (Alexander, 2010; Leary 2005).

This has resulted in poor educational outcomes, broken families, a disproportionate number of African Americans in prisons, and the highest unemployment rates among all ethnic groups in the United States. The most targeted victim of racist acts has been the African American male.

**Review of Literature**

The African American males in the current study have been systematically disrespected and humiliated most of their lives. These conditions, and the failure of current treatment to help these men, make research on treatment imperative. African Americans make up 12 percent of the US population. African American males make up 6.5 percent of the population and are dying and being incarcerated at a rate disproportionate to males of other races (Mauer, 1999; Alexander, 2010). According to the Office of Minority Health (2016), African American men are expected to live 5-7 years less than men of the dominant culture. Infant mortality rates are over twice that of the dominant culture. African American males lead the nation in deaths caused by heart disease, diabetes, HIV/AIDS, hypertension, influenza, pneumonia, post-traumatic stress disorder (PTSD), obesity, alcohol and other drug abuse, cancer, and most importantly, homicide.

In studying the trauma of these men, it is essential to look for the root of the trauma. It is here that the healing must occur to replace the self-annihilation linked to disrespectful treatment with the self-love and self- respect that accompanies recovery from trauma. The question then arises, how does one begin to work with the rooted anger of disrespect and humiliation? These men must have a sense of who they are, a way to heal from intergenerational trauma and past injuries, and to become healthy by re-establishing their self-worth.

Research by Wilson (1991), Leary (2005), and Latif (1994), have demonstrated that trauma has shortened the African American life span. Looking at African American men

specifically, these authors argue that this trauma is debilitating. As Leary has commented, being a person of color living under chronic stress puts a person in a constant state of fight or flight survival. This has a direct effect on their reasoning abilities. This constant state of crisis is not only harmful but is also addicting; it is *stress addiction* (Colbert, 2003).

Living in a continual state of heightened arousal can cause a lack of sensitivity to violence, crime, and social hostility. This desensitization to violence, crime, social hostility, and the arousal associated with it becomes the norm. If there is a moment of calmness in one's life, an individual can actually seek out a state of heightened arousal just to feel normal. In this case, the fight or flight state causes one to live in a perpetual cycle of conflict. What is sought out during times of calmness is a perceived "norm" associated with violence. As a result, one seeks to get back into a comfort zone of what is perceived as normal, which becomes habitual. As Anderson (2008) states "this…man is in profound crisis. His social trajectory leads from the community to prison or cemetery, or at least to a life of trouble characterized by unemployment, discrimination, and participation in what many are inclined to view as an oppositional culture—which is how he goes about dealing with his alienation from society" (p. 6).

Colbert's research indicates that this constant state of stress is taxing; it makes one fatigued, irritable, depressed, and ill. He further goes on to state that "at the root of this stress addiction is the need to feel good" (Colbert, 2003, p.32). Nonviolence is perceived to be abnormal, and the norm of nonviolence becomes dysfunction. This distorted cognitive reality develops as a result of desensitization to violence. What is needed is a way to change the distorted cognitive reality of these men. There needs to be a way to work with aggression and anger so that conflict is less likely to arise.

**African American Male Felons**

There is a crisis among people of color, especially the African American male who is incarcerated. According to Alexander (2010), the US has the highest incarceration rate in the world, estimating that three out of four young black men will serve time. The Sentencing Project (Mauer, 1999) states that 93% of prison inmates are male, and out of this, 40% are African American. It is believed that African American males have a 32% chance of serving time in prison at some point in their lives, unlike members of the dominant culture, with a 4% chance of serving time, and their Latino counterparts, with a 16% chance at serving time. The Prison Policy Initiative (2004) reported that African American males between the ages of 25 to 29 make up 12% of those serving time. Meaning, as a whole, African American males make up 6.5 percent of the general US population, of which 12 percent are serving time. These are alarming statistics! African American males, who are already a disenfranchised group, face other obstacles once released from incarceration.

Many experience a transient life due to lack of housing, health benefits, employment, and mental health issues; this explains why successful integration into society so often fails. According to Alexander (2010) in major cities, 80 percent of young African American men now have criminal records and are subjected to legalized discrimination for the rest of their lives. The label of felon begins an experience of second-class citizenship. These men are barred from public housing by law, discriminated against by private landlords, ineligible for food stamps, constantly forced to answer yes to a ‘charged with a felony’ question for every job application, and denied licenses for a wide range of professions. The statistics stay the same: 30 percent of released prisoners are rearrested within six months, and within three years 68 percent are rearrested at least once for a new offense (Alexander, 2010).

**Trauma**

The trauma of incarcerated African American males has been marginalized. Their trauma has not been taken into consideration by current society or the dominant culture. By the very virtue of their black male identity, they are perceived as not experiencing or expressing emotion unless it is anger, resistance, or aggression.

The construct of patriarchy is premised on a specific type of masculinity, where the man is responsible for providing protection, shelter, and economic support for himself and his family. Patriarchy places men as dominant over women and children. Within the traditional confines of patriarchy men have do's and don'ts that are known as gender roles. For example, men are expected to be strong, aggressive, tough, emotionless, practical, and always be prepared to fight and defend their honor and those they love. Real men don't cry or feel pain. This role is not ordained by nature but by society (Kogan, 2000; Berger, J. L., Addis, M. E., Green, J. D., Mackowiak, C., & Goldberg, V., 2012).

The construct of societal masculinity leaves no concession for emotions, since men are pressured to appear strong at all times. The resulting inability of men to identify their own emotions and express them comes from prolonged exposure to hegemonic masculinity (socially prescribed roles). In this way the pressure to restrict or dull emotions is a form of male oppression. Unfortunately, patriarchal roles have significantly impacted how men respond to trauma (Kogan, 2000; Berger et al., 2012; Winerman, 2005).

Combine these traditional gender roles with the notion of what a man of color is, and the trauma is virtually invisible. Men of color not only have to succumb to the oppressive role of patriarchy, but also to the socially constructed notion of what a man of color is, since access to higher education and income is oftentimes destabilized by racism. Anderson (2008) has stated

that men of color from urban ghettos have defined a "code of the street," a set of informal rules governing interpersonal public behavior, particularly violence. The rules revolve around the idea of respect (defined as receiving the deference that one deserves). This code means that when someone disrespects you physically, emotionally, or materially, you must respond with aggression to regain your respect (Anderson, 2008).

Often gender bias is thought to apply mainly to women and their inequalities, leaving men to be ignored. The social services in mental health are usually aimed at women. Within male culture it is considered unmanly to seek help of any sort, especially for emotional or mental trauma. There is a stigma attached to men who seek counseling. "Men have traditionally shielded away from therapy because talking about their feelings was viewed as negative, non-masculine and against the male robust image…as a result they place themselves at risk of contracting many diseases that could be prevented if they took control of their health" (Kogan, 2000, p. 64). Winerman (2005), stated that a recent study in *Psychology of Men and Masculinity* found that men who had the strongest affinity toward masculine norms were the least likely to seek help. When men seek social services for mental health, the root causes of their issues are usually marginalized and their needs are often unmet. For example, men who receive counseling for intimate partner violence are educated on how to control their behavior, their "anger." The why of their behaviors is not explored or uncovered. Since the root cause of their anger is left undiscovered, they continue in a perpetual cycle of unexpressed emotions resulting in aggressive behaviors that are deemed socially acceptable based on codes of hegemonic masculinity. With regard to gender equality, the limitation is that men are not at the table discussing their needs, but only at the table to discuss violence, sexual health, and equity issues regarding pay and parental

rights. This focus overlooks the issues that men face such as violence and abuse that result from enacting their masculine roles.

Trauma experienced by these men is exacerbated by the systems of parole and probation. It isn't enough to reinstate basic civil rights and then deny basic human rights to food, shelter, and employment. This lasting, invisible sentence of shame, exclusion, and poverty is strongly correlated to depression. According to Clak, the psychoanalytic thought based on Freud's theory is that depression is characterized by anger turned inward as a result of loss that has become part of a person's ego. This concept of "retroflected anger" forms the cornerstone for the psychoanalytic understanding of depression (Clak, 1999, p. 37).

When people experience dramatic negative change in their lives, the impact varies. The mind can experience depression and anxiety. The spirit can find itself questioning the meaning and quality of life. However, a question remains: How does the body cope with distress? What does it do? How does it process the trauma? Where does the body lie in the equation of processing or retaining trauma?

Studies by Van der Kolk, McFarlane, and Weisaeth (1996), Levine (1997), and Colbert (2003) have shown the body has a cellular memory and it displays somatic symptoms related to emotional states. According to these studies, every year thousands of somatic complaints are reported to physicians and therapists without a direct link to an injury or physical illness. This unexplainable physical pain diminishes a person's joy in life. Colbert (2003) states "between 75-90% of all visits to primary care physicians result from stress-related disorders" (p. 6). This stress-related disorder is trauma. After exposure to trauma, one can experience such difficulties as PTSD, depression, anxiety, and substance abuse.

**Trauma Awareness**

Experiencing trauma is a part of the human journey. It is one aspect of humanity that shapes the mind, body, and spirit. The core issue in trauma is reality, a "traumatic experience that forms the psychopathology" (Van der Kolk, McFarlane, and Weisaeth, 1996, p. 6); pathology of the triadic- mind, body, and spirit that would not have necessarily been created if it were not for the traumatic incident. The DSM-V specifically defines trauma as

> Direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about an unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. The person's response to the event must involve intense fear, helplessness, or horror (American Psychiatric Association, 2013, p. 271).

Trauma is an experience that is emotionally painful, distressful, or shocking, and which may result in lasting mental and physical effects. It involves the creation of emotional memories about the distressful occurrence that are stored in structures deep within the brain (Levine, 2010; Perry, 2006; Wilson, 1987).

The Center for American Progress states:

- One in every 15 African American men are incarcerated in comparison to 1 in every 106 white men.
- One in 3 black men can expect to go to prison in their lifetime.
- African American males make up 2 out of 5 of confined youth.

The California Endowment research shows that African American males:

- disproportionately experience violence,

- have homicide as the leading cause of death nationally for 10 to 24-year-olds,
- have a high incidence of chronic disease, and
- have the highest unemployment rate.

A diagnosis is required in order to make relative judgments of various dimensions of behavior. What are the traumas, what are the symptoms, and who are the people? These questions must be answered. The symptoms of trauma affect each person in a different way. Those with adequate support systems and affluence will deal with trauma differently from those at a disadvantage (Grof and Grof, 2010; Levine, 2010; Levine, 1997; Perry, 2006; Van der Kolk et al., 1996; Wilson, 1987). For example, those who are affluent may seek counseling, join a private support group, and be able to afford to take time off from work to deal with their personal traumatic experience. Those who are limited by income, or do not have the health care benefits to cover mental health care, may deal with trauma by choosing to self-medicate. Those who have family and friends can turn to them for support, to feel safe, and to have someone to talk to. Those who do not have family or have limited friends may have no one to turn to for support and comfort.

With this understanding, the question becomes how does the body process trauma? According to Levine (1997), the human body stores the trauma that it has encountered. Unlike animals that have a process of shaking to rid the body of trauma so that it is not stored in its cellular memory, the human being does not have an automatic safety response to rid the body of trauma. As a matter of fact, Levine's (1997) idea is that as humans, we become stuck and frozen in trauma, which has lasting effects and creates mental health concerns such as PTSD,

depression, and psychosomatic symptoms. Van der Kolk et al., (2010), Levine (2010), and Lipton (2008) all believe that our suspension in trauma is demonstrated though clinical diagnosis of oppositional defiance, disassociation, and attention-deficit hyperactivity disorder (ADHD).

Van der Kolk et al., (1996) states that "childhood trauma … can set the stage for a variety of disorders such as borderline personality disorder, somatization disorder, dissociative disorders, self-mutilation, and substance abuse" (p. 183). Trauma can have a lasting effect and can instigate feelings of rage, self-annihilation, and helplessness in the present from what occurred in the past (Perry, 2006; Levine, 1997; Colbert, 2003). The reasoning and complex interrelationships of the mind, environment, and biological processes going on at the time of the earlier traumatic event can cause a severe mental/physical health disorder when the individual is faced with a new traumatic event.

Dr. Bruce Perry, a leading researcher on trauma-informed care, states that "traumatic and neglectful experiences during childhood cause abnormal organization and function of important neural systems in the brain, compromising the functional capacities mediated by these systems (2006, p. 29)." He further explains that "the human body and human mind have sets of very primitive deeply ingrained physical and mental responses to threat (1995, p. 277). Levine's (1997, 2010) research suggests that the body has reactions to trauma. Reactions that are based on biological stages, environmental influences, and the support systems during the time of the trauma, all of which can lessen the impact of trauma or add to the stress of trauma.

Van der Kolk et al., (1996) presents the argument that trauma affects the human being, not just at the time of the occurrence, but as a reaction over time to the trauma. In other words, if one has been experiencing different degrees of trauma from birth on, a more severe traumatic experience later in life could be debilitating. All authors (Levine, 2010; Van der Kolk et al.,

1996; Perry, 2006; Colbert, 2003) emphasize that the person experiences trauma twofold. The first time is the direct impact of the experience, and the second time is when the human internalizes the traumatic experience. This internalization of trauma is a private matter that no one experiences except the victim. Those who are around the victim may notice a change in disposition, attitude, and manner. However, how the body and mind are affected is felt only by the victim.

These researchers (Levine, 2010; Van Der Kolk et al., 1996; Perry, 2006; Colbert, 2003; Wilson, 1987) all point towards the conclusion that humans are a product of not only nature, but also nurture. It is clear that after a traumatic experience occurs, the person is at his most vulnerable.

**Trauma Internalized**

What is the root trauma for African American male felons? As stated earlier, men experience trauma within the social constructs of male identity. But there is another kind of trauma that may affect this group even more significantly. This is the intergenerational trauma that stems from slavery, as Leary (2005) and Wilson (1987) assert. According to these authors, African Americans as a whole and African American male felons in particular, may process trauma quite differently from members of the dominant culture because of the legacy of slavery. Leary (2005) has coined the term for this historical period that impacted the ancestral mental health of the African American as Post Traumatic Slave Syndrome.

**Post Traumatic Slave Syndrome**

Reid (2005) states that "the terrorism that slave masters inflicted on African slaves devolved into psychological trauma that was meant to be transmitted from generation to generation" (p. 35). Similarly, Leary (2005) affirms this idea when she states that "the slave

experience was one of continual, violent attacks on the slave's body, mind, and spirit" (p. 14). She goes on to further explain that slavery was "intrinsically linked with violence, and it was through violence, aggression, and dehumanization that the institution of slavery was enacted, legislated, and perpetuated by Europeans" (p. 51). This life in bondage was a form of abuse that was generationally experienced for over 400 years by those of African descent (Leary, 2005). During this bondage, the victims faced violent abuse, rape, medical abuse, atrocities that later established the practice of institutional racism (i.e., black codes, sharecropping, the convict lease system, Jim Crow, current inequality in the workplace, and disproportionate representation in the prison population). This has led to what Leary calls "the legacy of trauma" (p. 121). Leary (2005) states that "the legacy of trauma is reflected in many of African Americans' behaviors and beliefs, behaviors and beliefs that at one time were necessary to adopt in order to survive, yet today serve to undermine [one's] ability to be successful" (p. 121). Because of these systems, shame, guilt, and hopelessness may develop in the African American male, the child of slavery; these are the effects of this intergenerational trauma.

These authors argue that Post Traumatic Slave Syndrome is not a blanket excuse for black-on-black crime, or the high incarceration rate of African American male felons. Instead Leary (2005) and Reid (2005) suggest that traditional therapeutics are formulated for and by European culture and may not be appropriate for the unique experience of people of color. They contend that the dominant culture fails to recognize that such therapies may not be relevant or effective for those of color, specifically African American males.

While it is apparent that the African American male has a role in understanding and rebuilding his self-esteem to end the cycle of self-annihilation, it is also probable that because of the institution of slavery, he is at risk for failure. African American males, especially those with

less access to education, display vacant self-esteem but ever-present anger. Racist socialization has created what Alexandra (2010) calls "the new under caste system" –felons (p. 92). While as a whole African Americans constitute 12% of the population, they are dying at a disproportionate rate. According to Alexander, "African American youth account for 16% of all youth, 28% of all juvenile arrests, 35% of the youth waived into adult court, and 58% of youth admitted into adult prison and overall make up 40% of the prison industry" (p. 115). Any exploration of the specific population of African American male felons *must* investigate such important questions as to why there is black-on-black crime, violence, homicide, a high incarceration rate, and a high recidivism rate.

This study aims to be beneficial in the area of trauma therapy for African American male felons. It is obvious from the current research by Alexander (2010), Wilson (2011), Leary (2005), and Reid (2005) that African American males are excluded from mental health services and overpopulate the prisons. The incarceration and mental health statistics alone for African American males demonstrate the staggering effects this has on their communities.

In 2009, the U.S. Department of Health and Human Services Office of Minority Health stated poverty levels affect mental health status. African Americans living below poverty level, as compared to those over the poverty level, are four times more likely to report psychological distress. According to the Office of the Surgeon General 2001 Report, somatization is more common among African Americans (15%) than the dominant culture (9%), and that with the history of oppression and the cumulative impact of economic hardship, African Americans are significantly over-represented in the most vulnerable segments of the population. African Americans are more often homeless, incarcerated, with children in foster care, and are especially likely to be exposed to violence-related trauma. This increased exposure to violence-related

trauma increases vulnerability to mental disorders. Once incarcerated, African Americans with mental illness are less likely to receive mental health care (Bureau of Justice Statistics, 1998). For these reasons, new solutions must be found for eradicating the legacy of trauma. The following section explores one therapy that has potential for treating African American male felons.

**Breathwork**

African American male felons need a way to manage emotion and feel a sense of control over institutionalized racism, the effects of incarceration, and poverty. While not all African Americans are subjected to poverty, the men in prison tend to have backgrounds rooted in areas of systemic poverty.

Breathwork offers one way to accomplish these goals. This is a nonverbal therapeutic technique that consists of deep and rapid breathing, optional music, and focused bodywork, to facilitate the processing of psychic material rooted outside conscious awareness. This form of somatic therapy has many benefits. With its documented evidence (Grof & Grof , 2010; Hendricks, 1995; Fried & Grimaldi 1993; Brouillette 1997), breathwork allows African American men to gain a sense of esteem, internal locus of control, and create a better outlook on life.

According to Colbert (2003) the mind and body are linked, so “how you feel emotionally can determine how you feel physically” (p. 3). He goes on to state that the most damaging emotions are rage, inability to forgive, depression, anger, worry, frustration, fear, grief, and guilt. Unfortunately, these emotions, as previously discussed, may be endemic to the population of African American male felons. On the one hand, just by being men, they have been socialized into believing that expressing emotions other than anger is unacceptable. On the other hand, men

of color are especially at risk because of their legacy of trauma; when they bury their negative emotions, this causes them pain, and sets off a negative cycle that affects them profoundly. Furthermore, emotions have been directly and scientifically linked to hypertension, cardiovascular disease, depression, and to an increase of cancer and heart disease, (Colbert, 2003; Levine, 1997), reaffirming the mind/body connection. Breathwork, rooted in the body, offers a way to work with the mind, so that men of color can express emotions that might otherwise emerge as inappropriate behaviors. The more one experiences a negative emotion and fails to express it, the more the pressure inside builds and the more the mind perceives danger. The person then either wants to flee (shut the emotions down further) or fight (rail against the emotions). "The result can be inner rage, fear, or anxiety that boils just below the surface of expression for years or decades" (Colbert, 2003, p. 20). African-American male felons as a group are more likely to experience anger, guilt and shame, all of which are *very toxic* emotions. Shame by definition alone is a painful feeling. The sense of having lost the respect of others because of an improper behavior, committing a crime, implies incompetence, which can lead to depression and a negative cycle of thinking. The breathwork technique can provide these men with a way to overcome or process their anger, guilt, and shame and ultimately to achieve mental health.

Breathwork practiced in a group circle allows for community connection and a place to share experiences and emotions. African American men can find self-worth through a healing process that comes from within. Breathwork allows them a way to check in with themselves, allows them to communicate with their own hearts, and admit to themselves what they are feeling. Once they become aware of what they are feeling and become capable of unpacking their emotions or recognizing them, they can then choose a response rather than a thoughtless

reaction. There is a difference between a response and reaction. A reaction is the absence of judgment based only on emotions. This immediate behavioral reaction leads to unpredictable outcomes because one is having an uncontrolled reaction to a situation. A response is an application of behavioral control where one can identify a problem, hear what is happening, reflect (suspend judgment) and make a choice, a decision that leads to control of one's life. Breathwork as therapy can aid in rebuilding a positive self-outlook and self-worth. Feelings of shame can be counteracted by working within a group and at the same time maintaining a sense of independence from the group.

Lipton (2008) argues that humans are a collective amoebic consciousness, that we are a collective community of cells that are triggered by something in the environment. He states that continual stress causes the person to be frozen in fear, preventing higher thought and appropriate responses to the environment (Lipton, 2008). The more aware humans are of our environment, the better our chances of survival. The mind's energy does impact and control the body's physiology. The body only has two responses, to protect the brain and grow the body. Chronic stress inhibits the individual's vitality. The ability to sustain the vitality takes more than getting rid of the stress, but to actively seek joyful, loving, fulfilling lives that can stimulate and maintain the growth process (Colbert, 2003).

Stress is trauma, and because it represses the "slower processing conscious mind to enhance survival, it comes at a cost…diminished conscious awareness and reduced intelligence" (Lipton, 2008, p. 120) when responding to trauma. When you are frightened, you are less likely to choose an intelligent, appropriate course of action. In the body, stress activates the hypothalamic-pituitary-adrenal system (HPA), a system that was not meant to be continuously activated. For example, worries about our personal lives, jobs, and war can keep us at chronically

elevated stress levels. Chronic stress is debilitating. While research suggests that chronically depressed patients have shrunken centers of higher reasoning, such as in the hippocampus and prefrontal cortex, Lipton (2008), Perry (2006), and Levine (2010) lead us to believe that mismanaged trauma impacts an individual's reaction and response to life events. Mismanaged trauma may lead to mental health conditions such as disassociation, self-medication, violence, and depression because one cannot express emotions freely.

**Implementation of Breathwork**

Stanislav and Cristina Grof (2010) developed this breathwork technique as a means of accessing unconscious levels of human experience and resolving conflicts rooted in those levels. This technique is simple: the client lies down in a relaxed manner and then breathes. Grof believes that breathwork allows the "inner healing intelligence of the breather, rather than guided by a therapist following the principles of a particular school of psychotherapy" (p. 29) to elicit transformative change. Research by Grof & Grof (2010), Brouillette (1987), and Hanratty (2002) demonstrates that rapid breathing induces a tranquil state that allows for cognitive, emotional, and physical barriers to diminish allowing material from the unconscious to enter consciousness. This is experienced as an intrapsychic journey with minimal verbal communication between therapist and client. A session can last anywhere between 30 minutes to 3 hours. The Grof's suggest that breathwork experiences "often lead to marked reduction in death anxiety, increases self-esteem, and increases one's connection with others" (Hanratty, 2002, p. 33). Research by Hendricks (1995) has demonstrated that breathwork increases body awareness and self-esteem and decreases anxiety and depression.

This technique is said to create or induce non-ordinary states of consciousness (NCS). In modern consciousness research it is "suggested that NCS can have significant healing potential

and can facilitate inner exploration" (Brouillette, 1997, p. 2). This approach to healing is not new to humanity as evidenced in shamanism, one of the oldest healing arts. A research project conducted by Brouillette (1997), looked at the experience of healing by utilizing breathwork during a 1997 Grof Transpersonal training (a two-year training that combines theoretical presentations and deep experiential work utilizing breathwork). The participants were asked to notice the experience of breathwork. In this case, they were using breathwork as a way of self-exploration and personal transformation. According to Grof & Grof, the most important principle that underlines this is the healing transformative and evolutionary potential. NCS tend to activate the intrinsic healing mechanisms of the human psyche (Brouillette, 1997, p. 34). He also stated "NSCs certainly change dramatically the relationship between the conscious and the unconscious dynamics of the psyche" (Brouillette, 1997, p. 34). NCS tend to lower mental defenses and decrease psychological resistance. Under these circumstances, participants observe not only enhanced recall of repressed memories, but also complex reliving of emotionally important events from the past occurring in total regression. The emergence of these otherwise unavailable contents from the individual unconscious is often associated with rich emotional and intellectual insights into the nature of the client's psychological symptoms and distortions of interpersonal relations (Grof, 2012).

Breath is universal and a vital human condition. One is always breathing. Breathing is the very foundation of health. Breathing is a subtle life force that stimulates all vital activities. All cultures throughout history have regarded breathing as vital. Breathing was used for healing and spiritual advancement. In China calls breath Qi and it means life energy. In India breath is regarded as prana (absolute energy) with a whole system called pranayama, often translated as the science of breath. In Tibet the breath is regarded as Thig-le meaning blocked wisdom. When

Thig-le is released, it becomes the essence of wisdom and a source of life energy (Minnett, 2004). As the movement for alternative and inexpensive self-care continues to grow in the United States, it appears that understanding one's own breath can aid in relaxation and de-stress the nervous tension and worry of the daily grind of modern life.

If people were to become more aware of breath patterns during times of intense stress, viewed distress, and pain, we would possibly find that our breath can be a voluntary response to our present circumstances. The breath is one aspect to human nature that can either be involuntarily or voluntarily controlled.

Most spiritual practices and major traditions have seen breath as the interface between the human triad of mind, body, and spirit (Brouillette, 1997). Ancient traditions in Asia use Pranayama. Northern Africa uses Dhikr (Islamic breathing) and Ruh (Hebrew breathing). In Europe the Christian cultures refer to breath as the inner life force, and in the West the technique of rebirthing is used, which connects breath with emotions (Minnett, 2004). These traditions provided a baseline to use and develop the process known today as breathwork. This technique is the process of using the breath in a conscious way. The aim of learning breath awareness is so that the person can have conscious control over his body, breath, and mind.

According to Dr. Morningstar (personal communication, June 2010), conscious breathing is a technique that lasts approximately 60 minutes per session, and the client is guided into relaxing and focusing on the breath. Throughout the session the client is encouraged to notice what is happening without judgment. As the session progresses, the breathing cycle and rhythm deepen. The connection with breath is established through the client's own individual breathing pattern. The idea is for the client to expand his awareness into what has not been accessible to the conscious mind, unlike meditation where one is attempting to stay present in the moment or

yogic breathing that is attempting to rid the body of toxins. Dr. Morningstar further states (personal communication, June 2010) that when the session ends, the breath worker reorients the client through grounding. This is accomplished by integrating what took place in the session, and allowing the client to draw different conclusions. The therapist then provides him with affirmations and a follow-up consultation to ensure he is processing his awareness.

Breathwork can augment, aid, and shed light on various concerns a client may have. The International Breathwork Training Alliance defines breathwork as "the art and science of teaching breath awareness and breathing techniques for enhancing the human physical, mental, emotional, and spiritual condition" (http://www.breathworkalliance.com 2013). As mentioned earlier, throughout various cultures, breath has always been a topic when discussing health. Breath has come to the forefront in looking at respiratory disorders such as sleep apnea and asthma. These respiratory disorders impact how one rests and sleeps, and have a direct correlation to weight gain, hypertension, and diabetes. Studies show that improper breathing can lead to daytime sleepiness, cognitive impairment, irritability, hypertension, myocardial infarction, arrhythmias, and in some cases death, as in the case of the Green Bay Packers star Reggie White, who died at 43 years old in his sleep from obstructive sleep apnea (Peck, 2004).

According to O'Brien (2006), breath has a unique relationship to the autonomic nervous system. It is believed to play a vital role in how people respond to stress. In the past, breath has been acknowledged in the mind/body relationship but not fully understood. Today there is an attempt to understand this connection. According to Fried (1993) there is an impressive amount of research that confirms that the simple act of breathing has a profound impact on people's health. His research leads to one conclusion: All psychosomatic and stress-related conditions "have one thing in common, primary or secondary respiration impairment" (p. 106). It seems that

breathing impairment is the cause of or is related to many physical and emotional problems (Fried, 1990).

According to Brouillette's research (1997) "many clinical studies have also shown important relationships between respiration and emotional states" (p. 70). Dudley et al., (1969), have been able to detect breathing pattern changes induced by changes in emotional state. They found, for example, that sighing increases during periods of anxiety, that with anxiety the breathing rate decreases when subjects feel tension and that breathing became irregular when anger was suppressed. Brouillette (1997) further goes on to state that "changes in breathing patterns such as irregularity, shallow breathing, or increased breathing rate have been noted in anxiety" (p. 70), and that these changes seem to vary whether the emotional state is "action-orientated," as in anger, rather than non-action oriented, such as in depression.

Breathwork can be a useful tool to let unresolved emotions in the body free. Hendrick's (1995) research found that conscious breathing helps people in eight different ways:

1) It releases stress and tension.

2) It builds energy and endurance.

3) It contributes to emotional mastery.

4) It prevents and heals physical problems.

5) It contributes to graceful aging.

6) It helps to manage pain.

7) It enhances mental concentration and physical performances.

8) It facilitates psycho-spiritual transformation. (p. 3)

The aim of this study is to examine if breathwork can aid African American male felons to manage emotions and to feel a sense of control over institutional racism, effects of incarceration, and poverty after being incarcerated.

Based on the work done by Grof & Grof (2010), Fried (1990), and Brouillette (1997), the result of this research is that the participants will see an improvement in the following areas:

- managing their emotions,
- an increase sense of control over institutional racism,
- a decrease in the effects of incarceration.

# Chapter 2: Method

## Research Participants

The target study group for this research is the population of African American male juveniles on probation. Most of the adolescent males had a history of not only criminal offenses, but constant emotions of shame and hopelessness as defined by the DSM-V, which describes mental and emotional trauma:

- A serious threat, or harm, to one's life or physical integrity
- A threat, or harm, to one's children, spouse, or close relative
- Sudden destruction of one's home or community
- Seeing another person injured or killed as a result of accident or physical violence
- Learning about a serious threat to a relative
- Close friend being kidnapped, tortured, or killed
- Stressor is experienced with intense fear, terror, and helplessness
- Stressor and disorder is considered to be more serious and will last longer when the stressor is of human design (p. 274)

This study benefited from a sample size of nine African American male juveniles transitioning from the Division of Community Corrections, between the ages of 14 and 18, in the metropolitan area of Milwaukee, Wisconsin.

## Measures

Participants were asked to share basic demographic information such as race, age, and gender, length of incarceration, number of times incarcerated, and the specifics of their crimes. Please refer to Appendix A for a copy of the demographic questionnaire.

The following instruments were used:

1) The Holmes Rahe Life Event Scale is a list of 43 stressful life events that can contribute to illness. To measure participants' stress, the number of "Life Change Units" that apply to events in the past year of an individual's life are added and the final score will give a rough estimate of how stress affects health. A higher sum indicates risk for illness. A score of 300+ places an individual at risk of illness while a score of 150 or lower places an individual at minimal risk for illness. Please refer to Appendix B for a copy of the Holmes Rahe Life Event Scale.
2) The Zung Self Rating Depression Scale is a short self-administered survey to quantify the depressed status of an individual. There are 20 items on the scale that rate affective, psychological, and somatic symptoms associated with depression. There are 10 positively worded and ten negatively worded questions. Each question is scored on a scale of 1 through 4 (based on these replies: "a little of the time," "some of the time," "good part of the time," "most of the time"). Scores on the test range from 20 through 80. The scores fall into four ranges:
    1) 20-49 Normal Range
    2) 50-59 Mildly Depressed
    3) 60-69 Moderately Depressed
    4) 70 and above Severely Depressed

Please refer to Appendix C for a copy of the Zung Self Rating Depression Scale.

3) The NOVACO Anger Inventory- Short Form was adapted from the long form (Colbert,2003) and contains 25 of the original 90 items. The NAI - Long Form -

purports to measure the degree of provocation or anger people would feel if placed in certain situations. Please refer to Appendix D for a copy of the NOVACO.

**Procedures**

The nine participants received breathwork in conjunction with traditional therapies. The researcher will present to the participants an outline (Appendix E) of the six-week sessions, which will explain what is expected of the participants. Participants will be asked to receive, review, and sign an informed consent package (refer to Appendix F for a copy). The researcher will answer any questions asked by the participants. All participants will then receive a demographic questionnaire and all three instruments. The researcher will ask that they follow all instructions at the top of the page and will read aloud all instructions. For those participants who cannot read or write well, the researcher's assistant will support with spelling and reading.

During the six weeks, this researcher followed the outline precisely. Once the sessions are completed the participants were asked to fill out an exit questionnaire (Appendix G) and all three instruments once again. The researcher compared the results pre-treatment and post-treatment. These questionnaires were designed so that participants could make a judgment regarding the effects of the breathwork group or traditional therapy sessions. After six months, the researcher conducted a phone or in person interview (Appendix H). The purpose of the six-month follow-up was to see if therapeutic breathwork had any lasting effects in managing emotions and a sense of control over institutional racism and effects of incarceration and poverty.

# Chapter 3: Results and Analysis

The researcher used the Wilcoxon Signed Rank t-test to analyze the data collected in this study. Researchers have regularly use this method when there are two nominal variables and one measurement variable to determine if this comparison is statistically significant. The data consisted of each participant's scores on the Holmes Rahe Life Event Scale. A nonparametric test will be used to analyze the data of the Zung Self Rating Depression Scale, the NOVACO Anger Inventory, and questionnaires. This method was used to compare the medians of both groups and to eliminate outliers (unusual observations, such as someone who already does alternative therapy such as meditation and yoga). A chart of the results serves as visual presentation of the results. The researcher assessed the significance of the t-test if the p-value is less than an alpha of 0.05, and measure for a positive correlation by rejecting the null hypothesis with the nonparametric test.

In addition to this, the researcher also looked at the pre- and post-questionnaires and shared experiences of the juveniles as they participated in the breathwork group. Their comments and group experiences were documented to identify reoccurring themes amongst them that may indicate generational trauma and coping styles.

## Demographics

The participants consisted of nine young males between 15 and 17 years of age; the average age is 16.1. Eight are African American and one is Latino. All participants had been placed into custody and in detention prior to having been placed at Harper House, a community transitional living placement. Three of the participants' parents do not have a history of incarceration. Six had parents that have been incarcerated before. Eight had received traditional counseling prior to participating in the research and being placed at Harper House.

| Table 1. Risk Assessment Scores | | | |
|---|---|---|---|
| **Instrument Name** | **Factor** | **Pre** | **Post** |
| **Zung Self-Rating Depression Scale** | Minimum | 20 | 20 |
| | Maximum | 58 | 36 |
| | Average | 32.38 | 31.50 |
| **NOVACO Anger Inventory** | Minimum | 29 | 26 |
| | Maximum | 55 | 57 |
| | average | 43.67 | 41.33 |
| **Holmes Rahe Life Event scale** | Minimum | 31 | - |
| | Maximum | 373 | - |
| | Average | 173.88 | - |

## Results

### Zung Self-Rating Depression Scale.

All of the participants stayed within normal range (20 to 49) of the depression scale for both pre- and post-testing. The highest average score for participants was 3.13 in the pre questionnaire and the post was 2.38. The lowest average score for participants was 1.0 in the pre- and post-questionnaire.

### NOVACO Anger Inventory.

All participants' responses were within normal range

### Holmes Rahe Life Event Scale.

The life scale was taken once during their time in the research. The purpose of the life scale is to measure the amount of stress an individual has in their life at the current time of the research. This is an indicator for psychosomatic symptoms not necessarily related to a physical condition, that suppressed emotional pain can create a lingering physical aliment. A score of 300+ places an individual at risk of illness while a score of 150 or lower places an individual at

minimal risk for illness. One participant was at an 80% risk for developing illness over time, three were at 50%, and five were at 30%.

**Wilcoxon Signed Rank Test.**

A Wilcoxon signed-rank test showed that six sessions once a week of breathwork did elicit a statistically significant change in depression ($p < .001$) and statistically significant change in anger ($p < .001$) of all the participants.

**Post Questionnaire.**

Out of nine participants, four found the experience very much enjoyable, two thought it was kind of enjoyable, two felt it was barely, and two felt it was not needed. The nine participants rated the facilitator. Four rated the facilitator as very good, two as good, two as fair, and one as poor. When asked if the participants felt this was valuable learning tool, two found it not valuable, four found it neutral, and three found it very valuable. When asked if this should be offered again at Harper House, six reported yes and three reported no. When the participants were asked if they would do this in their day to day life, two reported yes, six reported no, and one reported maybe. When inquired if breathwork had influenced them to do things differently, two reported yes, six responded no, and one responded maybe.

| **Table 2. What did you like about the breathwork?** |
|---|
| Like to sleep |
| I liked learning about my culture |
| Nothing |
| Everything–Blessings, sacred space, stone, connecting with myself, working with my thoughts |
| Made me feel peaceful inside |
| Nothing, I don't like to express myself |
| Talking about the brain and nervous system |
| I liked to sleep, it was quiet time, music, the incense |
| I got put out of group, too disruptive |

The responses noted in Table 2 are taken from the post-questionnaire, given during the debriefing time during the sessions. A majority of the participants enjoyed the educational portion that explained what emotions did to their central nervous system in the midst of experiencing the emotion. What was very interesting was the fact that most of the participants found the sessions quite relaxing; this modality created a very new experience. This created the dialogue around the importance of relaxation. Anxiety was the emotion that they experienced oftentimes while in detention or in placement. This anxiety was rooted in fear, being separated from family, friends, and their community. The ability to find peace or relaxation was limited while in placement and even more while being incarcerated.

An example is when one of the participants stated that while he was in corrections, he felt anxiety and unsafe; he was either being harassed by his fellow peers or by staff. He stated that he could never relax. The transition to the group home was not easy either. He was confined to a room he had to share, and he was worried if his belongings would be touched, or if he had to protect himself. He said, “It’s a lot.” He was 17 years old, and stated he also worried about his living arrangements since he soon would be an adult. The breathwork sessions provided a movement for him to feel and be safe because of how the atmosphere was created. It was quiet, with dim lighting, soft music, and no one talking. This led to another participant stating that he enjoyed the atmosphere because it provided quiet time where his mind was not filled with other worries. For a brief moment, other individuals’ worries were not his concern, rather his own was the focus. When an uncomfortable emotion, thought, or feeling arose, he continued to breathe it out. This provided him a way to discharge the energy he felt inside.

One of the participants stated that he did not like breathwork because it made him feel his uncomfortable emotions and he thought he had mastered shutting that down. All participants enjoyed having the aspect of their culture as a way to identify with other males of color and for it to introduce the tool of breathwork and emotional regulation. Most participants stated they valued learning about Malcolm X and Bruce Lee. These are highly acclaimed men of color that had a troubled past and they succeeded. This provided a sense of hope to the male participants of color.

| **Table 3. What did you dislike about the breathwork** |
|---|
| Racing thoughts |
| Racing thoughts or being connected to my negative thoughts |
| Everything |
| Did not like that my peers did not take it seriously |
| Racing thoughts |
| Everything, racing thoughts, dealing with my feelings |
| How it made me feel |
| Waking up |
| Everything |

Table 3 demonstrates a common theme amongst the participants in dealing with their thoughts. Breathwork was designed to have the memories released from the subconscious and the energy released out through the breath. The breathing results in an emotional release, provides insight, and integrates emotions at a cellular level that allows the participants to check in with the real self and listen. The participants did not enjoy what they called racing thoughts or having the sensations register throughout the body.

One participant, in particular, requested that the facilitator hold his hand and place one hand on his chest to assist in keeping him with the breathing. He stated “I can feel my heart beat,

I do not like how I feel, can you please hold my hand so I feel safe?" Another participant liked to keep a stone on his chest so that he could feel secure, while another one liked to have a blanket wrapped around him, and he in particular would go to sleep when the feelings or thoughts were too much.

Breathwork was a new modality in working with thoughts and trauma stored in the body. Feeling fully present and experiencing their emotions without barriers at times created a sense of anxiety.

| **Table 4. What topics did you enjoy the most?** |
|---|
| Malcolm X, and Caesar Chavez, Bruce Lee |
| Talked about Caesar Chavez |
| None of them; I went to sleep |
| Culture, Malcom X, Bruce Lee, the brain and its functions |
| Nervous system, Malcom X |
| None, I didn't do it, cause of how it made me feel |
| Malcom X and Caesar Chavez |
| Just sleeping |
| Never got to get into the group |

Interesting enough, all participants liked the cultural intelligence aspect of the teaching series. Table 4 demonstrates the topics most enjoyed throughout the sessions. The facilitator shared stories of men of color who were once troubled and later changed history. The ability to identify with and study men of color who transcended and transformed out of their dire circumstances was an attractive quality. For these participants, this was a strong aspect of their healing. To study men of color who did not allow their past or racism define their life, was critical in restoring hope, self-acceptance, and knowledge that success is possible.

| Table 5. Explanation of why the sessions help the participants |
|---|
| I felt rested after the session |
| Everything, working with breathwork made me feel peaceful |
| Have more quiet moments |

Table 5 displays the recorded responses of how the sessions helped the participants. The theme was finding solitude and peace. One can interpret that the feeling of "peace" was their ability to surrender to what is. In accepting their feelings, they allowed themselves permission to access their pain.

After one of the sessions, a participant stated "Sometimes when I want to find a place of peace, I do breathwork, not sure if I am doing it right, but breathing heavy helps me sleep afterwards and also I feel good. I do it when I know I am alone." This participant was demonstrating the self-healing and intrinsic process of checking in with self and admitting to themselves what they are feeling. This is the process of self-awareness. He was working with shifting his perception of the pain stored within and working towards releasing toxic emotions.

| Table 6. As a result of these sessions I feel |
|---|
| Support from others with similar situations |
| Did not work for me |
| Did not like it |
| Greater Confidence |
| Greater Confidence |
| Did not want to do it |
| It was different |
| It was okay to go to sleep |
| I got put out, so I didn't get anything. |

This method of therapeutic modality was very different from what the participants are accustomed to. Most have had traditional talk therapy, group therapy, and alcohol and other drug

abuse counseling along with cognitive thinking groups that focus on scenarios and decision making. The responses in Table 6 are the comments the participants made as a result of the breathwork sessions. For these participants, this was the first time they were exposed to a form of somatic therapy.

# Chapter 4: Discussion

I argue that breathwork offers a way for African American male felons to manage emotions, feel empowered, have ownership of their lives, and contribute constructively to their families and communities. This nonverbal therapeutic technique consists of deep and rapid breathing to facilitate the process of healing psychic trauma rooted outside conscious awareness. This study seeks to answer the question: Can breathwork aid African American male felons to manage emotions, feel a sense of control over institutional racism, effects of incarceration, and poverty after being incarcerated? While it is apparent that the African American male has a role in understanding and rebuilding his self-esteem to end the cycle of self-annihilation, as argued in Chapter 1, it is probable that because of the institution of slavery, he is at risk for failure.

## Limitations

The study was conducted during the holiday season which may have not been the ideal time for the participants to work with a new modality addressing their emotions and thoughts. These participants were either not placed with family during this time or did not have a place to go. Research based on seasonal mood shifts such as seasonal depression in the winter months has proven that the holidays can oftentimes intensify feelings of depression, sadness, and isolation more than any other time of the year.

During this time, five of the participants reoffended. This may have not been the best time to introduce a new modality that caused such uneasiness. Six sessions may have proven too short to deal with the complexities of emotions and thoughts, and integrating a new a new modality for coping with deep-seated trauma. Consistent education has to take place when introducing a new modality that allows one to feel suppressed and repressed feelings without

judgment. A year-round approach appears more beneficial to allow for consistency and periods where emotions may have more natural supports.

Another change that may have improved the outcome of the study, would have been to offer two to three sessions a week to reinforce the habitual use of breathwork when one needed to release an emotion or self-reflect. A shortcoming of the study was not taking into account staff vacations and how that could affect the stability of the placement. Levels of anxiety and what to expect were major distractions as the participants tended to focus on reconnecting with their family, seeing the people they missed, and the desire to be home sooner than the transition allowed. Lastly, it is possible that the questionnaires may have been inappropriate for the adolescent population.

**Benefits**

This research aims to be beneficial in the area of trauma therapy for African-American male felons. Breathwork offers one way to accomplish these goals. This is a nonverbal therapeutic technique that consists of deep and rapid breathing, optional music, and focused bodywork, to facilitate the processing of psychic material rooted outside conscious awareness. With this form of somatic therapy, breath work has many benefits. With its documented evidence (Grof, 2010; Hendricks, 1995; Fried and Grimaldi, 1993; Brouillette, 1997), breathwork allows African American men to gain a sense of esteem, internal locus of control, and create a better outlook on life. The exploratory results of this research are that participants did see improvements in the following areas:

- the management of emotions,
- an increased sense of control over institutional racism, and
- a decrease in the effects of incarceration

While the sessions were short, the participants all agreed that the rapid breathing did indeed induce a tranquil state. Staff reported that once a session was completed; the participants were calmer. One staff stated to her director "I look forward to this time of the week, the youth are much more relax [sic], and they tend to sleep well at night. Not much problems or altercations and in the morning they are at ease."

That sense of ease and relaxation can assist incarcerated felons who experience anxiety, depression, anger, grief, loss, and addiction. Participants reported a number of positive outcomes from the Holotropic Breathwork technique, such as:

- released stress,
- improved symptoms from conditions such as depression,
- improved self-awareness, and
- increased positive outlook.

In a short amount of time, the participants noticed that body awareness and racing thoughts caused by stressful experiences were no longer allowed to be repressed or renegotiated. This demonstrates that when people are able to alleviate their symptoms, they may undergo positive transformation. This all points to the overall aim of breathwork, which is that the participants have cognitive control over their body, breath, and mind.

At the conclusion of the study, a 3 month follow-up was completed to see if there was any prevention in the recidivism. Out of the nine participants, four remain in the community, staying at Harper House, reunited successfully with their family, or transitioned into an independent living program. The remaining five end results were: One participant received 40 years for three counts of strong arm robbery, three counts of carjacking, and possession of a dangerous weapon,

and obstructing police. This juvenile was waived into adult court to stand trial. This was the participant that did not like to feel his emotions. Another was placed in detention for a violating a stayed order. Another was facing 25 years in adult court for two counts of strong arm robbery and possession of deadly weapon. Lastly, a participant was returned back to Lincoln Hills for revocation (for violation of probation). The rate of recidivism that occurred during this study mirrored that of the national average.

While experiencing trauma is part of the human journey, it is clear that the root of trauma is due to an individual's inability to connect to their feelings and release them. Creating a healing community where individuals can regain their ability to have a felt sense of belonging is a subtle form of empowerment. As noted, some of the participants were able to release their symptoms of toxic emotions such anger, sadness, loneliness, and abandonment and start the personal process of self-acceptance. By participating in the small groups, these unseen males of color formed a community. Here they began their journey from self-annihilation to self-acceptance. Here, some of the participants had a role and also experienced empowerment over self through the modality of breathwork. In some participants, these changes obviated the need for revenge, violence, shame, and blame. These invisible dis-stressors dissolve when one starts to renegotiate their personal story, feel their feelings, allow self-permission to access their own pain all lending to self-acceptance. Without a sense of acceptance, one is limited in the felt sense of belonging to a family or anything else that curtails their societal contributions. This sense of belonging is the natural buffer to social ills and trauma. When one has a felt sense of belonging to a social structure, it only validates their self-worth. This study has confirmed that the process to end self-annihilation begins with insight that comes from allowing emotions to be felt, recognized, and released. The processes of healing always begin from within.

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## Appendix A

Pre Questionnaire

Age: _____

How long did you serve prison/jail time? _____

How many times have you been to jail/prison? _____

Did you ever have a parent in jail? Yes No

Have you ever received counseling? Yes No If so, what type?

How would you describe yourself? (Circle one):

| | | | |
|---|---|---|---|
| Black/African American | Non-Hispanic | Hispanic/Latino | Other |

Marital status (circle one):

| | | | | |
|---|---|---|---|---|
| Single | Married | Divorced | Separated | In a relationship |

Housing (Circle one):

| | | |
|---|---|---|
| Rent | Own | Other: |

# Appendix B

| The Holmes Rahe Life Event Scale | Points | Points in your life |
|---|---|---|
| Death of a spouse | 100 | |
| Divorce | 73 | |
| Marital separation | 65 | |
| Jail Term | 63 | |
| Death of close family members | 63 | |
| Personal injury or illness | 53 | |
| Marriage | 50 | |
| Fired at work | 47 | |
| Marital reconciliation | 45 | |
| Retirement | 45 | |
| Change in family member's health | 44 | |
| Pregnancy | 40 | |
| Sex difficulties | 39 | |
| Addition to family | 39 | |
| Business readjustment | 39 | |
| Change in financial circumstances | 38 | |
| Death of a close friend | 37 | |
| Change to different line of work | 36 | |
| Change in number of marital arguments | 35 | |
| Mortgage or loan for major purchase | 31 | |
| Foreclosure of mortgage or loan | 31 | |
| Change in work responsibilities | 29 | |
| Son or daughter leaving home | 29 | |
| Trouble with in-laws | 29 | |
| Outstanding personal achievement | 28 | |
| Spouse begins or stops work | 26 | |
| Starting or finishing school | 26 | |
| Change in living conditions | 25 | |
| Revision of personal habits | 24 | |
| Trouble with boss | 23 | |
| Change in work hours or conditions | 20 | |
| Change in residence | 20 | |
| Change in schools | 20 | |
| Change in recreational habits | 19 | |
| Change in church activities | 19 | |
| Change in social activities | 18 | |
| Mortgage or loan for minor purchase (such as TV, car) | 17 | |
| Change in sleeping habits | 16 | |
| Change in number of family gatherings | 15 | |
| Change in eating habits | 15 | |
| Vacation | 13 | |
| Christmas Season | 12 | |
| Minor violations of law | 11 | |
| Total Score: | | |

# Appendix C

The Zung Self-Rating Depression Scale

| Make check mark (√) in appropriate column. | A little of the time | Some of the time | Good part of the time | Most of the time |
|---|---|---|---|---|
| 1. I feel down-hearted and blue. | 1 | 2 | 3 | 4 |
| 2. Morning is when I feel best. | 1 | 2 | 3 | 4 |
| 3. I have crying spells or feel like it. | 1 | 2 | 3 | 4 |
| 4. I have trouble sleeping at night. | 1 | 2 | 3 | 4 |
| 5. I eat as much as I used to. | 1 | 2 | 3 | 4 |
| 6. I still enjoy sex. | 1 | 2 | 3 | 4 |
| 7. I notice that I am losing weight. | 1 | 2 | 3 | 4 |
| 8. I have trouble with constipation. | 1 | 2 | 3 | 4 |
| 9. My heart beats faster than usual. | 1 | 2 | 3 | 4 |
| 10. I get tired for no reason. | 1 | 2 | 3 | 4 |
| 11. My mind is as clear as it used to be. | 1 | 2 | 3 | 4 |
| 12. I find it easy to do the things I used to. | 1 | 2 | 3 | 4 |
| 13. I am restless and can't keep still. | 1 | 2 | 3 | 4 |
| 14. I feel hopeful about the future. | 1 | 2 | 3 | 4 |
| 15. I am more irritable than usual. | 1 | 2 | 3 | 4 |
| 16. I find it easy to make decisions. | 1 | 2 | 3 | 4 |
| 17. I feel that I am useful and needed. | 1 | 2 | 3 | 4 |
| 18. My life is pretty full. | 1 | 2 | 3 | 4 |
| 19. I feel that others would be better off if I were dead. | 1 | 2 | 3 | 4 |
| 20. I still enjoy the things I used to do. | 1 | 2 | 3 | 4 |
| | | | | |

# Appendix D

THE NOVACO ANGER INVENTORY

Read the list of twenty-five potentially upsetting situations described below. In the space provided, estimate the degree of annoyance or anger you believe you would experience in this situation, using this rating scale:

0= Very little or no annoyance
1= A little irritated
2= Moderately upset
3= Quite angry
4= Very angry

| | |
|---|---|
| 1. You unpack an appliance you have just bought, plug it in, and discover that it doesn't work. | |
| 2. A repairman who has you over a barrel overcharges you. | |
| 3. Your boss singles you out for correction while ignoring the actions of others. | |
| 4. Your car gets stuck in the snow. | |
| 5. You talk to someone and he doesn't answer or acknowledge you. | |
| 6. Someone pretends to be something he is not. | |
| 7. While you are struggling to carry four cups of coffee to your table at the cafeteria, someone bumps into you, spilling the coffee. | |
| 8. After you hang up your clothes, someone knocks them to the floor and fails to pick them up. | |
| 9. A salesperson hounds you from the moment you enter a store. | |
| 10. You have made arrangements to go somewhere with a person who backs out at the last minute and leaves you hanging. | |
| 11. Someone jokes about or teases you. | |
| 12. Your car stalls at a traffic light and the driver behind you keeps blowing his horn. | |
| 13. You accidentally make a wrong turn in a parking lot. As you get out of your car someone yells at you, "Where did you learn to drive?" | |
| 14. Someone makes a mistake and blames you for it. | |
| 15. You are trying to concentrate but a person near you continually taps his foot. | |
| 16. You lend someone an important book or tool and he fails to return it. | |

| | |
|---|---|
| 17. You have had a busy day and the person with whom you live starts to complain about how you forgot to do something you had agreed to do. | |
| 18. You are in a discussion with someone and a third person persists in interrupting to bring up a topic she knows very little about. | |
| 19. You are trying to discuss something important with your spouse, who doesn't give you a chance to express your feelings fully without interruption. | |
| 20. Someone sticks his nose into an argument you and another person are having. | |
| 21. You need to get somewhere quickly, but the car in front of you is going twenty-five miles per hour in a forty mile-per-hour zone, and you can't pass. | |
| 22. You step on a wad of chewing gum. | |
| 23. A small group of people mocks you as you pass them. | |
| 24. In a hurry to get somewhere, you tear a garment on a sharp object. | |
| 25. You use all your change to make a phone call but are disconnected just after the party you are calling says, "Hello." | |
| Total of all responses: | |

## Appendix E

## 6 Week Outline

| Week | Description |
|---|---|
| 1 | Orientation: Welcome, fill out consents, instruments, pre-questionnaire, demonstration of breathwork |
| 2 | Mindfulness: Working with thoughts, first breathwork session |
| 3 | Body Talk: Working with emotions, second breathwork session |
| 4 | Importance of Breath: third breathwork session |
| 5 | General Discussion: fourth breathwork session |
| 6 | General Discussion: last breathwork session |

Each Session will be held for two hour time span. It will follow this order:

Check-in: 30 min

Talk of the day: 30 min

Break: 5 min

Breathwork: Session 30 min

Closing: 25 min

# Appendix F

## Participant Information Statement

My name is T.Tavita Martinez. I am a graduate student in the Department of Psychology at Cardinal Stritch University. I am conducting a study on "The Results of Breathwork on Traumatized African American Male Felons."

**Procedure:** You will be asked to attend 6 Breathwork sessions. Prior to participating in the breathwork session you will fill out the Holmes Rahe Life Event Scale, Zung Self Rating Depression Scale, NOVACO Anger Inventory, and Brief Symptom Inventory.

**Confidentiality:** All responses to the questions will remain confidential (i.e., I will not reveal your responses).

**Risks:** I do not anticipate this study will cause any type of risk, psychological or otherwise.

**Benefits:** Although this study may benefit you directly, this research will help psychological understanding.

**Participation is Voluntary:** If you are not comfortable with this study, please feel free to stop at any time. Your answers to the questions will be destroyed upon your request and you will not be penalized in any way.

**Use of Your Information:** My goal is to present the results of this study at conferences and to possibly publish the results. Only combined data from all participants will be used, and in no case will any names be associated with this study.

**Contact Information:** If you are interested in the results of this study (should be completed by), or if you have any other questions, concerns, or comments on this project, please contact:

T. Tavita Martinez
Department of Psychology
Cardinal Stritch University
6801 North Yates Road Box 518
Milwaukee, WI 53217
414.410.4472 (Department secretary)
t.tavita.martinez@gmail.com

If you have any complaints about this study, please write or call:

Dr. Terrance Steele
Chair, Institutional Review Board
Cardinal Stritch University, Box 518
6801 North Yates Rd.
Milwaukee, WI 53217
414.410.4474,
tlsteele@stritch.edu

Although your name may be asked, all complaints are kept in confidence.

Thank you for your cooperation.

This research project has been approved by the Cardinal Stritch University Institutional Review Board for the Protection of Human Research Participants on  for a period of 12 months.

# Appendix G

Post Questionnaire

How much did you enjoy participating (Circle one):

| | | | |
|---|---|---|---|
| Not at All | Barely | Kind of | Very Much |

What did you like about the breathwork sessions:

_____
_____
_____

What did you dislike about the breathwork sessions:

_____
_____
_____

How would you rate the facilitators:

| | | | |
|---|---|---|---|
| Poor | Fair | Good | Very good |

What topics did you enjoy the most:

_____
_____

How much information is valuable to you (circle one):

| | | | | |
|---|---|---|---|---|
| Waste of time | Not Valuable | Neutral | Valuable | Very Valuable |

Should these sessions be offered again: Yes No

Do you plan to add breathwork to your daily life: Yes No

Do you intend to do anything different as a result of these sessions: Yes No

If yes please describe:

_____
_____
_____
_____

As a result of these sessions I feel (Circle one):

| | | |
|---|---|---|
| Greater confidence | Support from others with similar situations | Other: (Please describe) |

## Appendix H

6 Month Post Session Interview

Follow-up:

- In Person
- By Telephone
- Other:

Have you continued to use the breathwork technique?

If so, why?

If not, why?

How is parole going?

Do you feel the sessions made an impact on your decision making?

Additional Comments:

[i] Dominant Culture/Society: The cultural values, beliefs, and practices that are assumed to be the most common and influential within a given society (Gender Equity Resource Center http://geneq.berkeley.edu/lgbt_resources_definition_of_terms)