# BLACK WOMEN'S MENTAL HEALTH

## BALANCING STRENGTH & VULNERABILITY

EDITED BY

STEPHANIE Y. EVANS, KANIKA BELL
& NSENGA K. BURTON

FOREWORD BY LINDA GOLER BLOUNT

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*Dedicated to our mothers and daughters:*

*W. Annette Edmonds*
*Deborah Ann Bell*
*Zuri Assata Thomas*
*Beverly Agee Burton*
*Kai Agee Burton*

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# Foreword

LINDA GOLER BLOUNT

> Caring for myself is not self indulgent, it is self preservation, and that is an act of political warfare.
>
> —Audre Lorde

This well-known and revered quote still gives me goose bumps every time I read it. Audre Lorde captures Black women's long and arduous history of navigating marginalization and invisibility: to do it all, bear it all, often in silence. Black women's political acts of resisting and rejecting negative stereotypes, sexism, and racism bear a heavy price. Lorde recognizes that our acts of resistance through leadership, mothering, caregiving, nurturing and providing for our families and communities, and ultimately "taking on the world" do not come without health consequences. It is time to reexamine the deep, rich, complex, and layered experiences in Black women's lives that starts with our own self-preservation. Lorde's quote is the loud whisper that I hear in my work to further the legacy of the Black Women's Health Imperative, as we advance the health and wellness of Black women beyond simply the documentation of health disparities to developing concrete, actionable results.

Thirty years after the 1985 Heckler Report on Black and Minority Health, and $200 billion of research and more than two thousand papers on health disparities later, there has been little conclusive progress in improving the health of Black women in this country. What we do know is that stress, racism, and sexism are strong predictors of our quality of life and, ultimately, life expectancy. We continue to suffer far more than our white counterparts from every preventable and chronic disease in this country. When hard data

and research findings of disparities do not translate into well-designed programs that improve our health, the message we receive is that we are the problem, and that Black women's lives are expendable.

But although the extant literature perpetuates the concept that Black women's lives are in a constant state of crisis and disease, there is much to celebrate. At the Imperative, we believe that "Black women are inherently strong, resilient, and passionate about their health, and not defined by obesity, disease, or poverty." Black women lead *all* women in participation in the labor force; we have the largest voter turnout rates and represent the fastest-growing segment of women-owned businesses. We not only matter, we continue to be a major force moving this country forward.

Additionally, there are a reported 9.5 million Black women who are in good health. That is an important figure: it means that despite constant threats to our everyday existence, many of us have found ways to preserve our sense of self, our freedom, and our health. Our goal at the Imperative is to translate existing research about what works for Black women and to share stories of success in ways that create a roadmap of achievable and accessible goals for Black women on their journey to optimal health. Our primary mission is to increase the number of healthy Black women in this country from 9.5 million to 12.5 million by the year 2020.

At the Imperative, this work of self-preservation by Black women begins with the creation of safe spaces where we can challenge and reject the social structures that assault and threaten our existence and our ability to be seen. It starts by reframing conversations that usually begin with Black women as the problem, and instead celebrate and normalize our rich lives, our value, and our worth.

This book, *Black Women's Mental Health: Balancing Strength and Vulnerability*, is an important piece of that empowering process. It weaves the influential work of Black female scholars in the field of mental health together with personal narratives to advance the conversation about how Black women can resist conventional thinking in order to strengthen and protect our mental health. Disrupting assumptions of Black women's emotional, spiritual, and psychological landscapes by rejecting stereotypes that reduce us to either the "Strong Black Woman" or the "angry victim," this book explores the vast nuances that lie between those constructed images. By unveiling personal stories we have long kept to ourselves, and using both qualitative and quantitative data, this book provides a unique opportunity to advance research on Black women's mental health by not just focusing on our vulnerabilities but also our strengths.

Part One offers chapters such as "When the Bough Breaks: The StrongBlackWoman and the Embodiment of Stress" and "Representations of Black Women's Mental Illness in *HTGAWM* and *Being Mary-Jane*." This section helps us all reevaluate our relationships with the "Strong Black Woman" and the "Superwoman," myths that are known for an unprecedented and unrealistic level of perseverance and endurance. We are allowed to have deep conversations with the Strong Black Woman we all grapple with, recognizing her historical value and sacrifice to move us forward, while also exploring ways in which we can love her, nurture her, and put her to rest. This section helps us look beyond characteristics of endurance, perseverance, and self-sacrifice as our only barometers of value and success.

Part Two and Part Three of the book identify some of the diverse experiences and narratives of Black women to achieve mind, body, and spirit wellness. From chapters addressing self-love, such as "Love Lessons: Black Women Teaching Black Girls to Love," to chapters about self-care such as "From Worthless to Wellness: Self-Worth, Power, and Creative Survival in Memoirs of Sexual Assault" and "Transformative Mental Health for African American Women: Health Policy Considerations," these sections unearth multifaceted approaches to reexamining and expanding our sources of strength.

When evaluating the status of our mental health, Western psychology and theoretical approaches are limited in their ability to address the complex realities and daily experiences of Black women's lives in the United States. This book deepens our understanding of the unique struggles Black women experience by illuminating the unseen realities of the pain and suffering that Black women are conditioned to ignore.

A reality of our lives is that we disproportionately suffer from preventable health conditions. It also means that we are more likely to be caregivers for our sick loved ones and experience the premature deaths of our children, mothers, husbands, sisters, and brothers. Arguably, we experience trauma and grief far more than our white counterparts. The daily reality of sexism and racism can be enough to make anyone come unglued, and yet our grief and trauma often remain unaddressed by ourselves, our communities, and our mental health providers. The life challenges that we face on a daily basis can become a torrent of stress that ages or "weathers" us prematurely. On average, our cortisol levels are higher than those of White women, triggering our bodies' inflammatory response. The ongoing stressors that we manage over time have been linked to many poor health outcomes, such as obesity, heart disease, and infant mortality, just to name a few. The idea that "Black don't crack" is losing its long-standing credibility. While we may "fake it 'til we make it," by

the time we're sixty, our bodies have aged five to seven years faster than those of our white counterparts.

The inconvenient truth is that we can no longer take passive approaches to meeting our mental health needs. The heart of this book addresses what it means to find peace and sovereignty as a Black woman; it introduces a nuanced and much-needed expanded holistic view of our lived realities by examining our social, emotional, political, physical, spiritual, and financial health, in order to fully consider and strengthen our overall well-being.

We know that Black women are often underdiagnosed and misdiagnosed within our mental health system, and remain at an increased risk for mental health problems and psychological distress. We are challenged by the myths that "what doesn't kill us makes us stronger," "there is nothing we can't handle," "therapy is only for the rich and those who have time," or that we can "pray it away." Additionally, Black women who do seek therapy often struggle with limited insurance coverage or a shortage of culturally accessible and appropriate services that meet our unique needs.

Delving into hundreds of interviews and primary data sets, this book places the experiences of Black women—both our failures and our triumphs—at the center of our quest for answers. We are allowed to explore and find value and healing in our own lived experiences. In this book, we become the experts and provide solutions to our own problems. And in that vein, this book speaks not only to Black women but also educates a broader audience of policymakers and therapists about the complex and multilayered realities that we must navigate and the protests we must mount on our journey to find inner peace and optimal health.

Ultimately, Black women's discoveries of unique paths to wellness require profound courage, strength, and vulnerability; as Audre Lorde might agree, those paths are a vital step toward self-preservation that is, at heart, an act of resistance and a radically political act.

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# Learning to BREATHE

## Toward a Balanced Model of Black Women's Wellness

STEPHANIE Y. EVANS, KANIKA BELL,
AND NSENGA K. BURTON

> All through God's universe we see eternal harmony and symmetry as the unvarying result of the equilibrium of opposing forces.
>
> —Anna Julia Cooper (1892)

In the late nineteenth century, Dr. Anna Julia Cooper chronicled Black women's status in American society:

> The colored woman of to-day occupies, one may say, a unique position in this country. In a period of itself transitional and unsettled, her status seems one of the least ascertainable and definitive of all the forces which make for our civilization. She is confronted by both a woman question and a race problem, and is as yet an unknown or an unacknowledged factor in both. ("Status of Women in America," 1892)

Like her contemporary, scholar-activist W. E. B. Du Bois, Cooper acknowledged a peculiar mental state—which Du Bois dubbed "double consciousness"—the sense of viewing oneself through dual lenses of Black and White.

However, Black women's self-consciousness is beyond "double" because it is constructed at the intersection of "the woman question and the race problem." In addition to other characteristics of identity such as class, ethnicity, religion, and sexuality, along with experiences as a result of her historic position within the United States, Black women's healthy identity formation is indeed complex. Since Cooper's time, Black women have certainly moved beyond the status of unknown or unacknowledged, yet much more work must be done to expand the impact of Black women's voices in our own lives.

Black women have continued to write about this "unique position" into the twentieth and twenty-first centuries, and this collection is a continuation of that discussion. Authors in this edited volume seek to provide pathways to improve Black women's mental health by acknowledging the many positions we hold that contribute to our need for balance—particularly to balance the opposing forces of strength and vulnerability.

This collection is mainly written by and about those who self-define as Black women. As with the thirteen guiding principles defined by the Black Lives Matter founding manifesto, we unapologetically recognize Black women's issues broadly to include diversity, queer and transgender affirmation, families and communities, intergenerational and global perspectives, and an unwavering commitment to restorative justice.[1]

## Balancing Strength and Vulnerability

*Black Women's Mental Health: Balancing Strength and Vulnerability* offers a toolkit of resources for conceiving Black women's self-consciousness, self-concept, and self-definition in ways that defy fragmented caricatures of fear, anxiety, inadequacy on one hand or, at the other extreme, the StrongBlackWoman myth (as coined by Chanequa Walker-Barnes). Unhealthy images are presented, represented, and internalized and inadequate models are developed and reflected in history and education, media and culture, policy and politics. As shown in several chapters, culturally appropriate counseling requires using culturally appropriate models of mental health. The chapters presented here each represent a step toward improving Black women's development of self-concept, enhancing practitioner professional development, and shifting health policies to reduce disparities in quality and quantity of mental health service. These improvements must be fueled by updated research that presents approaches and solutions grounded in an interdisciplinary understanding of Black women's lives.

Though Black women in the United States are not a monolith, two controlling narratives have emerged: the strong Black woman super human, and

the angry Black woman victim. Each of these images contains seeds of truth. Black women are strong; we have had to be strong to bear hundreds of years of enslavement and produce—literally—generations of workers, thinkers, artists, and freedom fighters despite evolving oppression. Black women also are angry victims: there is much in the world to be angry about given the human and civil rights violations we are subjected to—we have been victimized and we are as vulnerable as any other living being, fragile and finite. Indeed, as intimated by Ruth King, rage is a necessary part of our healing in the quest for inner peace.

*Black Women's Mental Health* creates a framework to positively impact Black women's mental health and wellness. As editors, we bring together scholars based on the expressed need in mental health assessment and practice. Our "BREATHE" model values characteristics of both strength and vulnerability. Explicitly building on the groundbreaking book, *In and Out of Our Right Minds: The Mental Health of African American Women* (Brown & Keith, 2003), this book foregrounds balancing the two narratives, and acknowledges grains of truth in each pole. Yet, we also provide research and recommendations that address the excessive social inequities that damage Black women's mental wellness and overall health. This model also honors activist traditions by "talking back" to oppressive forces that would stifle our ability to breathe while Black.

As a collective—Dr. Evans, a professor of Black women's memoir and intellectual history, Dr. Bell, a psychology professor and psychologist, and Dr. Burton, a media scholar—we team up to survey historical and contemporary Black women's narratives of health and freedom. Here, we present a chorus of interdisciplinary voices that exchange perspectives on race, gender, and wellness. This collaborative project enhances humanities, social sciences, professional, and policy work. This book brings together wellness workers who build on a longstanding history of creative approaches to improving Black women's mental health. The dialogical approach sets a stage to traverse across bridges that unite academic disciplines and community agencies. Thus, the BREATHE model created by the editors and the chapters that invoke the model emerge from a broad range of experience, practice, research, and dialogue among and between sisters.

## Learning How to BREATHE:
## Toward a Model for Black Women's Mental Health

Since the critically acclaimed novel by Terry McMillan (1992), and the adapted screenplay, the notion of *Waiting to Exhale* has been synonymous with African American women's quest for inner peace and happiness. The film explored

multilayered themes of race and gender and provided a glimpse into the pressures of being a Black woman in America. In one part of the film, Savannah, played by the late, great Whitney Houston, talks about how long she yearned to feel the arms of a man around her, creating a feeling of safety and security and love. While dancing with a man with whom she has reconnected, Savannah narrates that as she *exhales,* she metaphorically releases her inhibitions, her anxieties, her apprehensions, and allows herself to breathe. Though this movie was primarily geared toward exposing the difficulties of romantic relationships involving cisgender Black women, the movie, and particularly that moment, was a powerful representation of Black women's health. The modern Black woman just wants to breathe . . . get some air . . . release . . . refresh and feel anew . . . love . . . and be loved . . . and she does not want to be made to feel guilty about it.

As multifaceted and complex as the characters were in McMillan's work, their desires were quite simple. They wanted more time to enjoy life. They wanted successful careers but did not want to sacrifice family for them. They wanted to be healed. They wanted to be forgiven. They wanted to reclaim the power they understood was part of their lineage and legacy. They wanted peace. Continuing with the metaphor of exhaling, this text seeks to provide breath or life force to women who have been crippled under the weight of stress, depression, anxiety, abuse, trauma, and oppression. Rejecting notions that Black women must choose one of their central identities (i.e., Black *or* female), the authors in this text have collectively adopted an unapologetically womanist framework. This is a book by, about, and for Black women. The BREATHE model is presented as a set of principles by which one can engage the process of restoration and lifestyle change as well as increase one's understanding of Black women's mental health. The BREATHE model is defined as follows:

B—Balance
R—Reflection
E—Energy
A—Association
T—Transparency
H—Healing
E—Empowerment

**Balance**—Engage in the purposeful repositioning of one's commitments such that all priorities are addressed

When asked what it is like to be a Black woman in modern society, one might simply respond "exhausting." Juggling multiple roles such as caretaker, provider,

career woman, wife, confidant, activist, and mother is no small order. Though many Black women take pride in the practice of having many irons in the fire, a common theme is the desire to have balance among all of their priorities. For too many Black women, self-care is the last item on a seemingly endless to-do list. This lack of balance carries real and devastating consequences, including the degradation of one's mental health. As shown in Kanika Bell's chapter that surveys fifty Black women mental health scholars and professionals, this model directs the Black woman toward a status of psychological homeostasis to increase possibilities for social equilibrium, where all facets of the self are honored without increasing stress. Conflict is inevitable; balance comes from purposeful conflict management.

**Reflection**—Set aside time for contemplation and performing emotional and cognitive audits

Reflection is a critical method in mental health treatment. Meditation is a more intense derivative of the act of reflection and can promote physical and psychological health. For those who find meditation challenging, just taking the time to seriously contemplate and review one's life, priorities, and decisions can be incredibly useful. It allows one to determine which thoughts and emotional patterns are no longer healthy and need to be shed. It is important to note that though self-correction may occur, this is not meant to be an exercise in self-degradation or abuse. Instead, reflection is a time to reconnect with the self to determine next steps toward health and wellness. As Anna Julia Cooper wrote in "Womanhood: Vital Element in the Regeneration and Progress of a Race" (1892), reflection is one moment in time that looks in three directions: reflection looks backward for wisdom, looks inward for strength, and looks forward in hope and faith.

**Energy**—Reinvigorate goals and set upon a path toward achieving them

Black women are notorious for being (as Fannie Lou Hamer aptly stated), *sick and tired* of being *sick and tired*. Finding motivation is no small task when consistently feeling overwhelmed, as Nsenga Burton unpacks in her chapter of mental health in *Being Mary Jane* and *How to Get Away with Murder*. Setting small and specific goals that are easily achieved can produce feelings of "winning," which will inspire movement toward the larger goals on one's list. Energy is maintained via affirmation. Black women must not just acknowledge, but celebrate their own hard work and efforts to minimize the energy-depleting impact of negative evaluation. Once this pattern of "wins" is established, inner peace is easier to attain and sustain.

**Association**—Create and maintain social networks that promote, affirm, and encourage wellness

"Sister circles" have been empirically shown (e.g., Neal-Barnett et al., 2011; Porter & Gaston, 2003; Bell, 2015) to be a meaningful and relevant intervention strategy for Black women's mental health challenges. Whether it is via traditional therapeutic support groups or the kin-by-design friendships among Black women, the ability to communicate and share experiences with like-minded individuals can be a powerful prevention strategy when considering Black women's mental health challenges. Social associations negate feelings of isolation and provide an outlet for a population that routinely feels misunderstood. In *Multiple Intelligences*, Howard Gardner posits that intrapersonal and interpersonal self-development are mutually reinforcing, so the healthy individual grows inextricably within historical and cultural group contexts.

**Transparency**—Actively avoid remaining silent about painful experiences

Truth and vulnerability are key components to a model of mental health. One cannot fix a problem without exposing it. This endeavor seeks to reject the culture of stigma and shame attached to mental illness and treatment by encouraging Black women to be vocal about their experiences and share stories of recovery. Balancing strength and vulnerability requires that we pay special attention to our vulnerabilities so we may raise our voices to articulate clearly our needs.

**Healing**—Look for ways to nurture wellness in self and others

Before her death in 2006, author Bebe Moore Campbell vulnerably addressed the issue of mental illness among Black women in her novel *72 Hour Hold*. Though a fictional tale of one woman's quest to seek healing for her daughter's psychiatric ailments, the novel was based upon her own daughter's struggle with bipolar disorder. In her honor, we recognize July as National Minority Mental Health Month, which is a time to call attention to the Black female community's need for healing. The term *healing* is purposefully chosen as a component of the proposed model because "health" cannot occur without it. Health is not something one has or does not have; it is a constantly evolving process. Black women are in a perpetual state of healing from the specific experiences of trauma such as abuse and degradation as well as from the global experiences of racism, sexism, and economic disenfranchisement.

**Empowerment**—Enlist one's own agency by accessing internal power sources and taking ownership of one's own wellness

Iyanla Vanzant's first published work, *Tapping the Power Within: A Path to Self-Empowerment for Black Women* (1992), was one of the first widely accepted texts that allowed and encouraged Black women to connect with spirit and begin the healing process from the inside out. Vanzant did not just describe the Black women's experience, she created a handbook with actual suggestions for how to take back one's life and utilize one's own agency to create inner peace. She translated the notion of empowerment. Instead of solely offering scholarly critique and sociological outlines of the marginalization of Black women's mental health, the goal here is to guide Black women toward empowerment and the reclamation of authority over their own well-being.

## Writing Balance: Book Outline in Three Sections

In *Black Women's Mental Health*, more than a dozen scholars share personal reflections and strategies for transforming self and society. Benefiting from a legacy of Black women's social action and grounded in cutting-edge holistic approaches, womanist praxis, and Black feminist thought, this edited volume is both a culmination of past practices and a launching point for new directions. This book proposes an interdisciplinary model of positive psychology, humanities, media studies, and policy. While issues pertinent to elder and adult women are essential areas addressed in this work, the authors also pay special attention to adolescent development to connect young women to tools necessary to navigate twenty-first century challenges.

The chapters invited for this volume clearly establish the utility of the BREATHE model and begin a long-overdue, culturally appropriate, solutions-based dialogue. Excerpts from chapters demonstrate how authors understand Black women's "unique position" and each contributes a vital element to the chemistry involved in creating an environment where Black women can thrive.

Bell surveys fifty Black women mental health practitioners for professional perspectives on particular pathways to balance. Anderson demonstrates reflexive research as both methodology and theoretical frame and shows travel writing as means of self-care, while Goler reflects on lessons learned from years of retreats at Spelman College and shapes a model to reform our experiences and perceptions. Panton excavates three women's narratives to share how life

writing affirms our development of a positive and holistic voice. Cutts, Burton, and Bradford each study Black women's identity formation through our association with place, television images, and social media. In each location, they make the case for an imperative to access images that reflect the many levels of our identity and allow our development of relationships that acknowledge us as individuals and as a group beyond one-dimensional caricatures.

Walker-Barnes's StrongBlackWoman offers a transparent telling of the damage unbalanced "strength" has caused and suggests ways to transcend the myth. Evans provides a text for self-empowerment by redefining the term *power* and explicating memoirs in which Black women reclaim power through increasing their self-worth in ways that can contribute to both wellness and longevity. Demonstrating the connection of all terms in the BREATHE model, Flemming-Hunter (history) collaborates with her two daughters Ayo (child psychiatry) and Alero (law) to produce an interdisciplinary "to do" list for Black women teaching Black girls to love. Research collaboratives led by Lashley and Mendenhall focus on Black women's voices, motherhood, and self-care while the Jones and Dawes teams define Black feminist practice and outline policy implications for much-needed health equity.

As a whole, the research, reflection, and instruction offers at once a solid model and an opportunity to completely restructure mental health care for Black women. We absolutely acknowledge this is more a first word than the final word on health care, and we understand our circle constitutes just another step in what must be an ever-widening discussion. Yet, we are committed to building on the BREATHE model—it is an interdisciplinary discussion that will have a multitude of applications inside and outside the academy, particularly as a means to train the next generation of mental health practitioners. Below are examples of how each chapter reflects a component of the acronym.

## B—Balance

### "Sisters on Sisters: Inner Peace from the Black Woman Mental Health Professional Perspective," Kanika Bell

This study represents the testimony of those on the front lines . . . the sisters who treat the sisters . . . Black women that have dedicated their scholarly inquiry and clinical acumen to finding solutions for this very serious, but ignored problem: the mental health of Black women. The point of this study was to elicit responses from those with expertise on Black women's mental health about how inner peace is conceptualized by Black women. This study is an effort to develop solutions to the obstacles that often stand in the way

of achieving optimal mental health. This pursuit allowed these professionals to speak candidly about the challenges and obstacles faced by Black women and how that directly impacts their serenity and overall sense of satisfaction.

Fifty women who identified as Black or African American and who were either mental health practitioners or academic professionals with graduate degrees in the mental health fields were solicited via snowball sampling and participated in this study. . . . "Inner peace" has been popularized colloquially as state of mental and/or spiritual balance. . . . These dimensions (body, mind, spirit, social, economic, and political) were echoed in this study of Black women mental health scholars and professionals.

*R—Reflection*

"Travel Diaries: Excursions for Balance, Reflection, Healing, and Empowerment," Kami J. Anderson

In traveling alone we are able to reconcile more frequently the *geist,* or inter-subjectivity, mind, and consciousness, which emerge and allow us to begin to reempower ourselves to return to the dichotomous world of battling identities in this tension-filled world. . . . Looking at personal autoethnographic examples with the lens of standpoint theory for communication, this chapter will demonstrate how intentional intrapersonal dialogue while traveling can inform planned behavior that can allow space for mindfulness and purposeful action that promotes self-care through traveling. Using journal entries from personal travel in 2010 and 2015, the author will inform how planned behaviors present in both experiences contribute to self-care through travel. This chapter will begin with an explanation of the theoretical framework of reflexivity, intrapersonal communication, and planned behaviors. Second, this chapter will illustrate examples of planned behavior through journal entries followed by a discussion of the importance of using travel as reflexive rejuvenation for self-care for African American women.

"Don't Go Back to Sleep: Increasing Well-Being through Contemplative Practice," Veta Goler

Contemplative practices have great healing promise for Black women. Some of the most important work we can do to make a difference in our lives and in the world is inner work, work that is sometimes dismissed as self-centered and irrelevant. However, without doing this inner work, we are unable to have the impact we desire in our personal and professional lives. In other words,

given the challenges Black women face, contemplative practices—engaged in individually and within retreats—can be important interventions, offering the potential for inner transformation, and subsequently, outer change. . . . In this essay, the author talks about being on retreat as a way for us to come together as individuals—in community—to speak our truth, hear our own and others' truths, and connect with the source of power within. In this way, contemplative retreats can enable us to counter the negativity Black women face. Simple yet profound acts can give us the strength, courage, and resilience to move from merely surviving to actually thriving, in what for many of us is a hostile world. By knowing and loving ourselves, we can change our experience of the world.

### E—Energy

"My Body Is a Vehicle: Narratives of Black Women Holistic Leaders on Spiritual Development, Mental Healing, and Body Nurturing," Rachel Panton

This study of three Black women holistic health educators shows how their woman-centered learning cultures led them to personal transformation and healing of their bodies and minds. Originally part of a larger study that covered in detail the mind, body, spirit transformation of these women, this chapter gives a synopsis of their mind, body, spirit journey with an emphasis on the body and how treatment of the body was connected to transformation of their minds. Understanding their development can inform mental health education and support services for Black women seeking a more holistic approach to wellness.

### A—Association

"Black Women's Sexuality and Relationships: Embracing Self-Love through BREATHE-ing," Qiana M. Cutts

Black women's sexuality is complicated. It was the initial intent to explore this complication and understand how Black women made sense of their sexuality. The researcher identifies as a southern Black woman whose sexuality encompasses intimate experiences, relationships, sexual scripts and socialization, pregnancy, sexual identity exploration, etc. The researcher was interested in knowing how other Black women negotiated their sexuality.

As a Southern Black woman, the researcher also wanted to probe participants to find out whether the cultural norms of being raised in or living in the South had any impact on their sexuality. There initially was a specific focus on

Southern Black women's sexuality. However, the women in this study quickly informed the researcher that their geographical location or identification as a Southern Black woman had less to do with the formation of the sexuality than did being a Black woman shaped by her familial experiences and observations.

"Selfies, Subtweets, & Suicide: Social Media as Mediator and Agitator of Mental Health for Black Women," Joy Bradford

The use of social media has connected us to one another in ways that were previously unimaginable. It is especially popular with young people ages eighteen to twenty-nine. Black women are heavy users of both the Facebook and Twitter platforms and Twitter in particular is very popular with those under the age of fifty and college educated (Duggan et al., 2015). In discussing the role that social media play in the mental health of Black women, the author will specifically examine Facebook and Twitter, as these are the platforms Black women use most. Facebook and Twitter have both become a wellspring of support and resources for Black women but also a bastion of harassment and abuse in many cases. This chapter examines the ways in which Black women use these platforms to cultivate space to discuss mental health–related issues and create community, and will also examine the ways these platforms have proved to be problematic for Black women's mental health.

*T—Transparency*

"When the Bough Breaks: The StrongBlackWoman and the Embodiment of Stress," Chanequa Walker-Barnes

In the popular imagination, Black womanhood has become virtually synonymous with strength. But the performance of this strength comes at an enormous cost. The paradox of the StrongBlackWoman is that while it was developed as a defense against structural oppression, its embodiment predisposes Black women to a wide range of mental and physical health problems. Thus, the goal of this chapter is to describe the connection between the myth of the StrongBlackWoman and health outcomes utilizing stress embodiment theory. First, the author explains the three core features of the StrongBlackWoman— emotional strength/regulation, caregiving, and independence—and provides a clinical case example. Then, using stress embodiment theory, she hypothesizes a structural model of the relationship between the StrongBlackWoman, health behaviors, and health outcomes. Finally, she reviews emerging evidence that provides support for this model.

"Representation of Black Women's Mental Illness in HTGAWM and Being Mary Jane," Nsenga Burton

The myth of the Black Superwoman often obscures the socioeconomic and political challenges Black women face in America on a consistent basis. Dealing with the dual oppression of racism and sexism, coupled with other identities (sexual identity, class identity) can create stress and anxiety in everyday experiences. Most people get their information about cultural groups with which they don't have much contact through popular culture. Black women must navigate the uncertain terrain of daily life while interacting with people whose only source of information may be television or film. This makes real-world interaction precarious at best and dangerous at worst. While a prevailing stereotype characterizes the strong Black woman as being unaffected by the daily experiences of racism, sexism, classicism, heterosexism, the reality is that Black women are struggling with mental health issues, as evidenced by the high-profile cases of Black women succumbing to these illnesses in multiple ways. In examining the representation of Black women's mental health in televisual media, this chapter will examine the extent to which the characters of Mary Jane in *Being Mary Jane* and Annalise Keating in *How to Get Away With Murder* challenge or support the myth of the Black Superwoman and how that may influence the ways in which Black women deal with mental health issues.

"Looking through the Window: Black Women's Perspectives on Mental Health and Self-Care," Maudry-Beverley Lashley, Vanessa Marshall, and TyWanda McLaurin-Jones

The purpose of this chapter is to identify maladaptive behaviors that SBW (StrongBlackWomen) choose which can lead to depression and other health challenges such as cardiovascular diseases. This chapter also identifies self-help/self-care strategies including social support and spirituality that Black women can utilize in bettering their mental and physical health. These strategies will offer balance of strength to cope with the many vulnerabilities experienced in the daily hassles of life. In the twenty-first century, Black women should not be made to feel marginalized or that there is no one to articulate their stories or to even suggest strategies to empower them (Cook & Williams, 2015; Holmes et al., 2011). This perspective recognizes different ways of seeing Black women's reality from a positive standpoint and helps to forge a greater understanding of their strengths, resilience, and struggles. The use of Black feminisms as a philosophy in therapy intentionally acts as a strategy that gets to the heart of those inequalities suffered by Black women.

*H—Healing*

"Transformative Mental Health for African American Women: Health Policy Considerations," Daniel E. Dawes and Kisha Braithwaite Holden

In 2015, approximately five years after the passage of the Patient Protection and Affordable Care Act, similar multidimensional problems still exist which continue to heighten the conundrum for multidisciplinary professionals in search of promising and innovative approaches to reduce and ultimately eliminate disparities in health status, care, and treatment. Addressing the multifaceted health and mental health needs of the United States population is a complex issue that warrants attention from clinicians, researchers, scientists, public health professionals, and policymakers that can offer unique perspectives and strategies to support efforts for greater well-being among individuals. With growing diversity, it is imperative that we delineate strategic health policies, focused community-based programs, and innovative multidisciplinary research that include an examination of evidence-based models that may improve individuals' longevity and quality of life. These issues have particular relevance for vulnerable and high risk populations, including African American women. This chapter will provide a contextual framework for offering understanding about key issues to promote health/mental health and wellness among African American in general, and African American women in particular.

"Black Feminist Therapy as a Wellness Tool," Lani V. Jones and Beverly Guy-Sheftall

While Black feminism is not a monolithic, static ideology, and while there is diversity among African American feminists, nevertheless certain premises are constant: (1) Black women experience a particular kind of oppression and suffering in the United States, one that is racist, sexist, homophobic, and classist because of their multiple identities and their limited access to economic resources; (2) This "multiple jeopardy" has meant that the problems, concerns, and needs of Black women are different in many ways from those of both white women and Black men; (3) Black women must struggle for Black liberation and gender equality simultaneously; (4) There is no inherent contradiction in the struggle to eradicate sexism, and racism as well as the other "isms" that plague the human community, such as classism and heterosexism; and (5) Black women's commitment to the liberation of Blacks and women is profoundly rooted in their lived experience.

*E—Empowerment*

"Love Lessons: Black Women Teaching Black Girls to Love,"
Sheila Flemming-Hunter, Ayo Gathing, and Alero Afejuku

This chapter was written by a mother and her two daughters who love each other. They believe that love denotes action and it is dynamic and necessary. Most of all they believe love can be taught. Teaching love can begin at awareness of conception, so after birth, and as they grow, children can make progress in their love journey. They start by knowing that love is definable, though many suggest that it exceeds all words and definitions. Parents, grandparents, and all adults are called to be the bearers and distributors of love to children so that they in turn can pay it forward. Thus, this chapter is a work of a circle of three Black women who were taught to love, respect spirit, and love themselves; so they pay it forward.

The chapter is organized in two major sections. In the first section, Ayo, a child psychiatrist, discusses the ever-changing definition of family, technology and how it affects our parental and relationship communications. Her major offerings are "small bits of free standing, clinically relevant information based on experience and observation," called "Clinical Pearls." Her goal is to give mothers and other women a knowledge base with recommendations for raising healthy loving daughters. In the second section Alero, a mother, professor, and lawyer, will use the clinical background as a point of departure to give practical situations she calls "Love Lessons."

"From Worthless to Wellness: Self-Worth, Power, and Creative
Survival in Memoirs of Sexual Assault," Stephanie Y. Evans

"Power" is the cornerstone of empowerment. This chapter reveals definitions of Black women's power to help us individually, socially, nationally, and globally move from a violent past to an empowered future. In this chapter, the author uncovers how Black women have defined power through reclaiming a sense of self-worth. The survey of literature shows that Black women's definitions of power are drastically different from mainstream White and male definitions, which is an outcome of Black women's social location, standpoint, and experience. Specifically, Black women survivors of sexual violence have lost and reclaimed power in various ways, including by penning their own survival narratives. This chapter explores the nuances of how we refashion self-worth for the benefit of developing personal power. Black women's writing can bolster steps to increase self-worth, which enables wellness and can mediate additional ecological stressors that survivors encounter such as establishing

intimate relationships, managing economic hardship, or countering political hostilities of racism and sexism. In addition to the five authors highlighted in this chapter, the Africana Memoirs database shows that hundreds of Black women authors have narrated ways to gain and maintain balance, many after sexual assault, one of the most devastating—and common—social stressors facing Black women. The journey to power through increased value of self is an arduous and lengthy process, but the testimonies of how it can be done are abundant and compelling. Ultimately, narratives of twentieth-century elders reflect the benefits of long-lasting wellness strategies. Longevity narratives and Black women's studies scholarship reveal six steps to self-empowerment that can guide generations of trauma survivors and contribute to necessarily dialogue for prevention.

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The BREATHE model that Drs. Kanika Bell and Stephanie Evans developed during initial discussions of this *Black Women's Mental Health* book project, have deep historical roots and limitless possible application.

As researchers Ruby Mendenhall, Loren Henderson, and Barbara M. Scott show in the study of Black mothers in Chicago, "African American Mothers' Parenting in the Midst of Violence and Fear: Finding Meaning and Transcendence," resources are needed to address survivors of family and community trauma. As African Americans mothers attempt to negotiate mainstream American society for themselves and their families, poverty, violence, and high demands with limited resources are often associated with stress and depressive symptoms (Barbee, 1992; Woods-Giscombe, 2010). Although psychosocial risk factors increase the risk of distress for all women, they are particularly salient for African American women who are often involved in multiple roles and who may experience the multiple effects of race, class, gender, geographic location, etc. simultaneously at any given time (Mendenhall et al., 2013; Collins, 1990). The accumulation of multisector challenges has devastating psychological impacts, especially when Black women also have to try to prevent and sometimes grieve the loss of children, partners, girlfriends, boyfriends, brothers, sisters, mothers, and fathers (Cricco-Lizza, 2008). Low-income single mothers, especially those with young children, have rates of depressive symptoms that are around 50 percent (McGroder 2000).

The transcendent principles discussed by Lamis et al. (2014), Chen and Miller (2012), bell hooks (1993), Thurman (1990[1975]), and Du Bois (1989[1903]) are present in the BREATHE model: balance, reflection, energy, association, transparency, healing, and empowerment (Evans, Bell, Burton, 2017). The BREATHE model highlights processes that Black women engage

in that allow them to maintain their mental health. Balance highlights their multiple roles and the need for self-care. Reflection involves meditation, a review of one's life and consideration of new possibilities or ways of being. Energy is the motivation for change when Black women are, according to Fannie Lou Hamer (1964), "sick and tired of being sick and tired." Association involves using social networks to maintain wellness. Transparency rejects the culture of stigma, shame, and silence associated with mental illness and provides counter narratives by telling stories of recovery. Healing is a process of nurturing a culture of health and wellness in self and others to combat structural violence associated with racism, sexism, and economic disenfranchisement. Empowerment is the mobilization of internal power, spirituality, and agency to create healing from the inside out.

## Conclusion: Exploring the Complexities of Health, Wellness, and Peace

The *Black Women's Mental Health* chapters are bookended by peerless scholar-activists in our research area, including Linda Blount, president of Black Women's Health Imperative. The organization, founded by Byllye Y. Avery in 1983 at the Black Women's Health Project national conference held in Atlanta, Georgia, at Spelman College, has contributed decades of service. BWHI and Linda Blount continue to lead the way in an unprecedented push for equity: "Presently, the organization continues to be dedicated to promoting physical, mental and spiritual health and well-being for the nation's 19.5 million African American women and girls."[2]

Recognized as foremothers of modern scholarship on Black women's mental health, scholars Diane Brown and Verna Keith contribute a final word on the direction and application of this book. This book answers the call that was issued in the concluding chapter of their collection, *In and Out of Our Right Minds*. In the section, "Casting a Wider Net," they argued, "A simple dichotomy of strength versus vulnerability is counterproductive for capturing diversity and complexities of Black women's lives as they affect emotional well-being. . . . We urge researchers, policymakers, and advocates to continue to be mindful of these complexities" (Brown and Keith, 2003, 290). Beyond the standard measure of the citation index, *In and Out of our Right Minds* was one of the premiere texts listed on the 2015 #Blkwomensyllabus, a list of recommended reading created by Dr. Daina Ramey Berry as a resource guide to empower women.[3] These experienced and dedicated scholars open

and close the book as an inhale and exhale toward a brighter future. The collection aptly answers the call for more research and lays the groundwork for expanding a much needed discussion on the subject of complexities of Black women's mental health.

*Foreword: Linda Blount, President, Black Women's Health Initiative*

Linda Blount addresses barriers that exist to understanding and analyzing the complete lived experience that can significantly impact Black women's health. To begin a comprehensive dialogue and lay the foundation for action, the Black Women's Health Imperative has hosted interactive discussions around improving Black women's health. In the *Black Women's Mental Health* foreword, Blount synthesizes these discussions and explore positive influencers that help shape and influence personal and social change in our communities. She also outlines the investment and impact that the Black Women's Health Imperative will have on improving the state of Black women by 2020.

*"Afterword: In and Out of Our Right Minds: The Mental Health of African American Women," Diane R. Brown and Verna M. Keith, eds.*

African American women have commonly been portrayed as "pillars" of their communities—resilient mothers, sisters, wives, and grandmothers who remain steadfast in the face of all adversities. While these portrayals imply that African American women have few psychological problems, the scientific literature and demographic data present a different picture. They reveal that African American women are at increased risk for psychological distress because of factors that disproportionately affect them, including lower incomes, greater poverty and unemployment, unmarried motherhood, racism, and poor physical health. Diane R. Brown is executive director of the Institute for the Elimination of Health Disparities at the University of Medicine and Dentistry of New Jersey. Verna M. Keith is professor of sociology and director of the Race and Ethnic Studies Institute (RESI) at Texas A & M University.

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Poet Sonia Sanchez is one of many Black women writers who write peace into paradigm (Evans, 2015). Her poems, especially haiku, breathe peace into every space she visits . . . especially into spaces shared by other Black women. In her poem "6 haiku (for Oprah Winfrey)," published in her *Morning Haiku*,

Sanchez teaches the meaning of sisterly appreciation and coupling self-care with care for our Black women selves:

1. O how we / rinse each other's / shadows

2. summertime / roses caught in / our throats

3. you / position women against / grave diggers

4. in your laughter / we captured birthdays / in wild colors

5. you have / rescued women from a / timid ground of loss

6. in your eyes / we breathe each other's / dreams.[4]

This book reflects feminist praxis and applies ideas of womanist peace that reject both extremes of "superwoman" stereotypes and "angry victim" caricatures. Critical and clear-eyed in outlining harrowing challenges, equal weight is given to struggle and triumph. Most importantly, we know the significance of working together—in close association—to define, meet, and defeat challenges. General readers, students, and practitioners who work in areas of race and gender, nonviolence and peace, policy, nonprofit, media, social work, or psychology and counseling will benefit from this knowledge base. *Black Women's Mental Health* combines intellectual history, Southern and urban municipal contexts, nongovernment activism, holistic practice, and mainstream therapeutic intervention so readers can better understand nuanced dimensions of challenges Black women face. We offer concrete recommendations for health workers who struggle to find effective approaches to deal with challenges to personal, social, economic, and political stability. The overarching frame of the book is balance between strength and vulnerability—the equilibrium of opposing forces—the same ebb and flow balance needed when breathing in and out.

## Notes

1. Alicia Garza, Opal Tometi, and Patrisse Cullors. "Guiding Principles. We affirm that Black Lives Matter." http://blacklivesmatter.com/guiding-principles/.

2. Visit http://www.bwhi.org/ for Black Women's Health Imperative history and agenda.

3. #Blkwomensyllabus https://en.wikipedia.org/wiki/Black_Women_Syllabus; accessed August 22, 2015.

4. Sanchez, *Morning Haiku*, 65.

# References

Bell-Thomas, K. (2015). "From the margins: Sacred space as a means of empowerment for women and girls." Presentation at the meeting of the Association for the Study of African American Life and History. Atlanta, GA.

Brown, D., & Keith, V. (2003). *In and out of our right minds: The mental health of African American women.* New York, NY: Columbia University Press.

Campbell, B. M. (2006). *72 hour hold.* New York, NY: Anchor.

Cooper, A. J. (1998). "The status of women in America" (1892). In Charles Lemert and Esme Bhan (Eds.), *The voice of Anna Julia Cooper.* Lanham, MD: Rowman & Littlefield.

Cooper, A. J. (1998). "Womanhood: A vital element in the regeneration and progress of a race" (1892). In Charles Lemert and Esme Bhan (Eds.), *The voice of Anna Julia Cooper.* Lanham, MD: Rowman & Littlefield.

Evans, S. Y. (2015) "Healing traditions in Black women's writing: Resources for poetry therapy." *Journal of Poetry Therapy, 28*(3) (July), 1–14.

McMillan, T. (1992). *Waiting to exhale.* New York, NY: Viking.

Neal-Barnett, A., Stadulis, R., Murray, M., Payne, R., Thomas, A., & Salley, B. B. Sister circles as a culturally relevant intervention for anxious African American women. *Clinical Psychology, 18*(3), 266–273.

Porter, G. K., & Gaston, M. (2003). *Prime time: The African American woman's complete guide to midlife health and wellness.* New York, NY: One World/Ballantine.

Sanchez, S. (2010). *Morning haiku.* Boston, MA: Beacon Press.

Vanzant, I. Tapping the power within: A path to self-empowerment for Black women. *Writers & Readers.*

# Balancing Vulnerability

# Sisters on Sisters

## Inner Peace from the Black Woman
## Mental Health Professional Perspective

### KANIKA BELL

> . . . somebody / anybody sing a Black girl's song, bring her out, to know herself, to know you, but sing her rhythms, carin / struggle / hard times, sing her song of life, she's been dead so long, closed in silence so long, she doesn't know the sound of her own voice, her infinite beauty, she's half-notes scattered, without rhythm / no tune, sing her sighs, sing the song of her possibilities, sing a righteous gospel, . . . let her be born, let her be born & handled warmly.
>
> —Ntozake Shange

When Ntozake Shange wrote *for colored girls who have considered suicide / when the rainbow was enuf* (1975, 2010), she had attempted suicide four times. Tired of the cycle of pain and shame that was shrouding her life in darkness, she chose a creative way to talk about something that was considered dirty laundry in the African American community: Black women's mental health. Her tales of depression, anxiety, abuse, and shame were heralded as fiction but were a collective autobiographical account of some of the hidden painful places that exist in the lives of Black women who struggle with mental health challenges.

In her very vulnerable and ultimately transformative book, *Black Pain: It Just Looks like We're not Hurting* (2009), Terrie Williams writes about the

"coming out" process of African Americans who experience depression and other mental illnesses. She also writes about the power of testimony; that hearing the words of other women experiencing similar struggles can spark a rededication to healing.

The mental health agenda, much like many other social and political agendas, has historically left out the unique perspective of the Black woman (Allen & Britt, 1984). Much information can be found in scholarly and popular literature about the particularities of the psychology of women and even the psychology of the African American. However, the psychology of Black women has been largely ignored (Allen & Britt, 1984). The civil rights movement and its academic offshoot, African American studies, have concentrated mainly on the experiences of Black men. White women have always been the central focus of modern feminist and women's liberation movements as has their scholarly derivative, women's studies. In fact, the original development of the feminist platform, and thus the introduction of feminism to the mental health fields illustrates how the plight of the Black woman is decidedly absent (Landrine, 1995). The Black political agenda tends to focus upon police brutality and racial profiling as well as the economic disenfranchisement of Black men. It laso purports slogans that suggest that it is "hard to be a Black man in America" and conceptualizations of the Black man as nearing extinction. African-centered and Black psychology scholars, like their counterparts in the political realm, also tend to focus primarily on the particular marginalization of the Black man and virtually ignore issues that affect Black women's mental health.

Paradoxically, psychology and other mental health disciplines could actually learn a lot from a group of people who routinely suffer from racism, sexism, and economic disenfranchisement simultaneously, yet persevere and find ways to thrive, or find inner peace. But the literature is still scant regarding the mental health of Black women. Because the default view of the American mental health professional is one of a member of the dominant group, most writings in the literature talk about therapeutic experiences or the opinions of European American members of the psychology community. Very little is presented, even in discussions about Black women's mental health specifically, from the perspective of the African American female therapist (Kelly & Greene, 2010). The impetus for this study was to add to the discourse a more personal view. This study represents the testimony of those on the front lines, the sisters who treat the sisters, Black women that have dedicated their scholarly inquiry and clinical acumen to finding solutions for this very serious, but ignored problem: the mental health of Black women.

In her metaphor about "coming out" as depressed, Williams (2009) explains how Black people "pass for normal," allowing others to believe that

things are "fine" because that is how they repeatedly respond to "How are you?" It appears that for Black women, not only is there a commitment to passing for normal, there is a desire to pass for excellent. Even "normal" people are expected to have ups and downs, but Black women are often expected to have no periods of pain; the hamster wheel never even slows for them.

Recent media coverage of the tragic suicides of *Miss Jessie*'s founder Titi Branch and *For Brown Girls* creator Karyn Washington (Burton, 2016) is starting to dispel the myth that Black women don't commit suicide and, more significantly, that Black women do not suffer from mental health challenges. However, the discussions about unchecked mental health issues are still necessary to avoid these tragic cases being regarded as stories of women who weren't "strong enough" to handle life's challenges. This is an unfortunate characterization of these and other Black women who made this heartbreaking choice, as it further silences the multitudes of women who have thought seriously about finding a desperately permanent solution to what feels like insurmountable torment, those who have wondered what it would be like not to be in pain anymore . . . not to *live* . . . any more.

A major discussion in behavioral medicine/health psychology at large is the impact of mental health on physical health. As Black women continue to top the lists of sufferers from heart disease, high blood pressure, and HIV, the link between mental health and these states of dis-ease still does not receive its proper attention. In addition, some uncomfortably frequent unhealthy habits including overeating (Blue & Berkel, 2010), paranoia in relationships with other women, working too much (Jones & Shorter-Gooden, 2003), and the infamous Black woman "attitude" (Fordham, 1993) are all symptoms of larger fractures in Black women's mental health.

## Finding Peace

"Inner peace" has been popularized colloquially as a state of mental and/or spiritual balance. This place of homeostatic healthiness is regarded as happiness: where peace of mind prevails, where stress is not dominant, and where one knows and loves oneself. Evans (2014) narrows the focus of this concept of inner peace into six dimensions (body, mind, spirit, social, economic, and political), which broadens the extant literature on the topic. Her work addresses what inner peace means specifically for Black women. These dimensions were echoed in this study of Black women mental health scholars and professionals.

The point of this study was to elicit responses from those with expertise on Black women's mental health about how inner peace is conceptualized by

Black women. This pursuit allowed these professionals to speak candidly about the challenges faced by Black women in an effort to develop solutions to the obstacles that often stand in the way of achieving optimal mental health.

*Method*

Fifty women who identified as Black or African American and who were either mental health practitioners or academic professionals with graduate degrees in the mental health fields were solicited via snowball sampling to participate in this study. They ranged in age from twenty-five to sixty-nine and varied widely in years of experience from as little as two to as many as forty. Twenty-two respondents were psychologists, five were psychiatrists, nine were professional counselors, four were clinical social workers, six were marriage and family therapists, and four identified as pastoral counselors. Approximately 75 percent of the respondents were licensed practitioners who reported providing services to a majority Black female clientele and approximately 40 percent of the sample reported engaging in scholarly research about Black women's mental health. Approximately 75 percent of the respondents hailed from the southeastern region of the United States, with the largest concentration of these in the state of Georgia, and the remaining 25 percent were spread evenly among the Northeast, West Coast, and Midwest regions, mainly California, the Tri-State area, Washington D.C., and the state of Illinois.

The participants answered open-ended questions about their experiences working with Black female clients and/or research participants. A pool of twenty questions was originally developed but a focus group of six African American female licensed psychologists practicing in the Atlanta, Georgia, area, revealed that the fewer and the less specific the questions, the more diverse and comprehensive the responses. Four base questions emerged. They are listed below:

1. How do you define inner peace or optimal mental health?

2. What are some of the challenges that Black women face specifically, that disrupt their ability to achieve and maintain inner peace?

3. What are the most popular issues that arise in sessions with Black women?

4. What is/are your favorite technique(s) that you suggest to Black female clients to achieve happiness and balance?

The survey questions were administered via an online survey program that keeps the respondent's name and e-mail address confidential. The participants were not offered any incentive for their participation, yet each provided substantial responses to the survey questions.

## Results/Discussion

Following is a discussion of the themes that emerged from their responses.

*The Problems: Threats to Black Women's Mental Health*

Seeing Peace as a Possibility

It appears that the first step to achieving inner peace for Black women may be believing that peace is even possible for Black women. A number of participants had trouble themselves even identifying with the concept of true happiness, balance, and mental health. Many Black women see peace as a luxury for White women and as something not allowed for Black women. Responses suggested a number of reasons for this belief. Some Black women reason that because the overall understanding is that mental illness happens only to White women, then the healing modalities available are developed for, and applicable to, White women specifically. As such, achieving mental clarity, happiness, and inner peace is a status reserved for White women. Participants stated that many of their clients had built their identities around the stressors in their lives, describing themselves as "overworked single mother" or "unfulfilled wife" as though those were demographic box choices on the U.S. Census. The attachment to this identity is difficult to disband, making the achievement of inner peace seemingly "impossible."

Some of those who find peace "possible," see it as a negative. Peace for some Black women seems to be associated with childhood because of the assumed freedom from responsibilities. Adults don't have "peace," not when they are taking care of business. The practitioner respondents suggested that many of their Black female clients viewed the notion of "peace" as immature; a fantasy concept for people who aren't committed to their families or careers. Black women often simultaneously embrace and hate the notion that "there is always something more to do." Such that one goes to bed each night never feeling satisfied with what was accomplished that day, and frustrated at not accomplishing more on her seemingly endless to-do list. Those uncomfortable

with the very notion of finding peace admit to breaking their children out of the myth of peaceful existence because that "isn't the real world." For fear of raising a lazy child, and supporting an omnipresent stereotype, Black women at times attempt to make their children feel guilty for living a carefree existence (Bell, Thomas, & Hayes, 2012), thus continuing the cycle.

The majority of respondents spoke about the tendency to equate peace with happiness. However, for many, happiness is a fleeting, momentary emotion. Happiness, and thus peace, is not conceived as a permanent state of being, just a passing emotion, and often, a calm before the next storm. As too many Black women live crisis-to-crisis, too few have any idea what it would be like to allow themselves to be happy. A large part of the practice of many of the Black female practitioners, including the author of this chapter, is teaching Black women how to celebrate themselves. Clients' goals are often so large and so long term, they never feel accomplished in the immediate.

Akin to the acceptance that peace is possible is the notion of whether or not peace will ever come. Many Black women see peace as something externally determined. Their language is wrought with statements like, "If these kids would . . . If my boss would . . . If my husband would just . . ." The problem with these *would* statements is that they often never occur, and if they do, women cannot stop to celebrate their occurrence because the next demand is on the horizon. These impossible if-then clauses foster feelings of helplessness and suggest to those that treat and study Black women's mental health issues that peace must be internally defined.

## Surviving Stress versus Thriving in Spite of It

Numerous studies have suggested that women display and endorse symptoms of depression, anxiety, somatization, and other psychiatric disorders more than men (e.g., Rosenfeld, 1980) and other studies have shown this to be true across racial lines (e.g., Russo & Green, 1993). Although these differences have been attributed to many variables such as lower self-esteem and lower social class, evidence exists that gender differences in levels of stress may contribute to the development of psychiatric symptoms.

Landrine (1995) found that negative life events, chronic stress, and everyday hassles contributed to the higher rate of depression, anxiety, and somatization disorders and even physical illness among women. Munford (1994) commented that differences between men and women might be accounted for by women's increased tendency to self-derogate in the face of stressful events, or the possibility that the environmental contributors to stress are not the same for men and women. Supporting this latter claim, Russo (1985) noted that

several stressors germane to womanhood, such as sexual and physical assault, are not included in typical stress scales.

Brown and Harris (1978) suggested that chronic exposure to negative life events and stressful situations increases one's vulnerability to psychological maladjustment. Other studies have shown strong correlations between chronic exposure to discrimination and impaired psychological and physiological health among Black people (Krieger & Sidney, 1996; Thompson & Neville, 1999) and among women (Klonoff & Landrine, 1995).

The practitioners in this study admitted to largely teaching clients survival methods rather than focusing on inner peace and other approaches to thriving. Respondents acknowledged the fact that they leaned toward the development of immediate coping skills because, unfortunately, many Black female clients are in immediate crisis when they come in for treatment. They viewed discussing inner peace with clients as similar to prescribing long-term diet and nutrition changes to a person currently having a heart attack. Many practitioners expressed the desire for clients to come in prior to the "heart attack": prior to the relationship on the brink of disaster, the inevitable firing from employment, or the removal of children by protective services, so that the focus is not on crisis intervention, but on peace as a crisis *prevention* strategy. Unfortunately, this focus on survival methods thus then becomes the perceived cornerstone of mental health: teaching women how to get by from catastrophe to catastrophe without ever learning how to live crisis-free.

## The Stigma Associated with Mental Health

Conner et al. (2010) report that African Americans are significantly less likely to seek, engage, and stay committed to professional mental health services than their White counterparts. Even for those educated about the benefits of mental health prevention and intervention, this knowledge does not always translate into practice. Mental health stigma, stereotypes, and self-secrecy have a significant impact on help-seeking attitudes (Masuda, Anderson, & Edmonds, 2012). Specifically, myths about what happens in treatment, how one will be received by her community if it were to discover that she struggled with mental health challenges and sought professional help for them, and racial and cultural factors such as mistrust of the American medical system, all contribute to mental health treatment being seen as a last resort (Connor et al., 2010). Preferred sources of support for American Americans are often based in the family, church, or school as opposed to mental health clinics. Participants spoke about the difficulty of getting Black women to seek help when needed and the challenge of encouraging them to seek social support from

their family, church, or community when they dare not tell a soul that they are in therapy. Some beliefs and fears specifically cited include being viewed as weak and dependent, being regarded as "crazy," losing one's position as the "go-to person" for others, one's faith in God and spiritual commitment being questioned, being discriminated against at work, and being used by the therapist for his or her own gain.

## The Centrality of Romantic Relationships

Women are generally taught by their families that happiness depends upon finding the right romantic partner, and being in a love relationship. When that relationship proves elusive, depressive and anxiety symptoms can result (Pearlin & Johnson, 1977). Black women are specifically attached to the notion of coupling and often experience psychological symptoms due to the lack of a partner (Scarinci et al., 2001).

There is an unofficial adage among those that work specifically in Black women's mental health, that behind every Black female suicide is an abusive Black male. While the goal here is not to place blame on Black men, it is important to note that studies have consistently demonstrated a correlation between Black female suicidality and domestic violence (Kaslow et al., 2000). This suggests that those in immediate need of help may have the least amount of access to it as many of these women are economically disenfranchised or so controlled by their partners that seeking treatment is not a possibility. Even when a battered woman seeks help, the focus is likely to be on the threat of being killed by her partner, and little attention may be paid to being killed by her *self*, which, for Black women especially, is a real and present threat.

Even when not abusive, the Black male is often the target for mental health stressors in Black women. The harsh reality is that for the professional Black woman, finding her educational, financial, spiritual, and emotional Black male counterpart is a struggle, to say the least. Though many practitioners believed that their clients may be overdramatizing the drought, making frequent statements such as, "there are NO Black men out there," statistics do support that for a woman with particular standards, finding a Black man suitable to date and marry is not perceived as an easy task (Porter & Bronzaft, 1995). Some of the relationship stressors discussed that were related to the unavailability of "good Black men" included vocational and educational inferiorities, interests in interracial dating, and involvement with the legal system for Black men. A significant number of respondents from Atlanta, Georgia, specifically,

cited the perceived increased number of same gender–loving Black men as a barrier to their clients' overall satisfaction. Single Black women interested in dating Black men report significant anger, frustration, anxiety, and depression related to fears of being "alone" into perpetuity or never having the family they always imagined.

Same gender–loving Black women report experiencing some of the stressors and traumas present in male-female relationships. Violence in lesbian relationships, adherence to traditional gender role designations of a dominant partner, and infidelity still impact romantic relationships between Black women (Renzetti, 1992; Caldwell & Peplau, 1984).

## The Dual Role of Spirituality

Musgrave, Allen, and Allen (2002) suggest that most African Americans describe themselves as "religious" and that Black women are even more religious than African American men. African American women are significantly more likely to choose prayer over seeking help from mental health professionals even when facing serious issues such as relationship abuse (El-Khoury et al., 2004). Numerous studies have suggested a correlation between religiosity and spirituality and psychological well-being for African American women (e.g., Reed & Neville, 2013).

However, the results of the current exploration suggest that the commitment to religious understandings is a double-edged sword for Black women. On one hand, many respondents stated that their clients reported finding aspects of peace when engaging in spiritual practices such as prayer or meditation. On the other hand, many practitioners cited religiosity as a barrier to the overall mental health of Black women. A few participants specifically spoke about organized religion ignoring mental health issues and shaming those with mental illnesses, especially those who seek professional help. Neighbors, Musick, and Williams (1998) found that African American women are more likely to seek help for serious emotional problems from clergy members and that regardless of the type or severity of the problem, those that contact ministers for help are less likely to seek help from mental health professionals.

Faith-based initiatives have been instrumental in increasing prevention and intervention in physical health arenas such as mammography and breast self-examinations and HIV testing and awareness. However, the religious community has been noticeably silent on matters of mental health, often insisting on church-related interventions over mental health treatment as a measure of faith in God.

## Black Women's Lives Matter Too

In the wake of the rash of coverage of the historic pattern of African American males dying at the hands of White police officers, an important population affected has been left out of the discourse. Although the Black Lives Matter movement was developed by women activists Patrisse Cullors, Opal Tometi, and Alicia Garza, men in the African American community were noticeably silent during coverage of the Yvette Smith, Miriam Carey, Tanisha Anderson, and Sandra Bland cases. Beyond fears about being murdered and/or raped by officers directly, many Black women experience as much racial trauma as Black men. Many respondents talked about an "underlying" sense of anxiety and depression related to raising and loving Black men in a society that finds them so expendable. Issues such as being married to a man who cannot find employment or having a son who is incarcerated are affecting the mental health of Black women.

Klonoff, Landrine, and Ullman (1999) investigated the role of racial discrimination in the presentation of psychological symptoms among African Americans and found that racism is a stronger predictor of symptom presentation in Black people than generic stressors or even social status. They found that racial discrimination had a greater correlation with symptoms than age, gender, education, and social class. Though race was found to contribute more than gender, through a series of nested models, the authors determined that the best predictor of psychological symptoms was the combination of having greater stress, greater racist discrimination, and being female. Spates (2012) reflected that encountering with various forms of discrimination simultaneously is a constant reality for Black women, and because femaleness and Blackness are interlocking identities, Black women must engage in the exhausting and stressful task of playing several roles to survive. This need to engage in multiple role playing has serious consequences on the physical and mental health of Black women.

### The Solutions: Incorporating Womanism into Black Women's Mental Health

Womanism is a method of resistance for Black women. Conceptually, it addresses the many factors of oppression that Black women face. Womanist scholars have stressed the role of resistance in addressing the core themes of racism, sexism, and economic oppression and the role of self-definition in rebuking externally defined categorizations of Black women. Because of the gap between the mental health literature and the true cultural norms and practices of the modern Black woman, traditional therapeutic models may not yield the most optimal results for this population.

Williams (1999) comments on the necessity of incorporating a womanist perspective in the conceptualization and treatment of mental health issues in Black women. African-centered models focus on interdependence, spirituality, and communalism while ignoring women-centered concepts such as caregiving and empathy. Feminist approaches to mental health, while embracing emotional expressivity and moral decision making, ignore the particular stressors that occur with the experience of racism, and in fact, are often subliminally racist themselves (Williams, 1999). Williams (1999) outlines a three-pronged psychotherapeutic approach that incorporates womanist thought into the mental health fields: (1) a recognition and focus on social and historical context; (2) social justice activism; and (3) networks of support and connection. Interestingly, though none of the of participants explicitly stated that they were incorporating womanist theoretical models in their therapeutic or research practices, many of their suggestions for solutions fit squarely into the above-listed themes.

In response to the question: "What is/are your favorite technique(s) that you suggest to Black female clients to achieve happiness and balance?" a wealth of techniques were provided and are summarized next.

### I tell them it's OK to be human—participant

There were several direct and covert references to the pressures of embodying the Strong Black Woman prototype. However, the Black women served by the population of this study appeared to be suffering under the weight of that characterization. Several respondents wrote about redefining what it means to be *strong*. They reported stressing to clients, much like Walker-Barnes (2017) suggests, that strong does not need to mean overworked, underappreciated, and overstretched. These women give their clients permission to be tired, to take rest, and to take retreat when necessary.

### My first step [in therapy] is to demystify the therapeutic process—participant

Participants reported that for their Black women clients and subjects, depression, and thus its treatment and intervention, are seen as luxury items; expensive, time-consuming activities for wealthy White women. Even Black women who do not view depression and anxiety as a weakness still may view it as an experience that they simply do not have the resources to address (Person et al., 2013).

An ageless history of severe betrayal often leaves Black women believing that they cannot trust others. However, the therapeutic relationship requires an enormous amount of trust. The Strong Black Woman persona also presents

itself in therapy, possibly causing the therapist to underestimate the experience of the client (Romero, 2000). Specifically, this pulled-together presentation may result in therapists completely missing severe mental health stressors that are present in their Black female clients.

According to the respondents, many Black women believe that what they have experienced (their stress, their trauma history), is far too much to bring into a therapy room with a stranger. They may wonder if, metaphorically speaking, they begin to unpack these memories and these traumas, the treatment professional is ill-equipped to handle the intensity of the information. They may wonder if the person can put them back together again once they fall apart.

Several respondents reported that for their Black female clients, having an African American female therapist is part of the healing process; that having someone with whom they can identify, who takes less of a client-as-problem, deficit model approach and more of a development model approach, is a key to successful therapy. The respondents appeared to embrace this identification and use it in their therapeutic process.

This particular item was qualitatively analyzed separately to comprise a list of useful techniques for Black women in search of solutions to mental health challenges and looking to achieve overall happiness. Though the fifty responses analyzed averaged 3.2 techniques per response, many overlapped and thus were synthesized into the following nine themes.

*Nine Steps toward Inner Peace for Black Women*

1. Discover inspiration: It is not clear whether the most challenging obstacles facing Black women in their struggle to find inner peace are actual environmental threats, or, possibly just the perceptions of those threats as insurmountable. Black women must start viewing peace as an actual reality, not a mythical place reachable by everyone else. The first step toward inner peace is to view happiness as a possibility and be committed to achieving it. A central theme in the responses of this study concerned making peace a goal and finding ways to systematically maintain it. Black women must first commit to the *practice* of peace in their lives.

2. Develop a social support network: Black women must heal and work toward healthy relationships with one another. In times of crisis, not having a team of individuals committed to her mental health and stability has met with disastrous consequences for

the Black woman. It is especially disappointing when there are perfectly good candidates for a strong social support network in the workplace, the family, through other friends, etc. that are overlooked or shunned because of this often unfounded lack of trust some Black women have for one another. Starting with online and social media groups can ease the transition and initiate the network building process (Bradford, 2017).

3. Ask for help: The very act of asking for help is a struggle for many people, but for Black women it may be particularly difficult. Black women may feel as though there is no one to ask for help because everyone else (e.g., White men and women and Black men) have not been historically available to nurture the Black woman. Black women must realize that not only should they not try to do it all . . . they *cannot* do it all. At least not optimally. Humbling oneself is difficult for many, but the simple act of saying "This is not my strong suit" or "I need some help" or asking someone how one can improve in a particular way can make all the difference.

4. Declutter: Black women need to rid themselves of people, items, and habits that are unhealthy, creating chaos and stunting growth. One such method of decluttering is to master the art of delegation. A significant number of practitioners cited a continual lack of time for the self as a trigger for stress and subsequent depression and anxiety symptoms. Many Black women may see delegation as weakness; an announcement of ineptitude. But moving things off one's plate was cited as a key stress-relief strategy among participants. Finding a healthy way to release is another decluttering strategy. This may involve literally cleaning one's space (Felton, 2007), writing as means of releasing attachments to painful life experiences (Evans, 2017), or traveling with a specific purpose of self-care, allowing new information and ideas to reconcile and heal what ails emotionally (Anderson, 2017).

5. Forgive where needed: Black women struggle with accepting that others have failings largely because they do not accept the fact that they have failings. Part of the Superwoman persona involves existing without failure. Failure is then unacceptable both in themselves and in others, especially those for whom they are responsible, notably their children, (Afejuku,

Flemming-Hunter, Gathing, 2017). This lack of ability to forgive for small and large infractions is detrimental to one's physical and mental health (Toussaint & Webb, 2005).

6. Develop a self-defined spirituality: There is an assumption that the Black woman is the most spiritual of the race/gender groups, and while there is some truth to that stereotype, many Black women have felt anywhere between marginalized and outright ostracized by their own spiritual communities because they are single, lesbian, reject traditional gender roles, or have the audacity to challenge status quo norms and mores. Panton (2017) illustrates the necessity of self-defined spiritual centeredness for Black women in her narrative of three Black women's successful searches for spiritual peace. An intrinsically motivated, self-directed sense of spirituality may help Black women find meaning and purpose and contribute to overall happiness and wellness.

7. Nurture thyself! Black women must find time for themselves to recharge and reconnect. Goler (2017) specifically talks about the immeasurable healing of retreats for Black women. This technique can be a hard sell to Black women. They are already "too busy to sleep" and now the suggestion on the table is to take a few days to do "nothing" only to return to a mountain of stressors that have been building. However, Goler's (2017) description of *retreat* does not connote the simple definition of *vacation*; a retreat is a purposeful act of self-care with an itinerary of self-reflection, self-expression, and social network building. Participants called for Black women to overcome the stigma and make the decision to address mental illness. Seeking therapy when needed was stressed as an act of self-love, not an act of cowardliness or desperation. One participant stated that she asked clients, "What would *you* say to *you* if you saw yourself living the way that you do. Crying every night. Never at ease. Always waiting for the other shoe to drop. Always on the edge. What would *you* tell *you* to do?" and the answer is almost always, "To seek professional help." Black women rarely utilize mental health services as a first line of response, and it did not appear that the participants of this study were suggesting that they should in every instance (except in more

severe situations such as suicidality or psychotic episodes). The participants were suggesting that mental health intervention is too quickly dismissed by Black women, when it is a viable and often necessary tool to gain control of their lives.

8. Adopt a liberation ideology: Societal pressures and ills have had a greater impact on Black women than many people believe. We assume that issues such as racial profiling and police brutality affect Black men solely, when mothers and daughters and sisters and wives of victims of police violence suffer sometimes most. Not to mention the Black women who have been personally victimized by these social ills. Issues that affect Black men mostly are also given primary placement on the Black agenda while issues that affect Black women such as sexual victimization and unfair working wages are often not only not prioritized but actually purposefully minimized. Black women are the forgotten "other" in the characterizations of Black men: the "Mama" of the "Mama's Boy" the woman to the "Womanizer" the battered of the "Batterer." While much concentration has been placed on the male in these dyads, very little attention has been paid to the woman: why she mothers her sons so intensely, why she allows herself to be oversexualized and exploited, and why she stays in an abusive relationship. These insults to the Black woman's mental health are often the result of the culture of silence that pervades the African American community in general. Liberation theology encourages Black women to be vocal about the injustices that affect them specifically. Taking the risk to publicly stand against racism, sexism, economic marginalization, heterosexism, misogyny in the African American community, and other sociopolitical wrongs can restore a sense of agency to Black women who feel powerless.

9. Reconnect to meaningful traditions/ritual: Many Black women have a history of practices and traditions that assisted in their mental health maintenance but for one reason or another they have strayed from those traditions. One way to reconnect with oneself is to start again with the traditions that brought about joy in one's life previously. Another important step is to teach these traditions to other Black women and especially to Black girls (Afejuku et al., 2017).

While these steps are not assumed to be a comprehensive list of cures for Black women's mental health challenges, they should be merited as techniques used by Black women mental health professionals that have reported commitment to addressing Black women's mental health either in practice or in the academy. This study is unique in that it gathered the perspectives from professionals who attack Black women's mental health issues from different vantage points and it adds to the discourse that is dedicated to bringing the Black women's mental health agenda in from the margins.

# References

Afejuku, A., Flemming-Hunter, S., Gathing, A. (2017). Love lessons: Black women teaching Black girls to love. In S. Evans, K. Bell, & N. Burton (Eds.), *Black women's mental health: Balancing vulnerability and strength*. Albany, NY: State University of New York Press.

Allen, L. & Britt, D. W. (1984). Black women in American society: A resource development perspective. In A. U. Rickel, M. Gerrard, & I. Iscoe (Eds.), *Women in society: A community psychology perspective* (61–79). New York, NY: McGraw-Hill/Hemisphere Press.

Anderson, K. (2017). The travel diaries: Excursions for self-reflection. In S. Evans, K. Bell, & N. Burton (Eds.), *Black women's mental health: Balancing vulnerability and strength.* Albany, NY: State University of New York Press.

Bell, K., Thomas C. & Hayes, G. (2012). From beatings to behavior modification. Interventions with African American youth. Paper presented at the meeting of the Association of Black Psychologists, New Orleans, LA.

Blue, E. L., & Berkel, L. A. (2010). Feminist identity attitudes, negative affect, and eating pathology in African American college women. *Journal of Black Psychology, 36*(4), 426–445.

Bradford, J. (2017). Selfies, subtweets, and suicide: Social media as a mediator and agitator of mental health for Black women. In S. Evans, K. Bell, & N. Burton (Eds.), *Black women's mental health: Balancing vulnerability and strength*. Albany, NY: State University of New York Press.

Brown, G. W., & Harris, T. (1978). Social origins of depression: A reply. *Psychological Medicine, 8*(4), 577–588.

Burton, N. (2017). Representation of "superwomen" in popular media. In S. Evans, K. Bell, & N. Burton (Eds.), *Black women's mental health: Balancing vulnerability and strength.* Albany, NY: State University of New York Press.

Caldwell, M. A., & Peplau, L. A. (1984). The balance of power in lesbian relationships. *Sex Roles, 10*(7–8), 587–599.

Conner, K. O., Copeland, V. C., Grote, N. K., Rosen, D., Albert, S., McMurray, M. L., Reynolds, C. F., Brown, C. & Koeske, G. (2010). Barriers to treatment

and culturally endorsed coping strategies among depressed African-American older adults. *Aging Mental Health, 14*(8): 971–983.

Evans, S. Y. (2014). Inner lions: Definitions of peace in Black women's memoirs: A strength-based model for mental health. *Peace Studies Journal, 7*(2), 1–30.

Evans, S., Bell, K., & Burton, N. (2017). Learning how to BREATHE: Toward a model for Black women's mental health. In S. Y. Evans, K. Bell, & N. Burton (Eds.), *Black women's mental health: Balancing vulnerability and strength.* Albany, NY: State University of New York Press.

El-Khoury, M. Y., Dutton, M. A., Goodman, L. A., Engel, L., Belamaric, R. J., & Murphy, M. (2004). Ethnic differences in battered women's formal help-seeking strategies: A focus on health, mental health, and spirituality. *Cultural Diversity and Ethnic Minority Psychology, 10*(4), 383–393.

Felton, S. (2007). *Organizing for life: Declutter your mind to declutter your world.* Ada, MI: Revell. Fordham, S. (1993). "Those Loud Black Girls": (Black) women, silence, and gender "passing" in the Academy. *Anthropology & Education Quarterly*, 3–32.

Goler, V. (2017). Keep walking: Moving toward healthier living and working through contemplative retreats. In S. Evans, K. Bell, & N. Burton (Eds.), *Black women's mental health: Balancing vulnerability and strength* Albany, NY: State University of New York Press.

Jones, C., & Shorter--Gooden, K. (2003). *Shifting: The double lives of African American women in America.* New York, NY: HarperCollins.

Kaslow, N., Thompson, M., Meadows, L., Chance, S., Puett, R., Hollins, L., & Kellermann, A. (2000). Risk factors for suicide attempts among African American women. *Depression and anxiety, 12*(1), 13–20.

Kelly, J. F., & Greene, B. (2010). Diversity within African American, female therapists: Variability in clients' expectations and assumptions about the therapist. *Psychotherapy: Theory, Research, Practice, Training, 47*(2), 186–197.

Klonoff, E. A., & Landrine, H. (1995). The schedule of sexist events: A measure of lifetime and recent sexist discrimination in women's lives. *Psychology of Women Quarterly, 19*, 439–472.

Klonoff, E. A., Landrine, H., & Ullman, J. B. (1999). Racial discrimination and psychiatric symptoms among Blacks. *Cultural Diversity and Ethnic Minority Psychology, 5*(4), 329–339.

Krieger, N., & Sidney, S. (1996). Racial discrimination and blood pressure: The CARDIA study of young Black and White adults. *American Journal of Public Health, 86*(10), 1370–1378.

Landrine, H. E. (1995). Bringing cultural diversity to feminist psychology: Theory, research, and practice. Washington, DC: American Psychological Association.

Masuda, A., Anderson, P. L., & Edmonds, J. (2012). Help-seeking attitudes, mental health stigma, and self-concealment among African American college students. *Journal of Black Studies, 43*(7), 773–786.

Munford, M. B. (1994). Relationship of gender, self-esteem, social class, and racial identity to depression in Blacks. *Journal of Black Psychology, 20*(2), 157–174.

Musgrave, C. F., Allen, C. E., and Allen G. J. (2002). Spirituality and health for women of color. *American Journal of Public Health, 92*(4), 557–560.

Neighbors, H. W., Musick, M. A., & Williams, D. R. (1998). The African American minister as a source of help for serious personal crises: Bridge or barrier to mental health care? *Health Education & Behavior, 25*(6), 759–777.

Panton, R. (2017). My body is a vehicle: Black women's narratives of mind, body, and spirit wellness. In S. Evans, K. Bell, & N. Burton (Eds.), *Black women's mental health: Balancing vulnerability and strength*. Albany, NY: State University of New York Press.

Pearlin, L. I., & Johnson, J. S. (1977). Marital status, life-strains, and depression. *American Sociological Review,* 704–715.

Person, R., Walker, L., McQueen, L., Treadway, T., Nemorin, U. & Bell, K. (2013, May). *Why Black folks don't do therapy: Mental health stigmas among Black college students.* Poster presentation at the annual meeting of the Georgia Psychological Association, Atlanta, GA.

Porter, M. M., & Bronzaft, A. L. (1995). Do the future plans of educated Black women include Black mates. *Journal of Negro Education,* 162–170.

Reed, T. D., & Neville, H. A. (2014). The influence of religiosity and spirituality on psychological well-being among Black women. *Journal of Black Psychology, 40*(4), 384–401.

Romero, R. E. (2000). The icon of the strong Black woman: The paradox of strength. In L. C. Jackson & B. Greene (Eds.), *Psychotherapy with African American women: Innovations in psychodynamic perspective and practice* (pp. 225–238). New York, NY: Guilford Press.

Rosenfeld, S. (1980). Sex differences in depression: Do women always have higher rates? *Journal of Health and Social Behavior, 21,* 33–42.

Russo, N. F., ed. (1985). *A women's mental health agenda.* Washington, DC: American Psychological Association.

Scarinci, I. C., Beech, B. M., Naumann, W., Kovach, K. W., Pugh, L., & Fapohunda, B. (2001). Depression, socioeconomic status, age, and marital status in Black women: A national study. *Ethnicity & Disease, 12*(3), 421–428.

Shange, N. (1975, 2010). *For colored girls who have considered suicide/when the rainbow is enuf.* New York, NY: Simon and Schuster.

Spates, K. (2012). "The missing link": The exclusion of Black women in psychological research and the implications for Black women's mental health. *SAGE Open,* (1–8).

Thompson, C. E., & Neville, H. A. (1999). Racism, mental health, and mental health practice. *Counseling Psychologist, 27*(2), 155–223.

Toussaint, L., & Webb, J. R. (2005). Theoretical and empirical connections between forgiveness, mental health, and well-being. *Handbook of forgiveness*, 349–362.

Walker-Barnes, C. (2017). When the bough breaks: How the myth of the StrongBlackWoman impacts health outcomes of real Black women. In S. Evans, K. Bell, & N. Burton (Eds.), *Black women's mental health: Balancing vulnerability and strength*. Albany, NY: State University of New York Press.

Williams, C. B. (1999). African American women, Afrocentrism and feminism: Implications for therapy. *Women & Therapy, 22*(4), 1–16.

Williams, T. M. (2009). *Black pain: It just looks like we're not hurting*. New York, NY: Simon and Schuster.

# When the Bough Breaks

## The StrongBlackWoman and the Embodiment of Stress

CHANEQUA WALKER-BARNES

Since their arrival on the shores of the United States, women of African descent have been assaulted by the intersection of racism and sexism. Socially sanctioned oppression such as slavery and Jim Crow were buttressed by a racial/gender ideology that commonly portrayed Black women as one of three prevailing stereotypes: the Jezebel, the Mammy, or the Sapphire (Collins, 2005). During the racial uplift movement of the late nineteenth century, Black women embarked on a mission to redeem these negative images by supplanting them with one of their own: the StrongBlackWoman. Through civic and church-based women's club activities, literature, and conventions, they crafted a vision of a self-sufficient, responsible, and imperturbable woman who was dedicated to serving her family, community, and the greater society (Walker-Barnes, 2014). Their success was remarkable. Today, the icon of the StrongBlackWoman has emerged as the hegemonic Black femininity, as attested by its widespread portrayal in pop culture. From Olivia Pope in *Scandal* to Annalise Keating in *How to Get Away with Murder*, the StrongBlackWoman is now the most common archetype for African American female television or movie characters. And platinum-selling R&B artists such as Beyoncé and Ne-Yo routinely sing the praises of strong and independent women.

Indeed, if you ask anyone to describe the characteristics of Black women, it is likely that the single most common answer will be "strong." In the popular imagination, Black womanhood has become virtually synonymous with strength. But the performance of this strength comes at an enormous cost. The paradox of the StrongBlackWoman is that while it was developed as a defense

against structural oppression, its embodiment predisposes Black women to a wide range of mental and physical health problems. The supposed "strength" of StrongBlackWomen often masks the very real vulnerabilities of their lives. Thus, the goal of this chapter is to describe the connection between the myth of the StrongBlackWoman and health outcomes utilizing stress embodiment theory. First, I explain the three core features of the StrongBlackWoman—emotional strength/regulation, caregiving, and independence. Then, using stress embodiment theory, I hypothesize a structural model of the relationship between the StrongBlackWoman, health behaviors, and health outcomes. Finally, I review emerging evidence that provides support for this model.

## The StrongBlackWoman Defined

To be clear, there is a critical distinction between being a Black woman who is strong (mentally, physically, or otherwise) and being a StrongBlackWoman. The omission of spacing between the words *Strong, Black,* and *Woman* is intentional, signaling that the StrongBlackWoman is a very specific way of being in the world. Michele Wallace (1979) first described the concept using the term "Superwoman," which she defined as: "a woman of inordinate strength, with an ability for tolerating an unusual amount of misery and heavy, distasteful work. This woman does not have the same fears, weaknesses, and insecurities as other women, but believes herself to be and is, in fact, stronger emotionally than most men" (p. 107). In psychological literature, Regina Romero (2000) first utilized the term "strong Black woman" to describe a constellation of three behaviors and attitudes that she observed among her Black female therapy clients: self-reliance, affect regulation, and caretaking. Qualitative research has revealed similar themes (Kerrigan et al., 2007; Woods-Giscombé, 2010). Taking these conceptualizations together, I define the StrongBlackWoman as a totalitarian and culturally prescriptive identity characterized by three core features: emotional strength/regulation, caregiving, and independence (Walker-Barnes, 2009). Below, I describe each of these features.

### Emotional Strength/Regulation

Emotional strength/regulation is the central defining characteristic of the StrongBlackWoman. Specifically, strength is linked to the capacity to withstand suffering without complaint. The StrongBlackWoman is supposed to be capable of enduring life's struggles without any sign that she is under duress. She is expected to engage in constant impression management, maintaining control over her emotions at all times, especially those that indicate vulner-

ability, such as sadness, grief, helplessness, hurt, embarrassment, anxiety, or fear. Crying—especially in the sight of others—is deemed particularly unacceptable and is understood as a display of weakness rather than as a normal emotional experience. She relies upon the defense mechanisms of denial, repression, and suppression to contain negative affect, creating a mental and emotional dam behind which she blocks off negative affect. Because any breaks in the dam might unleash the flood of emotionality behind it, she has to be very careful about her emotional displays, carefully restraining and controlling all emotions, positive and negative.

*Caregiving*

The StrongBlackWoman is also a perpetual caregiver who prides herself upon being helpful, responsible, and dependable. Her caregiving is not limited to those within her immediate family but includes extended family, friends, employers, and even social and civic organizations. She is often the default "go-to" person when others need social, instrumental, emotional, and even financial support.

The caregiving function of the StrongBlackWoman usually manifests as excessive—almost compulsive—activity and involvement. In other words, she usually takes on too many roles and responsibilities, seemingly incapable of saying "no" to any request. She is constantly on the go and much of her daily activity is for the benefit of other people and organizations. She is so "other-focused" that she consistently sacrifices self-care in order to attend to others. Indeed, she likely feels that she is being "selfish" when she is unable to meet others' needs or when she chooses to do something for herself. These beliefs have religious underpinnings for many Christian and Muslim women, who are socialized to believe that a "good" woman is one who sacrifices herself on behalf of others.

A consequence of the StrongBlackWoman's excessive caregiving is heightened risk for role strain. The extended kinship structures of many Black families can become a curse. Extended families can provide significant social and emotional support, but the StrongBlackWoman is usually not the recipient of this support, due to her identified role as the family caretaker and her difficulties with vulnerability. Instead, extended family ties mean that she is not simply providing care for her partner, children, and parents. She may also be providing care for siblings, aunts and uncles, cousins, and fictive kin. Moreover, the need for assistance by family members and friends is exacerbated by the higher rates of poverty, lower job status, and higher proportion of households headed by single females among African Americans. Thus, for the StrongBlackWoman, having a large family network may mean having more people who call upon her for support.

*Independence*

Three themes are central to the StrongBlackWoman's portrayal of independence: financial self-sufficiency, a strong work ethic, and socioemotional autonomy. The StrongBlackWoman is expected to be able to support herself financially without assistance from anyone—including close family, friends, and sometimes even marital partners. Further, the StrongBlackWoman is known for being a hard worker who is responsible, reliable, and productive. She has a high level of internal motivation and is likely to be a perfectionist. Again, her work ethic is not limited to the employment setting but extends to other contexts as well, including family, church, and community. Finally, independence for the StrongBlackWoman means socioemotional autonomy, that is, depending and relying solely upon herself to meet her needs. She has a hard time asking for help as well as a hard time receiving help when it is offered.

The StrongBlackWoman practices a radical independence, one that is the antithesis not only of dependency, but also interdependency. Independence is the hinge upon which the other features rest: the StrongBlackWoman's capacities for strength and caregiving are directly related to the extent to which she is independent and self-reliant. A StrongBlackWoman is a woman who is capable of meeting the needs of others without appearing to have any needs of her own, at least not any needs that she cannot meet without the support of others. And when paired with her caregiving responsibilities, the demand for independence means that the StrongBlackWoman is unable to receive the same sort of care that she extends to others.

## The StrongBlackWoman Stress Response Model

Many StrongBlackWomen find themselves caught in a cycle of socialization, stress, and distress in which their adherence to the archetype results in poor mental and physical health outcomes, decreased use of health-promoting behaviors, and increased risk of early termination from treatment. This cycle has four stages: socialization/internalization, stress overload, stress embodiment, and breakdown.

*Socialization/Internalization*

Usually beginning in childhood, Black females undergo a multisystemic process of socialization into the ideology of the StrongBlackWoman. Cultural messages about strength are transmitted via family and intimate relationships,

faith communities, and mass media. Through direct instruction and modeling, they learn from their mothers and adult female relatives that overt displays of sadness and vulnerability are forbidden, that "grown women" do not depend upon anyone else, and that "crying is for White girls." Black faith communities syncretize the cultural expectation of strength with religious values such that strength is seen as a divine mandate. Consequently, Black Christian and Muslim women repeat religious platitudes that equate strength and suffering with faith: "Allah doesn't put more on you than you can bear"; "If [God] brought you to it, he'll bring you through it"; "As long as I got King Jesus, I don't need nobody else"; and "No cross, no crown." These messages are further compounded by popular culture's depiction of the StrongBlackWoman as the hegemonic Black womanhood. Nsenga Burton describes the influence of the myth in popular television in her chapter in this volume. In *Too Heavy a Yoke*, I have described its portrayal in mass media ranging from science fiction to rap music (Walker-Barnes, 2014).

As the hegemonic Black femininity, the StrongBlackWoman is the ideal by which "good" Black womanhood is adjudicated. Society necessitates, demands even, that Black women conform to this model of womanhood even when it does not reflect their authentic personality and when it poses threats to their physical, emotional, social, and spiritual well-being. Black women who dare to shake themselves loose of its grip and vocalize their need for support may be greeted with condemnation of their "weakness" and admonished to "get it together."

*Stress Overload*

Over time, the patterns of overcommitment and poor coping result in stress overload and role strain. Stress is associated with a wide array of negative health outcomes among women, including headaches, stomachaches, sleep and eating disturbances, and depression. In addition to the distress that these problems cause, each of these symptoms is capable of exacerbating existing health problems or facilitating the development of new symptoms or diseases. Further, women who feel stressed or overwhelmed are less likely to engage in health-promoting behaviors (Townsend, Hawkins, & Batts, 2007). Among StrongBlackWomen, the multiple and frequently competing demands of their lives prevent them from establishing and maintaining healthy lifestyle habits of nutrition, exercise, sleep, and stress reduction. In lieu of these, they may have a tendency to overutilize compensatory strategies that provide an immediate sense of relief but no real amelioration of symptoms. Eating practices, in particular, have been identified as an embodied form of protest among women

(Beauboeuf-Lafontant, 2009). It is estimated that anywhere from 8 to 34 percent of Black women have problems with binge eating. Other compensatory strategies include compulsive shopping and an excessive focus on physical appearance, behaviors that not only provide temporary emotional relief but that also perform the function of impression management, thus preserving the StrongBlackWoman's image of "having it together" (Jones & Shorter-Gooden, 2003).

*Stress Embodiment*

Eventually, the combined effect of role strain and poor self-care results in the embodiment of stress. Embodiment is a central concept in ecosocial theory and helps us to understand how stress is translated into health problems (Krieger, 2005). Extrapolating from Nancy Krieger's (2005) explanation of the concept of embodiment reveals two essential claims about the relationship between the StrongBlackWoman and the health status of Black women: (1) Black women's bodies tell stories about the social and structural conditions of their existence, and their bodies cannot be studied apart from these conditions; and (2) Black women's bodies tell stories that they may be incapable of telling. The myth of the StrongBlackWoman's unrelenting demand for composure in the face of crisis encourages Black women to ignore, suppress, and/or conceal symptoms of physical and mental distress. Beauboeuf-Lafontant (2009) asserts that StrongBlackWomen lack even the language to express their distress.

> Without the support and the language to express the turmoil within, strong Black women's discrepant feelings become embodied as distresses, but rarely gain the status of such given the racialized framing of eating problems and depression as white women's illnesses. Furthermore, these distresses are too often denied by the women themselves and thus rendered into another burden to carry, yet another act in one's performance of strength. (pp. 67–68)

The extent of repression and denial among StrongBlackWomen often results in stated accounts about their well-being that differ significantly from the stories that their bodies tell. Data from the 2010 National Health Interview Study (NHIS; Schiller, Lucas, Ward, & Peregoy, 2012) reveal that the stories that Black women's bodies tell include low rates of physical exercise and high rates of obesity, diabetes, hypertension, stroke, arthritic conditions, headaches and migraines, and chronic joint and back pain (see Table 1).

Table 1. Rates of Selected Physical Health Indicators, 2010 National Health Interview Study

| | Black Women | Black Men | White Women | White Men |
|---|---|---|---|---|
| *Physical Activity* | | | | |
| Inactive | 48.3 | 36.9 | 29.9 | 26.1 |
| Insufficiently active | 20.0 | 19.1 | 22.8 | 18.2 |
| Sufficiently active | 31.7 | 44.0 | 47.4 | 55.7 |
| | | | | |
| *Obesity* | | | | |
| Underweight | 1.8 | 1.1 | 2.7 | 0.9 |
| Healthy weight | 26.5 | 30.4 | 46.0 | 30.9 |
| Overweight | 30.4 | 36.9 | 26.8 | 40.6 |
| Obese | 41.2 | 31.6 | 24.5 | 27.5 |
| | | | | |
| *Diabetes* | | | | |
| Diabetes | 12.3 | 14.0 | 6.5 | 8.8 |
| | | | | |
| *Circulatory Disease* | | | | |
| Hypertension | 36.9 | 30.7 | 22.8 | 24.9 |
| Stroke | 3.9 | 4.0 | 2.3 | 2.0 |
| Heart disease | 11.2 | 10.9 | 11.1 | 13.6 |
| | | | | |
| *Chronic Pain* | | | | |
| Arthritis, gout, lupus, fibromyalgia | 26.9 | 17.1 | 25.1 | 20.5 |
| Chronic joint pain, aching, stiffness | 31.8 | 21.6 | 30.6 | 30.0 |
| Severe headaches or migraines | 23.6 | 11.9 | 22.1 | 11.7 |
| Neck pain | 16.0 | 10.0 | 18.2 | 14.4 |
| Lower back pain | 31.0 | 22.3 | 31.0 | 28.3 |
| Facial or jaw pain | 4.8 | 2.4 | 7.2 | 3.8 |

Note: Numbers in this table represent the age-adjusted percentages of adults who self-reported having the condition in the twelve months immediately preceding the interview. For diagnostic categories such as obesity, diabetes, circulatory disease, arthritic conditions, respondent were asked if a doctor had ever told them that they had the condition.

The NHIS further indicates that that Black women's health problems interfere with their abilities to perform routine daily activities such as walking a quarter-mile, climbing ten steps without resting, standing or sitting for two hours, reaching over one's head, lifting or carrying ten pounds. One in five Black women (21.4 percent) reported having significant difficulty with at least one of these activities, compared with 14.6 percent of Black men, 17.5 percent of White women, and 12.2 percent of White men.

For StrongBlackWomen, these types of somatic complaints may provide a language of suffering that other people—including family, colleagues, religious leaders, and healthcare professionals—more readily accept as "valid" indicators of distress among women who are expected to be indomitable. They function as "idioms of distress"; that is, they are "cultural styles of expressing distress . . . that are influenced not only by cultural beliefs and practices but also by familiarity with health care systems and pathways to care" (Kirmayer & Young, 1998, p. 420). They reflect a nosology that does not sharply distinguish between psychological and physical complaints, one in which diagnostic categories blend physical and emotional symptoms.

The StrongBlackWoman stress response is not limited to physical symptoms but also includes emotional problems such as depression and anxiety. Despite the widespread cultural stigma against mental illness among African Americans, there is growing evidence that Black women experience symptoms of depression and anxiety at similar or higher levels than other racial/gender groups. Data from the NHIS indicate that Black women have higher rates of most symptoms of anxiety and depression than Black men or White women, including sadness (18.7 percent), hopelessness (9.4 percent), worthlessness (7.4 percent), feeling everything is an effort (22.8 percent), nervousness (18 percent), and restlessness (24.4 percent). Prior epidemiological studies also indicate that Black women may be at heightened risk for some psychiatric disorders relative to other racial/gender groups. Data from the National Comorbidity Study indicate that Black women had significantly higher rates of dysthymia, simple/specific phobia, agoraphobia, and posttraumatic stress disorder than Black men or White women (Brown & Keith, 2003).[1]

*Breakdown*

Almost invariably, StrongBlackWomen who experience stress embodiment will reach the final stage in the model: the point of breakdown. The notion of breakdown appears fairly commonly in the narratives of clinicians and researchers who work with StrongBlackWomen. Beauboeuf-Lafontant (2009), for example, reports that several of her interview participants acknowledged the occurrence of breakdowns among the StrongBlackWomen whom they knew: "As sudden and dramatic periods of retreat from their responsibilities to others, breakdowns took the form of leaving home for hours or days, staying in bed, committing suicide, and dying in one's sleep" (p. 125). In her study of the health effects of the Superwoman role, Woods-Giscombé (2010) noted that college-educated women in the twenty-five- to forty-five-year-old age group were particularly

likely to discuss feeling physically and mentally overwhelmed by stress to the point of "having breakdowns," "blowing up," or "exploding."

Unfortunately, because strength is considered a hallmark of racial/gender authenticity, when women who personify the StrongBlackWoman begin to experience breakdown, they interpret their suffering as a sign of their insufficiency in adhering to it. This perception of failure is accompanied by shame, guilt, low self-esteem, and even depression (Harrington, Crowther, & Shipherd, 2010). Their response, very often, is to "double down" on personification, that is, to work harder at suppressing affect, repressing needs, caring for others, and taking on additional responsibilities. This pattern is consistent with the concept of gender ambivalence, which posits that when women begin to develop awareness of the consequences of their socialization, rather than critiquing the norms, they increase self-monitoring to heighten adherence to the norm. "In other words, one fights femininity with femininity, using the disciplinary tools of being a good woman to hold oneself in check when one's excess beyond such expectations becomes evidence" (Beauboeuf-Lafontant, 2009, 48).

## Emerging Evidence

Emerging research yields evidence of a significant relationship between internalization of the StrongBlackWoman and health outcomes. Some of the earliest work in this area has been qualitative. For example, using focus group methodology, Cheryl Woods-Giscombé (2010) identified three negative consequences to the StrongBlackWoman: strain in interpersonal relationships; increase in stress-related health behaviors; and increase in somatic symptoms. The participants in the study connected the StrongBlackWoman's tendencies toward overwork with several stress-related health behaviors, including lack of sleep, emotional and binge eating, and smoking. The strain was particularly pronounced among college-educated and professional women as well as among women over the age of forty-five who did not have a college education. These groups were especially likely to report feeling physically drained because they were constantly taking care of others, feeling guilty when they took time for themselves, and feeling that they were losing themselves.

Another qualitative study points to a possible link between risk for HIV infection and attitudes and behaviors associated with the StrongBlackWoman. Kerrigan and colleagues (2007) found that the strain associated with the StrongBlackWoman role encouraged young Black women to place high priority upon maintaining heterosexual romantic relationships even when their

partners were promiscuous, thus increasing their risk of contracting the disease through heterosexual intercourse. Other qualitative studies have linked endorsement of the StrongBlackWoman to delays in breast cancer screening (Black & Woods-Giscombé, 2012), depression (Amankwaa, 2003; Nicolaidis et al., 2010), and help-seeking (Nicolaidis et al., 2010).

With the development of methods to assess women's adherence to the StrongBlackWoman, a body of quantitative research in this area is beginning to emerge. For example, Watson and Hunter (2015) found that women who endorsed the StrongBlackWoman race/gender schema had higher levels of depression and anxiety. However, they were also less open to acknowledging and seeking help for psychological problems, and they were more likely to express concern about what other people would think if they knew about their emotional difficulties.

Harrington, Crowther, and Shipherd (2010) conducted a rigorous examination of the StrongBlackWoman in their study of the impact of the role on the relationship between trauma and binge eating. They suggested that Black women who are trauma survivors are at heightened risk for suffering the deleterious effects of the role since it does not allow them to experience or express vulnerability and distress. Using a sample of 179 African American women who reported a lifetime experience of at least one traumatic event, they found that trauma exposure and distress significantly increased Black women's adherence to the StrongBlackWoman ideology, which consequently led to increased emotional regulation and self-silencing. Emotional regulation, in turn, increased the likelihood of emotional eating and, consequently, binge eating. This study is particularly significant in that it provides partial support for the StrongBlackWoman stress response model that I am describing in this chapter.

## Discussion

When it comes to Black women's mental health, identifying sources of strength and sources of vulnerability is not always a straightforward task. As shown in this chapter, what often passes as Black women's strength may obscure—or even signal—their vulnerability. In keeping with the principle of transparency that Evans, Bell, and Burton (2017) describe in the BREATHE model at the beginning of this volume, this chapter seeks to make transparent the ways in which the myth of the StrongBlackWoman endangers the health and well-being of real Black women, increasing their risk for depression, anxiety, post-traumatic stress disorder, obesity, diabetes, hypertension, HIV/AIDS, and chronic pain. Ironically, then, the StrongBlackWoman is not so strong after all. She is "an albatross, at odds with African American women's very survival" (Harris, 2015,

p. 90). She is a perpetual noose around the necks of Black women, which must be loosened if their lives are to be transformed.

## Notes

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1. The National Comorbidity Study (NCS) is a large-scale epidemiological study of the prevalence and comorbidity of substance use and other mental health disorders among a nationally representative sample of more than eight thousand noninstitutionalized persons ages fifteen to fifty-four. It was conducted from 1990 to 1992, with re-interviews held from 2001 to 2002.

## References

Amankwaa, L. C. (2003). Postpartum depression among African-American women. *Issues in Mental Health Nursing, 24,* 297–316.

American Cancer Society. (2013). *Cancer facts & figures for African Americans 2013–2014.* Atlanta, GA: American Cancer Society.

Beauboeuf-Lafontant, T. (2007). You have to show strength: An exploration of gender, race, and depression. *Gender and Society, 21,* 28–51.

Beauboeuf-Lafontant, T. (2009). *Behind the mask of the Strong Black Woman: Voice and the embodiment of a costly performance.* Philadelphia, PA: Temple University Press.

Black, A. R., & Woods-Giscombé, C. (2012). Applying the stress and "strength" hypothesis to Black women's breast cancer screening delays. *Stress and Health: Journal of the International Society for the Investigation of Stress, 28*, 389–396.

Brown, D. R., & Keith, V. M. (2003). The epidemiology of mental disorders and mental health among African American women. In D. R. Brown & V. M. Keith (Eds.), *In and Out of Our Right Minds: The Mental Health of African American Women* (pp. 23–58). New York, NY: Columbia University Press.

Burton, N. (2017). The representation of Black women's mental health on television. In S. Y. Evans, K. Bell, & N. Burton (Eds.), *Black Women's Mental Health: Balancing Vulnerability and Strength*. Albany, NY: State University of New York Press.

Centers for Disease Control and Prevention. (2015a). *HIV among African Americans*. Retrieved August 1, 2015, from www.cdc.gov/nchhstp/newsroom/docs/CDC-HIV-AA-508.pdf.

Centers for Disease Control and Prevention. (2015b). *HIV among Women.* Retrieved August 1, 2015, from www.cdc.gov/hiv/pdf/risk_women.pdf.

Collins, P. H. (2005). *Black sexual politics: African Americans, gender, and the new racism.* New York, NY: Routledge.

Edge, D., & Rogers, A. (2005). Dealing with it: Black Caribbean women's response to adversity and psychological distress associated with pregnancy, childbirth, and early motherhood. *Social Science and Medicine, 61,* 15–25.

Evans, S. (2017). Learning how to BREATHE: Toward a model for Black women's mental health. In S. Y. Evans, K. Bell, & N. Burton (Eds.), *Black Women's Mental Health: Balancing Vulnerability and Strength.* Albany, NY: State University of New York Press.

Harrington, E. F., Crowther, J. H., & Shipherd, J. C. (2010). Trauma, binge eating, and the "Strong Black Woman." *Journal of Consulting and Clinical Psychology, 78,* 469–479.

Harris, T. W. (2015). *The sisters are alright: Changing the broken narrative of Black women in America.* Oakland, CA: Berrett-Koehler.

Jones, C., & Shorter-Gooden, K. (2003). *Shifting: The double lives of Black women in America.* New York, NY: HarperCollins.

Kerrigan, D., Adrinopoulos, K., Johnson, R., Parham, P., Thomas, T., & Ellen, J. M. (2007). Staying strong: Gender ideologies among African-American adolescents and the implications for HIV/STI prevention. *Journal of Sex Research, 44,* 172–180.

Kirmayer, L. J., & Young. A. (1998). Culture and somatization: Clinical, epidemiological, and ethnographic perspectives. *Psychosomatic Medicine, 60,* 420–430.

Krieger, N. (2005). Embodiment: A conceptual glossary for epidemiology. *Journal of Epidemiology and Community Health, 59,* 350–355.

Nicolaidis, C., Timmons, V., Thomas, M. J., Waters, A. S., Wahab, S., Mejia, A., & Mitchell, S. R. (2010). "You don't go tell white people nothing": African American women's perspectives on the influence of violence and race on depression and depression care. *American Journal of Public Health, 100,* 1470–1476.

Romero, R. E. (2000). The icon of the strong Black woman: The paradox of strength. In L. C. Jackson & B. A. Greene (Eds.), *Psychotherapy with African American Women: Innovations in Psychodynamic Perspectives and Practice* (pp. 225–238). New York, NY: Guilford.

Schiller J. S., Lucas J. W., Ward B. W., & Peregoy, J. A. (2012). Summary health statistics for U.S. adults: National Health Interview Survey, 2010. National Center for Health Statistics. *Vital Health Stat, 10.*

Townsend, T. G., Hawkins, S. R., & Batts, A. L. (2007). Stress and stress reduction among African American women: A brief report. *Journal of Primary Prevention, 28,* 569–582.

Walker-Barnes, C. (2009). The burden of the strong Black woman. *Journal of Pastoral Theology, 19,* 1–21.

Walker-Barnes, C. (2014). *Too heavy a yoke: Black women and the burden of strength.* Eugene, OR: Cascade Books.

Wallace, M. (1979). *Black macho and the myth of the superwoman.* New York, NY: Verso.

Watson, N. N., & Hunter, C. D. (2015). Anxiety and depression among African American women: The costs of strength and negative attitudes toward psychological help-seeking. *Cultural Diversity and Ethnic Minority Psychology.* Advance online publication. http://dx.doi.org/10.1037/cdp0000015.

# Representations of Black Women's Mental Illness in *HTGAWM* and *Being Mary Jane*

NSENGA K. BURTON

## Introduction

The representation of Black women in media is complicated. Whether discussing the transatlantic slave trade, social justice issues, or media representation, the policing of the Black female body is very much a part of American tradition. When Black female bodies collide with dominant institutions tied to racist, sexist, classist, and heterosexist ideologies, the representation of Black women in media can be problematic. Despite a history of contestation as it relates to stereotyping of Black women in televisual media, in recent years, there has been an emergence of visual content featuring diverse casts with Black women at the center of the storylines. Black female characters, who historically resided at the margins of storylines, are now front and center on some of the most popular shows in television history.

ABC's *Scandal*, *How to Get Away with Murder* (*HTGAWM*), and BET's *Being Mary Jane* feature Black women (Kerry Washington, Viola Davis, and Gabrielle Union) as the central protagonists in these hit television shows.[1] While the narrative of Netflix's *Orange is the New Black* is written with a white, female protagonist, the supporting cast is racially diverse. Uza Aduba's award-winning portrayal of the character of "Crazy Eyes" has made her one of the breakout stars of the online television series, now in its fourth season. *HTGAWM* and *Being Mary Jane*'s showrunners Shonda Rhimes and Mara Brock-Akil (Brock-Akil through season three) are Black women that have had prior success with other popular shows, such as *Scandal* and *Girlfriends*. Despite

the success of these shows with diverse casts and others such as *Empire*, *American Crime*, and *Power*, the myth of the Black Superwoman is alive and well in the physical and behavioral characteristics of these characters.

The myth of the Black Superwoman often obscures the socioeconomic and political challenges Black women face in America on a consistent basis. Dealing with the dual oppression of racism and sexism, coupled with other identities (sexual identity, class identity) can create stress and anxiety in everyday experiences. Most people receive information about cultural groups with which they don't have much contact from popular culture. Black women must navigate the uncertain terrain of daily life while interacting with people whose only source of information may be television or film. This precarious reality can make real-world interaction challenging at best and dangerous at worst. While a prevailing stereotype of the strong, Black woman unaffected by the daily experiences of racism, sexism, classicism, and heterosexism persists, the reality is that Black women are struggling with mental health issues as evidenced by the high-profile cases of Black women succumbing to these illnesses in multiple ways.

In examining the representation of Black women's mental health in televisual media, this chapter will examine the extent to which the characters of Dr. Lisa Hudson (LaTarsha Rose) and Mary Jane Paul (Gabrielle Union) of *Being Mary Jane* and Annalise Keating (Viola Davis) of *How to Get Away with Murder* challenge or support the myth of the Black Superwoman. This chapter will also examine the ways in which their storylines and character development reflect the BREATHE model of Black women's mental health and why it matters.

## Images of Black Women in Televisual Genres

In media studies, media effects on any population are difficult to prove because of the inability to control the impact of external factors that may also contribute to the measurable outcomes one is seeking. Despite this factor, there is a sense in the African American community that Black people in general, and Black women specifically, are viewed through a lens informed by stereotypes gleaned from media. The idea that social perception of African Americans is informed by media is not new. Scholars have proven that negative associations are made when encountering Blacks in general and Black women specifically, based on media representations (Givens & Monahan, 2005). The concern over media images of Blacks and the impact on social interactions may also be informed by the fact that Blacks watch 37 percent more television than the U.S. average, and Black women watch the most television of all, which

means television and media hold a lot of weight and influence in the African American community. (Neilsen, 2013). Coupled with the fact that most people get information about groups to which they have limited exposure through popular culture and language (Martin & Nakayama, 2013), the importance of media representation in the lived lives of Black women is significant.

Recently, there have been several high-profile suicides of dynamic Black women discussed in Black media. In 2014, Titi Branch, forty-five, co-founder of Miss Jessie's hair care line and Karyn Washington, twenty-two, founder of *For Brown Girls*, a blog dedicated to empowering Black women, committed suicide. Both women's brands focused on the empowerment of Black women through self-care, creative expression, and lifestyle. *For Brown Girls* was founded for "celebrating the beauty of dark skin, combatting colorism and promoting self love" (Facebook). Both brands were committed to promoting alternative images of Black women constantly critiqued through the most negative lenses as articulated by Tamara Winfrey Harris in her book *The Sisters are Alright: Changing the Broken Narrative of Black Women in America*. Harris writes:

> What is wrong with Black women? To hear some folks tell it, the answer is EVERYTHING. Black women are to blame for urban violence, the welfare state, and the disintegration of the black family. Media fashions them as problems or oddities and downright disrespects them. ABC News has twice convened panels to discuss black women's lack of marriage prospects, once asking, "Why can't a successful Black woman find a man?" Bill O'Reilly claims Beyoncé's song catalog and dances cause teen pregnancy. *Psychology Today* published an article online explaining why Black women are "less physically attractive than other women," and during the 85th Annual Academy Awards, in 2013, the satirical news site *The Onion* called African American best actress nominee Quevenzhané Wallis, then nine-years-old a "cunt."

Harris goes on to list the derisive and harsh memes and comments about Black women, in addition to the negative, mean-spirited, and patronizing comments made by popular Black male celebrities such as Boris Kodjoe, Tyrese Gibson, D. L. Hughley, and megachurch pastor Jamal Bryant. Branch and Washington, along with scores of Black women academics, entrepreneurs, activists, and media professionals are committed to changing the dominant narrative of Black women as problems by challenging these myths head-on with products, services, data, research, and publications. Black women live a precarious existence informed by these myths that seek to disempower them, while simultaneously

being mythologized as "super women" who are "Teflon donnas" unaffected by this constant criticism and "keep on keeping on" despite the constant pressure of being Black and female in a world that is largely anti-Black and anti-female. Many have written about the double or triple consciousness Black people must employ in order to survive in a world whose dominant narrative requires submission of our real selves (Du Bois, Fanon, Hill Collins), but what happens when the constant barrage of negativity and abusive images truly becomes too much to bear?

Some of us mentally and physically break, as evidenced by the suicides of Branch and Washington and the recent high-profile deaths of Black women who have died while in police custody, some at their own hand. During the month of July 2015, which is National Minority Mental Health Awareness Month, five Black women—Sandra Bland of Chicago, Kindra Chapman of Alabama, Joyce Curnell of South Carolina, Ralkina Jones of Ohio, and Raynette Turner of New York—were all found dead while in police custody. Bland's and Chapman's deaths were ruled suicides. Video of Bland's illegal arrest and detainment in Texas, coupled with statements from friends and family that she would never kill herself, has resulted in a flurry of social justice activity surrounding her death. The arresting officer in her case has been fired. Chapman's family conceded that she committed suicide, quelling reports of police misconduct. Curnell, an alcoholic who struggled with mental illness, died from a stomach illness after allegedly failing to receive proper medical attention at the jail. Jones's death was ruled an accident and listed as "sudden cardiac death in association with 'postural tachycardia syndrome and obesity with amphetamine therapy,'" on her autopsy. Turner's autopsy report says she died of natural causes from an enlarged heart. Curnell and Turner, both of whom were cited for having prior "medical issues" had been arrested for shoplifting.

Some may also recall the death of Natasha McKenna on February 8, 2015, while in police custody in Fairfax County, Virginia. McKenna died after being shocked with a stun gun four times, despite being shackled and handcuffed at the time of her death. McKenna struggled with bipolar disorder and schizophrenia, both of which were named as contributing causes to her death while in police custody, which was ruled an accident. If ever there were media representations of Black women simultaneously representing the myth of the Superwoman and the real-world consequences of what can happen when the myth meets the reality of living in a world where one is constantly denigrated and demonized, it is in the cases of these Black women. McKenna was subdued by six police officers, who felt the need to stun her with a Taser four times, despite her being handcuffed and shackled. McKenna reportedly died of cardiac arrest, and none of the officers or medical staff were charged

with any crime. It is interesting that the women who struggled with mental illness were reported as having prior "medical issues" on their autopsies. It is clear that authorities recognize mental illness as a medical condition, but aren't trained to treat mental illness at best, or don't give a damn about the medical condition of detainees, particularly when they're Black and female, at worst. Whatever the case, the images of Black women, literally breaking under ridiculous pressure from society and its institutions, is challenging the myth of the Black woman as superwoman.

## Myth of the Superwoman

The Black woman as superwoman has been a prevailing theme in visual media since the beginning of time. Black women are loved and loathed simultaneously for possessing the same behavioral and physical qualities. Allegedly, Black women are strong, caretakers who are resilient and willing to take care of the world, even at their personal expense. The idea that Black women were impacted less by racism or concerned less with the everyday experience of racism was debunked in Michele Wallace's game-changing book *Black Macho and the Myth of the Superwoman*. Wallace also spurred dialogue about the challenges of being Black and female in a world that worships whiteness and maleness. Wallace's groundbreaking discussion of the intersectionality of race and gender has been further examined by Black feminist/womanist scholars Patricia Hill Collins, Alice Walker, Sherley Anne Williams, Audre Lourde, Angela Davis, bell hooks, and Toni Cade Bambara, to name a few. Contemporary Black women scholars such as members of the Crunk Feminist Collective, Melissa Harris-Perry, Farrah Griffin, Jennifer Williams, Nyasha Grayman-Simpson, Treva Lindsey, Stephanie Evans, and Tanisha Ford have taken the baton and used it to deconstruct the racist, classist, sexist, and homophobic ideas that intersect to make the lived realities of Black women's existence risky.

Nonetheless, the idea of the Black superwoman that can withstand anything including violence, economic instability, job insecurity, stereotypical media images, dominant beauty standards that don't apply to Black women, and being wrongfully detained by police and beaten in the process, belies the reality that many Black women are struggling to make it through the day-to-day ritual called survival in a country whose level of love and hate for Black women is hauntingly similar. One only has to look at the warm embrace of the nation's first African American first lady Michelle Obama and compare it to the racist, sexist, and hateful rhetoric and imagery attached to her in some news and social media, along with the celebration and almost deification of

Mrs. Obama by other online populations to see how complicated the reception of Black women can be in society. Some Black women celebrities such as Dana "Queen Latifah" Owens, Halle Berry, Beyoncé, Shonda Rhimes, and Kerry Washington are mostly celebrated, while others, like Viola Davis, Serena Williams, and Mo'Nique Imes-Jackson are publicly insulted by empowered women and men of all races. Powerful women like Cheryl Fudge, Mellody Hobson, Loretta Lynch, Michelle Obama, Debra L. Lee, Cathy L. Hughes, and Sheilah Johnson are held up as examples of Black women who are making it despite the socioeconomic challenges that the majority face. Even Black girls are not immune to being publicly denigrated, as is the case with Gabby Douglas, Zendaya Coleman, Amanda Stenberg, and Quvenzhané Wallis, who have all been the subject of racist and sexist critiques, not to mention hate speech in public forums.

Despite many organizations and events such as Beverly Bond's *Black Girls Rock*, Stefanie Brown-James's *Brown Girls Lead*, and Valeisha Butterfield Jones's *Women's Empowerment Entertainment Network (W.E.E.N.) Academy*, not to mention the ongoing work being done on behalf of girls and women by the Black Greek-letter sororities, Black girls come under scrutiny in ways that are typically reserved for adults. One only has to recall the 2013 uproar when the satirical publication *The Onion* thought it appropriate to call Quvenzhané Wallis a "cunt" in a Tweet, when she was only nine years old. As current stars and future Black superwomen, theoretically they should be strong enough to handle the criticism, but are they?

In many cases, the exception becomes the rule, which is then reflected on- and offscreen, influencing the ways in which people see and interact with Black women and how Black women see themselves. James Snead discusses the weight of the visual image in television and film in society and why it is problematic for blacks. He talks about the "re-presentation" of Black images on white screens, largely for the enjoyment and consumption of white audiences. Images of Blacks onscreen are examined through the lens of dominant ideologies, thus influencing the types of Black people that are allowed to exist in the televisual space.

Donald Bogle's 1973 classic *Toms, Coons, Mammies, Mulattoes, and Bucks* examines in no uncertain terms the physical and behavioral qualities that Blacks must embody in order to be part of the televisual landscape. Qualities of the Black superwoman can be found in the Mammy and Sapphire stereotypes. Black women as dominant, strong, asexual, sassy, and emotionally distant from would-be allies such as family and fellow slaves are prevalent characteristics. Modern versions of these stereotypes, which appeared in art, films, and television, have surfaced in neo-forms and across various media genres,

including news, television, and the web. Current stereotypes derived from and informed by these historical depictions include the welfare queen, the angry Black woman, the help, the Jezebel, and the superwoman, and have been examined by media scholars such as Beretta E. Smith-Shomade, Jane Gaines, Anna Everett, Kristen Warner, Racquel Gates, Karen M. Bowdre, Mia Mask, and me. Black women celebrities like actress Jenifer Lewis, public relations giant Terrie Williams, and writer/editor Danielle Belton have done the work in the public space writing about and discussing their struggles with mental illness, demonstrating the complexity of having dynamic public personas while privately struggling with psychological issues.

What does it mean when you are a Black woman who does not have the physical or behavioral characteristics of a superwoman, but society sees you as such based on dominant ideologies about Blackness and womanness? What does it mean when the Black woman as Superwoman image is reinforced in media images of you every day?

## The Televisual Representation of Black Women's Mental Health

The televisual representation of Black women's mental health issues in *How to Get Away with Murder* (*HTGAWM*) on ABC and *Being Mary Jane* on BET, offer some insight into the challenge that Black women face in being defined in such narrow terms as a Superwoman or as a strong, independent woman. It is not necessarily a bad thing to be thought of as strong, capable, and reliable, especially when compared to the many negative stereotypes circulating about Black women, but it is problematic when Black women are not able to be or interested in being strong, capable, and reliable, that is to say, Superwomen all of the time. What does it look like when Black women don't have it together or are suffering from mental health disorders such as depression, bipolar disorder, or anxiety?

Televisual imagery reinforces the myth of the Black Superwoman, mainly through narrative elements, including characters and storylines, that underscore dominant ideas about Black women, even in media content created by Black women. Shonda Rhimes is perhaps the most successful person currently working in network television, having had three runaway hit shows (*Greys Anatomy*, *Scandal*, and *How to Get Away with Murder*) and at least two television shows currently in development. Rhimes, who is an African American woman, writes complex characters who are mired in psychological turmoil but continue to carry on while managing the lives of a multicultural group of stakeholders. Such is the case with the characters of Olivia Pope, played by Kerry Washington on *Scandal*, and Annalise Keating, played by Viola Davis on *How to Get Away with*

*Murder*, which is currently in its second season. Both women carry on despite constant psychological and physical abuse by parents, romantic partners, allies, and opponents. In Season 4 (Episodes 10–12), Olivia Pope is famously kidnapped, held captive, humiliated, threatened, escapes, and literally goes right back to her fabulous life and hair within hours of escaping (TV time).

In Season 1, episode 13 of *HTGAWM* (Mama's Here Now), the lead character of Annalise Keating, played by Viola Davis, literally cannot get out of bed, and pours out her heart to her mother Ophelia (played by Cicely Tyson), listing rape, incest, adultery, and death as causes for her downward spiral, only to be admonished and essentially told to "get it together" by Ophelia. While *Scandal*, *How to Get Away with Murder*, and, I would argue, *Orange is the New Black*, which is a wildly popular Netflix show featuring Uzo Aduba as "Crazy Eyes," serve as excellent examples of the representation of Black women's mental illness in television, in the interest of time, this chapter will focus primarily on ABC's *How to Get Away with Murder* and BET's hit television series *Being Mary Jane* because both showrunners are Black women, and they are Top Ten shows in terms of audience share on network and cable television.

Rhimes's formula for success around dynamic Black women as lead characters is reflected in *Scandal* and *How to Get Away with Murder* and *Grey's Anatomy*. Instead of analyzing all three shows, I have decided to focus on *HTGAWM*, namely a powerful episode featuring Viola Davis and legendary actress Cicely Tyson as her mother. Through the characters of Annalise Keating (Viola Davis), Mary Jane Paul (Gabrielle Union), and Dr. Lisa Hudson (LaTarsha Rose), this chapter will examine the representation of Black women's mental health on television and the extent to which it challenges or supports the myth of the Black Superwoman.

### *How to Get Away with Murder*: Mama's Here Now

*How to Get Away with Murder* is an ABC television series starring Academy Award nominated actress Viola Davis. Davis stars as Annalise Keating, a brilliant lawyer and professor leading a group of ingenious law students at a prestigious Philadelphia law school. The narrative of the series centers around the murder of Annalise's husband, Sam Keating (Tom Verica) and other murders and lawsuits that are all interconnected. Annalise Keating is an interesting character in that she is the most powerful figure on the show, able to right everyone's wrongs that is ridiculously twisted as she manipulates her husband, lover, students, staff, and officers of the court. The powerhouse attorney, who dons wigs and literally stomps around her house/law office, classroom, and

courtroom, doesn't appear to lose any cases, but always appears to be on the brink of losing it mentally in pretty much each episode. Tears are not foreign to this character (who weeps and rages through each episode), her emotional pendulum swinging from the highest of highs to the lowest of lows. Annalise never seems to really be happy—her eyes always speak to the sorrow within her surveilled body.

The character of Annalise represents a hybrid of stereotypical physical and behavioral characteristics. She plays the role of the dark-skinned, cantankerous Mammy figure who fiercely guards her house, her students, and her staff to such an extent that they refer to her as "Mommy." She embodies the characteristics of the Sapphire and Jezebel characters, engaging in sexual relationships outside of her marriage and inappropriate sexually tense behavior with her students. Annalise will swiftly "sass" or put people in their place, particularly when they have attempted to cross her. She wears makeup and is usually dressed in a dress or pantsuit and heels. Her sexual desirablity is reflected in her ability to land a buttoned-up husband, a white man that used to be her psychiatrist, and a lover Nate (Billy Brown), a musclebound detective with whom she engages in risky sexual escapades and continuously frames for her personal protection and that of her students. The complicated physical and behavioral characteristics of the Annalise character suggest that she is a Black Superwoman. In spite of the trauma she has suffered at the hands of her husband, family, and even students, she continues to march on, winning every case, solving problems, many not of her own making and ensuring that the life she has carefully constructed remains intact.

Season 1, episode 13 of *HTGAWM,* titled "Mama's Here Now," is an excellent example of how the myth of the Black Superwoman is reflected and undergirded in fictional representations of Black women in network television. Annalise's lover Nate has been arrested for the murder of her husband Sam, after Annalise has instructed one of her law students to plant his ring at the scene of the "crime." Sam had been having an affair with another woman, whom he murdered after learning that she was pregnant with his child. Annalise, who has come undone from the stress of all the murders and her role in them, has taken to her bed and literally cannot move from it. In episode 13, Annalise's mother Ophelia (Cicely Tyson) has come to visit her daughter, who called to ask for help.

Upon her arrival at the house, Ophelia, who is dressed in a wig and an overcoat and pulling a rollaway suitcase, comes into the dreary house, which resembles a church. She lets Bonnie (Lisa Weil) and Asher (Matt McGorry) know that she is not a visitor, she is a VIP, meaning that Annalise came from her V and her husband's P (peter). Ophelia is matter-of-fact in her dress,

manner, and communication style. She is there to guard her daughter's house until her daughter can resume her duties.

Upon seeing Annalise Keating, who is in silk pajamas, with no makeup and uncombed hair, Ophelia runs her down, mocking her for her life choices and the two "sorry-assed" men she took up with, including Sam, whom she had warned her against marrying. She talks about the smell of the room, since Annalise has clearly not bathed, and the need for her to get up, get herself together, and get on with life. Ophelia goes from piddling around the room to violently rocking Annalise insisting that she get out of bed. Annalise, who is clearly hurting and is paralyzed with sadness and despair, cannot move and stays in the bed. Ophelia finally realizes that her daughter is actually in trouble, gets into the bed and hugs her, while Annalise cries.

This scene is reflective of the myth of the Black Superwoman. Even when Superwoman is down, there is another Black Superwoman brought in to take her place. Although Annalise is clearly suffering from mental exhaustion at best and mental illness at worst, she is not given permission to grieve and heal because "she's got work to do." The idea that she should just move past her emotional problems is fueled by her mother, who has moved past her own emotional problems by keeping it moving despite a life of trauma and turmoil.

In addition to Annalise's mother, who invades her space by joining her while admonishing her for feeling bad, Wes (Alfred Enoch), one of Annalise's students, also comes into the room, because he cannot figure out how to handle an increasingly complicated situation. There are seven other team members with whom he can confer, but he chooses to seek out Annalise who is grieving the loss of her husband, her lover, and control over a difficult situation. Bonnie begins consuming large amounts of vodka when she is unable to handle a case that has gotten away from her. When prompted to talk to Annalise, she refuses because she cannot have her "Mommy" looking at her with those eyes. It isn't just Ophelia who represents the Black Superwoman, but it is also the characters that are literally coming undone because Annalise is not available to mother or care for them. Further, her need for peace and quiet in her home is undermined by Wes's and Bonnie's inability to manage their personal or professional lives without Annalise's supervision.

Ophelia is an obstinate woman who appears to have little to no regard for Annalise's wishes. Ophelia refuses to call Annalise by her new name, calling her Anna Mae instead, which was her birth name. Ophelia also resists talking to Annalise about the sexual violence she experienced at the hands of her uncle as a child. Annalise's love/hate relationship with her mother is mired in her mother's unwillingness to even acknowledge the physical and emotional damage done to Annalise by the uncle, and she inflicts even more

pain on her daughter by stating that "men take things," and reeling off a list of women, including herself, who have been raped by men. Again, she speaks of it matter-of-factly and can't seem to understand why Annalise can't move past it or why she needed to speak with a professional psychiatrist about it—a professional she ended up marrying. Eventually, viewers learn that Ophelia killed the uncle that raped Anna Mae. Anna Mae and Ophelia hang onto each other for dear life as they realize that they really don't know or understand the depth of love they have for each other. Interestingly enough, they do not hug facing each other; they face away from each other, reflecting the continued distance between them despite their developing understanding.

This episode of *How to Get Away with Murder* clearly reinforces the idea that Black Superwomen can and should surmount any traumatic event including rape, murder, domestic abuse and keep on keeping on despite suffering the physical and emotional scars left by traumatic events. Not only does the narrative of the episode reinforce this idea, but the introduction of the character of Annalise's mother—played by Cicely Tyson, no less, a woman famous for legendary performances of strong, Black women and herself a survivor of domestic abuse and sexual violence—further underscores this phenomenon. Ophelia's continued attempt to force Annalise to brush off her pain is telling not only in the fictional realm, but also in the real world. This episode demonstrates the generational socialization of Black women to not feel vulnerable and to not seek professional help that is often reinforced in society, thus ensuring that the Black Superwoman is more real than mythical and that seeking professional help, attempting radical self-care, or taking time to heal from trauma is of no benefit to Black women. At the end of the day, your shrink turned husband and batterer will betray you or "take" from you, your students or children will fail without you, and your mother, whose blues ain't like yours, will not respect you.

## *Being Mary Jane*: Sparrow

*Being Mary Jane* stars Gabrielle Union as Mary Jane Paul, a broadcast journalist in pursuit of fame, fortune, and family. *Being Mary Jane*'s creator Mara Brock Akil is also an African American woman with hit shows *Girlfriends* and *The Game* under her belt. Akil's shows center on Black female characters who encounter major challenges managing their personal or professional lives very well for very long. *Being Mary Jane* follows that formula. Mary Jane Paul comes from a Black middle-class family with a professional father, who broke racial and societal barriers by having a career in aerospace. While her siblings have

floundered (a brother is a recovering drug addict and another brother dabbles in drug dealing and real estate schemes), Mary Jane Paul, whose real name is Paulette Patterson, capitalizes on her family's social and professional mobility, becoming a major news network star, hosting a news show on issues of the day and eventually a self-titled show examining racial and gender issues. She's beautiful, successful, hardworking, and rich, but unable to find a suitable life partner or have a child, which are her two greatest desires. She is somewhat close to her niece who is a two-time teenage mother, and has close friendships with a bevy of dynamic women who are professionally successful, such as her producer and friend Kara (Lisa Vidal), a Latina whose career is on track but whose personal life is in shambles.

Most of Mary Jane's friends are like her—attractive, successful, hardworking, and a rock for their families, but unable to find suitable romantic partners (unmarried, commitment oriented, mature, emotionally available, self-sufficient) to spend their lives with, so they survive and gain companionship through their sister circle, which includes Dr. Lisa Hudson, Mary Jane's childhood best friend. Mary Jane literally lives in a glass house with high ceilings and walls covered in Post-It notes bearing sayings by influential artists, poets, politicians, philosophers, and the like. Although her life and the lives of her friends appear to be perfect from the outside, there is a lot of work that needs to be done on the inside, as evidenced by the crew's constant drinking of wine and other liquors, to such an extent that her niece Neicy (Raven Goodwin) calls her on it while spending time with her. The metaphor of the glass house is brought to life, reflecting all of Mary Jane's challenges and imperfections, despite her beautiful face and frame. Brock Akil sets up the character as a dynamic Black woman for whom everything looks amazing on the outside, while inside she's struggling against self-doubt, disappointment, rejection, fear, and figuring out who she is relative to who the world thinks she should be.

As regards the representation of Black women's mental health in television, the character of Mary Jane Paul represents the triple consciousness Black women must master in order to navigate explosive terrain marked by race, class, and gender (and sexuality) and the resulting pressure of having to be so many things to so many people, which manifests itself in depression, alcoholism, and manic and erratic behaviors, such as stealing sperm, pushing away potential partners, and driving one's car into a tree when learning of betrayal. Mary Jane's friends are very much like her, especially Lisa.

The series began with a two-hour film, in which Mary Jane interrupts Lisa's attempt to commit suicide. It's a very powerful scene and introduces viewers to a character who is a dynamic woman, is a beautiful doctor, lives in a lovely home, has close friends, and has been "adopted" by Mary Jane's family,

especially Mary Jane's mother Helen (Margaret Avery). Lisa is a doctor charged with the care of others, whose expertise involves helping women bring lives into the world, despite being unable to care for herself. In one scene, sensing that something is wrong, Mary Jane goes to check on Lisa, whom she finds passed out from an attempted overdose. Mary Jane gets Lisa the help she needs and slowly, methodically goes about the business of cleaning up the traces of her childhood friend's suicide attempt. It is here that we are first introduced to the characters' vulnerability, specifically Lisa's fragile mental state, and Mary Jane's caretaking abilities. Mary Jane springs into action when she finds Lisa passed out, suggesting to viewers that these attempts are not new.

Despite wearing fabulous clothing, driving expensive cars, living in lovely homes, and being able to have whatever material items they want, Lisa and Mary Jane struggle with having what they need. What they share are real experiences and the ability to speak truthfully to each other, no matter how painful. Lisa continues to suffer from depression through most of Season 2, and is devastated when Mary Jane learns that Lisa has had a sexual relationship with David (Stephen Bishop), Mary Jane's young love, who has moved on and is expecting a child with another woman, despite his ongoing attachment to Mary Jane and her ongoing attachment to him. In the Season 2 finale, Mary Jane overhears a conversation between David and Lisa discussing a prior affair, wrecking her car and maybe her career.

In Season 3, episode 3, entitled "Sparrow," Lisa, who has suffered from depression her entire life finally succeeds. She commits suicide after being rebuked by Mary Jane and Helen for the affair with Stephen. Mary Jane refuses to accept her apology, which apparently leads her to take her life. Again, Mary Jane steps in, taking over funeral arrangements from Lisa's family, namely Lisa's mother, who we learn allowed her to be sexually abused by her stepfather, even choosing him over her. Despite Mary Jane's request that he be banned from Lisa's funeral, Lisa's mother (Ella Joyce) shows up with him anyway. It is then that Mary Jane gives truth to Lisa's troubled life, of which many in attendance had no clue. The representation of Black women's mental fragility moves from the symbolic (glass house, fragile space) to the real with Mary Jane giving voice to all of the issues plaguing Lisa that caused her depression and eventual suicide. Mary Jane's public discussion of issues generally stigmatized in the Black community, including silence around matters such as childhood molestation, abuse, neglect, and an unwillingness to even acknowledge when people are suffering, brings them to light through the dialogue in this scene.

In a phone interview with the show's creator Mara Brock Akil about this scene, she refers to her characters as being "Black on purpose," and she intentionally included suicide in this season because it is an issue that needs

to be adequately addressed, since so many Black women who appear to be "okay" on the outside are truly struggling on the inside, particularly "because of the constant flow of negative information being thrown at us in the news and society." Essentially Mara Brock Akil, who is often seen as a Black Superwoman, wanted to help shed light on what it takes to be a Superwoman and the real physical and emotional scarring that takes place when it all becomes too much. Mary Jane's car accident has literally made her unrecognizable and required her to start her life over again, this time without Lisa in it.

Unlike the episode of *HTGAWM* discussed earlier in the chapter, this episode of *Being Mary Jane* demonstrates what happens when Black women are no longer able to navigate all that life has to offer. While the character of Mary Jane Paul embodies some of the same stereotypical behavioral qualities of Black women in film and television (she can be cantankerous, domineering, man-hating, and hypersexual), she challenges those same stereotypes by setting the standard for beauty for all women. Like Annalise, she is a pretty, dark-skinned woman who is desired by diverse groups of men, but unlike Annalise, she hasn't lived long enough to go for what she wants at all costs, which is refreshing.

In terms of narrative, both Annalise and Mary Jane have to fight tooth and nail to maintain their success, navigating frenemies and the structures in place that threaten to undermine their progress. Both women have changed their names, which speaks to the many masks that successful Black women have to don in order to survive in a world that can't live with or without us. What's interesting is that both shows, which have showrunners who satisfy the Black woman as superwoman myth, go about dismantling this myth through the narrative and stylistic elements of their shows. Mary Jane's home is modern, sprawling, and transparent while Annalise's East Coast home is a traditional family home, marked by oak, wood, leather, and stairs. Despite the physical differences between the homes, they both appear to be spaces that confine the real pressures these Black women face from the outside world. Mary Jane's high ceilings and the many rooms in Annalise's home seem as if they can be crushed under the weight of their lives at any given moment.

The representation of Black women's health on these shows, presented mainly through narrative and dialogue, is one where the myth of the superwoman is omnipresent in the main characters and supporting characters, but they are unable to transgress the mental weight of continuous micro and macro aggression, traumatic events including their life events. Mental illness, as it relates to Black women, is presented as something that needs to be dealt with, in the case of *Being Mary Jane*, or something that isn't dealt with in a meaningful or thoughtful way in the Black community, on *How to Get Away with Murder*. Rhimes's take on mental illness appears to be a reflection of the

status quo of Black women's mental illness in our community—don't ask, don't tell, and whatever you do, don't let anyone see you down—while Brock Akil tears the scab off of the wound, imploring characters and viewers to deal with issues such as depression and anxiety, because if Black women don't, then suicide may be just around the corner.

## The BREATHE Model Meets *HTGAWM* and *Being Mary Jane*

The BREATHE model is on full display in both shows in the representation of Black women's illness. The characters of Annalise and Mary Jane are both in need of balance in a life that is thrown constantly out of balance due to the demands placed on them in their workspaces and by their families. Mary Jane tries to find balance, especially after her car accident, when she carves out space for herself to heal and reflect on what was wrong with her life before the accident and who she wants to be afterward. Annalise's need for balance and reflection is often disrupted, as evidenced by her mother's visit, which undermined her desire to deal with the pain of her childhood molestation and the loss of her husband by taking some time off, much to her mother's chagrin. Her mother literally, would not let her have a moment of peace.

Mary Jane became energized when she decided that she wanted her job back despite the obstacles in front of her, such as having an injured face when working in an industry driven by appearance. She pulled herself together, conducted her research, and went to work so all of her hard work over the years would not be wasted. She also spoke her truth and Lisa's truth, offering transparency and helping herself heal so that she could get on with the life she has always wanted.

By virtue of the plots of *HTGAWM*, Annalise is always mired in deception, a constant source of stress and pain. She isn't able to be transparent and thus is unable to heal because she's in the business of manipulating others to ensure her livelihood and freedom. While Mary Jane is able to reflect, energize, and heal, Annalise is able to be transparent about some things to her mother, who is also a Black woman, but is unable to share that part of herself with her team, with whom she spends copious amounts of time. Thus, she is unable to heal. Both characters are able to empower themselves through various means. Mary Jane enlists the help of Kara and navigates her way to success at work again. She also takes control of her love life, choosing to open herself up to relationships she would have previously rejected (interracial). Mary Jane also cuts her hair—removes her weave—which had been a trademark of her beauty for her entire life.

In a scene heard around the world, as Annalise comes undone she takes off her makeup, her clothing, and her wig, which empowers her to become Anna Mae again and go back to where she needed to go, if only for a few days before her mother's arrival. By taking off the mask of Annalise, she empowered herself to confront her past and present and feelings that had become overwhelming due to both parts of her life.

In *HTGAWM* and *Being Mary Jane*, the characters of Mary Jane Paul and Annalise Keating embody and challenge the BREATHE model, principles by which one can engage the process of restoration and lifestyle change as well as increase one's understanding of Black women's mental health. Their characterization and interaction with this model helps to highlight and challenge the myth of the Black Superwoman, which can make the BREATHE model a necessity in the lives of dynamic Black women, many of whom appear to have every measure of success in their public lives but might struggle with emotional and mental issues in their private lives.

## Notes

1. With 2.6 million weekly viewers, *Being Mary Jane* is BET's top performer and cable's biggest scripted series among young Black women (*Hollywood Reporter*).

## References

*African-American consumers are more relevant than ever*. (2013, September 13). Retrieved May 18, 2016, from www.nielsen.com/us/en/insights/news/2013/african-american-consumers-are-more-relevant-than-ever.html.

Bogle, D. (2016). *Toms, coons, mulattoes, mammies, and bucks: An interpretive history of Blacks in American films, updated and expanded* (5th ed.). New York, NY: Bloomsbury Academic.

Bradford, J. H. (2017). Selfies, subtweets, & suicide: Social media as a mediator and agitator of mental health for Black Women. In S. Evans, K. Bell & N. Burton (Eds.), *Black women's mental health: Balancing strength and vulnerability* (pp. 1–225). Albany, NY: State University of New York Press.

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment.* New York, NY: Routledge.

Edwards, B. (2015, July 30). At least 5 Black women have died in police custody in July; WTF?! Retrieved June 01, 2016, from www.theroot.com/articles/news/2015/07/at_least_5_black_women_have_died_in_police_custody_in_july_wtf/.

Eromosele, D. O. (2014, April 11). Creator of *For Brown Girls* blog Karyn Washington reportedly commits suicide. Retrieved June 01, 2016, from www.theroot.

com/articles/culture/2014/04/creator_of_for_brown_girls_blog_karyn_washington_reportedly_commits_suicide/.

Evans, S., Bell, K., & Burton, N., eds. (2017). Toward a balanced model of Black women's wellness: Learning to BREATHE. In *Black women's mental health: Balancing strength and vulnerability* (p. 225). Albany, NY: State University of New York Press.

Fanon, F. (1952). *Black skin, White masks.* New York, NY: Grove Weidenfeld.

Grayman-Simpson, N. (2015, July 21). National minority mental health awareness month delivers. *TheBurtonWire.com*. Retrieved July 31, 2015.

Martin, J. N., & Nakayama, T. K. (2013). *Experiencing intercultural communication: An introduction.* New York, NY: McGraw-Hill.

O'Connell, M. (2015, April 17). TV ratings: "Being Mary Jane" wraps sophomore run, Still No. 1 on BET. Retrieved May 31, 2016, from www.hollywoodreporter.com/live-feed/tv-ratings-being-mary-jane-789558.

Sangweni, Y. (2015, April 19). Miss Jessie's Titi Branch driven to suicide by boyfriend, says her sister. Retrieved June 01, 2016, from www.essence.com/2015/04/19/miss-jessie-titi-branch-driven-suicide-boyfriend-says-sister.

Suddath, C. (2014, January 10). Being Mary Jane finds an overlooked audience: Black women. *Bloomberg.com.* Retrieved July 31, 2015, from www.bloomberg.com/bw/articles/2014-01-10/being-mary-jane-finds-an-overlooked-audience-black-women.

Washington, B. T., B., D. B., & Johnson, J. W. (1965). *Three Negro classics: Up from slavery.* New York, NY: Avon Books.

Weil, M. (2015, April 28). Death of woman shocked by stun gun in Fairfax Jail is ruled an accident. *TheWashingtonPost.com*. Retrieved July 31, 2015, from http://www.washingtonpost.com/local/crime/death-of-woman-shocked-by-stun-gun-in-fairfax-jail-is-ruled-an-accident/2015/04/28/7bc85f36-edfc-11e4-a55f-38924fca94f9_story.html.

Whiting, S., Campbell, C., & Pierson-McNeil, C. (2013). Resilient, receptive, and relevant: The African American consumer. *Nielsen.com*. Retrieved July 31, 2015, from www.nielsen.com/content/dam/corporate/us/en/reports-downloads/2013%20Reports/Nielsen-African-American-Consumer-Report-Sept-2013.pdf.

Winfrey Harris, T. (2015). *The sisters are alright: Changing the broken narrative of Black women in America.* Oakland, CA: Berrett-Koehler.

# Selfies, Subtweets, & Suicide

## Social Media as a Mediator and Agitator of Mental Health for Black Women

JOY HARDEN BRADFORD

The use of social media has connected us to one another in ways that were previously unimaginable. It is especially popular with young people between the ages of eighteen and twenty-nine. Black women are heavy users of both the Facebook and Twitter platforms and Twitter in particular is very popular with those under the age of fifty and college-educated (Duggan et al., 2015). In discussing the role that social media play in the mental health of Black women, we will specifically be examining Facebook and Twitter, as these are the platforms Black women use most. Facebook and Twitter have both become not only a wellspring of support and resources for Black women but also a bastion of harassment and abuse in many cases. This chapter will examine the ways in which Black women use these platforms to cultivate space to discuss mental health–related issues and create community, and will also examine the ways these platforms have proved to be detrimental to Black women's mental health.

### History of Social Media

In their history of social media, *Digital Trends* (2014) suggests that social media as we know them today had their beginning with the development of the now-defunct Friendster in 2002, which was a social network that allowed users

to connect with friends of friends to develop a larger circle. This gave way to LinkedIn and MySpace in 2003. LinkedIn was designed to be a social network that allowed users to connect with others in similar professions. MySpace, which quickly became a favorite, allowed users to connect across interests such as music, television, and film. MySpace proved instantly more popular because it was the first major social network that did not require you to be connected in some way to another user before adding them to your circle. MySpace enjoyed popularity until Facebook was accessible to the general public in 2006. Facebook, which began in 2004 as a Harvard-only network, initially expanded only to students at universities, who had to register with an .edu e-mail address. In 2006, it allowed anyone with a valid e-mail address to join the network, and now more than 1.35 billion people across the world are using the Facebook platform. Facebook allows users to request friends to be added to their timeline. If the request is accepted, you and your friend can now see what the other is posting in terms of status updates, photos shared, pages liked, and communities joined.

Twitter was also released in 2006 and is described by Whatis.com (n.d., para.1) as a "free social networking microblogging service that allows registered members to broadcast short posts called *tweets*. Twitter members can broadcast tweets and follow other users' tweets by using multiple platforms and devices." The basic question a user is asked before sending a tweet is "What are you doing?" Users then have 140 characters to respond in any way they choose to either begin a conversation with their followers or continue a conversation that has been started by someone else. To track a particular idea or thread of thoughts, a user can attach a hashtag to a keyword in the post, which allows others to easily find this thread of conversation. For example, let's say each of the contributors in this book wanted to discuss something about their chapters on Twitter; we would make a comment and then perhaps add #blackwomensmh to the tweet. Then anyone who clicked on #blackwomensmh would be able to see all of our tweets in a continuous stream.

## Social Media's Impact on Mental Health

Given the now-pervasive nature of social media, social scientists have had to begin studying how the use of these platforms impacts our mental health. Chen et al. (2013) found that frequent Facebook interaction was associated with greater distress and a negative impact on self-esteem. A new term has even been coined to capture a key phenomenon that has developed due to the use of social media: Fear of Missing Out (FOMO). FOMO refers to a

constant worry that others are having more fun and engaging in more plea-
surable activities than we are. It results in a constant checking of Facebook
and Twitter to compare our current realities to those of our online friends
and leads to pervasive feelings of not measuring up to others. Przybylski et
al. (2013) found that high levels of FOMO were related to lower levels of
satisfaction, general mood, and overall life satisfaction. The study also sug-
gests that FOMO is highly correlated to negative emotions such as insecurity,
envy, and anxiety.

The connectedness that seemingly exists, and the frequency with which
they are used, makes social networks a plausible space for users to share news
about suicidal thoughts and feelings, especially among younger users. This has
prompted both Twitter and Facebook to create mechanisms within the com-
munity to allow users to reports other users who post concerning material
that appears to suggest there may be a threat of harm to self. Facebook in
particular has worked very closely with organizations like the National Suicide
Prevention Lifeline to develop interventions that reduce the stigma of suicide
while also being effective for its community (Bowman, 2015).

## Creating Communities

Beyond connecting with old high school crushes and college classmates, Face-
book has also proved to be useful in allowing users to create groups around
particular interests. Black women have taken advantage of this tool to create
communities to offer support to one another around various subjects pertinent
to mental health. Some of the more popular groups in this genre include: Black
Girls Run, Therapy for Black Girls, Black Women Do Breastfeed, No More
Martyrs, Black Moms Connect, and Depressed While Black.

There are also many ways that Black women have been masterful in
using Twitter to create community, but the use of clever and poignant hashtags
has perhaps been the hallmark. An exploration of recent largely used hashtags
created and used by Black women on Twitter has yielded a couple of areas
that are central to conversations about Black women's mental health. These
areas include self-esteem, sexual violence, and domestic violence. It is not a
coincidence that these are the topics that present themselves when we look at
a gathering of Black women, as this community tends to be disproportionately
impacted by repeated attacks designed to diminish self-esteem and high rates of
sexual violence and harassment. What follows are examples of several of these
hashtags and how they have been used by Black women to create community
and bolster mental health.

*Self-Esteem*

Many of the hashtags used by Black women to defend against attacks on their self-esteem have been organized as a rejection of colorism and the terribly worn narrative that lighter-skinned Black women are more attractive than darker-skinned Black women. In 2014, Dr. Yaba Blay launched www.pretty-period.me, a transmedia project designed to be a response to the often-back-handed comment, "You're pretty for a dark-skinned girl." Her response is, "No, we're pretty. Period." She has developed a site designed to showcase images of darker-skinned Black women. The inception of this project birthed #prettype-riod and can be found attached to scores of tweets as a shared affirmation about the beauty of Black womanhood and the particular beauty of darker-skinned Black women. Similarly, the #DarkSkinRedLip project was developed by Karyn Washington, deceased founder of www.forbrowngirls.com as a means of debunking the myth that darker-skinned Black women are not attractive in bright colors, specifically red lipstick. She encouraged Black women to post pictures of themselves wearing red lipsticks and attaching #DarkSkinRedLip to the tweet in an effort to show the world that red lipstick could be beautiful no matter your skin tone and to boost the collective confidence of Black women. Ms. Washington wrote, "In viewing such images, a darker skinned girl who is hesitant to try a red lip will find the confidence to step out of her comfort zone, disregarding the opinion of anyone else" (n.d., para.1).

A final hashtag that has been pervasive among Black women across Twitter is #BlackGirlMagic. In 2014, Twitter user Auntie Peebz, @thepbg, designed a T-shirt "in celebration of the beauty, intelligence, and power of Black women everywhere." The T-shirt simply declared, "Black Girls Are Magic." What started out then as a cute catchphrase on a hip shirt has now become a rallying cry across Twitter to celebrate and praise Black women and girls who accomplish amazing feats large and small. For example, on November 8, 2014, when it was announced that Loretta Lynch was President Obama's choice for Attorney General of the United States, thousands of tweets went out congratulating her on the nomination and many of them were tagged with #BlackGirlMagic (Horwitz & Eilpern, 2014). When Bree Newsome ("This Flag Comes," 2015) bravely scaled the flagpole outside of the South Carolina State Capitol building, tweets about her were often also tagged with #BlackGirlMagic. And most recently, #BlackGirlMagic was in full swing when Serena Williams completed her fourth consecutive Grand Slam (McCarvel, 2015). Twitter almost came off its axis as Black women across the world tweeted praise and worship as if it was us who had just claimed the title. The cheers and screams were most palpable for this occasion as a New York *Times* article (Rothenberg, 2015) had

just been released that threw jabs at Serena suggesting that her body was less feminine than that of other women tennis players.

## Sexual Violence

*Black Women's Blueprint* reports that 40 percent of Black women report sexual contact of a coercive nature by the age of eighteen. Additionally, they report that for every one Black woman who reports her rape, there are fifteen more Black women who did not report theirs. The Centers for Disease Control indicates that a variety of mental health concerns can develop as a result of sexual violence, including anxiety, depression, and Post-Traumatic Stress Disorder (PTSD). Given the high rates of sexual violence inflicted on Black women, it stands to reason that in a venue such as Twitter where so many Black women are congregated and sharing with one another, conversations and movements related to the prevention of sexual violence would occur. On March 12, 2014, Twitter user @steenfox started a conversation about sexual assault by asking her followers what they were wearing when they were sexually assaulted (Testa, 2014). The conversation started as a rebuttal to the asinine ways that many perpetuate victim blaming by suggesting it was the victim's fault they were assaulted because of what they were wearing. Hundreds of Black women responded to this question, though other women responded as well, and began to create a community around #WhatIWore. Replies using the hash tag included things like pink pajamas, jeans, snow boots, and office clothing. Women shared stories of being assaulted at very young ages, such as five and six, and indicated that perpetrators were everyone from fathers to co-workers.

In a similar vein, Twitter users Mikki Kendall and Jamie Nesbitt Golden ("#FastTailedGirls Hashtag Examines," 2013) started #FastTailedGirls to engage their audiences in a conversation about the ways Black girls and women are often hypersexualized and blamed for sexual violence because they are "fast." Being a "fast-tailed" girl is something that many young Black girls are warned against when growing up. The term smacks of respectability and a strong sentiment that you do not want to be "one of those type of girls" because they are the type of girls who have sex too early, entice older men, or use their feminine wiles for evil. The conversations sparked by this hashtag included Black women discussing the lewd comments older men would make to them as young girls and the damaging impact being known as a "fast-tailed girl" had on women's sexuality and sexual agency. It shed light on all the many ways society at large, and the Black community in particular, continues to blame Black women when they are victimized and rarely want to confront the men who are the perpetrators.

## Street Harassment

Though street harassment may not be directly categorized as an act of sexual violence, it exists as a part of the same entitled and misogynistic culture that promotes sexual violence. A 2014 survey commissioned by Stop Street Harassment reported that 65 percent of women had experienced street harassment. 23 percent had been sexually touched, 20 percent had been followed, and 9 percent had been forced to so something sexual. While this is not only a Black woman's issue, Black women are most definitely highly impacted by street harassment. In the past few years, several Black women have died as a result of dismissing the advances of men who felt entitled to a Black woman's attention. One of the more highly publicized deaths was that of Mary Spears in October 2014. A patron fatally shot Ms. Spears three times outside of a nightclub because she refused to give him her phone number (Smith, 2014). One of the leading authorities in the fight against street harassment of Black women is Feminista Jones. Ms. Jones has developed a campaign entitled #YouOkSis. The campaign developed after Ms. Jones shared a story about how she intervened when another woman was being harassed. She went over to the woman and asked, "You ok sis?" which created a diversion and allowed the woman some space to get away from the harasser. She says that the purpose of the campaign is to raise awareness about street harassment and encourage others, especially men, to intervene when they observe incidents of street harassment simply by asking, "You ok sis?" (Berlatsky, 2014). Since its inception, #YouOkSis has been used by Black women to share stories of street harassment and also as a monitoring system of sorts as women will frequently tweet in real time about threatening situations that are occurring as a means of warning others but also as a means of creating an official record should the incident escalate.

## Domestic Violence

Few things have forced the conversation about domestic violence in the Black community like the surfacing of the video of Ray Rice violently assaulting his wife Janay in a New Jersey elevator. Everyone has opinions about what happened to Ray and whether or not he was treated fairly. And in typical but saddening fashion, the conversation about Janay was not focused on her well-being but on why she would not only stay in the relationship but also marry him, as they had only been engaged when the incident occurred. This response was very triggering for women who had themselves been in domestic violence situations, and Twitter user Beverly Gooden took to her tweets to shed light on why it is so difficult to leave an abusive relationship, with

the hashtag #WhyIStayed ("Beyond Ray Rice," 2014). Almost overnight, the hashtag went viral and was filled with women sharing their painful stories about being in abusive relationships, offering support and resources to one another and creating a community.

Through the use of these various hashtags and communities, Facebook and Twitter serve as virtual support groups for Black women. And support groups, or sister circles, as they are often referred, have long been proven effective in assisting Black women to deal with mental health concerns. In her seminal work, Julia Boyd (1997) details the ways in which sister circles can be used by Black women to foster support and encouragement and Neal-Barnett (2011) discusses the ways in which sister circles can be used by Black women to develop skills to manage anxiety. By nature, sister circles do not need to be led by a specific type of professional, so it can be argued that for many Black women, Facebook and Twitter have indeed become a system of sister circles.

## Online Abuse and Harassment

While a large portion of the time Black women spend on social media is about developing community, playing the dozens, and dropping knowledge about the ills of society, there is also a significant amount of time defending against users whose sole purpose is to antagonize and harass. These users are called trolls. Starr (2014) wrote a story titled "The Unbelievable Harassment Black Women Face Daily on Twitter." In this piece he discusses the experiences of several Black women who have been repeatedly harassed by other Twitter users. As a part of the piece he interviewed Dr. Tanisha C. Ford, who stated that "outspoken Black women are especially vulnerable to online attacks when they speak about social justice issues." This appears to be a commonality among the women who are harassed, according to Starr. The women all frequently discuss things like sexism, patriarchy, racism, feminism, and violence against women on their timelines. The women speak about how often they are called "nigger" and the frequent rape and death threats. Additionally, they lament that it does not appear that the mechanism by which one reports acts of abuse to Twitter is particularly expedient or effective. Gandy (2014) further discusses the sheer will that the abusers exert in order to harass her. One troll in particular creates several profiles a day just so that he can continue to harass. She reported feeling particularly frustrated that no matter how many times she would report these accounts for abuse, Twitter did nothing. Her only reprieve came when she installed a third-party application that allowed her to block accounts that were blocked by others and that had only been created within the past seven days.

Hunt (2014) details her painful experience with cyberbullying after a picture she posted online was shared with a Facebook group. Ms. Hunt had posted a photo of herself right after experiencing an episode of street harassment, and discussed with her audience how creepy the experience was and tagged it with #feminist. Someone found her picture and posted it in an unrelated Facebook group without her permission. Users left hateful comments about her appearance and made comments that she should feel "lucky" that anyone wanted to pay attention to her. Ms. Hunt commented, "I regretted taking the picture. I regretted posting in the feminist tag. . . . I became frustrated and I couldn't stop crying."

## Pivotal Mental Health Moments

Because of the community that has been created among Black women on Twitter, news that is particularly impactful to Black women spreads quickly. This has been the case in the last three years when there have been three high-profile Black women suicides. Erica Kennedy, talented writer of the books *Bling* and *Feminista*, died by suicide in June 2012. Karyn Washington, the creator of the popular style and beauty blog For Brown Girls, died by suicide on April 8, 2014. Titi Branch, one-half of the beautiful sister duo that brought us Miss Jessie's hair care products, died by suicide on December 4, 2014. The passing of each of these women brought the collective online community of Black women to their knees as questions surfaced about what could have happened and how the outcomes could have been different. Each time there were messages shared on Twitter from others who knew these women intimately, a shared sense of grieving that lights so bright were now gone, and a renewed discussion of taking mental health more seriously. It appears that these losses have struck a chord, as you can now find Black women talking more on Twitter about mental health issues. They discuss their experiences in therapy and what the process of finding a therapist was like. They share information about mental health diagnoses and symptoms, and also resources about lower cost treatments and services. These conversations appear to be chipping away at the longstanding stigma Black women have had regarding mental health issues and allowing them to get help in ways they have not previously.

These losses also furthered conversations about the perpetual need for Black women to be "strong" and how this may in fact be contributing to higher suicide rates among Black women. In each of these cases, loved ones and fans alike were left wondering why women so talented and beautiful with so much seemingly going for themselves would choose to end their lives. The duality

of what Black women show to the world versus what is internally experienced is stark and often terribly unhealthy and damaging. Following the death of Karyn Washington, Moody & Williams (2014) shared this:

> [I]t seems, she, like so many other public women who chose to end their lives, suffered not in silence but in plain sight. As the post-script contradictions reveal, broken hearts and troubled minds are masked by fabulosity, "got-it-togetherness," and Mammyism. At the same time, the contradictions also unveiled deep judgment, specifically judgment about how our sisters experience and manage emotional and psychological struggles.

This quote perfectly characterizes why we must be diligent in our quest to shed the need for Black women to be strong in the face of adversity both online and off.

Creating community comes natural for Black women. It is something they have done since the beginning of time, so it is not surprising that they are using online platforms the way that they are to improve their mental health. In fact, the creation of these online communities is a clear illustration of the BREATHE model outlined earlier in this book, as they promote association with other Black women and provide spaces for reflection, transparency, healing, and empowerment. The existence of these communities presents a myriad of options for intervention and development, so it becomes prudent for clinicians and others who are concerned with improving and protecting the mental health of Black women to develop strategies and interventions that are consistent with the communities. To do this effectively, we must have a clear understanding of the culture and nuance of these spaces and an appreciation for how they are being used. It is also important to put into context how others who are not Black women frequently work to dismantle these spaces, as gatherings of Black women often feel threatening to others. It is only in the protection and promotion of these spaces that we really see the mental health of Black women becoming transformative.

## References

Berlatsky, N. (2014). Even if you don't like it, you're supposed to appear that you do. *The Atlantic*. Retrieved from www.theatlantic.com.

Bowman, E. (2015, March 17). Facebook's suicide prevention tools connect friends, test privacy. NPR. Retrieved from www.npr.org.

Centers for Disease Control and Prevention. (2015). *Sexual violence: Consequences.* Retrieved July 21, 2015, from www.cdc.gov/violenceprevention/sexualviolence/consequences.html.

Chen, W. & Lee, K. (2013). Sharing, liking, commenting, and distressed? The pathway between Facebook interaction and psychological distress. *Cyberpsychology, Behavior, and Social Networking, 16*(10), 728–734.

Duggan, M., Ellison, N. B., Lampe, C., Lenhart, A., & Madden, M. (2015, January 9). *Demographics of Key Social Networking Platforms.* Retrieved July 21, 2015, from www.pewinternet.org/2015/01/09/demographics-of-key-social-networking-platforms-2/.

#FastTailedGirls hashtag examines stereotypes facing young girls. (2013, December 2). *Clutch Magazine Online.* Retrieved from www.clutchmagonline.com.

Gandy, I. (2014, August 12). #Twitterfail: Twitter's refusal to handle online stalkers, abusers, and haters. *RH Reality Check.* Retrieved from www.rhrealitycheck.org.

The history of social networking. (2014, August 5). *Digital Trends.* Retrieved from www.digitaltrends.com

Horwitz, S., & Eilperin, J. (2014, November 8). Loretta Lynch, U.S. attorney for N.Y., nominated to be attorney general. *The Washington Post.* Retrieved from www.washingtonpost.com.

Hunt, J. (2014, July 29). I was cyberbullied for being a Black feminist. *XOJane.* Retrieved from www.xojane.com.

McCarvel, N. (2015, July 11). Serena Williams wins Wimbledon, her third major title in 2015. *USA Today.* Retrieved from www.usatoday.com.

Moody, A., & Williams, W. S. (2014, April 14). Is "Strong Black Womanhood" killing our sisters? *Ebony.* Retrieved from www.ebony.com.

Neal-Barnett, A., Stadulis, R., Murray, M., Payne, M., Thomas, A., & Salley, B. (2011). Sister circles as a culturally relevant intervention for anxious Black women. *Clinical Psychology: Science and Practice, 18*(3), 266–273.

Przybylski, A. K., Murayama, K., DeHaan, C. R., & Gladwell, V. (2013). Motivational, emotional, and behavioral correlates of fear of missing out. *Computers in Human Behavior, 29,* 1841–1848.

Rothenberg, B. (2015, July 10). Tennis's top women balance body image with ambition. *The New York Times.* Retrieved from www.nytimes.com.

Serico, C. (2014, September 9). Beyond Ray Rice: #WhyIStayed hashtag personalizes domestic violence. *Today.* Retrieved from www.today.com.

Smith, M. D. (2014, October 17). When Black women die from street harassment. *Feministing.* Retrieved from www.feministing.com.

Starr, T. J. (2014, July 7). #YouOKSis? It's time for men to be proactive in helping women fight street harassment. *Newsone.* Retrieved from www.newsone.com.

Stop Street Harassment (2014). *National Street Harassment Report.* Reston, VA: Stop Street Harassment.

Testa, J. (2014, March 12). Sexual assault survivors answer the question "What were you wearing when you were assaulted?" *Buzzfeed News.* Retrieved from www.buzzfeed.com.

This flag comes down today: Bree Newsome scales SC capitol flagpole, takes down Confederate flag. (2015, July 3). *Democracy Now*. Retrieved from www.democracynow.org.

PART II

# Balancing Strength

# From Worthless to Wellness

## Self-Worth, Power, and Creative Survival
## in Memoirs of Sexual Assault

STEPHANIE Y. EVANS

> SYE: Choose one word that represents your past, one for your present, and one for your future.
>
> KD: The word for my past is worthless. I feel worthless because of what happened to me. The word for my future is astounding. I know I can do great things. I don't have a word for my present. How do I get from worthless to astounding? (Purple Pens Poetry Workshop, for Survivors of Sexual Violence)[1]

In spring 2015, I developed Purple Pens poetry workshops for survivors of sexual violence, in order to share words of encouragement and empowerment. As a survivor of several attacks during my childhood and young adulthood, I eventually found my voice through poetry and by making a career of studying African American women life writers. By learning the healing traditions in Black women's memoirs and intellectual history, I slowly developed an emotionally, socially, and professionally grounded life. I created poetry empowerment workshops out of a desire to combat the social stigma surrounding survival and to help others along their paths of love and struggle by exploring vocabulary and language of "self" in past, present, and future tense. The workshops were held in collaboration with licensed counselors, so attendees had access to professional support to manage post-traumatic stress as well.

During the first workshop, at youthSpark (an organization for youth at risk of abuse and for the prevention of child sex trafficking), one of the young poets could not find a word for her "present" during our haiku exercise. "KD" knew how she felt about her past and knew she would make her future count, but she did not know how to define her present to signal the pivot in a positive direction. In addition to poetry as a healing tool, I have found reading and writing autobiographies can aid survivors in their journey toward wellness by providing an additional vocabulary to enable them to define their steps more clearly.

This chapter, with a focus on self-worth and self-empowerment, explores several case studies of Black women writing their own power into existence. Black women's power memoirs reflect what Layli Maparyan calls a "vitality" of spirit grounded in taking time and space to create a healthy sense of self. This chapter and the online database where the referenced memoirs are located serve as resource guides that assist in a redefinition of power and steps toward Black women's increased self-worth in order to foster balanced mental, emotional, and intellectual development. The summation of this chapter offers six strategies—elements of self-care—based on memoirs by twentieth-century elders, that can increase power by improving quality and longevity of life.

Rape is an ongoing, preventable and worldwide crisis. As seen across the globe, violence has substantial psychological impact on women's mental health (Punamäki, *Journal of Peace Research*).[2] The Center for Disease Control reports that one in five women in the United States is victimized by rape or sexual assault. The silence of shame often experienced by rape survivors is exacerbated by the lack of attention to how Black women are impacted by the direct violence of American police brutality, the cultural violence of silence wrought by protectionism of Black men (as evidenced by the Spelman and Morehouse College issue raised by the 2016 #RapedatSpelman Twitter case), and the structural violence of an astronomical number of incarceration abuses. Rape of Black women and girls, purported to affect one in three, is underreported, underprosecuted, and underresearched. We have much to say about the violence that disproportionately affects us. Violence is a problem; listening to our experiences and learning from our knowledge is part of the solution. Anna Julia Cooper's writing has endured for more than a century and her imperative for Black women to add "our voices to the chorus" has much yet to offer the world in defining problems and identifying marginalized communities as partners in developing solutions.[3] Rape survivor Gabrielle Union, a star in the film *Birth of a Nation*—whose producers Nate Parker and Jean Celestine were accused of rape—represents the imperative for Black women to be vocal and

transparent about our abuse, but also demonstrates the precarious and hostile circumstances that often result from our transparency.

How do we support women who literally feel worth-*less* as a result of abuse? How do we answer Black girls who have questions about self-worth development? How do we point to concrete examples of survivors who have found pathways to power? At the same time that we want to equip survivors to become more adept at activism for social change, we must also address barriers to individual growth or the social activism will not be sustainable. As Bell's research demonstrates, we must move beyond crisis triage in our support to survivors. One effective way to support women survivors is to share how authors write their way into Balance, Reflection, Energy, Association, Transparency, Healing, and Empowerment (BREATHE). Empowerment is the anchor term in the "BREATHE" model that Dr. Kanika Bell and I developed during our initial discussions of this *Black Women's Mental Health* book project and it is central to the past two decades of my work in education and wellness. At its core, KD's question about self-worth is one of self-empowerment.

Black women's creative writing, nonfiction, and research can be helpful in getting survivors farther on our paths from worthless to astounding. This chapter highlights several authors in order to create a vocabulary and toolkit to develop an empowerment curriculum. As is the case with all chapters in this book, my work answers the call for "culturally sensitive research models" that can improve health services and lower rates of health disparities (Dawes & Holden, 2017). Black women are disproportionately victims of sexual assault, so culture-specific resources are essential.

"Power" is the cornerstone of empowerment. As case study and grounded theory research shows, Black women have defined power in multiple ways, including control, influence, rights, and efficacy; each of these concepts bolster notions of self. The main focus in this exploration is how Black women survivors define and experience personal power through writing their lives and how these definitions are practiced by ancestors, elders, and activists. Several types of writing can be utilized, including song lyrics, novels, and media websites, but the primary source of analysis for this chapter consists of autobiography and memoirs, with some attention to poetry.

Black women's narrative definitions of power are different from mainstream White and male definitions, which can be attributed to Black women's social location, standpoint, and experience. Johan Galtung, father of peace studies, identifies three types of violence: direct, institutional, and cultural (Galtung, 2013).[4] Power is most often defined as social domination, but I argue that power struggles involve individual decision making about relation to

self as much as relation to others. While destructive and oppressive power are contributing factors to individual fates, only the individual will is a determining factor in power relations. Both Frederick Douglass and Harriet Tubman exercised a willful "moral power" to resist domination.[5]

Galtung also suggests that "politics is a search for balance." For Black women, the concept of balance is paramount. It is imperative to not define Black women's power solely in terms of "strength" (Chanequa Walker-Barns, 2017), since the stereotype of the "strength" has emerged as a trope that adds to burdens of disproportionate poverty, violence, and stress. By redefining power as the capacity to maintain natural and personal balance in order to positively impact the world, we can see how African American women have penned narratives that show both vulnerability and strength.

Black women experience power in various ways. Sexual assault survivors have documented their journeys out of powerlessness ever since Harriet Jacobs detailed the horrors of sexual assault during her enslavement in her 1861 autobiography, *Incidents in the Life of a Slave Girl*. Many survivors have refashioned power by firing up pens in order to define experiences, collectively address the need to heal, and increase activism for Black women's rights as human rights. Power is not inherently oppressive. As writers such as Byllye Avery, Iyanla Vanzant, and Patricia Hill Collins make clear, power can be a sustainable force if conflict is embraced as normative. Sustainable power, whether individual, social, or political, is about finding places where conflict can be effectively addressed without violence to self or others. This conflict management requires development of balance in life skills.

Life writing is a radical act of self-care; through penning stories of struggle and growth, Africana authors have resisted invisibility, dehumanization, and injustice. This body of work reflects Black women's intellectual history of looking back, inside, and forward to demand both inner peace and social justice. The five survivor case studies chosen for this chapter explore how Black women have defined personal power as a means of resistance but also as a guide for literary mentoring useful to those facing challenges to mental health. All five authors shared intimate stories of their abuse and survival, so these findings are particularly relevant to the disproportionate number of women of color who are survivors of sexual violence. On the whole, Black women's memoirs are a compelling data set that connects voices through time and space. This can also be seen in the narratives of twentieth century elders who lived into their nineties and one hundreds. Centenarian and nonagenarian narratives clearly depict a connective generational quality connecting past, present, and future generations. There is a continuum of struggle for wellness, from those who survived enslavement and then crafted Civil Rights and Black Power movements to those visionaries currently building the Black Lives Matter movement, Black

Girl Magic social media campaign, Beyoncé's Lemonade "formation," and those innovators creating Afrofuturist communities. These are, indeed, astounding women who have provided roadmaps and guides to follow.

## "Astounding" Empowerment and Naming "Self" in Black Women's Narratives

> Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.
>
> —Audre Lorde (1988)

Black women's memoirs reveal a tradition of inner peace (mental, physical, and spiritual self-definition) serving as a pathway to outer peace (social, political, and economic resistance). The journey to self-worth involves several strategies, beginning with an altered sense of self. Five Black women authors reveal strategies of poetry (Staceyann Chin), meditation (Patrice Gaines), silent retreats (Rachel Bagby), self-hypnosis (Letty Chihoro), and personal training (Laila Ali) as starting points in their journeys to inner peace and personal power. By becoming a poet, writer, vocalist, neuropsychologist, or boxer these women each became independent and active in working to raise awareness around social justice issues even as their activities helped them change how they saw themselves. Their stories demonstrate how Black women's memoirs epitomize radical self-preservation, which, as Audre Lorde argued, is inherently political. They show Black women's determination to work for others' freedom, even as we strive for our own.

In this analysis, I suggest a shift in how we discuss power. Survivor memoirs show that although the authors explicitly articulate challenges to gaining positive self-worth, they attained personal power by nurturing their own passions and defining their lives in terms of success through self-investment. This change in the dialogue of worth and the common notion of power shifts from power as "control of others" to "control of self"—placing personal power at the fore as an essential element of Black women's political and social self-possession. Very few Black women have power over others; a focus on self makes power more readily recognizable and therefore attainable. The notions of peace, power, and self are inextricably intertwined.

This focus on increasing the value of "self" can encourage current discourse to move beyond the trope of StrongBlackWoman (as defined by Walker-Barnes). Gaining power involves an inevitable inner struggle for balance—one not reconciled by "strength" alone. Thus, gaining inner peace and maintaining one's "self" must involve spending time learning to embrace balance through the language of "self."

## Learning the Language of Self

Black women's creative writing enables a reenvisioning of life. Readers can turn to Black women theorists to engage new ideas and language, particularly language helpful to defining dimensions of inner peace. One foundational collection of Black women's writing easily expands our vocabulary of "self." A survey of Beverly Guy-Sheftall's *Words of Fire: An Anthology of African American Feminist Thought* (1995) shows that KD's conception of self as self-worth is one of dozens of ways Black women write about self.

Table 1. Survey of Terms for "Self" in Black Women's Writing

| *Main Terms* | *Additional Terms* | *Negative Terms* | *Health and Mental Health Terms* |
|---|---|---|---|
| Self- | Self- | Self- | Self- |
| Concept | Actualization | Aggrandizement | **Care** |
| Defense | Appointed | Conscious | Efficacy |
| **Definition** | Assessment | Consuming | Empowerment |
| **Determination** | Culture | Criticism | |
| Esteem | Development | Deception | |
| Help | Discovery | Defeating | |
| **Love** | **Empowerment** | Deprecation | |
| Image | Fulfillment | Destruction | |
| Interest | Government | Doubt | |
| (Self) | Identity | Effacing | |
| Sufficient | Improvement | Hatred | |
| Test | Interrogation | Imposed | |
| **Worth** | Knowledge | Regulating | |
| | Maintenance | Sacrifice | |
| | Perpetuating | | |
| | Possession | | |
| | Propelled | | |
| | Published | | |
| | Realization | | |
| | Reliance | | |
| | Respect | | |
| | Rule | | |
| | Satisfaction | | |
| | Set | | |
| | Supporting | | |
| | Understanding | | |

As the search results show (in bold), most often writers articulated self in terms of definition, determination, empowerment, love, and worth. Beyond this list of prevalent ways self can be defined, there are engaging texts by feminist theorists, such as Audre Lorde who centralizes "self-care" and the radical notion of the need and right to focus on one's own health. Womanist scholar Layli Maparyan writes about self-care in terms of "vitality" and identifies practices such as meditation and nutrition as necessary for vital health. These ideas are echoed in the memoirs surveyed.

In addition to feminist and womanist ideas, cues must be taken from empirical research in areas such as psychology and social work. The survey by Dr. Bell and her fifty counselor colleagues delves into the complexity of Black women conceiving inner peace and challenges to achieving it. Further, psychologist Carolyn Tucker identifies self-empowerment as a means to better understand Africana learning and health in terms of desired outcomes, which is essential to understanding that self-worth is not about self-esteem on a surface level; self-worth is tied to identity development and self-efficacy. In addition, social work scholar Joyce West Stevens offers discussion of self-efficacy as the ability to exercise mastery and competence in life skills.[6] This language of self is a first step to answer KD's question of how to move from "worthless" to "astounding" by redefining the self as a central focus worthy of value. Counselors and therapists can easily apply these terms of self as guides for individual and group work. For example, self-worth vocabularies can be helpful in dealing with the stages most often experienced by sexual assault survivors:[7]

Table 2. Four Psychological Stages of Sexual Assault Survivors and Positive Redefinition of "Self"

| | | |
|---|---|---|
| Crisis | ⇒ | Self-Care |
| Denial | ⇒ | Self-Love |
| Stress | ⇒ | Self-Determination |
| Recovery | ⇒ | Self-Definition |

Using Black women's writing to bolster steps to increase self-worth enables wellness and can mediate additional ecological stressors that survivors encounter, such as establishing intimate relationships, managing economic hardship, or countering political hostilities of racism and sexism. In addition to the five authors highlighted in this chapter, the Africana Memoirs database shows that hundreds of Black women authors have narrated ways to gain and maintain balance, many after sexual assault, one of the most devastating—and common—social stressors facing Black women. The journey to power is an

arduous and lengthy process, but the testimonies of how it can be done through increased value of self are abundant and compelling.

Literary mentoring is a concept that highlights how readers can engage books as tools for guidance. While personal mentoring is absolutely necessary for growth, books can support a person's quest for self-fulfillment. Just as Oprah noted that reading Maya Angelou's *I Know Why the Caged Bird Sings* helped her come to terms with her own abuse, survivors of sexual violence are one significant group who can benefit from literary mentoring because memoirs render Black women's experiences visible.

Autobiography and memoir rest at the crossroads of literature and history. A tradition of literary critics that explore autobiography includes Nellie McKay (1998), bell hooks (1998), Patricia Bell Scott and Juanita Johnson-Bailey (1998), Joanne Braxton (1989), Margo Perkins (2000), Rosetta Haynes (2011), Layli Maparyan (2012), and Angela Ards (2016). These critics outline general themes in Black women's narratives, including reclamation (memory) and self-creation, while others highlight memoirs written as activism or explicitly to mentor future generations. For decades, scholars have explored memoirs and show life writing as a classic way Black women claimed self-empowerment by defining their lives and redefining their self-worth.

## Africana Memoirs—A Database for Empowerment

> As Black American women . . . we have been as invisible to the dominant culture as rain; we have been knowers, but we have not been known. . . . Aframerican autobiographical tradition encompasses survival, search for public voice, personal fulfillment, and self-creation.
>
> —Joanne Braxton, *Black Women Writing Autobiography:
> A Tradition within a Tradition*

In 2013, I created AfricanaMemoirs.net, an online database that catalogs more than five hundred published life stories by Black women from around the globe. The library was developed to encourage research based on Black women's voices.[8] Articles such as "Healing Traditions in Black Women's Writing: Resources for Poetry Therapy," published in *Journal of Poetry Therapy*, exemplify possible applications for this body of information.[9] "Healing Traditions" identified fifty-four Black women writers whose memoirs, poetry, and song lyrics provide resources for mental health practice in general and bibliotherapy in particular. Issues relevant to Black women's perspectives were located and themes in leading artists' work were highlighted. Themes offered an in-depth poetry curriculum for creative approaches to empowerment.

Essentially, inner peace represents inner work to change the self, while interpersonal and social influence, political rights, and global efficacy represent outer work to change the world. Levels of social location include self (micro), community (meso), nation (macro), and international (global). These levels are prominent in work by Gwen-Kirk and Margo Okezowaa-Ray (women's studies), Johan Galtung (peace studies), and Daniel Dawes and Kisha Holden (health care policy). By claiming self-empowerment and self-worth through writing and expanding their world through creativity (poetry, boxing, journalism, singing, and neuropsychology), these women gained a semblance of power at the other levels of social location beyond their individual selves. In a survey of narratives, dozens of Black women identified themselves as survivors of sexual violence. Five samples stand out as particularly relevant.

## Five Case Studies: Power of a Poet, Journalist, Vocalist, Neuropsychologist, and Boxer

> The cause of freedom is not the cause of a race or a sect, a party or a class,—it is the cause of human kind, the very birthright of humanity. . . . It is not the intelligent woman vs. the ignorant woman; nor the white woman vs. the black, the brown, and the red,—it is not even the cause of woman vs. man. Nay, 'tis woman's strongest vindication for speaking that *the world needs to hear her voice*. It would be subversive of every human interest that the cry of one-half the human family be stifled.
>
> —Anna Julia Cooper

To select stories for investigation, *power* was used as a key search word in book titles. Of the five hundred online narratives, more than two hundred are searchable. The result of the search garnered a list of twelve narratives by Black women with the word *power* in the title.

*Memoirs*

1. *A Taste of Power: A Black Woman's Story*. Elaine Brown

2. *Speaking Truth to Power*. Anita Hill

3. *Laughing in the Dark: From Colored Girl to Woman of Color— A Journey From Prison to Power*. Patrice Gaines

4. *Never Forget: The Riveting Story of One Woman's Journey from Public Housing to the Corridors of Power*. Kay James Coles

5. *The Power Journal: Chronicles of a Revolutionary Black Woman in White America.* Waset

6. *Remembering the Power of Words: The Life of an Oregon Activist, Legislator, and Community Leader.* Avel Louise Gordly

7. *Loving Me: Reclaiming my Power.* Letty Chihoro

8. *Doorways to Significance: Finding Peace, Power, Passion.* Holland Pat Conner

9. *Reach: Finding Strength, Spirit, and Personal Power.* Laila Ali

10. *The Art of Feeling Good: The Power of Ase Yoga.* Robbin Alston

11. *Divine Daughters: Liberating the Power and Passion of Women's Voices.* Rachel Bagby

12. *Powers Divine: Spiritual Autobiography and Black Women's Writing.* Tomeiko Ashford Carter

Samples from this narrative collection include a cancer survivor who found moral and spiritual balance through Afro-centric yoga (Alston) and the daughter of Muhammad Ali who survived child molestation by two family members (Ali). Laila Ali turned to boxing as a way to repossess her body; boxing gave way to a nonviolent creative self and Ali subsequently became a favorite competitor on the television show *Dancing with the Stars*. Narratives also include tales of a woman recovering from drug abuse and imprisonment who earned honors as a top reporter for the *Washington Post* (Gaines) and compelling political activism by one of the women leaders of the Black Panther Party for Self-Defense (Brown). One of the most recognizable authors, Anita Hill, aptly titled her autobiography *Speaking Truth to Power* in a brazen refutation of the power of the state to dictate the meaning of her experience with sexual harassment by then Supreme Court Justice nominee Clarence Thomas.

Black women's life stories embody the value of social transformation, as can be seen in a woman's story that helped to shape ethics when she became both a community activist and state legislator (Gordley). Taken together, these twelve stories of power offer case studies of how individuals, organizations, communities, and nations come to the table to foster positive growth. Of this data set, six of the narratives focus on personal power (micro), and six discuss power in terms of meso, macro, or global contexts. Of the six authors who explore personal power, four are survivors of sexual assault. In excerpts below, survivor/authors give a glimpse of how low self-worth deeply impacted their

lives and how important personal power can be to reversing damage done from abuse (emphases added).

<small>Laila Ali–Teenage Sex</small>

*Reach!: Finding Strength, Spirit, and Personal Power* (2002). Molested by relative on father's side (age 5) and relative on mother's side (age 11).

> Why did I consent to sex at so young an age [fourteen]? Part of it was curiosity; I'd heard about it, now I wanted to see what it was. I was also sure I was in love. It wasn't a matter of desire, and it wasn't because Mike was pressuring me. He wasn't that kind of guy. Then why didn't I have better sense? *Maybe it was lack of self-esteem typical of most young girls. We aren't secure enough to say no.* We haven't learned how to protect ourselves from emotional and physical harm. And many of us don't have the advantage of parental guidance. (p. 52)

<small>Patrice Gaines—Prison Life</small>

*Laughing in the Dark: From Colored Girl to Woman of Color—A Journey From Prison to Power* (2010). Drugged and raped (age 22); raped and beaten by boyfriend (to try and "turn her out"—prostitute her).

> I thought I was revolutionary because I read H. Rap Brown, George Jackson, the Black Muslim and the Black Panthers' newspapers. But my intelligence was misguided. In my personal sphere, I was the perfect victim for men who preyed on women with *low self-esteem, women who had not yet learned to say "no."* Before and after my time in the jail cell, I would be physically and verbally brutalized and disrespected in an infinite number of ways by these men. I chose them; I attracted certain men just as a magnet attracts certain metal. One day I would understand this, that if I changed, I would attract a totally different kind of man—and, more astonishing to me, a different kind of life. (pp. 2–3)

> The absence of clocks was just one of an infinite number of condi-tions in jail aimed at reducing our sense of *self-worth*, which was ironic, because those of us who were incarcerated had walked into jail already thinking so little of ourselves. I was reduced to a number

and a last name, to an existence that did not allow privacy, unable
to express my singularity by the way I dressed or wore my hair. Yet
I saw in some of the women just how easily they had accepted that
this small space and these limited freedoms would be the perimeters
of their lives. Would their lives be any freer outside? (pp. 111–112)

### Rachel Bagby—Internalized Racism

*Divine Daughters: Liberating the Power and Passion of Women's Voices* (1999).
Raped during an outdoor nature retreat (age 25).

> When I was done [at the retreat], I had confessed my desire to be
> white when it became clear that some white woman would win
> the John Robert Powers Finishing School Modeling contest, even
> though the most beautiful contestants were us colored girls, if you
> asked me. I confessed deciding that I would marry a white boy to
> have access to their kind of power in the world if my classmates
> at Stanford Law School were right in their perceptions that no
> matter how good I got I would never be one of them. Somehow I
> thought I could be one of them if I learned what they learned and
> thought like they thought. I thought that succeeding at becoming
> a white boy would really be the best that I could be. I confessed
> every last heinous detail of *self-hatred* I now knew to call by that
> name. (p. 105)

### Letty Chihoro—Colonialism in Africa

*Loving Me: Reclaiming my Power* (2012). Raped by female mission doctor during medical exam (age 13).

> Caught between African traditional practices, Christian fundamen-
> talism and the racism typical of British Colonialism she became
> impatient with traditional practices, skeptical of Christianity and
> angry at the racism. Living in such a society, it was inevitable that
> the standard African diet was dropped in favour of the standard
> Western diet. Letty grew up with many chronic health issues like
> allergies and migraines. This was compounded by the anger and
> *self-worth* issues that came with living in a society where one race
> was considered vastly superior to all the others. Through the internet,

the ready availability of books, courses and practice she gradually overcame her health challenges and started moving towards peace of mind and mental well-being. (p. 165)

Each of these survivor's stories with "power" in the title presents alternative definitions of power as authority, control, influence, rights, sovereignty, and efficacy. Each of these narratives shows how to move from "worthless" feelings derived from oppression to "astounding" active and productive self-definition. Specifically, lessons can be gleaned for the benefit of survivors like KD. Authors suggest survivors have the power to:

1. Say "no" (Ali) for self-care

2. Internalize beauty (Bagby) for self-love

3. Express your individuality (Gaines) for self-definition

4. Find your own way (Chihoro) for self-determination.

These instructions for investing in self and moving in one's power represent the best of experiential narratives. Identifying lessons such as these is only a first step to increase self-worth, but a very important one.

It is also imperative that we do not reduce self-worth to a discussion of surface "pride" but encourage readers to dig deep into the implications and applications that having pride should produce. Furthermore, Carolyn Tucker points out that self-empowerment is not simply a matter of self-esteem; she demonstrates in her empirical studies that measurable empowerment means developing one's ability to control key factors to enhance one's personal safety and manage behaviors that lead to success (Tucker, 2002). As relevant examples, authors of survivor memoirs are transparent about the times when they faced the most challenges with choices and options and chronicle the steps they took to mediate the lasting impact of those challenges. The authors' measurable outcomes evidence that while we do not always control options presented, it is important to get to the point where we can make good choices. Lack of self-worth impedes abilities to feel justified in exercising self-control by saying yes or no to options that life presents. This need for development is clear in the narratives of teen sex (Ali), shame due to imprisonment (Gaines), internalized racism (Bagby), and out of control anger (Chihoro). So what particular skills did these authors develop to get from worthless to astounding?

## Survivor Self-Worth Skills Development

> Whatever their strategies of self-construction, active resistance to oppression of all kinds has been at the center of the history of Black women's lives in this country from slavery to the present time. These narratives are as politically significant as more overt modes of protest.
>
> —Nellie Y. McKay

The above case studies provide specific examples of how individuals come to the table to mediate personal conflict and foster positive growth. Skills developed to enhance what I term survivor self-worth vary from author to author, but each represents measured growth in mind, body, and spirit. In books by the above authors, survivor self-worth skills development strategies included meditative writing (Gaines), silent retreats (Rachel Bagby), self-hypnosis (Letty Chihoro), and personal training (Laila Ali). Each of these authors began to invest time and energy into herself to develop creative outlets for reflecting the self in positive ways. Though each author chronicles the barriers to spending time nurturing their passion and purpose, they all state that spending time with, by, and for themselves was key to their empowerment. These stories aptly demonstrate that self-determination is a journey, not a destination. These activities were examples of the directive to "discover inspiration" as the first step toward inner peace (Bell, 2017). They also reflect the authors' attempts to "nurture thyself," advocated by Bell and the practitioners or scholars surveyed.

    The stress level in the United States, as in many Western nations, has skyrocketed.[10] Several autobiographies in the Africana Memoirs database address Black women's struggle against depression (Danquah), eating disorders (Armstrong), self-esteem (Jackson), bipolar condition (Harris and Coleman), alcoholism (Allen), and drug abuse (Gaines):

- *Not all Black Girls Know How to Eat: A Story of Bulimia.* Stephanie Armstrong (2009)

- *Willow Weep for Me: A Black Woman's Journey through Depression.* Meri Danquah

- *A Long Shot: My Bi-polar Life and the Horses Who Saved Me.* Sylvia Harris (2011)

- *True You: A Journey to Finding and Loving Yourself.* Janet Jackson

- *Laughing in the Dark: From Colored Girl to Woman of Color—A Journey from Prison to Power.* Patrice Gaines

- *I'm Black and I'm Sober: The Timeless Story of a Woman's Journey Back to Sanity.* Chaney Allen

- *Bipolar Faith: A Black Woman's Journey with Depression and Faith.* Monica Coleman (2016)

These are what Brown and Keith call "everyday role models" in the Afterword. As these titles demonstrate, health is at the crossroads of inner work (self-change) and outer work (changing the world). Maparyan points out that the path to health and wellness begins with the realization and commitment to personal health as well as the commitment to bring about change at other levels of interpersonal, social, and political conflict. World peace depends on inner peace and vice versa:

> Applied mysticism is about examining everyday examples . . . while also augmenting people's sense of personal power to make change in situations that demand it. There are two basic steps to performing miracles and changing the world: Step 1 Change yourself (the inner work). Step 2 Change the world (the outer work). Because these two steps evolve in parallel and mutually determine each other's success, these two activities must always mirror each other.[11]

This inner and outer work is especially relevant for survivors. Developing the skill set for inner peace is the crux of sustainable success for social change at all other levels.

Memoirs and autobiographies are only one genre in which Black women write power into their lives. Below, readers find additional resources in culturally relevant poems, songs, novels, and websites. In particular, poet Stacyann Chin (the fifth featured memoirist) demonstrates the breadth of genres in which empowerment can be located and how creative writers are a deep well from which survivors can draw to facilitate growth.

## Power of Black Women's Poetry

Several critical collections of literary theory identify poetry as power, most directly in the mosaic by Elizabeth Alexander (2007). *Power and Possibility:*

*Essays, Reviews, and Interviews* (Poets on Poetry) explores Black poetry and art from Paul Laurence Dunbar classics to feminist legacies of Toni Cade, June Jordan, and Audre Lorde. Audre Lorde herself presents the most salient example of power in Black women's poetry with a poem titled, simply "power." This poem takes a hypothetical violent stance in response to systematic violence, showing how futile and destructive "fire with fire" solutions can be. Moreover, an essay by Lorde, an oft-cited work titled, "Uses of the Erotic: Erotic as Power" introduces antiviolence in the form of sensuous love of self as "self-affirming."

> Recognizing the power of the erotic within our lives can give us the energy to pursue genuine change within our world, rather than merely settling for a shift of characters in the same weary drama. For not only do we touch our most profoundly creative source, but we do that which is female and self-affirming in the face of a racist, patriarchal, and anti-erotic society.[12]

Claiming one's body and right to joy is one revolutionary idea among many that Lorde has contributed. This idea is especially radical for survivors who must contend with sexual abuse in order to (re)claim the joy of sex.

Maya Angelou offers the preeminent example of power poetry by survivors. Angelou, a memoirist who also shared her story of childhood rape in the iconic *I Know Why the Caged Bird Sings*, was also a noteworthy poet. In addition to uplifting poetry such as "Phenomenal Woman," Angelou contributed a vision of society where power conquers fear:

> When we come to it
> We, this people, on this wayward, floating body
> Created on this earth, of this earth
> Have the power to fashion for this earth
> A climate where every man and every woman
> Can live freely without sanctimonious piety
> Without crippling fear

Angelou read this sentiment, an excerpt from "A Brave and Startling Truth," at the Fiftieth Anniversary of the United Nations Charter and, as in most of her work, she challenged audiences to revise how we see, feel, and think about power. Like Angelou, Margaret Walker wrote "Power to the People," and in her famous poem, "For My People," she penned a tribute to those who "bend their knees humbly to an unseen power," locating the power of Black struggle in spiritual humility. Similarly, Sonia Sanchez's, "Love Poem (for Tupac)," asked,

"Where are your fathers? . . . what have they taught you about power and peace?" Sanchez, an avid peace activist, personifies the notion that peace is the lifeblood of sustainable power, and peace is the key to longevity and Black women's health. Further, in "Dear Mama," Sanchez praises Black women, "wanting to be like them. Adult. Powerful. Loving." Much like the memoir database, poems of power are part of an expansive creative catalog of life stories.

In a survey of published collections by Black women poets, Stacyann Chin emerged as the contemporary poet who uses the term *power* most in her writing. Chin is another survivor of sexual assault: she narrowly escaped a gang rape on her campus in Kingston, Jamaica. The five assailants thought she was lesbian because she refused their advances and they were going to rape her to "turn her around." Her memoir, *The Other Side of Paradise* (2009), recorded her "general feeling of worthlessness," and her path to personal power through spoken word poetry:

> I am learning that one never really puts a turbulent childhood completely to rest. As an adult, I have been very lucky. As soon as I got to New York City I discovered the culture of performance poetry. From the very first moment I stepped to the microphone, I have been telling bits of this story in verse, in prose, and, later on, more fully in autobiographical one-person Off-Broadway plays. The constant examination of the life I have lived has made it clear to me that the events of those early years were not my fault; I did nothing to deserve being abandoned or assaulted or otherwise abused. After that I began the business of managing my defense mechanisms, neuroses, and general feelings of *worthlessness*. (Chin, 2009, p. 275)

> At the end of the night the audience is on its feet. One girl corners me after the performance and tells me, "Boy, Staceyann, you were so electrifying when you were shouting at the audience. You looked so angry! It was wonderful! You looked so sexy and powerful up there!" (Chin, 2009, p. 269)

In the same way that creative production can be located in narratives of personal growth, memoirs by artists and poets are a site of hope and struggle. Powerful poets have chronicled their personal experiences and codified their messages of self-validation since the 1770s, when Phillis Wheatley contributed her reflections. Sexual assault survivors such as Chin and poet June Jordan (who survived two rapes) give readers multiple experiential and creative genres to

access in their process of moving through crisis and denial, through struggle to recovery.

Each of the five featured authors shared terms for self that can be useful in creative therapies. Additionally, survivor narratives can be accompanied by online resources, which provide a multimedia opportunity to engage survivor groups in discussion about moving forward in their lives.[13] In statements supplemented by videos available on YouTube or personal websites, Gaines assures readers that success requires you to "change for yourself"; Bagby shares the chant "full woman" that she uses in voice classes with women in workshops throughout the world; Chihoro demonstrates the power of "self-help" particularly through focus on nutrition and self-hypnosis; Ali reveals how "unconditional love" for her children and a focus on their nutrition and health helped fill the holes that remained from her own childhood; and Chin claims that she is "unruly" and her determination to own her self and come to full personhood on stage through her poetry was the source of her empowerment. Each message was derived from a skill honed by the survivor-author and serves as enduring inspiration to others who struggle to find the essence of their personal power and the basic currency of their self-worth.

As would be expected, in other genres Black women's creative and popular writing reflects similar themes of power as self-control and autonomous authority. Songs and fiction references to power abound, but the idea of Black women's power is most readily accessible in media outlines.[14]

## Power by Other Names

Power in Black women's writing is pervasive in media. Black women are writing ourselves into power in areas of prime real estate on the World Wide Web. For example, a search for the term *power* on several Black women–owned media sites reveal the significance of controlling internet space. An internet search for the terms *Black women* and *power* garnered a list of twenty-two sites owned, edited, and/or managed by Black women.

*Web-based Blogs, Magazines, and News Sites*

1. A Belle in Brooklyn

2. Afrobella

3. The Burton Wire

4. Black and Married with Kids

5. Black Enterprise Magazine February 2014 (Woman of Power edition)

6. Colored Girl Confidential

7. Clutch

8. Colorlines

9. Crew of 42

10. Crunk Feminist Collective

11. Ebony

12. Essence Magazine

13. For Harriet

14. The Frugal Feminista

15. Good Black News

16. Hello Beautiful

17. Madame Noir

18. My Brown Baby

19. My Creative Connection

20. Tea & Breakfast

21. Three LOL

22. Urbanbushbabes

In addition to corporate publications like *Essence* and *Ebony*, news and media sites include *The Burton Wire*, *For Harriet*, *Madam Noir*, *Afrobella*, and *Crunk Feminist Collective*. There are also blogs designed to specifically address Black women's mental health; these include *No More Martyrs*, *Sista Mental Health*, *Black Girl Mental Health*, *Black Women for Wellness*, *Life Balance Wellness Institute*, and *Happy Black Woman*. These are critical spaces for redefinition and places where survivors can access a large database of vocabulary to shape a positive self and guidance on how to enhance their self-worth.

During research of several genres of writing, including Black women's academic publications, many terms were discovered related to power. This "vocabulary for KD," can augment the vocabulary for self:

*Vocabulary for KD: How to Define Your Power*

- Self-determination
- Strength
- Getting over
- Politics
- Leadership
- Business
- Revolution
- Freedom
- Rights
- Resistance
- Struggle
- Justice
- Liberation
- Pride
- Humility
- Will power
- Disempowerment

Where there is a gap in knowledge, Black women writers fill in vital information that can impact all levels of social justice.

## National Dialogues of Survivor Self-Worth, Human Rights, and Social Justice

In the law, rights are islands of empowerment. To be un-righted is to be disempowered, and the line between rights and no-rights is most often the line between dominators and oppressors.

—Patricia J. Williams (1991)

> It is well known that the power to think, the power to appreciate, and the power to will the right and make it prevail, is the sum total of the faculties of the human soul.
>
> —Anna Julia Cooper (1930s)

Noah Webster's dictionary defines *power* as "control and influence." While I agree generally with terminology in this definition, the spirit is misguided and the two terms alone are inadequate. I reject the idea that "control over people or institutions" constitutes power, especially if control is gained by violence or obligation. Neither is "influence" sufficient as a term because it has too often been practiced as manipulation or coercion. Sustainable power resides only within the self, which is why Black women have maintained a modicum of power despite generations of violence and oppression. Black women's power of self has endured not only through control and influence, but by connection to life outside of self. Human connection and association must move beyond domination.

Power as "control over people or institutions" can most easily be recognized as Machiavellian, a model outlined in Robert Greene's bestselling book *The 48 Laws of Power* (1998). Greene gives a meticulous catalog of hegemonic power. He does not advocate for the oppressive use of power, but his survey of common popular historical practices of guile, cunning, and suppression reflect the widespread attitude that power equals dominion over others. The Machiavellian model of power as abuse is wholly inadequate as a desirable paradigm. For centuries, idiots like Machiavelli have dominated conversation and followers who have enslaved billions on groundless, false, and shaky notions of white and male superiority. Power as domination translates into horrible outcomes . . . such as rape. Rape is about domination, not about sex. To reclaim self-worth, survivors must redefine power. Looking to Black women's intellectual history is one way to identify suitable paradigms for beginning to understand how Black women redefine power.

Self-empowerment is a central part of mission statements for agencies concerned with Black women's wellness. For example, Black Women's Health Imperative (national), Center for Black Women's Wellness (local-general mission), and youthSpark VOICES (local-specific mission) all include the term *empowerment* as central to their goals and objectives. Defining empowerment is a task that can impact evaluation and assessment of objectives inside institutions, whether college classroom, after-school program, or community agency.

In the year 2015, several Black women activist groups showed the power of Black women: #Blacklivesmatter, #Sayhername, #SandraBland, #BreeNewsome

are movements to claim Black women's rights as human rights. These activists are a continuum of Black women writers, educators, social workers, and community advocates who have fought for justice since Africans were captured and brought to America. These movements connect to international issues, Nigeria's #Bringbackourgirls, for example, that clearly show the necessity of fighting sexual violence on a global scale. Black women's formal and informal networks show a tenacity and perseverance that simply will not be overcome by personal, social, or structural injustice.

In 2016, the explosion of Beyoncé Knowles's song "Formation" as a tribute to the #Blacklivesmatter movement and her subsequent release of the video album *Lemonade* prompted a national dialogue. Several Black women scholars created a "Lemonade syllabus" and an engaged and exciting debate took place between members of the "Beyhive," Black feminists—most notably bell hooks—and third world feminists as well. The points and counterpoints about global capitalism, patriarchy, sexuality, skin color, body size, Black women's networks, and a host of other offshoot topics present a brilliant example of the endless possibilities available to discuss self-worth, power, and social justice through feminist and womanist dialogue. One of the beautiful aspects of the discourse is that, in a virtual room filled with Black women, there was a range of views and heated disagreement. Disagreement continued later in 2016 when Laila Ali chose not to support the Black Lives Matter movement for fear of losing sponsorship. At the same time, some took to social media and popular news venues to deride Angela Davis for stating her belief that people should vote for Hillary Clinton because the 2016 election stakes were so high, even while fighting for a more viable third party after the election. Bloggers, scholars, activists, and fans equally presented samples of Black women's strength and vulnerably, clearly demonstrating that Brown and Keith's challenge to move beyond simple binaries when discussing Black women's power, empowerment, and mental health is certainly beginning to gain momentum in a variety of arenas.

## Conclusion: Messengers of Health, Literary Mentoring, and Tools for Creative Survival

The memory of past oppression and the fact of present attempted repression only serve to gather momentum for . . . irrepressible powers [of Africans in America].

—Anna Julia Cooper, "The Status of Women in America," (1892)

Rights contain images of power, and manipulating those images, either visually or linguistically, is central in the making and maintenance of rights. In principle, therefore, the more dizzyingly diverse the images that are propagated, the more empowered we will be as a society.

—Patricia J. Williams (1991)

In the book *Purple Sparks: Poetry by Survivors of Sexual Violence* (Evans & Myles, 2016) more than sixty Black women's narratives are identified.

Table 3. Rape, Molestation, Assault, Domestic Abuse, Harassment, and FGM in Memoirs[15]

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Laila Ali, *Reach!: Finding Strength, Spirit and Personal Power*
Maya Angelou, *I Know Why the Caged Bird Sings*
Asha Bandele, *The Prisoner's Wife*
Violet Barungi, *Farming Ashes: Tales of Agony and Resilience*
Halima Bashir, *Tears of the Desert: A Memoir of Survival in Darfur*
Angela Bassett, *Friends: A Love Story*
Donna Britt, *Brothers (and Me): A Memoir of Loving and Giving*
Betty Brown, *Open Secrets: A Poor Person's Life in Higher Education*
Cupcake Brown, *Piece of Cake: A Memoir*
Julian Bullock, *Here I Stand*
Ayana Byrd, *Naked: Black Women Bare All About Their Skin, Hair, Lips, and Other Parts*
Theresa Cameron, *Foster Care Odyssey: A Black Girl's Story*
Shanetris Campbell, *I Am Not My Father's Daughter*
Diahann Carroll, *The Legs Are the Last to Go*
Vera Chapelle, *Beauty and Truth: Journeying through Joy and Sorrow, Pain and Peace*
Letty Chihoro, *Loving Me: Reclaiming my Power*
Julia Jeter Cleckley, *A Promise Fulfilled: My Life as a Wife and Mother Soldier and General Officer*
Iris Cooke, *The Little Black Book of Child Sex Slavery*
Cynthia Cooper, *She Got Game: My Personal Odyssey*
Dorothy Cotton, *If Your Back's Not Bent: The Role of the Citizenship Education Program in the Civil Rights Movement*
Stephanie Covington Armstrong, *Not All Black Girls Know How to Eat*
Lorie Crawford, *Memoirs of a Black Woman: The Tale of Two Women*
Delores Cross: *Beyond the Wall*
Sandra Pepa Denton, *Let's Talk About Pep*
Debra Dickerson, *An American Story*
Waris Dirie, *Desert Flower*

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Table 3. Continued.

Patricia Due, *Freedom in the Family: A Mother Daughter Memoir of the Fight for Civil Rights*
Katherine Dunham, *Loss of Innocence*
Stacie Farr, *Black Girl in America*
Patrice Gaines, *Laughing in the Dark: From Colored Girl to Woman of Color*
Robin Givens, *Grace Will Lead Me Home*
Marita Golden, *Migrations of the Heart*
Pam Grier, *Foxy: My Life in Three Acts*
Marilynn Griffith, *SistahFaith: Real Stories of Pain, Truth and Triumph*
Saidiya Hartman, *Lose Your Mother: A Journey Along the Atlantic Slave Route*
Martha Hawkins, *Finding Martha's Place: My Journey Through Sin, Salvation, and Lots of Soul Food*
Ruth Hegerty, *Bittersweet Journey*
Anita Hill, *Speaking Truth to Power*
Endesha Ida Mae Holland, *From the Mississippi Delta*
Billie Holliday, *Lady Sings the Blues*
Kate Howarth, *Ten Hail Marys*
Edith Hudley, *Raise Up a Child: Human Development in an African American Family*
Harriet Jacobs, *Incidents in the Life of a Slave Girl, Written by Herself Linda Brent*
Ellen Johnson-Sirleaf, *This Child Will Be Great*
Queen Latifah, *Put on Your Crown: Life-Changing Moments on the Path to Queendom*
Soraya Mire, *The Girl with Three Legs*
Janet Mock, *Redefining Realness: My Pathway to Womanhood, Identity, Love, and So Much More*
Ilyasa Shabazz, *Growing Up X*
Assata Shakur, *Assata*
Nina Simone, *I Put a Spell on You*
Alice Swafford, *Conquering the Darkness*
Tina Turner, *I Tina!*
Essie Mae Washington-Williams, *Dear Senator: A Memoir by the Daughter of Strom Thurmond*
Ethel Waters, *His Eye Is on the Sparrow*
Ida B. Wells-Barnett, *Crusade for Justice*
Malinda West, *Black Gal: Sharecropper's Daughter Triumphant Journey Out of Poverty*
Mary Williams, *The Lost Daughter*
Wendy Williams, *Wendy's Got the Heat*
Jan Willis, *Dreaming Me: Black Baptist and Buddhist*
Mary Wilson, *Dreamgirl and Supreme Faith*
Shakeeta Winfrey, *The Other Winfrey*
Kaye Wright, *Messy Marvin: A Story of Abuse and Survival*

**Men's Stories**
Antwone Fisher, *Finding Fish: Antwone Fisher*
Chris Gardner, *The Pursuit of Happyness*
Carlos Santana, *The Universal Stone: Bringing My Story to Light*
Don Lemon, *Transparent*

Many authors share stories of survival that focus on the challenge of the path to wellness. Some, however, convey not only the struggle, but the victory of finding one's purpose—often in ways that contribute to the wellness of others.

While Stephanie Armstrong developed an unhealthy relationship around food after her multiple assaults as a teenager, Martha Hawkins opened up a restaurant as a way to recover from an abduction and rape by a stranger while waiting at a bus stop. Though she documents her institutionalization and "shock treatments," her story is called *Finding Martha's Place: My Journey through Sin, Salvation, and Lots of Soul Food* (2010). Hawkins, who opened her restaurant in Alabama in 1988, has been featured on the *Biography Channel*, which shows her sharing her spirit through Southern cooking. Hawkins projects an image of vitality and joy; not only did she overcome trauma, she exudes the energy of vital health, which Maparyan defines as, "that kind of health that makes one feel literally intoxicated with life, with the urge to do and to be beyond the capacity and limitations of any day's efforts, with untiring energy, clarity of mind, unquenchable enthusiasm" (2012). Hawkins found her power through cooking, just as others engaged in self-help, writing, boxing, dancing, nutritional consulting, singing and voice coaching, poetry and spoken word. Black women have multiple ways of finding their personal power, which is essential to contributing to the improved status of women around the globe.

As evidenced by multiple stories, including Nate Parker and Jean Celestine, Ray Rice, Bill Cosby, and numerous reports of rape on college and high school campuses, victims of sexual violence are often revictimized in the media by public shaming campaigns that blame victims. The ongoing attention to the Cosby case and snail's pace at acceptance of women's voices triggered many women who have struggled to find voice for healing and empowerment. Black women's quests for peace and justice are too often made invisible, trivialized, or misrepresented. At the Purple Pens workshop for youthSpark's Voices group in April 2015, I brought several sample poems to share with a group of young women in the sex-trafficking intervention program—most of whom had experienced some form of abuse and neglect. I worked in concert with licensed counselors, and we collaborated to form a supportive scaffolding for healthy identity development—but on that day, I did not have an immediate or clear answer for KD's question, "How do survivors of abuse get from worthless to astounding?" In hindsight, I would simply say to her: by defining your own power.

Longevity narratives by Black women "broaden the horizon" of survivors by bringing into view elders who have lived through pain and rage and found lasting inner peace. Memoirs by women in their nineties and one hundreds engrave an alternative self-concept and sear hope into the imagination of survivors. Narratives of elders and ancestors show how to bridge the past and present to possibilities of personal, political, social, and sexual power in the future.

While activism is absolutely necessary in the world, and Black girls often have no alternative to conflict and struggle, and being subjected to sexual violence too often knocks us off balance shortly after we begin to learn to walk, autobiographies can offer a range of ways survivors can find their voice to express the best and worst of their experiences. Autobiographies are rewarding teachers, and Black women's intellectual history reflects an "irrepressible" spirit of writers. As historian Darlene Clark Hine correctly stated in a *Black Issues in Higher Education* article, "Black women need the power of history to fuel the future." Like Hine, Ellen Johnson Sirleaf, a survivor of several types of violence who rose to become the first woman president of an African nation, linked empowerment to history: "Living in America, watching from the sidelines as black Americans struggled to create and establish their own, empowering identity, I saw how critical it was that my own people know their true history" (p. 60). Reading the past gives us a vocabulary for the future and our association with Black women writers can help us in owning our own "selves." For survivors of sexual assault, reading stories of power can be an invaluable tool to develop healthy self-worth.

Like historians, twentieth-century health advocates and scholar-activists who founded the higher education field of Black women's studies identified several strategies to improve mind, body, and spirit—by placing Black women's voices at the center. In the early 1980s, a modern wave of Africana women's programs and curricula emerged, and addressed wellness issues. The section titled "Creative Survival," in the book *All the Women Are White, All the Blacks Are Men, But Some of Us Are Brave* (1982), is a primary example. The authors of this part of a foundational Black women's studies text focused on strategies to survive (health, higher education, blues music, and womanist theology), and began to document how to formalize teaching these subjects. As Black women's studies academic programs were founded, Black women's community advocacy continued, especially in the Atlanta University Center, close to where the youth-Spark program would eventually be founded, in downtown Atlanta, Georgia.

In 1983, health activist Byllye Avery convened a conference at Spelman College which evolved into the Black Women's Health Imperative (BWHI), a national advocacy organization, and then spawned development of the Center for Black Women's Wellness (CBWW)—also in downtown Atlanta—in 1988. Avery's work has continued for decades and is a cornerstone of wellness teaching. In the publication titled *Health First!: The Black Women's Wellness Guide*, BWHI identified five steps of self-empowerment that lead to wellness. These strategies, along with a sixth source, "Byllyisms"—favorite sayings of self-help by Avery—resemble practices that nineteenth- and twentieth-century elders used to impact their health, wellness, and longevity, even in the midst of challenges such as enslavement, segregation, and other forms of systematic oppres-

sion. These five BWHI steps operationalize the principles of self-empowerment found in theoretical texts explored earlier in this chapter.

I relate these Black women's wellness practices to longevity practices found in other cultures. Communities in places such as Japan, California, Costa Rica, Italy, and Greece have been recognized as "Blue Zones," where unusually high numbers of centenarians reside. Quality of life impacts longevity and taking steps to improve self-worth and self-empowerment can move survivors beyond the initial stages of "healing rage," brilliantly identified by Ruth King, into a more long-term, sustainable inner peace grounded in joy. While Black women's struggle for freedom and health is inevitable, wellness practices make our struggle sustainable. Struggle is necessary; suffering is not. Given the intersectional social struggles Black women face, gaining power of self must involve discussions of sustainable health.

BWHI's six strategies for wellness are grounded in empirical research and mirror themes found in Black feminist and womanist thought. The strategies for self-empowerment found at the conclusion of *Health First!* are given depth by Byllye Avery's elder wit and wisdom. Succinct lessons can be derived from this knowledge and, in self-care workshops, I have offered these six empowerment strategies along with concrete take-away lessons:

1. self-ownership (awareness)             Be your own BOSS

2. self-development (taking control)   Keep CALM and carry on

3. self-love (coalescing)                     Get your life in SYNC

4. self-respect (transformation)         Don't be the weakest LINK

5. self-determination (maintenance)  Put yourself in place
                                                          (MISE en place)

6. Self-help (belief)                            THRIVE, don't just survive

The BWHI 2016 *IndexUS* report builds on these practical suggestions to implement these ideas. The six recommendations of the report are: meditation, movement, emotional support, nutrition, getting help, and rest. The overall theme is stress management. These strategies impact quality and length of life as demonstrated by numerous twentieth-century women that I call "The Grown* Generation." Several inspiring twentieth-century women who were central to racial and gender activism and progress also lived well into their nineties and hundreds. In modern terms, women such as Anna Julia Cooper were not only "grown" Black women, but super-grown: aged and lively as nonagenarians and centenarians. Cooper clearly harbored high expectations for herself and modeled a lifestyle of self-development through conflict management, mindful

living, community, building, lifelong learning, and stress reduction. Essentially, elders are Zen masters who are messengers of health—in Swahili, the term for health and wellness is Afya.

Cooper is one of many elders whose commitment to self-reliance powered them to long, productive, and fulfilling lives. Several long-living Black women took time to write their memoirs and tell their stories, leaving ample material to better understand the balance between self-care as an individual ethic and self-help as a community imperative. Harriet Tubman is one of the earliest examples of self-empowerment narratives. As is widely known, Tubman was born enslaved and was physically abused. She escaped only to return to the South as an emancipator, nurse, and Union Army spy. She made more than a dozen trips to aid an estimated 70 freedmen, and famously led the June 3, 1863, South Carolina raid on the Combahee River in an operation that freed more than 700 from bondage. I contend that her story is well known primarily because she produced a memoir. Though "General Tubman" was illiterate, she narrated her story to Sarah Bradford, which produced three editions of her 132-page memoir *Sketches in the Life of Harriet Tubman* in 1869, republished in 1886 and 1901. Tubman's story exemplifies self-ownership (awareness).

Anna Julia Cooper's collected writings, in *A Voice from the South: By a Black Woman of the South* (1892), represent the earliest effort by a Black woman (who would become a centenarian) to record her reminiscences. Her writing reflects an ethic of self-development through meditation. Cooper was clearly not self-centered or selfish, and during a celebration of her one hundredth birthday, she attributed her longevity to living a life of selflessness and service to others. Yet, Cooper clearly demonstrated self-development by pursing education, insisting on spending time in reflective activities such as gardening, writing in her sunroom, or remodeling her home. She loved herself enough to reject the idea that she did not have a "right to grow." Her example of growth and self-nurturance impacted many indirectly, but also had influence on others, such as her nephew, who became a professor of French, and also her namesake, Annie Elizabeth, Bessie, one of the well-known centenarian Delany sisters. Sara Delany, who lived to age 109, has the distinction of being the most senior Black woman memoirist. She wrote *Having Our Say* (1993) along with her younger sister Bessie, who reached 104. It is notable that the Delany sisters were also from North Carolina, were raised on the campus of St. Augustine's, and were well aware of Anna Julia Cooper's legacy. Cooper was a friend of their father, Henry Beard Delany, who was a student at St. Augustine's—he met his wife Nanny Logan there. The ten Delany children were raised on the campus of St. Aug's, where they knew Dr. Cooper, as many would come to know, "Sis Annie." The Delany sisters attributed their long lives to several

factors including choosing not to marry (which they stated only half in jest), eating at least seven vegetables a day, and sustaining a forty-year practice of yoga and exercise. Their story reflects the values of self-love through movement.

Dovey Roundtree, a civil rights lawyer instrumental in overturning the transportation segregation of *Plessy v. Ferguson* is one of the most recent centenarian memoirists. In fall 2016, she was still living at 103 years grown. Her commitment to demanding civil rights for African Americans as a group and building a career as an effective defense attorney as depicted in her autobiography *Justice Older than the Law* (2009), shows a legacy of self-respect by balancing work and rest. Chef Leah Chase rounds out this list of six "powerful elders" who are exemplars of BWHI strategies. With several cookbook memoirs including *And Still I Write* (2003) and *The Dooky Chase Cookbook* (1990), she definitely puts the "creative" in creative survival. Chef Chase, at the age of 93, can still be found in her New Orleans kitchen at Dooky Chase restaurant. Her life story was not only the subject of several cookbooks, but her desire to live a full life was also chosen as the center of Disney's first animated film with a Black female lead: *Princess and the Frog* (2009). Chase's story, like the Delany sisters' and Layla Ali's memoirs, also calls attention to the mind-body-spirit connection and the importance of the role that exercise, food, and nutrition plays in healing, living well, and getting one's life on track and in sync. Chase's determination to grow beyond what was deemed her subservient role, exemplifies the empowerment strategy of self-determination through nutrition. Like Cooper, these twentieth century elders not only lived long lives, but lived well and took time to write memoirs as guides to future generations, in what Maya Angelou called, "letters to our daughters." Collectively, these historical and cultural narratives clearly present aspects of self-worth that resides at the heart of power: know thyself. With a vocabulary of self, empowerment skills, and these six elements of self-care found in historical memoirs, Black women survivors—of all varieties of violence—can learn to breathe deeply. Self-care is self-worth put into practice.

Black women's life writing is regenerative. Narratives speak on a time continuum: they look backward, inward, and forward. Memoirs reflect wisdom of the past, reveal inward strengths of the present, and project courage to generate a hopeful future. In addition to call and response and resistance—oft-cited themes in African American literature—these narratives invoke themes of Sankofa (go back and get it), contemplation (meditation), and improvisation (making a way out of no way). Autobiographies written by Black women show a willful determination to raise voices previously unheard. Memoirs of power by survivors identify skills for moving away from a past of pain. Memoirs by ancestors and elders reveal to survivors how to take steps toward a future of joy. Theorists including bell hooks, Joanne Braxton, and Margo Perkins outline how narratives

offer readers useful insights about memory, self-creation, and activism. The Africana Memoirs library was created to offer resources that can guide generations of Black women through the intersectional gauntlet of social injustices. The narratives offer tools for Black women, as Mary McCloud Bethune wrote, to "build a better world"; most importantly, these memoirs enable us to do so in a way that does not sacrifice our own wellness. Africana narratives are vital examples of Cooper's "retrospection, introspection, and prospection"—they exude the "strength, courage, and wisdom" sung by India Arie. The authors investigated here provide narratives of struggle, promise and, certainly, narratives of regeneration. Their stories provide strategies like silent meditation, gentle yoga, and faithful prayer most needed to heal and grow. Memoirs are, as Maya Angelou suggested, "Letters to our daughters."

At a 2014 National Black Book Club Conference panel presentation hosted by Linda Blount of Black Women's Health Imperative, I titled my talk "Loving All the Voices Inside My Head." My presentation centered on the healing qualities of Black women's writing and the legacy of self-care. In the talk, I explained that history and literature written from the perspective Black women authors provided a lifegiving pathway to developing inner peace. Though empowerment is, by definition, a self-motivated process, messages from experienced travelers helped me find a way to value my self. Reading and writing were my tickets to gaining power of self-ownership, self-care, self-love, self-respect, self-definition, self-help, and self-determination. Though we certainly must fight the StrongBlackWoman narrative that ultimately drains Black women of the ability to be simply human, discussions of power can help survivors of all types of violence to invest in themselves. How do we move from powerlessness to accomplish astounding things, care for ourselves, and fight for human rights too? How do we find the energy to improve the quality of life for ourselves and for others? How do we find inner peace and practice transformative wellness? One breath at a time.[16]

## Notes

1. Purple Pens Poetry Workshop, April 30, 2015. Quote used with permission of youthSpark Voices. "KD" is a pseudonym.
2. Punamäki (1990), p. 84.
3. Dedication of Peace Benches at Clark Atlanta University, http://theburton-wire.com/2015/03/27/news/iconic-poet-sonia-sanchez-honored-with-peace-benches/; Purple Pens Poetry Workshops for Survivors of Sexual Violence http://www.purplepens.net/. Accessed July 10, 2015.

4. Galtung (2013), pp. 107, 157.

5. See Mehrdad Vahabi's discussion of creative, destructive, and moral power in *The Political Economy of Destructive Power* (2004), pp. 1–5.

6. Self-empowerment theory: an internal series of personal control or influence over desired outcomes in one's life (Tucker, 2002, p. 5). Self-Efficacy: The ability to exercise mastery and competence in one's social environment to achieve desirable social goals. (Stevens, 189).

7. Sources: Thelma Bryant Davis, *Surviving Sexual Violence: A Guide to Recovery and Empowerment* (2011); The National Center for Victims of Crime, "The Trauma of Victimization" (2012). The focus on recovery and empowerment is purposeful. While this model may have similarities with Rape Trauma Syndrome (RTS) and Post-Traumatic Stress Disorder (PTSD), the focus remains on recovery and empowerment, which recognizes the "normal" reactions of survivor's symptoms but also recognizes agency of victims in their own development to personal power.

8. Africana Memoirs.net; www.africanamemoirs.net. Accessed March 22, 2016. While the main focus of inquiry remains on memoirists in the United States, emergent themes and patterns of Black women's voices are presented to more clearly trace intellectual traditions and connections of diaspora writers. For example, both Tina Turner's and Ellen Johnson-Sirleaf's narratives reveal tones of survivor-icons, while Maya Angelou's introduction to Celia Cruz's autobiography demonstrates an often deeply connected international writing community.

9. *Journal of Poetry Therapy, 28*(3) (2015), 165–178; http://dx.doi.org/10.108 0/08893675.2015.1051286.

10. In *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness* (1991), Kabat Zinn provides a laundry list of stressors connected to physical suffering. He details "fear, panic, and anxiety" triggers, many of which have disproportionate impact based on race, gender, and class social locations: "Time Stress, Sleep Stress, People Stress, Role Stress, Work Stress, Food Stress, and World Stress." These four categories—which I label Personal Stress, Interpersonal Stress, Social/Work Stress, and Political/World Stress—formulate the areas where Black women's narratives reveal challenges.

11. Maparyan, 2012, p. 125 (Kindle Edition).

12. Audre Lorde, "Erotic as Power," *Sister Outsider*, p. 59.

13. Gaines http://www.patricegaines.com/; Bagby http://rachelbagby.com/; Chihoro http://www.amazon.com/Letty-Chihoro/e/B008UD1KNK/ref=sr_tc_2_0?qid= 1459887874&sr=1-2-ent; Ali https://www.facebook.com/LailaAli/videos/10153882 262777871/; Chin https://www.youtube.com/watch?v=3aP3MxPIfFo&list=PLEGm4Cl 7ZKRqwSsTNP9Trag1NezHFXCNx&index=10. Accessed May 17, 2016.

14. Electronic magazine selections were chosen from a combined list of two sources: "Top 11 Magazines for Black Women," from the Blavity the Voice of Black Millennials website; and "15 Most Share-Worthy News Blogs" from the News One, Black Owned Media site. Keywords for poets were located using searchable databases: poemhunter.com, allpoetry.com, poets.org, and poetry foundation.org and song choices

involved searching for lyrics by artists found in *I've Got Thunder: Black Women Song-writers on Their Craft* by LaShonda Barnett, Grammy.com, Wikipedia, and *Essence* Festival features.

15. From *Purple Sparks: Poetry by Sexual Assault Survivors*, p. 17. FGM means female genital mutilation.

16. *IndexUS: What Healthy Black Women Can Teach Us About Health* is the first health index focused exclusively on healthy Black women. It's based on 20 years of data from the Boston University Black Women's Health Study (BWHS), specifically, information from 38,706 BWHS participants who reported their health as excellent or very good. The study began with *Essence* readers. In 2013, when they responded to questions about their health, the average age of women in this study was 55. To download the report, visit http://www.bwhi.org/what/indexus-the-black-women-s-health-index/.

# References

Ali, L. (2002). *Reach!: Finding strength, spirit, and personal power*. New York, NY: Hyperion.

Alexander, E. (2007). *Power and possibility: Essays, reviews, and interviews* (Poets on Poetry). Ann Arbor, MI: University of Michigan Press.

Anderson, C. (2003). *Eyes off the prize: The United Nations and the African American struggle for human rights, 1944–1955*. New York, NY: Cambridge University Press.

Ards, A. (2016). *Words of witness: Black Women's autobiography in the post-Brown era* (Wisconsin Studies in Autobiography). University of Wisconsin Press. Kindle Edition.

Avery, B. (1990). Breathing life into ourselves: The evolution of the National Black Women's Health Project. In E. White (Ed.), *The Black women's health book: Speaking for ourselves*. Seattle, WA: Seal Press.

Bagby, R. (1999). *Divine daughters: Liberating the power and passion of women's voices*. San Francisco, CA: Harpers.

Brown, D., & Keith, V. (2003). *In and out of our right minds: The mental health of African American women*. New York, NY: Columbia University Press.

Cooper, A. (2000). *The voice of Anna Julia Cooper*. Lanham, MD: Rowman & Littlefield.

Evans, S. (2003). Living legacies: Black women, educational philosophies, and community service, 1865–1965. PhD dissertation. University of Massachusetts-Amherst.

Evans, S. (2007). *Black women in the ivory tower, 1850–1954: An intellectual history*. Gainesville, FL: University Press of Florida.

Evans, S. (2014). *Black passports: Travel memoirs as a tool for youth empowerment*. Albany, NY: State University of New York Press.

Evans, S. Y. (2015). "Healing traditions in Black women's writing: Resources for poetry therapy." *Journal of Poetry Therapy, 28*(3) (July), 1–14.

Gaines, P. (1994). *Laughing in the dark: From colored girl to woman of color—A journey from prison to power*. New York, NY: Doubleday.

Galtung, J. (2013). *Johan Galtung: Pioneer of peace research*. Heidelberg, Germany: Springer Press.

Gizelis, T-I. (2009). Gender empowerment and United Nations peacebuilding. *Journal of Peace Research 46*(4), 505–523.

Greene, R. (1998). *The 48 laws of power*. New York, NY: Penguin.

Hine, D. C. (1999, May 27). Black women need the power of history to fuel the future. *Black Issues in Higher Education, 16*(7), 80.

Johnson-Sirleaf, E. (2009). *This child will be great: Memoir of a remarkable life by Africa's first woman president*. New York, NY: HarperCollins.

Lewis, S. (1985). Africana Womanism, vol. 1–4. "AWH department heritage." Accessed July 6, 2014, www.professorevans.net/pedagogy.html.

Lorde, A. (1988). *A burst of light: Essays by Audre Lorde*. New York, NY: Firebrand.

Maparyan, L. (2012). *The womanist idea*. New York, NY: Routledge.

Phillips, L. (2006). *The womanist reader*. New York, NY: Routledge.

"Resources." (2013). http://www.africanamemoirs.net/.

Punamäki, R-L. (1990). Relationships between political violence and psychological responses among Palestinian women. *Journal of Peace Research, 27*(1), 75–85.

Stevens, J. (2002). *Smart and sassy: The strength of inner-city Black girls*. New York, NY: Oxford University Press.

Tucker, C., and Herman, K. (2002). Using culturally sensitive theories and research to meet the academic needs of low-income African American children. *American Psychologist, 10*, 762–773.

United Nations. (2000). Gender and racial discrimination: Report of the expert group meeting. www.un.org/womenwatch/daw/csw/genrac/report.htm. Accessed July 2, 2014.

Vahabi, M. (2004). *The political economy of destructive power*. Cheltenham, UK: Edward Elgar.

# The Travel Diaries

## Excursions for Balance, Reflection,
## Healing, and Empowerment

KAMI J. ANDERSON

> I always travel with my journal. One needs something sensational to read on the train.
>
> —Oscar Wilde

The idea of caring for self has historically been a fleeting thought with African American women. Nelson (1997) explains that as archetype for stereotype, some of the characteristics ascribed to African American women are stoic, all-suffering, discreet, and silent. Madlock Gatison (2015) discusses how by placing themselves on the back burner, "African American women have unintentionally placed their own health in danger." This manifests through debilitating and life-threatening illnesses that often can be left untreated because "we don't have time for that." Ormen (2004) introduces the notion of self-care as a part of a three-step process for discussing caregiving for nurses. She stresses the importance of self-care for maintaining the mental health of a caregiver that can benefit both her and the patient. The "Strong Black Woman" myth and reality show us there is a demand from our well-being that we use our "strength" to a point of preventing ourselves "from confronting and communicating our vulnerability" (Davis, 2015, p. 24), which can advance us toward self-care. Trying to handle it all, be stronger than our circumstances, etc., "such actions coincide with diminishing levels of psychological well-being" (Davis, 2015, p. 24). So, how then can we combat this?

The process to reconciliation is as unique as the path to healing from deep wounds; there are some things that will work better for some than others. This book is filled with various methods for addressing this reconciliation. The BREATHE model being discussed in detail throughout this book can be applied to humanities research by examining the methods employed by an African American humanities scholar whose intersectionality can be taxing on mind, body, and spirit. Pieterse and Carter (2007) note the importance of "considering the role of general life stress when examining the psychological correlates of racism and discrimination (as cited in Pieterse, Careter, & Ray, 2013, p. 37). The intersections of being woman and Black demand mental health practices that allow Black women in particular to reconcile these daily stressors; specifically, by adopting tools that will allow opportunities to address Balance, Reflection, Healing and Empowerment from the BREATHE model when grappling with and taking time to focus on self-reconciliation. In this chapter, I address my method for reconciliation for balance, reflection, healing, and empowerment: travel, most specifically, traveling alone.

While editing my contribution for this volume, I became aware that travel has been used as a method of addressing the mental stressors of trying to live the Superwoman and StrongBlackWoman stereotypes addressed so poignantly by the authors in other chapters here. In the summer of 1996, about one year after a suicide attempt in college, I set out to Mexico for study abroad. In hindsight, I see how that trip began my journey of using travel as a part of my healing. It was through that first study abroad trip that the possibility of my peace, discussed by Bell in an earlier chapter, was found in travel. Evans (2009) states that "international foci can be found in many African American women's research interests" (p. 78). She further explains that, specifically for African American women, it is an unswerving "understanding that international studies and travel [are] a part of an erudite life of mind and part of a purposeful life of the heart and hand as well" (p. 90). The first study abroad trip spawned not only numerous other international trips, but also educational and research agendas with strong international themes. The current research agenda of this author dictates and demands continued and consistent international travel.

It is in traveling alone that we are able to reconcile more frequently the *geist,* or intersubjectivity, mind, and consciousness, which emerges and allows us to begin to reempower ourselves to return to the dichotomous world of battling identities in this tension-filled world. As Black women, we are both "a member of multiple dominant groups and a member of multiple subordinate groups" (Collins, 1990, p. 230). Burton explains in Part I of this book, "Dealing with the dual oppression of racism and sexism coupled with other

identities (sexual identity, class identity) can create stress and anxiety in every-day experiences." Having the opportunity through travel to assume agency of our own space and place is critical to surviving that dichotomous world with our sanity intact. The notion of self-care in relation to travel has become a popular topic. Encouraging "mental health trips," "personal staycations," as well has girls/guys-only trips offers the chance for individuals to use travel as a means of winding down, letting loose and "being free." One may purport that travel can be a tool for refreshing and rebooting. However, there is an aspect to travel, in particular traveling alone, that introduces a dimension not frequently discussed. This chapter will present a humanities perspective to discuss how particular points of the BREATHE model for mental health can be used in travel excursions.

In the discipline of communication, intrapersonal communication has been referred to as inner speech, self-talk, or inner dialogue, all of which allude to the notion of communicative engagement with the self that informs actions and behaviors. These perspectives can inform an alternate method for interpreting the travel experience for addressing mental health. This chapter discusses the positive impact of the "travel experience" as a tool for reflexive rejuvenation and it demonstrates these experiences as forms of intrapersonal interactions.

Looking at personal autoethnographic examples with the lens of stand-point theory for communication, this chapter demonstrates how intentional intrapersonal dialogue while traveling can inform planned behavior that can allow space for mindfulness and purposeful action that promotes self-care and (re)empowerment through traveling. Using journal entries from personal travel in 2010 and 2015, the author will inform how planned behaviors, present in both experiences, contribute to self-care through travel. This chapter will begin with an explanation of the theoretical framework of reflexivity, intrapersonal communication, and planned behaviors. Second, this chapter will illustrate examples of planned behavior through journal entries, followed by a discussion of the importance of using travel as reflexive rejuvenation for self-care for African American women.

## Theoretical Framework

Using narratives for feminist research empowers the researcher and the partici-pant and is most effective for woman-centered research.[1] Evans notes in the previous chapter that "writing is an act of self-determination." There is a raising of consciousness from personal involvement. Foss and Foss (1994) argue there

are benefits of using personal experience in research. The first benefit is that "it provides for a multiplicity of truths and a valuing of diversity not possible with many other kinds of evidence" (p. 41). Second, it produces knowledge and understanding so "researchers do not simply learn about what happened . . . but are able to glimpse . . . feelings, motives for action, worldviews and constructions of self" (pp. 41–42). Collins (1990) asserts, "Using one's standpoint to engage the sociological imagination can empower an individual" (p. 230). hooks (1989), in a caution about using personal experience, portends, to "explore one's identity, to affirm and assert the primacy of the self" (p. 106). Even though hooks intended this statement as a warning, it guides the desire of this author to illustrate how traveling has served as a tool to refashion hooks's statement away from a caution and toward a guide both personally and professionally.

Being able to understand the role of consciousness in communication encourages an examination of the intersection of personal experience, personal feelings, and personal construction of self in relation to interaction with the world. The communicology perspective expands our understanding of communication in that it allows for an inclusion of reflexivity that is more awkwardly present in mere communication. This reflexivity is crucial to understanding the intersubjective experiences that occur while traveling. Black women in general are not strangers to dichotomy. Ashley (2014) argues that "institutional racism in particular, expressed through prejudicial attitudes and discriminatory behaviors, provides the most debilitating impact on all facets of a Black woman's life" (p. 29). We experience the pull between the ways in which we identify daily (Scott, 2000; Davis, 2015). Mead (1934) suggests, "The self is essentially a social process going on" (p. 178), and, "The self, mind, 'consciousness of,' and the significant symbol are in a sense precipitated together" (Mead, 1934, p. xxiii). These two statements infer that we must be in constant engagement with our I self and me self in order to organize our understanding and reactions to the world. These perspectives can inform an alternate method for interpreting the travel experience.

Mead argues, "If the individual can act in this way, and the attitude which he calls out in himself can become a stimulus to him for another act, we have meaningful conduct" (Mead, 1934, p. 73). Although Mead's explanation here is in reference to interaction with others, if we treat interaction with self similarly we can see how this can apply. This is where the reflective act of rejuvenation occurs. The act of travel can serve as stimulus for regaining and rebuilding energy depletion within the body and mind. This reflexivity is crucial to understanding the intersubjective experiences that occur while traveling. According to this argument, in these experiences, "the 'I' re-'cognizes'; it is, thus, reflective" (Macke, 2008, p. 128).

## Methodology

From an anthropological perspective, the examination of excerpted journal entries can be viewed as fragmented autoethnography. The conceptual definition of autoethnography being used here is seeing the author, who is the author of both the journal entries and this chapter, as simultaneously subject and interlocutor, presenting the entries as biography to describe and define her reflective travel practices.[2] This definition of autoethnography brings the presentation of written biography to the reader in a way that demands personalization. Spry (2006) recounts that autoethnographic text allows for fragments of experiences to be "articulated and arranged in a collage" (p. 341). Thus, throughout this chapter, first-person is used as means of recounting this autoethnographic practice. Using journal and blog entries from personal travel in 2010 and 2015, the author will inform how planned behaviors present in both experiences contribute to self-care through travel.

The purposeful activities set while traveling build in moments to reflect, moments to enjoy, and moments to process. Doing these things can be interpreted by what Azjen (1985) calls "planned behavior." One intention is travel, which is the goal. Another goal is to travel with blackness and womanliness at the center. Typical planned behavior is examining how blackness is performed, included (or excluded), or marginalized and ignored. This planned behavior allows one to understand the place of Diaspora in the country but also allows reflection on scholarly work and discipline that motivates and encourages the birth of many writing topics upon return.

## Journaling as HEALING

In discussing the scholarly experiences of Dr. Anna Julia Cooper, Evans (2009) explains it is possible to "investigate her insights and theoretical frameworks for a comparative look at how identity and education intersect" (p. 85). This description of Cooper's public work grounds how the personal work of journaling is used for reflective practice while traveling. Journaling can be interpreted as inner dialogue manifest to paper. When an individual journals, she is able to use writing to remove her mental blocks. These mental blocks may exist not just in relation to scholastic pursuits, but also consist of negative feelings that may not have been given the time to fully process. Travel is the outlet that removes the individual momentarily from the stresses of her daily life. Adding journaling to this event gives unadulterated space to purge it all through the various exploits and experiences while away. Personally, journaling gives a

structured means of articulating my travel experiences. It allows a free flow of thoughts and feelings. Braid (2014) argues that "reflective writing . . . places a premium on the explorer's capacity to measure the personal frame of reference as a contributing factor" (p. 9). Heidegger (2008) suggests one must speak about how the whole human relates to the world, viewing the mind and world as interrelated. It makes sense, then, that traveling alone as a means of reflecting in the world is a necessary act for reconnection and rejuvenation. I am able to rationalize my positioning in this world at my intersections of blackness, womanliness, and scholar interculturalist.

## Travel as Reflective Experience

The current idiomatic vocabulary surrounding travel overseas includes the use of the term *cosmopolitan*. The popular context associated with this term illustrates the Black, female traveler as worldly, embracing the exotic, or adventurous in spirit. While for some Black female travelers this may be true, it is the option of this author to delve farther back into the understandings of cosmopolitanism and how, in a more grounded definition, reflective practice may happen. In his chapter titled "Rooted Cosmopolitanism," Appiah (1997; 2005) recounts a story of a written message from his father, discovered after his father's death. The message exhorted Appiah and his siblings to "remember that you are citizens of the world" and that wherever they chose to live, they should leave that place better than they found it. Appiah writes "that notion of leaving a place 'better than you found it' was a large part of what my father understood by citizenship. It wasn't just a matter of belonging to a community; it was a matter of taking responsibility with that community and its destiny" (p. 213). Cosmopolitanism did not originate with Appiah but rather with the Greeks who offered us their word for world—cosmos—and, thus, cosmopolitan as world citizen. It is a term not without controversy. It is most often seen as "pejorative because it usually involves a refusal to revere local or national authority and a desire to uphold multiple affiliations" (Posnock, 2000, p. 802). Posnock goes on to assert cosmopolitanism as an "unsettling challenge."

> The unsettling challenge of the cosmopolitan has historically incited the charge of deracination, especially by nationalists for whom blood and soil are sacred. In the US and elsewhere cosmopolitanism has often been attacked by both ends of the spectrum: the right regards it as unpatriotic and hence suspect; the Left finds its detachment

elitist, apolitical, and hence irresponsible. . . . [B]oth sides regard
cosmopolitanism a betrayal of roots, hence inauthentic. (p. 803)

The words used to denigrate the concept of cosmopolitanism stand in
contrast to Mehta's concept of cosmopolitanism as "a way of conceiving citizen-
ship appropriate to multicultural society, a way of being receptive to others that
avoided both the logic of assimilation that eroded difference or an enclavism
that made dialogue impossible" (2000, p. 623). The view of cosmopolitanism as
pejorative is not one taken by the author of this work. Rather, the author views
cosmopolitanism as a striving within an ontology of belonging and toward an
epistemology of identity that is not limited by morphology. Cosmopolitan, in
this context, suggests transcendence as noted by Hollinger (1975, p. 135) as
"the desire to transcend the limitations of any and all particularisms in order
to achieve a more complete human experience and a more complete under-
standing of that experience." Mehta (2000) explicates and extends Hollinger's
view saying, "Cosmopolitanism is, by contrast, a willingness to engage with
the 'Other.' It entails an aesthetic and intellectual openness to diverse strivings,
cultures, and forms of reasoning" (p. 622).

Posnock (2000) reminds us that W. E. B. Du Bois was a pivotal propo-
nent of the concept of cosmopolitanism, "positing a deracialized 'kingdom of
culture' as the end of Black American striving" (p. 804). And, in the view of
Posnock, Du Bois's intellectual offspring Manthia Diawara has taken up the
mantle to promulgate a view of cosmopolitanism as an "escape from what he
calls the 'conundrum of identity politics' and the malaise of 'identity fatigue' "
(as cited in Posnock, 2000, p. 804). It is in this space, that reflective travel
exists. Using journaling as a form of communication "gives to us those ele-
ments of response which can be held in the mental field" (Mead, 1934, p.
97). The intersubjectivity of journaling allows negotiation to take place through
intrapersonal dialogue.

Macke purports that "in the experience of intrapersonal communication
we come to terms with the lifeworld of discourse" (Macke, 2008, p. 146).
Although Macke states this in the context of relationality, it is still critical,
because travel puts in the *other*worldy and forces us to be able to use our
inner thoughts and feelings as part of the navigational tools for experiencing
it. Each time I travel, there are two things that I must do to get an experience
that informs my identity, presents a clear understanding of blackness within
the country I am visiting, and allows me to immerse myself completely in the
daily life practices of that country. Each of these shapes me personally and
professionally as these intricacies of cultural practices and behaviors inform how

I am able to effectively teach this culture in the classroom and in trainings. Therefore, the planned reflexive practice for each trip I take are: (1) to reflect on and understand space and place for the African, and; (2) to reflect on and understand space and place for the Black woman.

## London, 2010

As a part of my duties as Honors faculty at my university, I had the pleasure of co-teaching a course that included travel to London during spring break. Throughout preparation for the course, we stressed the importance of our students being critical travelers. Reflecting each and every moment they can and relating it back to their sense of self as a student and as a global citizen. Long (2014) explains that reflection is key to an experiential travel event. Through this course, we encouraged our students to follow the counsel of Long and discover what, how, and why they do what they do, what they see, and how they see it (2014, p. xii). In travel, "everybody is vulnerable, everybody has to create a new identity and reflective writing is the path to this new identity" (Long, 2014, p. xiii). We stressed this point so much that while I was in London, I felt myself focusing on the same exercises assigned to my students as I moved through the trip.

My goal while in London was to examine life as a Black Londoner. To practice critical inquiry into what it might mean to be a person of the African Diaspora living in London. The notes from this experience were therapeutic and copious. The daily tensions of understanding the place of Blackness and Africanness in this city transformed my international perspective. It challenged my understanding of my own sense of self as textbook concepts of colonialism, the Ma'afa or trans-Atlantic slave trade, and hegemony made real through touristic exploits to the Tower of London, The British Museum, and Electric Avenue. The series of journal entries in this chapter demonstrate how I came to understand Blackness in London and how this understanding shaped my own sense of self.

## Spain 2015

In Summer 2015 I was awarded the opportunity to attend a faculty development seminar in Madrid, Spain. The benefits of this experience manifested both personally and professionally. Professionally, it offered an impactful opportunity to learn how to develop study away programs for students whose degree program requirements make it difficult for them to be able to participate in traditional study abroad programs. Personally, it helped to flesh out overall

long-term career goals to look for opportunities that will assist in my movement to launch a nonprofit program that incorporates overseas travel, foreign language development, and cultural understanding for youth of the African Diaspora.

The most powerful takeaway was the profound absence of Blackness in the field of international education. It was in this trip that the root causes of some of the pressures in my academic interest—i.e., exclusion, isolation, and marginalization—were revealed. As the focus of the trip was interculturalism and study abroad, I was able to reflect on my role as a professional interculturalist both as traveler and scholar. Much of the reflective practice during this trip was rooted in my marriage of professional and personal in the nature of academic work. The topic of focus gave me the opportunity, for the first time in a long while, to have system dumping, emotionally purging journal entries. The entries contained in this section speak to this. The blog and journal entries used to demonstrate the reflective travel experiences are pulled from these two trips.

The reflections of both these trips come on the heels of personally and professionally substantive changes. The trip to London in 2010 occurred nine months after the birth of my first child, and the trip to Spain closed out an academic year of organizational restructuring, university consolidation, and the accompanying professional challenges. In both instances, the body and mind were at odds. Having the opportunity to mentally step away, even for a moment, into international travel was welcomed and embraced. These two trips in particular served as prime chances to rejuvenate and return with a new sense of purpose and dedication. And, as per my tradition, as soon as the entry stamp was granted on the passport, I released my mind and body into the cultures of these cities.

## EMPOWERMENT: Reflecting On and Understanding Space and Place for the African

Paige (1993) cautions that when preparing travelers for study abroad, having them reflect on the status position they expect to occupy in the target society is critical to understanding the values of a country. Understanding the place of the African being the part of my research I am most passionate about is a form of travel rejuvenation. Being able to walk away with clarity on Black space in a country informs my research later but also my movement while in the country. Having a day to focus on my personal and professional investment in this travel experience engages intrapersonal intimacy.

**Spain 2015 Day 2** (excerpt)[3]—So in my ritualistic adventure through the hotel neighborhood on the first day, I saw two surprising things. Walking out of the Puerta de Sol, I came up on a street that was lined with African merchants, in true African style—tarp on the ground, wares laid out (mainly knock off bags and sunglasses and a few knock off soccer jerseys) and of course, standing in the shade and talking with one another. Several others were walking up with their tarps bundled on their backs. For a minute, I forgot I was in Spain and thought I was in Dakar (there were THAT many). . . . I didn't think too much of it, beyond the quick "that's odd" thought and continued on. When I walked up to the next plaza, I saw about 15 African men running at full speed with their tarps bundled on their backs. I'm not sure from whom they were running . . . and no one else seemed moved by their flight. When I headed back to the hotel, the street that was once lined with African vendors was completely clear, as if they were never there . . . Initially, when I saw the first group on my first day, it just looked like they had everything bundled in the tarp like a satchel (an old school word). In truth, the tarp has rope rigged in it so when they see the police, they can quickly "close shop" by pulling on the ropes, move and easily "set up shop" in a new location. . . . There is desperation for survival present from the money hustle to the home hustle. . . . Black people really deserve better! 1) What have we (as a western society) done to the continent of Africa that many of the BLACK people who live there see no other hope but to risk life and limb and expend their savings (and possibly the savings of others) to become homeless and unwanted in a westernized country? 2) What have we done that "that life there" looks so much better than "this life here?" 3) Why is it that there is no better accountability within the countries on the continent and us (as a western society) to consider the basic life needs of the BLACK citizens?

The thoughts that emerged during this experience allowed me to view, intimately, how the African Diaspora exists in Spain. It was in this moment "of intrapersonal communication . . . a way of seeing has been momentarily discontinued. A new way of sensing has begun" (Macke, 2008, p. 136). My intentional behavior to take note of the African in Spain opened a worldview that went unnoticed by every other person in my cohort on that trip. The assumption was these men were glorified panhandlers, when the narrative was in fact far more complex. Why is this important for my own healing and

empowerment? Evans (2009) describes the scores of Black women scholars who consciously chose to travel overseas to study and work. She argues that these women ended up with "an international character" (p. 80) in professional development. Dr. Anna Julia Cooper also challenged scholars to adopt a research agenda that serves themselves and their community. Specifically, she modeled what it meant "to research with policy implications, cultural and critical theorizing, pedagogy of excellence and various means of social justice" (Evans, 2009, p. 82). Finding my power as a Black woman who travels not only nourishes my mental health, but feeds my academic trajectory in ways that transform me holistically. I travel with this academic spin, in efforts to serve myself and my community simultaneously.

> **London 2010 Day 2** (excerpt)[4]—Today, we visited the Tower of London. The usual tourist pomp and circumstance. . . . Don't get me wrong it was fascinating history: the period clothing, actors . . . London does it BIG! Then I went to see the crown jewels. My heart wrenched as I walked through the long lines with video of the precious crown jewels. . . . I realized I was looking at millions of dollars of pillaged resources. . . . I counted eight maces until I couldn't take it anymore dating to the 1600s, solid gold—and IDENTICAL. . . . By the time I actually got to the jewels visions of a raped Africa clouded my appreciation for the grandeur of royalty. . . . Thousands of my ancestors were raped, tricked, and enslaved so that the Prince of Wales could have his christening oil land on gold? Foolishness as [my mentee] would say. Imperial Great Britain showed her face early today. Today on Day 2, I feel unmistakably African.

My trip to London was wrought with angst, excitement, anger, and enthusiasm each day. I fluctuated between these emotions every moment with every experience. I place here my interpretation of Bell's recommendation to "be OK with being human." As a traveler, culture shock is inevitable. You are supposed to go through varying degrees of comfort and discomfort in order to reconcile the experience as life-changing and fulfilling. As many of the authors have noted in the book, very seldom do we as African American women allow ourselves to fully experience those emotions that impact our mental health. The London experience challenged my ability to be noticeably angered in front of my students, to be inordinately excited about a side trip to Oxford, and to demonstrate personal feelings toward my family as I loving selected meaningful trinkets as souvenirs. Travel makes it difficult for the StrongBlackWoman to suppress her expression of emotions. Culture shock dictates that living in the

fullness of these emotions is what presses you to continue the trip and walk away (re)newed.

> **London 2010, Day 6** (excerpt)—I found Black London and it was at "Cat on a Hot Tin Roof!" [2012 aside: This version starred Sanaa Lathan, Phylicia Rashad, and James Earl Jones to name a few noteworthy Black actors] The play was phenomenal! Aside from that, the London theater culture is a rhetorical space worth discussing. . . . Londoners have maintained the notion of theater as an event. . . . Moving to the patrons, in this case majority Black patrons. They flocked to see this play, not a fried chicken, Tyler Perry, B-list singer turned actor-starred nonsense that is filled with Black faces in the US. . . . Oddly enough, today I felt more at home than at home sometimes. . . . On Day 6, I feel Black, but not really American. I feel like an outsider in America, feeling most comfortable with the Blacks I was "with" this evening. What actually constitutes a sense of belonging? Is it based on shared experiences or general cultural similarities?

Macke (2008) presents two arguments that speak to the reconciliation of Blackness in these two instances. First is the presence of ethos in the introspective travel experiences. He states that "what emerges from relations of intimacy is a person increasingly comfortable with ethos understood as a verb rather than as a noun. In any case, ethos emerges as an experience of investment" (p. 138). The second argument explains, "The first 'other' in our world is not external to our familiar range of perception and contact; to the contrary, it is that which gives meaningfulness and possibility to perception that can make magic out of opening one's eyes" (p. 141). The "night out" opened a reflective moment in my own Blackness, articulating what was my space and place as an African. This particular entry is evidence of aspects of confusion in the role and self-identity (Taft, 1977), which occurs during culture shock. Instead of the stage of anxiety or disgust that usually follows in culture shock, it transformed to a critical inquiry moment. The rhetorical question at the end of the entry continues, five years later, to shape my lens of analysis.

## BALANCE: Reflecting On and Understanding Space and Place for the Black Woman

So with every trip, especially being an African American woman, she gets the reminder of her place and status in the world and how much people do (or do

not) want her presence. This can be disconcerting when you are trying to relax and rejuvenate in order to release some of the stressors of life. Here is the thing about traveling for rejuvenation: there is a mindfulness one has that actually pushes her through this and reveals things in reflection that are transformative. Mead argues, "It is not possible to deny the existence of mind or consciousness or mental phenomena, nor is it desirable to do so" (Mead, 1934, p. 10). I find that when I hit moments like this in travel, I end up coming out of it with bigger ideas, clearer plans, and a drive that can move mountains. From an intrapersonal perspective, traveling alone is a moment of intimacy with the self. Where each experience while traveling can be seen as "experiments of intimacy [which] enable the subject to gain a sense of grounding of her or his claim to identity" (Macke, 2008, p. 131), this grounding can be interpreted as a form of balance of the intersectionality of being Black, woman, scholar, traveler. Major (2014) further explicates this by stating, "our stories act like a form of currency, the unit of exchange through which we capture the drama and emotions of our experiences, attempt to invest it with meaning" (p. 19), and reconcile it in our intrapersonal dialogues. Although Major completes this statement with a charge to share with others (p. 19), for travel reflection, especially for Black women, the ability to accept our humanness through the humbling experiences of space and place in travel places power in our feelings, engaging mental capacities we attempt to suppress daily and transforming those moments into identity-changing experiences.

Traveling as a Black woman, it is possible to watch your past, present and future unfold in one experiential instance. These moments occurred frequently in London and Spain, however the most poignant happened in Spain:

> **Spain 2015 Day 4** (excerpt)—Growing up where I grew up, being the type of student that I was, working where I work, I have always been accustomed to being the only "one" there. . . . So I was disappointed but not surprised that my participation in this seminar would be no different. I am attending an intercultural seminar for faculty in Madrid. The demographic of the 18 of us is 98% female, 98% WHITE. Yesterday, it became clear that this may be INTENTIONAL. . . . Now this is not my first rodeo. My first encounter with how "excited" (sarcasm intentional) the ones who don't look like me are about "us" coming into this field of intercultural training as being a potential threat came in my Masters' program. . . . Another thing I learned at our tour of the bullring today . . . the torero, is an honored figure in the Spanish community. . . . Being a torero is not just a job, it's a lifestyle. I don't want to be a torero, but I do want to make sure that I am eating breathing and living the

> lifestyle of an interculturalist. . . . Marvel in the fact that my vested interest and desire to be a part of this field despite its sociocultural history is my motivation to continue. . . . The fact I am "alone" (seemingly) in this is motivating me to shape it in a way that I can comfortably place myself and make room for the rest of us.

It is in this reflection I remind myself of the charge of Dr. Anna Julia Cooper and countless other Black female scholars who traveled abroad for scholarship and opportunity. It also brings me back to the cosmopolitan argument posed by Appiah (2005), Posnock (2000), and Metha (2000). Mead argues that "what is accessible only to that individual, what takes place only in the field of his own inner life, must be stated in its relationship to the situation within which it takes place." (Mead, 1934, p. 33). This empowering moment allows me to capture my peace and power simultaneously, forging ahead, back to the United States, ready to take on new challenges that will bring empowerment to others who look like me.

## Conclusion: BALANCE, REFLECTION, HEALING & (re)EMPOWERMENT

The vulnerabilities that one purposefully subjects oneself to while traveling can be empowering and healing. Making conscious effort to travel to another country, completely immerse within the culture, and simultaneously critique personal status as an African and as a woman can be perceived as undue burden. However, having the safe space of a journal to recognize, reveal, relive, (at times), reflect on, and reconcile this burden can actually tap into strength that may have been limited by the burdens society places on African American women daily. Indeed, reflective practices are an example of balancing vulnerability and strength. The final journal entry highlights this point:

> **Spain 2015 Day 1** (excerpt)—not a single brown-faced scholar stressing the benefit which thereby influences the brown-faced educator to inspire the brown-faced students to "go and see the world." We seem face-to-face with a concrete example of the educational disparities that continue to pervade our system. This can be filled with simply sharing knowledge and information. NBC said it best on Saturday mornings: "The more you know, the more you grow" . . . I'm getting my 'bows ready to make room on this IE stage for me.

The opportunity to travel allows a respite from the vulnerabilities of being a Black woman in America, an (em)power play that thrusts one into the vulnerabilities of purposeful culture shock. Coupling this culture shock with reflective practices not only allows the African American woman an opportunity to completely address and release her feelings and emotions; it also re(em)powers her to return to her reality with a renewed strength and personal purpose.

## Notes

1. It is important to note that although this chapter is grounded in communication research, it can overlay mental health practices in interdisciplinary ways. Although it may not prescribe specific tools for mental health professionals, it can inform the communicative processes potentially employed by patients and widen perspectives for practice.

2. Because of the nature of the methodology, first-person will be used in those areas of discussion that warrant its inclusion.

3. This chapter uses excerpts from my personal blog, "Black Away From Home." Full posts on my travel to Spain can be viewed here: https://blackawayfromhome.wordpress.com/category/madrid-2015/.

4. This chapter uses excerpts from my personal blog, "Black Away From Home." Full posts on my travel to London can be viewed here: https://blackawayfromhome.wordpress.com/category/london-2010-a-retrospective/.

## References

Ajzen, I. (1985). From Intentions to Actions: A Theory of Planned Behavior. In Kuhl & Beckman (Eds.), A*ction control: From cognition to behavior*. Heidelberg, Germany: Springer.

Appiah, K. A. (1997). Cosmopolitan patriots. *Critical Inquiry, 23,* 617–639.

Appiah, K. A. (2005). *The ethics of identity*. Princeton, NJ, and Oxford, UK: Princeton University Press.

Arbour, K. P., & Martin Ginis, K. A. (2004). Helping middle-aged women translate physical activity intentions into action: Combining theory of planned behavior and implementation intentions. *Journal of Applied Biobehavioral Research, 9,* 172–187.

Asante, M. K. (1998). *The Afrocentric idea.* Philadelphia, PA: Temple University Press.

Ashley, W. (2014). The angry Black woman: The impact of pejorative stereotypes on psychotherapy with Black women. *Social Work in Public Health, 29,* 27–34.

Braid, B. (2014). History and theory of recursive writing. In Ada Long (Ed.), *Writing on your feet: Reflective practices in city as text* (pp. 3–12). Lincoln, NE: National Collegiate Honors Council.

Collins, P. (1990). *Black feminist thought knowledge, consciousness, and the politics of empowerment.* New York, NY: Routledge.

Davis, S. (2015). The "Strong Black Woman Collective": A developing theoretical framework for understanding collective communication practices for Black women. *Women's Studies in Communication, 38,* 20–35.

Dodge, S. (1990). Culture shock and alienation remain problems for many foreign students on U.S. campuses. *Chronicle of Higher Education,* A33, 36.

Evans, S. Y. (2009). African American women scholars and international research: Dr. Anna Julia Cooper's legacy of study abroad. *Frontiers: The Interdisciplinary Journal of Study Abroad, 18,* 77–100.

Foss, K. A., & Foss, S. K. (1994). Personal experience as evidence in feminist scholarship. *Western Journal of Communication, 58,* 39–43.

Heidegger, M. (2008). *Being and time.* Chicago, IL: Harper Perennial Modern Classics.

Hollinger, D. (1975). *Morris R. Cohen and the scientific ideal.* Cambridge, MA: MIT Press.

hooks, b. (1989). *Talking back: Thinking feminist, thinking Black.* Boston, MA: South End Press.

Long, A. (2014). *Writing on your feet: Reflective practices in city as text.* Lincoln, NE: National Collegiate Honors Council.

Macke, F. (2008). Intrapersonal communicology: Reflection, reflexivity, and relational consciousness in embodied subjectivity. *Atlantic Journal of Communication, 16,* 122–148.

Madlock Gatison, A. (In press). *Embracing the pink identity: Breast cancer, faithtalk, and the myth of the strong Black woman.* Lanham, MD: Lexington Press.

Major, J. (2014). Claiming voice through writing. In Ada Long (Ed.), *Writing on your feet: reflective practices in city as text* (12–22). Lincoln, NE: National Collegiate Honors Council.

Mead, G. H. (1934). *Mind, self, and society: From the standpoint of a social behaviorist.* Chicago, IL: University of Chicago Press.

Mehta, P.B. (2000). Cosmopolitanism and the circle of reason. *Political Theory, 28,* 619–639.

Nelson, J. (1997). Accepting Rage. *Ms, 8,* 92–95.

Paige, R. M. (1993). On the nature of intercultural experiences. In *Education for the intercultural experience.* Yarmouth, ME: Intercultural Press.

Pieterse, A. L., Carter, R. T., and Ray, K. V. (2013). Racism-related stress, general life stress, and psychological functioning among African American women. *Journal of Multicultural Counseling and Development, 41,* 36–46.

Posnock, R. (2000). The dream of deracination: The uses of cosmopolitanism. *American Literary History, 12,* 802–818.

Spry, T (2006). A "performative-I" copresence: Embodying the ethnographic turn in performance and the performative turn in ethnography. *Text and Performance Quarterly, 26,* 339–346.

Taft, R. (1977). Coping with unfamiliar culture. In N. Warren (Ed.) *Studies in cross-cultural psychology, vol 1* (121–153). London, UK: Academic Press.

White, L. E. (2001). Autobiography as performative identity construction: The fragmented subjectivities of Charlotte Salomon. *Text and Performance Quarterly, 21,* 77–94.

# My Body Is a Vehicle

## Narratives of Black Women Holistic Leaders on Spiritual Development, Mental Healing, and Body Nurturing

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## Introduction

In recent years, health education scholars and medical researchers sought to understand what Black women need in order to help them become successful at weight loss, recognizing that traditional methods over the years have not worked (Thomas et al., 2009; Grzywacs & Marks, 2001; D'Alonzo & Fischetti, 2008; Bennett et al., 2006). These findings are pivotal and important steps in helping us acknowledge Black women's resistance against dominant ideas of body image and approaches to physical well-being. Such studies also illustrate the relevancy and urgency of exploring the development of Black women holistic leaders as they resist ideals of thinness and assist their communities in developing mind, body, and spirit approaches to health and wellness. Through their spiritual practices and development they have learned to heal and strengthen their bodies, as well as their minds, and have been empowering other Black women in their wellness pursuits who often have different needs than the mainstream.

In the article "Support Needs of Overweight African American Women for Weight Loss" (Thomas et al., 2009), researchers examined the self-image of Black women and their weight. Research showed that 67 percent of Black American women qualify as overweight or obese compared to 46 percent of White American women (Thomas et al., 2009, p. 340). The researchers made

a valiant effort to further the discussion about Black American women's health needs, and in doing so, identified specific needs for some overweight African American women, including co-participation in exercise, positive reinforcements, and social support or association. The results concluded that this group of women did not have the same body image issues that White women traditionally have and that those who wanted to lose weight wanted to focus on health rather than size. The researchers also triangulated their findings with other research about the attitudes concerning health and weight among many African American women and considered that African American men often prefer women who are slightly overweight by American medical standards. What was most significant in terms of mind, body, and spirit practices is that most women in the study reported that the best place to get support was from their religious organizations and spiritual leaders, which supports research from African and African American religious scholars.

African religious scholars maintain that African ontology is a religious ontology. African American Religious Studies scholar John Samuel Mbiti (1970) has suggested that we as people of African descent, are deeply sacred beings living in a spiritual universe. This concept frames and supports the kind of integration necessary for balanced and, therefore, healthy living (West, 2008). In its original African framework, health and wholeness are achieved in the context of addressing multiple life processes simultaneously—plants, animals, ancestors/spirits, and God—where human survival, productivity, and well-being are linked to the natural world. Therefore, the natural world is often held in high regard for its healing properties, as we can see in the Diasporic practices of Rastafari, Vodun/Voudou, and Santeria/Ifa/Lukimi. Karenga (1984) attributed this worldview to the guiding principle of Maat of ancient Egypt or Kemet.

Maat, who is illustrated as a woman, offers a worldview of holism, incorporating the social, physical, spiritual, and emotional elements of existence as a critical component of life in order to maintain optimal health. In fact, "striving for physical balance was considered integral to the achievement of the enlightenment" (West, 2008, p. 97). As such, health maintenance speaks to a sustained sense of integrated wellness: mind, body, and spirit. Here the sacred and the secular are intertwined, as the body exists as a vehicle for spiritual consciousness (West, 2008). As renowned healer, herbalist, and author of *Heal Thyself and Sacred Woman* Queen Afua (2000) asserts, "Today, contemporary seekers of various traditions are invoking the spiritual wisdom of their ancestors in order to revitalize such traditions in modern life" (p. 5). She also emphasizes that remembering these traditions is necessary to achieving good health, which cannot be commodified.

The three women discussed in this study all transformed their own assumptions and habits of mind gained from their backgrounds to create a new belief system and a practice based on that belief system. Transformative Learning Theory suggests that there are three processes involved in transformative learning: changes in understanding the self, revising one's behavior and changing one's approach to life (Mezirow, 2009). In other words, an expansion of consciousness must take place in order for transformation to occur. This usually happens after a dramatic, life-changing occurrence which produces a "disorienting dilemma" that alters our perspective. In each of these stories, events such as rejecting a mother's religion, rejecting a husband's authority, and losing loved ones were pivotal to each woman's understanding of her development mentally, spiritually, and physically.

This study used portraiture, an interdisciplinary, qualitative research approach developed by Dr. Sarah Lawrence-Lightfoot (1997), which she describes as the blending of art and science. From many hours of interview and observation, the researcher creates a portrait, or complete written ethnography of each participant. Though this approach limits the inclusion of numerous participants, it allows for an in-depth understanding of each woman.

The research epistemology for this study is twofold: transformative and Africana womanist. The former acknowledges that realities are constructed and shaped by social, political, cultural, economic, and racial/ethnic values, indicating that power and privilege are important determinants of which reality will be privileged in a research context (Mertens, 2009). The latter is a paradigm for Black life and its women, rooted in social change and problem solving (Hudson-Weems, 2004). Allowing participants to voice their own experience enables me as the researcher to include their ethnographic narratives in the studies of Black women's adult development.

The three Black women chosen for this study represent three different approaches to women's health and wellness, led by each one in her community for more than thirty years. They include a Yoga/Hinduism perspective taught by Gaia Budhai, a Christian perspective practiced by dance and fitness instructor Catherine Connor, and an Ifa/Yoruba/Africanist perspective led by Yeyefini Efunbolade. All three participants chose to use their real, full names in the study, indicating that transparency is necessary if we as Black women are to heal, and felt that by doing so *blessings* would follow them in return for empowering the community in this manner. The following short portraits provide a condensed version of their stories and those details that focus mostly on the body as it is linked to spiritual and mental development. In this article, the term *Africana* is used to address Black women of the African Diaspora.

## Gaia Budhai

Though they were brought up in the Catholic Church, Gaia and her mother became disillusioned with their faith. Her openminded mother began to explore meditation and Eastern philosophy and began studying Raja Yoga with a widely popular Indian Guru, Prem Rawat, also known as Maharaji. This practice focuses on the breathing, self-restraint, and concentration more than the physical postures or asanas that most people know as yoga. The physical asanas would come much later. At the age of eighteen Gaia chose to follow her Guru from her native Jamaica to India. Like her mother, who became a vegetarian and founded the Jamaican Vegetarian Society, she chose to resist dominant cultural traditions. Gaia spoke of her mother, Blossom, fondly as someone who led by example, charted her own path, and encouraged her children to do the same. Her mother's courageous spirit, vegetarian diet, and open-mindedness made an indelible mark on Gaia that would catapult her into a lifetime of similar behavior.

Historically, Black women in the West were not active in the yoga community, which has been associated with White, middle-class women. In Jamaica, yoga was thought to be the antithesis of Christianity, often associated with "evil" sorcery and cults, and therefore largely taboo, according to Gaia. However, both Gaia and her mother were able to resist these pressures, question these assumptions, and chart their own paths in what was a very white space in the West.

Practicing Raja Yoga also taught her and her mother to think about the body differently from what they were taught, which was that the body is *to be adorned*. She learned in meditation, however, that the body was just a vehicle for this practice, that what she had been searching for externally via "God in the heavens was within on the inside." Her meditation practice taught her that she was "not [her] body," and that "there is no attachment to the body." Gaia and her mother also became vegetarians at that time and practiced "natural health." Like many older Jamaicans in the country, her mother had known about "natural foods, or unprocessed foods as medicine and healing." What they learned in the ashram reiterated what her mother had already known and taught them about the effects of meat on the colon. These sentiments were also being expressed by the emerging popularity of Rastafari, a Jamaican Pan-Africanist movement, to which her brother ascribed. Most Rastafarians are vegetarians or pescatarians and believe that processed foods should be eliminated from the diet. Gaia says that she did not have a deep connection to mind, body, and spirit at the time, but she knew that she and her mother focused

on natural health and "feeding the body good foods. After travelling with the guru around the world and then to Miami Beach [she] decided to stay."

There, Gaia met Alec Rubin, founder of Theatre Within, who invited her to take a class with him. Gaia says it was in Rubin's class that she learned to do "deep psychological work in the form of theatre." Gaia says this is when she really made the mind, body, spirit connection by "removing habitual habits." She remembered: "I used to cross my legs at the ankles and now you can't get me to cross at the ankles. Certain psychological and physiological patterns are not who you are, they are things that you learned; some of them are bad habits," such as food habits that we learn in childhood.

Gaia became more interested in working with the body as she gained a deeper appreciation for it. The work she did with Rubin, she recalls, was "all about the body," which is the opposite of what she had learned in the Ashram where she "learned to leave the body [through meditation] as it can be a hindrance to peace and light and harmony." She also left the ashram after meeting her husband, a lifeguard she met on Miami's South Beach.

Now in her thirties, Gaia was practicing physical yoga (asanas) with a friend on the beach. She was not a yoga instructor at the time, but she had many connections in the community and saw herself as a leader, much like her mother did before her. Gaia began teaching the people in the community what she was teaching herself, such as transdance, a moving meditation expressed in freeform dance as a form of exercise. She would host potluck dinners and poetry readings with drumming in her apartment on the beach and used the gathering as an opportunity to teach: "I got into healing work long before people were doing transdance. I was really interested in Shamanism, women's studies, women's spirituality, so when I met this woman who wanted to open up the studio, I already did transdance and I was doing these things in my house." Gaia was approached by a woman who wanted to partner with her in opening a yoga studio. When the studio opened, Gaia began teaching Emotional Release Body Work.[1] It was not until a yoga teacher did not show up to a class that Gaia finally began to teach yoga. Before, she was operating as the business manager, massage therapist, and doing Emotional Release Work. On this day, however, she was forced to teach, as students were in attendance and had already paid for their session. The class was packed and Gaia offered to refund their money, but the students insisted that she teach them.

Gaia taught the class:

> But mi neva know what I was doing. I just tried to remember
> what I learned in class and these were really smart practitioners.

> They were regulars. At the end of the class I offered to refund their
> money again. They said, 'No, no, no, you keep it.' That was good.
> And then I thought, I don't want to be in that situation anymore.
> I have to become a teacher.

The possibility of a teacher not showing up for class weighed heavily on her,
as she was dependent on them to teach all of the yoga classes.

Gaia, however, was not even certified nor trained to teach and she could
not leave her business to go and train in New York or California, as she was
"the head cook and bottle washer" so she got creative. She realized that she
could create her own teacher training course inside her studio, so that the
teachers who worked for her could train her:

> I found out about everything with teacher training known to man
> in America. I checked them all out and I thought well, we could
> do one . . . so I got the teachers together, I created it, I put the
> whole thing together, and that's how Synergy Teacher Training began.

Like many yoga instructors, as time went on Gaia also wanted to attend yoga
conferences, but the major conferences did not come to Miami at the time.
Just as before, she could not leave the studio, so Gaia decided to start bring-
ing conferences to Miami:

> I went to the head of Omega [Institute for Holistic Studies] and I
> said, 'Listen, have you ever thought of doing one of these programs
> in Florida because a lot of Floridians—thousands of them—if you
> check your statistics, sign up there.' So he said, 'Why don't you
> put together a proposal?' So I said, 'Well, my proposal is that we
> do one of these weekends Friday, Saturday, and Sunday and You
> bring in all the top people from all over the world.'

Sure enough, they did, and Gaia sponsored the conference for three years until
it began to expand on its own.

Since that time, Gaia has been a leader of yoga in South Florida and
is credited with bringing yoga to Miami Beach with the founding of the
renowned Synergy Yoga Studio in the early 1980s. She also founded and
directed the much-respected Synergy Teacher Training Program. Currently,
Gaia hosts a series of yoga retreats that she calls "transformational work,"
which includes trance dance, breath work, and emotional body release work.
Gaia has been featured in numerous articles, including features in the *Miami*

*Herald* and *Travel and Leisure* magazine. These days, Gaia does not teach in the studio on a regular basis. She sold it several years ago and now devotes her time to teacher trainings and national and international conferences. Her work involves "opening the heart" emotionally and spiritually on the mat. She maintains a vegetarian diet and practices yoga daily.

## Catherine Conner

Physical fitness was a major part of Catherine's childhood. Her father was an amateur athlete who passed on his skills to his daughters. At the age of five, Catherine's parents enrolled her in the Bernice Johnson Cultural Center in New York for dance instruction and later at the YMCA Fitness program. Cathee, as she is affectionately called, says these programs "instilled [her] with the concept of building a good strong body for creative expression, competition, as well as good health." Cathee says that even though she received fitness instruction from "the Y" (Young Men's Christian Association), there was no connection between what she was learning and her religious or spiritual instruction at the time. She did however, gain leadership skills at the YMCA and in her Catholic school setting, which spurred her interest for her current work:

> I started teaching as a fitness assistant when I was eleven at a junior leader's club. So at age eleven, I was teaching gymnastics to the peewees, the three to five-year-olds and later to the six and seven-year-olds. We would get them lined up and lead basic warmup exercises before the fitness director instructed the full class. That was my introduction into teaching exercise and I said to myself, 'Wow, yeah. I'm the leader.' I liked being the teacher. I liked seeing people learn, and grow and be able to accomplish things. It was a wonderful feeling to know that I had a part of helping this person develop.

This love blossomed during her high school years, where Cathee began to teach gymnastics, a program that she developed for her mostly White, all girls, Catholic High School, Our Lady of Wisdom Academy. She then transferred to Christ the King High School where she entered the dance program and "choreographed two numbers for the concert, the final concert, and then did the duet." One of her performances at Christ the King was an African dance, complete with an African fashion show and costumes. It was "a one-woman African history presentation" done partially in response to a White teacher who

had asked her to teach the classmates something for Negro history week,[2] as it was called at the time.

Catherine also describes this time as "when the revolution started" and she began to wear her hair naturally, in defiance of Eurocentric beauty. She was a sophomore in high school in 1968 when she went natural. "Kennedy and King were killed; it was one after another. Then the whole Black Power movement came in." Simultaneously, she had burned the tip of [her] hair while straightening it with a hot comb. Frustrated, she threw the comb across the room and said, "I'm not going to do this anymore." She became defiant against her parents' pleas for "no nappy headed children running around the house" and wore her hair in a curly fro, afro puffs and corn rows. Cathee still wears her hair short and natural and says it allows her the freedom to work out as she pleases without worry.

Cathee did obey her parents' wishes to get a formal education, however, and decided to major in physical fitness at Howard University in Washington, D.C., a historically Black university. There, she trained to become a PE teacher. She "loved movement of the body," but at the time, her major was rare among women. She remembers this as the change in tradition where females were going into the area of fitness but still keeping their femininity. This trait of being both strong and soft was one that Cathee says she inherited from her mother who battled with breast cancer while Cathee was away at college.

After receiving her bachelor's degree Cathee taught high school for a year. Cathee loved teaching but she did not want to continue in public schools, so she began graduate school in exercise physiology. Cathee started teaching adults and then received an invitation to educate adults in the corporate world for one of the country's largest corporate printing companies, which was looking for a Black female physical educator for their fitness program at their training center in Leesburg, Virginia. They had a multimillion-dollar fitness facility and she was in a state of awe. In essence, this was their international training center where people from all over the world came for training in sales, service, marketing, human resources, and they stayed there at a conference for up to three weeks. Cathee stayed in that position as Fitness and Recreational Specialist for two and a half years until she was promoted to Health Management Administrator, which went beyond fitness and into managing not only the physical but the psychological and emotional assessments of their employees.

Cathee moved to Miami after meeting her husband on a cruise ship in the Bahamas. Shortly after getting married and moving, her father passed away and she became pregnant. Weeks before her due date, she was induced and gave birth to a stillborn son. When she went back to the doctor several months later to get the go ahead to try again, the doctor found a lump in

her breast. Cathee was diagnosed with breast cancer at the age of thirty-five, and because of her mother's history with breast cancer she opted for a double mastectomy. While recovering from her surgery, Cathee received the news from her husband that one of her sisters had been in a severe car accident and almost died.

This was more than Cathee could bear. She remembered their exchange:

> I just lay back in bed and said, 'God, kill me now with cancer or take over my life.' And 'till this day that's how I share my total transformation and depending on God or believing that He is in control, because there is no way. I would have written off myself in a minute. I was very weary, but before leaving one of the counselors came in and said, 'In order to beat this you're going to have to fight it.' Meaning you can't just give up.

After the diagnoses, Cathee began to connect the body to her spirituality, saying that the transformation started with the physical, spiritual, and the emotional. This came when she had to give up part of her body in order to be alive, referring to her mastectomy. The week before her surgery she danced every night, not knowing if she was ever going to dance again or be alive. It was stress release. After the surgery, as soon as she could, she started exercising. She could not dance for six months, but she rode her bike and swam praying, "Thank you God for this movement." Cathee said, "I was grateful that I was alive, grateful just being able to move and get from one end of the pool to the other to get full mobility of my arm." Six months later she took a major leap of faith and went to dance class.

Soon afterward, Cathee attended Bible study and became more involved in the Baptist church, and used her love for dance to address issues of wellness to congregants. She was introduced to the organizer for dance ministry,[3] which she had never heard of, but she signed up and began practicing for the debut of this new ministry for the church. After years of working for a hospital in Miami and enduring racial tension, Cathee decided to live her life on her own terms. She became an independent wellness instructor and consultant, while continuing her dance ministry in churches throughout South Florida. Since then, Cathee has been in high demand, spreading her message about the importance of eating right, exercising, resting and connecting to a higher power.

Catherine has been cancer free for more than twenty-five years and continues to teach women how to fight disease with good nutrition, faith, and movement. She has made national and international headlines for her work,

including coverage in the Miami *Herald*. She has also participated in four documentaries about breast cancer awareness and survival, including one on alternative treatments. Catherine has become a standout leader in traditionally Black churches throughout South Florida, where she hosts health fairs and dance performances to spread her message of holistic prevention and healing. She is also the author of *Psalms in the Dance of Life*, a photo essay book in which she chronicles her life story and inspiration. Catherine's commitment to service has awarded her many prestigious accolades, most notably from the American Cancer Society.

## Yeyefini Efunbolade

Yeyefini was born Rhona Mercedes Roach to a Protestant Christian family in Panama. Yeye, as she is affectionately called, remembered the services of her youth as "very boring" and that her interest at the time was to attend Catholic services because they seemed more colorful and exciting. When Yeye was seven, her mother flew to New York to find work and left Yeye in the care of Sister Daisy, a woman from church. Yeye described Sister Daisy as a mean woman who was physically abusive and tried to force her to memorize the Bible in English, a language she did not know yet.

Sister Daisy lived next door to an Afro-Caribbean Benjanite Church,[4] which resonated with Yeyefini in a way that no other spiritual experience had, in her mind, her body, and in her spirit. The foods they ate, their rituals of using fresh flowers and Florida Water,[5] the way they dressed in long colorful robes and head ties and treated one another affected Yeye and appealed to all of her senses. Yeye didn't know at the time whether it was religious. She just knew that those people looked like they were happy and they were never mean to her. The leader of the church was also a woman who was highly respected and she showed affection to young Yeye. At the time, Yeye did not understand that the church's origins were African as she does now, but she understands now that because it was African it resonated with her then.

Eventually, Yeye's mother sent for Yeye to join her in Brooklyn during the height of the Civil Rights Era in 1961. There, in her mid-teens, she started to go to the Shamburg Library to read about African religion and culture after a high school field trip to the New York World's Fair,[6] where there was an exposition on Africa that included drumming, dancing, attire, and food. She also started to connect more with the struggle for civil rights in America after that trip and wanted to learn as much as she could about Blacks in the West, their oppression, and their connection to Africa. Yeye's consciousness to African culture and the oppression of Blacks in the West began to coincide with her spiritual awakening,

and at the age of sixteen she decided to no longer celebrate Christmas with her family. This last move brought about tension in the house and in a few years Yeye decided that it would be best if she went away for college.

While she was away at A&T State University in Greensboro, North Carolina, Yeye got involved in the revolution, and her involvement with the political and cultural climate coincided with another spiritual spiral of awakening. This new level of awakening was one that connected her development culturally and intellectually to her spirituality. Her involvement in the Cultural Revolution of the late 1960s put her in touch with people who were practicing African religion and spirituality.

Yeye's first Ifa divination reading was with Mama Keke, a Yoruba Priestess of Barbadian descent who reminded Yeye of the Benjanite leader. Yeye would travel back and forth from college to New York on breaks. Back home, Yeye would work at Mama KeKe's Bookstore and taught dance at an African-centered Day Care for Queen Mother, Omi Tinubu Mompoint. There she also met sixteen-year-old, Iyanla Vanzant, who later became a Yoruba Priestess also and a famous healer.

When A&T refused to allow Black Studies on campus, Yeye dropped out of school and went back to New York permanently. She also gave away all of her European clothes in favor of African garb and took on an African name. She let her relaxer grow out and began sporting an Afro, because "you don't want to put chemicals in your body when you are holistic. Your hair is your spiritual antennae. We couldn't see grounding ourselves and then going to get our hair fried." All of this came about as she began taking classes at the Ausar Ausset Society, a Pan-Africanist organization that provided classes on the ancient Egypt or Kemetic spiritual way of life. Through their teachings on wellness, fasting, and leading a vegetarian lifestyle, Yeye learned that through the mind, body, and spirit you can connect to your purpose and have the energy to do so. Based on the teachings she adopted a vegetarian lifestyle and began to fast regularly. Yeye felt as though not only was she learning to heal from the trauma of childhood abuse, but through a clean diet connected to African spirituality she was also gaining mental clarity, which gave her a sense of empowerment. She was also preventing sickness in her body. Now, at nearly seventy years of age she keeps "a rigorous travel schedule, doesn't catch the flu or common cold, and takes no medication; not even a vitamin." Ausar Auset gave her the foundation of how to heal the body with a natural, plant-based diet. Members of Ausar Auset Society vow to uphold Maat (divine law) principles, which dictate that the body has to be a fit vessel in order to complete and carry out one's spiritual purpose on Earth, which they believe is to serve all of humanity. Yeye learned there, more than forty years ago, that many of the diseases in the Black community (hypertension, cancer, diabetes) could

be prevented through a better diet. Ausar Ausat taught that a vegetarian diet calmed the mind and that vegetarians typically experienced less stress. They taught that meat eaters typically experience higher rates of heart disease and hypertension, which also manifests as emotional stress.

After her education with Ausar Ausat, Yeyefini and Priestess Omi Tinubu drove down to South Carolina to the newly opened Oyotunji African Village, which was founded in the early 1970s. The village served as a community for African Americans to experience firsthand African life and culture by learning agriculture, Yoruba language, and the ways of Ifa, the traditional religion of the Yoruba people.[7]

Within a month's time, she was married to the king of the village and two weeks after she married the king, she was initiated into the priesthood of Obatala.[8]

At the village, Yeye learned the Yoruba language, took classes on African sociology and, like Gaia, Yeye also had the opportunity to learn "the herbs" or natural, therapeutic, and medicinal healing through the use of plants. She was taught in the village by those "who knew the herbs" and finally became an "herbalist" herself. All that she had learned about the mind, body, and spirit through the Ausar Auset Society she was able to implement in her community by suggesting certain herbs and rituals for healing.

The healings were physical, emotional, and spiritual. Yeye believes that the three are never separated, as she shares in the introduction from her book *Meaningful Mondays*:

> Our spiritual and physical energies are so connected that when we feel cranky, irritable and /or out of sorts, we can immediately recognize that there is something in the body, mind or spirit that needs to change and shift. When we eat food that is laden with toxic ingredients, it causes the body distress. The body signals that there is a problem and may manifest as constipation or heartburn. These are some of the physical reactions. However, there is also another reaction that we often miss—shifts in our mood. We may become anxious, saddened, depressed or easily irritated. Our spirit has picked up a signal of distress from the body and that distress now affects us. A healthy body is a manifestation of your ability to be a good manager and student of your spirit. (Efunbolade, 2010, pp. ix–x)

In other words, we wear on our bodies what is going on with us internally. If we are depressed, the way that we cope with that depression might show up on our bodies because, instead of reaching for vegetables or herbs that might

help us heal, we might consume foods that do just the opposite and continue to spiral even deeper into depression. Yeye's elders saw her wisdom as she became the chief priestess and began teaching classes to other priestesses as the head of the School of Divination and Priestly Training.

Yeye eventually left her husband and the village with her three children after suffering what she described as "disrespectful drama." Yeye says she began to grow even stronger in her spirituality because of this:

> That's what developed because you can't find peace in a peaceful environment. You have to find peace in the midst of chaos, and the Orisha (Obatala) that I honor and that has my head is the God of Peace. So you gotta live in hell so you can know what heaven is, you cannot allow any human being to take you out of your state of grace. I always have to remember that because you have to believe something.

Soon, with her mother's help, she was able to purchase a home and started teaching Spanish in schools as well as African culture at the African American Cultural Center. I asked her what kind of teacher she wanted to be and she answered: "I wanted to teach people how to be happy. I always wanted to teach people how to just be at peace with themselves because my entire life I've been searching how to be happy. And I said, 'When I get it, I'm going to teach it.'"

These days, Yeye is close to seventy years young and is as busy as ever; after forty-five years as a priestess, she is very happy healing and empowering other women to find balance in their lives. Yeyefini Efunbodale is a Queen Mother Priestess, dynamic speaker, life coach, cultural consultant, author, and lecturer. She has created several programs and workshops on healing and wellness and is the author of *Meaningful Mondays: Maintaining Balance through the Season with Prayers, Baths and Healthful Living* (Efunbolade, 2010). Yeyefini also reaches her audience through her International Institute for Afrikan Studies and Knowledge via social media and her radio program, Latina African. Over the past forty years, she has initiated and trained more than one hundred godchildren to the priesthood.

## Body as Vehicle for the Spirit and the Practice

Although Black women and their body images have been studied before, participants in this research expressed a direct correlation between their spiritual

beliefs with their feelings about their bodies. In fact, all of the women articulated that their bodies were only instruments through which they carried out their divine or spiritual purposes. My findings suggest that along with gender and race, spirituality cannot be discounted in the discourse about Black women and their body images. It also indicates how Black women develop these ideas about their bodies cognitively. These findings add authentic voices to the literature regarding the relationship between religion, race, gender, and the treatment and ideas about the body among Black female practitioners of holistic practices.

As one might expect, all of the instructors engaged in some form of exercise from four to seven days a week. The list included dance therapy/ aerobics, walking, biking/cycling, swimming, Pilates, creative dance, gardening, and Yoga. Catherine and Gaia, in particular, seemed to be the most active, as they are not only teaching physical activity as part of their jobs, but they are also attempting to exercise in their free time apart from work.

Because these women are so active, the assumption was that they would be in the habit of monitoring their weight and body fat quite often like most fitness instructors, but, fittingly, the participants took a more holistic approach. Catherine used her home scale "rarely," her "mirror" (so that she can observe any bodily changes), and an "occasional fitness analysis at health fairs." Gaia seemed to be exhausted by the very idea of monitoring her BMI as she stated:

> I used to [monitor my BMI, body fat percentage, and weight], but I don't do it anymore. I no longer go on a scale. I just go by how my body feels. I go by my energy level. Making adjustments by what I eat, and with supplements [and by] making adjustments in my yoga practices. I take energizing herbs and adjust my food.

Catherine insisted that the constant focus on the body can be very stressing and can keep one from focusing on their divine purpose. Yeyefini explained that she eats 50 percent live foods, drinks water, and eats every two hours, but doesn't measure her progress in a formal manner. Like Gaia, she had very little interest in the conventional methods of body measurements.

My findings supports previous research regarding even young Black women's self-image and lack of desire to measure themselves by mainstream standards. One such study by D'Alonzo and Fischetti (2008) included focus groups of Black female college students and their exercise habits and attitudes. One young participant declares that she doesn't want to look like the white women she sees in the gym: "I want to look like Halle Berry. She's got a nice little shape, she's got hips," she says (D'Alonzo & Fischetti, 2008, p. 180).

Young Black women feel some pressure from dominant society to conform to the norm, yet they feel some resistance and note differences in body type aesthetic values between their community and that of dominant society. Another similar study followed participants of "Sisters in Shape," an exercise program created by Black women for Black women (Lau, 2011). One participant, Allison, took classes there because the instructor was a Black woman. Allison says, "I started taking her class 'cause a lot of times aerobic teachers are real tiny, and, especially Black women, we're thick, and lookin' at those tiny women, we're like, 'Uh, I'm not gonna look like that, [so] what's the point'" (Lau, 2011, p. 84). Lau (2011) highlighted that Allison situates herself in the "collective and ideally imagined Black womanhood" that exists in contradiction and distinction to white womanhood (p. 84). Black women, she surmised, identify with "thickness" and appreciate and feel confident in that difference from White heteronormative standards of beauty (Lau, 2011, p. 84). All three of my participants proudly identified themselves as curvaceous.

While considering exercise needs, addressing dieting needs of Black women or the relationship that Black women have with food is also important. Janet Surrey's (1983) research on the eating patterns of women reflected that 50–75 percent of white women were "dieting" and that this preoccupation was considered the norm. Surrey pointed out that in many Black communities, "the standards of female beauty suggest the glorification of fullness, plumpness, and roundness, where the female body reflects a symbol of fertility and abundance" (p. 242). Nonetheless, although Black ideals of beauty have protected Black women and girls from a mentality of deprivation, it has not buffered us from excessively overeating and the consequences of overweight and obesity, such as diabetes and other preventable diseases. Thompson (1994) addressed the issue of Black women and overeating in her text *A Hunger So Wide and So Deep,* and maintains that "eating problems" among Black women often function as survival strategies against a range of physical and emotional abuses in women's lives. Thompson (1994) maintains that these issues are about much more than body image and does not romanticize the seemingly positive protection that Black women have developed. The aforementioned research supports the current study of participants who have sought to address issues of excess weight and health within their communities and have obviously made the mind/body connection for themselves. All participants in this study exalt the Black feminine aesthetic, and yet maintain healthy weights, while integrating their spiritual practices, food intake, and treatment of the body.

Most of the women in this study keep a vegetarian or vegan diet, with the exception of Catherine, who very rarely ate red meats. Nonetheless, all of them emphasized the importance of vegetables, fruits, and whole grains. They

also commented on how their diets were connected to their faith. Gaia stressed not overindulging, which she attributed to yoga, while Catherine encouraged everyone to eat to live—not live to eat. Catherine further explained that she eats for the purpose of nourishing, strengthening, and empowering her body to perform as well as ministering to others—physically, mentally, emotionally, and spiritually. She went on to explain that it's difficult to enjoy life and lead others to spiritual wellness when one is "sick or tired."

Their expressions regarding the purpose of their bodies were significant. They all agreed that their bodies were vehicles for their spirits as Yeyefini suggested. Gaia also offered that her body is her temple or her avenue leading to a divine state. Catherine echoed that her body's purpose was to glorify God with the gift of good health by taking care of her Body Temple as an example to encourage others to do the same and in turn live a fulfilling purposeful life. All of the women described a "divine" purpose for their bodies—that their bodies were not just for earthly or carnal pleasures, not just for mothering or pleasuring men (or other women), or even themselves. They communicated a sense that their bodies are not their own, and so they cannot afford to be selfish with them. West (2008) explained that this outlook is consistent with the Africana principles of Maat. She says, "In recognizing that the body is indeed, sacred, then honoring it becomes part of a personal mandate and motivation to initiate and maintain a lifestyle that fosters wholeness, health and healing" (West, 2008, p. 53). The role of faith plays a major role, then, in the participant's ideas about their bodies and the treatment of the body. Finally, Catherine even quoted scripture, stating, "Good health is true wealth and enhances the fruit of the Spirit in Galatians 5:22–23." She went on to say, "Love, joy, peace, patience, kindness, gentleness, goodness, faithfulness, self-control. When I feel good physically, mentally, emotionally, spiritually I want to share and encourage those good feelings and make a difference in the lives of others."

## Conclusion

As the literature supports, all of the women had positive self-images about their bodies and even boasted about their curviness. As Gaia expressed, her body wasn't an issue despite Hollywood definitions of what one should look like (Lau, 2011). To that end, all of the women wear their hair naturally, which is also a reflection of their culture and community acceptance despite the dominant aesthetic. Participants expressed multiple factors that contributed to their body images and most were less concerned about weight and more concerned with how they looked and felt overall. Along with spirituality, participants also

expressed family and social or cultural connections that were influential as well. In other words, they were not alone and looked to a wide range of support systems, including the opportunities to interact with the nature around them. Most of the women did not rely on scales or other mainstream or "traditional" methods to measure their body fat or weight, which is also significant because although they are being sought after for mind, body, and spirit teachings, and possibly just physical improvement, their measurement for progress or sustainability of their own bodies very much relies upon holistic approaches. As Catherine maintained, the idea is that one could be light on the scale and still feel bad emotionally and physically due to malnourishment, depression, sadness, lack of exercise, or a poor diet that does not include enough fresh vegetables, fruits, and lean proteins.

Instead of focusing solely on the body, the participants maintained that with the transformations of their minds and spirits intact, the body follows through not only with physical appearance and maintenance, but action as well. For all of the women, their "spiritual strivings" of transformation were an expression of their yearning to connect authentically to their own truth, to connect to the whole of their being, and to self-define (Dillard, 2006). All three participants had disorienting dilemmas, thought critically about what they knew, imagined possible selves for the future, and made their way by doing (Mezirow, 2000; Rossiter, 2007; Horton & Freire, 1990). Future studies on Black women and holistic practices might explore the effectiveness of physical wellness programs that include self-affirming education on (1) emotional healing, (2) nutrition and exercise, (3) spiritual evolution, and (4) community involvement. Such programs might call attention to the role of Black women as culture bearers and their much-needed activism to implement social changes of well-being in Black communities.

## Notes

1. Emotional Release Body Work is a shamanistic healing service that claims to help clients release blocked emotions, such as anxiety, fear, and anger. This is achieved when the shaman touches certain points in the body to release tension that is believed to be held in the nervous system.

2. Negro history week, started by African American historian Carter G. Woodson, took place the second week in February and would later become known as Black History Month.

3. Most often, this is a team of dancers who perform during the praise and worship portion of services to inspire others and to sometimes tell stories of faith and triumph through art and fitness.

4. The Benjanite Church gets its name from the Bedwardite, an Afro-Christian revival group founded in Jamaica at the beginning of the twentieth century. It is also referred to as "Jump-up" or "Jumpy Jumpy," as the services often include testifying, shouting, shaking, and "catching spirits." These services are usually led by a woman referred to as The Mother and conclude with a feast (Whitten & Torres, 1998).

5. Cologne used in the Caribbean like holy water for cleansing, protection, and good luck.

6. This would be the nation's largest world's fair, held in New York in 1964.

7. The community taught members African philosophy, how to home school their children, and live an African lifestyle as close to precolonial days as they could get.

8. Obatala in Yoruba is the creator of human bodies and carries the energy of clarity in judgment.

## References

Afua, Q. (2000). *Sacred woman: A guide to healing the feminine body, mind and spirit*. New York, NY: One World.

Bennett, G. G., Wolin, K. Y., Goodman, M., Samplin-Salgado, M., Carter, P., Dutton, S., Hill, R., & Emmons, K. (2006). Attitudes regarding overweight, exercise and health among blacks (United States). *Cancer, Causes & Control, 17*(1), 95–101.

D'Alonzo, T., & Fischetti, N. (2008). Cultural beliefs and attitudes of Black and Hispanic college-age women toward exercise. *Journal of Transcultural Nursing, 19*(2), 175–186.

Dillard, C. B. (2006). *On spiritual strivings: Transforming an African-American woman's academic life*. Albany, NY: State University of New York Press.

Efunbolade, Y. (2010). *Meaningful Mondays: Developing and Maintaining Balance through the Seasons with Prayer, Baths and Healthful Living*. Self-published.

Grzywacs, J. G., & Marks, N. F. (2001). Social inequalities and exercise during adulthood: Toward an ecological perspective. *Journal of Health and Social Behavior, 42*(2), 202–220.

Horton, M., & Friere, P. (1990). *We make the road by walking: Conversations on education and social change*. Philadelphia, PA: Temple University Press.

Hudson-Weems, C. (2004). *Africana womanist literary theory*. Trenton, NJ: Africa World Press.

Karenga, M. (1984). *Selections from the Husia: Sacred wisdom of ancient Egypt*. Los Angeles, CA: University of Sankore Press.

Lau, K. (2011). *Body language: Sisters in shape, Black women's fitness, and feminist identity politics*. Philadelphia, PA: Temple University Press.

Lawrence-Lightfoot, S., & Davis, J. H. (1997). *The art and science of portraiture*. San Francisco, CA: Jossey-Bass.

Mbiti, J. S. (1970) *African religions and philosophy*. Garden City, NY: Anchor.

Mertens, D. (2009). *Transformative research and evaluation*. New York, NY: Guilford.

Mezirow, J., & Associates. (2000). *Learning as transformation: Critical perspectives on a theory in progress*. San Francisco, CA: Jossey-Bass.

Rossiter, M. (2007). *Possible selves and adult learning: Perspectives and potential*. San Francisco, CA: Jossey-Bass.

Surrey, J. (1983), The "Self-In-Relation": A theory of women's development. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P. Stiver, & J. Surrey (Eds.), *Women's growth in connection: Writings from the stone center*. New York, NY: Guilford.

Thomas, J., Stewart, B., Lynam, I. M, Daley, C. M., Befort, C., Scherber, R. M., & Ahluwalia, J. (2009). Support needs of overweight African American women for weight loss. *American Journal of Health Behavior, 33*(4), 339–352.

Thompson, B. W. (1994). *A hunger so wide and so deep: American women speak out on eating problems*. Minneapolis, MN: University of Minnesota Press.

West, C. S. (2008). Honoring the body: Rituals of breath and breathing. In S. Y. Mitchem and E.M. Townes (Eds.), *Faith, health, and healing in African American life* (pp. 96–107). Westport, CT: Praeger.

Whitten, N. E., & Torres, A. (1998). *Blackness in Latin America and the Caribbean: Social dynamics and cultural transformations*. Bloomington, IN: Indiana University Press.

# Black Women's Sexuality and Relationships

## Embracing Self-Love through BREATHE-ing

### QIANA M. CUTTS

Black women's sexuality is negatively stereotyped and rooted in historical and sociocultural systems of oppression (Bunch-Lyons & Few, 2007). Enslaved women had no recourse against white slave masters and any other men who desired their bodies, as the raping of Black women was established as an institutional pattern (West & Johnson, 2013). Black women were vulnerable and susceptible to sexual violence and exploitation because their bodies were not respected as their own. The lack of respect for Black women's bodies perpetuated hypersexualization of Black women and the construction of the Jezebel, Sapphire, and the sexually deviant stereotypes. Black women also have been impacted by gendered norms and perceived strength. Only (pseudo-) strength could explain Black women's ability to be resilient in the face of such traumatic experiences and sexual demeaning. Black women survived because they were strong. The StrongBlackWoman (SBW) identity created a sense of power—and powerlessness—for Black women and combated the weight of the stigmatization of Black women's sexuality and being (Walker-Barnes, 2009, 2014). Searching desperately for an identity to empower and restore a sense of self, many Black women embraced and became the SBW in order to adhere to gendered and cultural expectations and to survive racist oppression. For example, Wolfenstein (1998) commented, "One of the built-in features of white racist oppression is that it forces black women to bear unusual hardship, to survive and care for others in the most difficult of circumstances" (p. 50). Expounding on Wolfstein's comment, Collins (2005) wrote that Black

women's survival is deeply connected to their ability to be strong: "to survive, [Black women] have to be strong" (p. 199). As a means of survival, Black women adorned themselves with Superwoman capes as struggle and survival became their legacy (Morgan, 1999). The connections among the stereotypes, hypersexual descriptions, lack of protection and respect, and internalization of the SBW identity contribute to Black women's experiences with sexuality, relationships, and mental health.

In the last twenty years, research on Black women's sexuality has provided an expansive lens to view the experiences of Black women. Rose's (2004) text provided poignant testimonies of Black women's sexuality and intimacy experiences written in the voice of the participants. Collins (2005) examined and theorized the impact of the intersectional identities of race, gender, sexuality, and class. Recently, Braxton and Harris-Perry's (2015) edited book, *Black Female Sexualities*, outlined an interdisciplinary examination of Black women's sexuality through theoretical analyses and personal narrative. Collectively, these works combat many of the negative stereotypes about Black women's sexuality and provide strength-based analyses as positive contradictions to older work. Black women's sexuality also has been explored as it relates to queerness or lesbian identity (Moore, 2011; Ritchie, 2013), incarceration (Hicks, 2009; Willingham, 2012); ageism (Dickerson & Rousseau, 2009); hip hop culture (Lane, 2011); sexual imagery in the media (Baker, 2005); and sexual socialization and scripting (Bowleg, Lucas, & Tschann, 2004; Dennis & Wood, 2012; Grange, Brubaker, & Corneille, 2011; Townsend, 2008; Wyatt, Peters, & Guthrie, 1988).

Somewhat absent from examinations of Black women's experiences is a focus on mental health. However, the recent and widely publicized deaths of image activist Karyn Washington, founder of *For Brown Girls*, Sandra Bland, and Natasha McKenna, who had been diagnosed with a mental illness, thrust Black women's mental health issues into the spotlight. A number of accessible, personal blogs and informational articles on Black women's mental health was the result (B, 2015; Ferguson, 2016; Gooden, 2014; Hamm, 2014; Kinouani, 2015). In fact, *For Harriet*, an online blog community that explores Black women's lived realities, published at least six blogs from April 2014 to March 2016 on Black women's mental health (Gibson, 2014, 2015a, 2015b; London, 2016; Rafus, 2015; Salters, 2014; Washington, 2014). These publications and others have been used to initiate honest discussions and promote understanding of the mental health issues Black women endure. For example, the Center for Disease Control (CDC, 2012) maintained that Black women reported higher rates of sadness, loss of energy, and loss of interest and pleasure in activities

that they once enjoyed than non-Hispanic, White women. Black women also reported working harder than women of other races with little to no improvement in reaching identified goals.

Factors that impact Black women's mental health are varied and intersectional. Mengesha and Ward (2012) identified parenting, living in poverty, and exposure to racial and gender discrimination as factors explored often in the literature. However, there is limited literature that examines the ways in which Black women's sexuality and relationships also might serve as impediments to Black women's mental health. In this chapter, I use Black women's interview data and phenomenological analysis, undergirded by the BREATHE model (Evans, Bell, and Burton, 2017), to examine the influence of Black women's sexuality and relationships on their mental health. Specifically, I explore Black women's experiences with love and consider their vulnerability and strength as vital, interacting components needed to resist the SBW stereotype, and unhealthy romantic relationships as hindrances to mental health. General themes to be discussed reveal how Black women's sexuality and relationships are shaped by their youth and familial representations of love. In addition, I note how the Black women participants in this study utilized balance, reflection, energy, association, transparency, healing, and empowerment (BREATHE) to navigate their way through unfulfilling romantic relationships and embrace self-love.

## Methodology

A qualitative research design was used for this study. Qualitative research is utilized when the researcher seeks to highlight the participants' voices (Lichtman, 2010) and often when the researcher explores the experiences of marginalized individuals or groups (Hennink, Hutter, & Bailey, 2012). Black women encounter marginalizing experiences due to their intersectional raced and gendered identities (Crenshaw, 1991). Therefore, exploring Black women's experiences with qualitative methods is appropriate. The specific qualitative design was phenomenology, which provides a focus on individuals' lived experiences as they actively and consciously make sense of their worlds (Moustakas, 1994). This design was most appropriate because phenomenological researchers seek to understand how reality is constructed and meaning is made from experiences. The phenomenological foundation of the study supported the goal of understanding how Black women constructed meaning of their sexuality and relationship experiences as influences to their mental health.

*Participants*

Participants were eight women between the ages of twenty-six to fifty-three years. All of the women are high school graduates and completed some post–high school education. Specifically, three of the participants hold bachelor's degrees, and four hold master's degrees. The majority of the women identified as heterosexual (N = 7), while one participant identified as lesbian. Relationship statuses among the women varied—four were divorced; two were married; one was in a domestic partnership; and one was single. Seven of the eight participants mothered at least one child. All participants were employed. Table 1 includes the aforementioned demographics aligned with each participant.

Table 1. Participants' Profiles

| Participant | Age | Children | Relationship Status | Sexual Orientation | Education |
|---|---|---|---|---|---|
| Diva | 50 | 3 | Divorced (2); In a committed relationship | Heterosexual | Masters |
| Rockie | 52 | 1 | Divorced; Dating | Heterosexual | Bachelors |
| Deb | 53 | 2 | Divorced; In a committed relationship | Heterosexual | Masters |
| Kel | 49 | 4 | Divorced; In a committed relationship | Heterosexual | Bachelors |
| Rachel Marie | 36 | 3 | Married | Heterosexual | Some college |
| Keisha | 42 | 1 | In a committed relationship | Lesbian | Bachelors |
| Glenda | 42 | 3 | Married | Heterosexual | Masters |
| Starla | 26 | 0 | Single | Heterosexual | Masters |

*Data Collection*

Data were collected through individual and focus group interviews and question-naires. The interview guide was designed to elicit detailed responses and rich descriptions from the participants. Questions asked focused on the participants' familial background and upbringing, past and current relationships, and definitions of and experiences with sexuality. The semi-structured and conversational interview format was used to encourage participants to respond openly and freely to questions while allowing them to steer the direction of the interviews by identifying which topics were most important to them. Participants also completed a self-administered, demographic questionnaire that included items to record participants' age, state of birth, current and past living regions, relationship status, sexual or romantic orientation, employment status, and education.

*Procedures*

Prior to conducting interviews, research approval was obtained from an affiliated university. Participants were identified through snowball, purposeful sampling. All participants signed an informed consent and are identified by a pseudonym. The participants and I chose the pseudonyms. Focus group interviews were held at the homes of two participants and individual follow-up interviews were held at the participants' homes or via phone. Interviews lasted from thirty minutes to two hours and forty-five minutes. Some participants also responded to follow-up questions via encrypted email. I transcribed all audio-recorded interviews.

*Data Analysis*

Data were analyzed using multiple qualitative data analysis procedures. Grounded theory analysis consisting of open, axial, and selective coding (Strauss & Corbin, 1990), constant comparative analysis (Glaser & Strauss, 1967), and phenomenological analysis (Moustakas, 1994) provided a triangulated method of analysis where data were viewed from various angles. Because the study was phenomenological, the primary method of analysis used was phenomenological analysis. Moerer and Creswell (2004) described Moustakas's (1994) phenomenological data analysis as in the following manner:

> [The] inquirer describes [his/her] own experiences with the phe-nomenon (epoche), identifies significant statements in the database

from participants, clusters these statements into meaning units and
themes. Next, the researcher synthesizes the themes into a descrip-
tion of the experiences of the individuals (textual and structural
descriptions), and then constructs a composite description of the
meanings and the essences of the experience. (p. 6)

This process of bracketing, identifying, clustering, synthesizing, and construct-
ing was inductive and prioritized meaning as negotiated and constructed by
the participants. The phenomenological analysis process was supported by the
previously mentioned data analysis strategies. The triangulated analysis was used
to add a level of rigor to the interpretation and solidify the findings.

A phenomenological composite and a variety of sexuality- and relation-
ship-related findings were identified through the data analysis. Among these
findings are the concept of mothering (i.e., relationships with and mirroring
their mothers, becoming mothers to children, and mothering in relationships);
the importance and impact of relationships with both mother and father;
emotional, sexual, and physical assault and abuse; saving the marriage/relation-
ship; staying for the children; promiscuity as power and peril; searching for
love; exhaustion and impact of the SBW stereotype; and being resilient and
practicing self-care and healing. These findings were collapsed into four main
themes: *Witnessing and Experiencing Abuse, Lessons from our Fathers, Sex Ain't
Better than Love,* and *Learning to Love . . . Me.* A discussion of these themes
is provided following the composite description developed from merging the
participants' stories.

## Phenomenological Composite: The StrongBlackWoman

Rose (2004) maintained that the telling of Black women's stories is often situ-
ated in two categories. In the first category, fragmentations of the stories are
discussed within a central theme or thesis. This manner of telling, according
to Rose, minimizes Black women's voices as the full complexity of their stories
is not apparent to the reader. In the second category, Black women's stories
are placed in "story containers," which Rose described as grouped experiences
and labels such as "rape victim," "incest survivor," "single mother," etc. (p. 6).
Story containers shed light on various denied and sexist experiences of Black
women; however, they do not highlight the full complexity in which Black
women's sexuality is experienced.

In *Longing to Tell*: *Black Women Talk about Sexuality and Intimacy*, Rose
(2004) included Black women's full stories in order to provide the reader with a

more complete representation of the complexities and contexts that shape Black women's sexuality. Presenting the full narrative of each participant in this study is beyond the scope of this chapter. Instead, I use the fragmented approach of connecting the participants' stories to overarching themes with supporting participant statements. In order to minimize the possibility of caricatured representations, the participants' statements provided in this chapter are, at times, very lengthy. Many of the women spoke with great detail and passion about their experiences, and respect for their experiences is demonstrated with the inclusion of as much of their verbatim quotes as possible. Including such lengthy quotes adds to the authenticity of the work and invites the readers to consider the contradictions, trials, triumphs, shifts, and confirmations that are central to Black women's sexuality and relationships. Prior to the discussion of the specific themes, a composite description of the participants is provided because phenomenological research centers on the composite description of the meaning made.

The experiences of the women that participated in this study evidence the SBW phenomena. Wyatt (2008) explained that the SBW is "a socially constructed identity that requires the denial of [Black women's] spontaneous feelings and needs" (p. 57). Originated in slavery and nurtured by white supremacy, adopted as a cultural staple among Black people, the SBW has been internalized by Black women simultaneously as a metaphorical cross to bear and a badge of honor. In Chapter 2, Walker-Barnes contended that the SBW is a totalitarian identity where emotional strength/regulation, caregiving, and independence are key descriptors. The participants made comments that represented these descriptors. Keisha confidently stated, "I'm very emotionally unattached." Several of the participants—Diva, Rockie, Kel, and Rachel Marie—described being caregivers in their relationships, often to the point of neglecting their own needs. Starla explained that she internalized the SBW identity that she learned directly and indirectly from her mother.

> It's like . . . my independence. Learning to, uh . . . not be like . . . not submissive, but you know. . . . It's hard to come off of that *I can do this for myself. I don't need you to do this for me*!

Starla's comment suggests that the participants struggled with the contention of not being the SBW and embracing aspects of themselves that could be perceived as vulnerable.

SBW can be interpreted as the "profession of pain" (Collins, 2008, p. 81). No matter the age, relationships status, or sexual or romantic orientation of the participants, there were elements of the profession of pain in their sto-

ries. The participants internalized the SBW and embodied the SBW qualities perceived as strength. Yet, even in that strength, their voices trembled as they discussed the painful side of being a SBW. At times, the participants' discussions of pain were so matter-of-fact that the professional aspect of the SBW was evident. For example, Diva described the physical abuse in her relationship as an interlude to the seemingly more important experience of infidelity. "Oh yes, I was taking some ass whoopings at home," she stated. Rockie explained that while she was in a physically abusive relationship, she did not perceive herself as a "battered woman." She noted, "I didn't feel like I was battered because I wasn't weak. I fought back."

While acknowledging the characteristics of the SBW, the participants admitted to being afraid and exhausted. As Rachel Marie explained, "I'm tired of doing this by myself. I'll do it because I have to, but I'm tired." Similarly, Diva stated, "I like him here. I like having someone to wash my car and fill my gas tank. I like having someone attending to me. I'm tired of being strong." The participants were strong when they watched their mothers be abused; they were strong when they were abused. They were strong when they were the sole financial providers for their families. They were strong when they left their abusive husbands and lovers. They were strong when they tried to date again. They were strong when they supported one another through their challenges. They were strong when they worked through their challenges with and without the assistance of a mental health professional. Nevertheless, hidden in that strength was some conflict surrounding their vulnerability. The participants desired to be strong and Black and woman *and* vulnerable. Each of them recognized her performance of the SBW and acknowledged how this performance was influenced by and impacts their relationships. The women also communicated the challenge of the performance and the exhaustion that resulted from trying to be the SBW all the time. Collins (2008) wrote, "Strength comes from recognizing the nature of the battle itself. Knowing that deciding to armor (claiming the SBW persona) is a strategic decision and is not hardwired into Black women's nature is essential" (p. 84). The growing awareness of the SBW and ability to choose when to armor themselves as SBW empowered the participants with an agency to construct new SBW narratives where emotional stoicism, negation of self-care, and crippling independence were not mandatory.

*Witnessing and Experiencing Abuse*

Six of the women described how abuse played significant roles in the formation of their sexuality and in their relationships. Most had observed frequent physical abuse committed against their mothers. The physical abuse often was

accompanied by verbal and emotional abuse. Several of the women described their fathers as "the ultimate ladies man" or noted their fathers' domineering ways. For example, many of the fathers engaged in blatant infidelity. The participants watched as their mothers' awareness of their fathers' relationships with multiple other women grew and also watched as their mothers were devastated emotionally. Glenda described her father as a "rolling stone," and Kel maintained that her father constantly criticized her mother. "Nothing [she did] was ever right for him," she explained. Each of these types of abuse impacted the participants; however, the physical abuse seemed to have had the most impact on the women, as their descriptions of physical abuse were more detailed and emotional.

Diva's parents divorced when she was only three years old; however, she had a vivid memory of her father hitting her mother. She stated, "The only memory I have of my mother and father together is of him hitting her and her falling to the floor while I hid on the side of the bed." Rockie explained that she observed her mother be abused in several relationships. Rockie's mother left her father after having endured years of abuse. Yet, she was involved in other relationships with men who also abused her and sexually abused Rockie. "I grew up in an abusive household. My mother was abused by every man she dated." The physical abuse observed by Kel was, in her description, not as common. She explained that her father "tried to pop her [mother] a couple of times, but not to the point that he would really hurt her." Glenda, Rachel Marie, and Keisha witnessed their mothers experience various types of abuse as well.

Participants' knowledge of their mothers' experiences with abuse contributed to their relationships as they unconsciously mirrored their mothers' relationships or erected walls of anger to combat completely the abuse they saw during their childhoods. Rockie noted, "Even when you say, I'm not gonna be like my mom, you end up doing it." The participants wanted healthy relationships that were free of abuse. Unfortunately, many of them repeated the patterns of abuse they observed during their youth. Rachel Marie commented that physical, emotional, and verbal abuse all were constant staples in her relationships.

> In all of [my relationships], I always had the same issues. Fighting. . . . Everybody that I had casual sex with, we didn't have those issues. But whenever it got deep enough that we got into a relationship, [fighting] was always the outcome.

Rachel Marie also narrated how the signs of physical abuse were apparent before her marriage. She knew her husband had been abusive in his prior relationship and he was abusive to her before their marriage.

> He hit me before we even got married, and I *still* married him. And
> I already knew that he did the same thing with [his ex-wife], but
> in my young, stupid mind, that wasn't going to happen to me. I
> mean, he used to beat the hell out of [his ex-wife]. *But nope, not me.*
> *I ain't no crackhead. He ain't about to hit me.* But he did. He did.

Rachel Marie further explained that the pattern of physical violence in her rela-
tionships began at an early age and could be attributed to what she had been
taught to accept from viewing the relationship between her mother and father.

> Even the first time someone hit me, I thought nothing of it because
> I always saw it. [My sister] remembers none of this, but I probably
> remember every fight [my mother and father] had. The first time
> a man, a boyfriend hit me, I was like fifteen or sixteen. Part of
> me felt like it was wrong or something, but his mother was right
> there when he did it, and she didn't say anything.

Rachel Marie was well aware of the abuse her father inflicted on her
mother, and it was from watching them that she learned to accept physical
violence as endemic to her relationships. This began a trend for Rachel Marie
as each relationship was abusive in some way. In the relationship with her first
boyfriend, she was hit and immediately looked to the boyfriend's mother for
some clarification on whether his behavior was acceptable. The silence of the
boyfriend's mother reiterated the message. At thirty-six years old and having
filed for divorce, Rachel stated that she had no idea how to be in a relation-
ship where there is no abuse.

> Can you imagine being almost forty years old and not knowing
> what it's like to love without the abuse? Like can you imagine?
> What do you do when you find someone that's not with the abuse?
> Then, you don't know how to be in that relationship. You don't
> know how to just BE without the abuse.

Not all participants discussed repeating the experiences of their mother.
Keisha claimed that she was not as emotionally vulnerable as her mother and
does not tolerate abuse in her relationships. She stated:

> I feel like I'm the opposite of my mother. I'm very emotionally
> unattached. I feel like my mother was so emotionally attached to
> the men she loved that she was blinded. I'm not saying that she ever

put herself in a compromising position, but she put her well-being in a compromising position.

Keisha's mother was physically abused by her father. According to Keisha, the abuse often left her mother bruised or bleeding. Observing the relationship between her mother and father angered Keisha. In commenting on her anger, she explained, "When thinking about my real father. . . . My mom was in love with a man that was emotionally and physically abusive, and I don't have no time for that. I just don't." Keisha was firm in her claim that she would not repeat the patterns of her mother and tolerate emotional and physical abuse. Keisha's mother eventually divorced Keisha's father, and while Keisha was glad her mother ended the relationship, she became angered that her father also divorced her in the process.

### Lessons from Our Fathers

I never saw my dad be right with a woman.

—Diva

Relationships with mothers were discussed minimally among the participants. Observations of their mothers' behaviors were noted more than the actual relationship. Nearly all of the participants, however, discussed how their observations of and relationships with their fathers were important factors in negotiating their sexuality and relationships. The fathers served, either in their presence or absence, as the participants' primary teachers about sexuality and relationships. Diva, Deb, and Kel described their close relationships with their fathers. Rachel Marie, Glenda, and Starla described relationships that were present but not as impactful. Rockie and Keisha noted that their relationships with their fathers were nonexistent. No matter the type or intensity of the relationship, all participants explained that lessons from their fathers impacted their sexuality and relationships.

Diva explained that she had relationships with her biological and stepfather and contended that her biological father was a womanizer. She stated, "I'm very close with my dad, and I'm the product of a divorced family. I also was kinda closer to my stepfather than my mother growing up." Deb's closeness with her dad was influenced by her mother's drinking and temperament. "My mama . . . she was a screamer, and she drank. Dad would just leave. I'm like him in that way. I don't like the arguing. I'll just leave." Like Diva, Kel explained that her father was a womanizer. "My dad was the ultimate ladies

man." She further noted that her father repeatedly had relationships with other women while he and her mother were living as a married couple. Eventually, her father left her mother, but they are still legally married as divorce is against their religious convictions.

Rockie's and Keisha's relationships with their fathers stalled after their parents separated. For both women, the absence of the father had a direct impact on their relationships and emotional well-being. From the absence of her father, Rockie surmised that love did not require presence. This definition of love kept her in a relationship that she described as "extremely unhealthy" for a number of years.

> I ended up marrying my experience. [My husband] was abusive and he was not there. My dad was abusive and long distance, and that was my definition of love. He loves me, but he's not even here. My husband did the same. He loved me, but he wasn't there. He would go out and fool around. He'd disappear for weeks. Then he'd come back. But he loved me.

Rockie stayed in this relationship until her realization that her father's absence and her contention that her father's love did not require him to be present and active in her life shaped her relationship with her husband. "When I realized that's what I married. . . . That's when I got free."

Keisha was equally as devastated by her father's abuse of her mother as she was by his absence.

> I was so angry. So angry at him. Because my dad was everything to me. He was everything to me. It made me angry that he broke up our family. It made me really angry that he would beat my mom. And it made me angry that he left and didn't get help. He just left completely.

When Keisha's father and mother divorced, her father severed ties with her as well. Her father's absence impacted Keisha's intimate relationships, as abandonment became a significant factor. She explained that she is now able to cope better with her abandonment concerns. However, when she was younger, she had a serious issue with abandonment. Whenever there was turmoil in her relationship, Keisha feared that her partner would leave hear. Because she struggled with the feeling of being abandoned, she often abandoned her relationships prematurely to prevent herself from feeling that she had been abandoned again by someone she loved.

Rachel Marie, Glenda, and Starla maintained that their relationships with their fathers were neither extremely close nor strained. All three women had some contact with their fathers but did not expound on whether the relationships had been very impactful on their sexuality.

*Sex Ain't Better than Love*

Throughout my youth, sex was the relationship.

—Rockie

The participants discussed their sex and intimacy during their youth as an exchange. Sex was given and love was expected in return. Some of the divorced participants indicated that the promiscuity from their youth resurfaced after their divorces. In addition, some were unfaithful during their marriages. They viewed their infidelity as wrong but stated that it served as a way to even the playing field and regain some sense of themselves after their husbands had engaged in multiple affairs and after the women had been abused emotionally and physically.

Diva stated, "If we're able to talk about having sex freely . . . don't do it. Because I don't even know my number count." Rockie echoed her contention and further explained that there were very few distinctions between sex and love for her. The conversation among the participants continued as other participants noted how during their youth sex and love were intertwined.

> When you talk about number count. . . . The last count I would never tell. I would never tell. And here I am thinking that's love and then they're gone. And after experiencing that so much, you're intrigued by the one that doesn't do that. That's how [my husband] got me. He loved me for me. Just for me. Not this sexual being that I was. He loved me for everything. And after we had sex, he stayed. He *staye*d. With the others, it was just physical. (Rockie)

> And the sad thing is that, for us, we felt like when we were giving [sex], we were getting something in return. And we were getting absolutely nothing. When I was growing up, the relationships that I was in, I thought that I could secure with sex. I believed that if I gave someone sex, that he would give me love. I was searching. I was always searching for that love. (Kel)

The participants explained that as they matured, they understood better the implications of misinterpreting that sex and love were synonymous. While they each practiced some form of sexual liberation after their divorces, all maintained that now they seek deeper, more stable connections with men. Kel contended, "If I'm in relationship with somebody, and I don't have an emotional attachment to him, I don't care how good the dick is, I won't stay." Rockie and Diva also commented that they were over the point of giving of themselves sexually in order to try to sustain a relationship. "I've had so much sex that I don't want anymore right now," Rockie explained. Diva expressed a similar sentiment when she discussed her committed relationship. She noted, "I don't want to give myself [sexually] to anyone else. I'm tired of that."

*Learning to Love . . . Me*

> I'm not pressed [for a relationship]. . . . What you see is what you get.
>
> —Deb

A final important theme that emerged focuses on the participants' contentions that they have learned or are learning to love themselves. Through therapy, self-reflection and care, and strong relationships with and support from other women, all of the women expressed some aspects of self-love.

> I filed my papers because . . . well, because I'm tired of taking care of everything and being disrespected while I do it. The way he talks to me. The cheating. Not trying to better himself. Not taking care of the kids. The fighting. I've been in this so long that I don't know what marriage is supposed to be, but I know this isn't it. (Rachel Marie)

> In my relationships, I'm always trying to mother you and fix you and make you right. And I need to make myself right. If I take care of you, I assume that you'll take care of me. But that's not true. (Diva)

> I didn't want a divorce. I didn't want that, but I got married for all the wrong reasons. I was in love with being in love. But it's different now. I don't miss the signs like I used to. And in my current relationship, there are some issues. But I'm not pressed. I'm not pressed for a relationship. I have to take care of me. (Deb)

> I took care of everything. Everything. I would work twelve-hour shifts and come home and sleep on the floor. I'd sit in the closet and cry because I was so unhappy, and I kept having babies thinking it would get better, but after the fourth child, I figured, "Okay God, I hear you." And that's when I knew I couldn't do it any more. Now, I love and enjoy the person I'm with, but even with him, I'm not up for the fight. I'm not up for taking care of him without paying attention to me. I'm not doing that again. What about me? Who's going to take care of me . . . other than me? (Kel)

Participants' focus on self-care presents a stray from the SBW persona where caretaking of others is a primary concern. In their narratives, most of the women discussed renewed attention to their needs.

## Discussion

The phenomenological composite of the StrongBlackWoman and the themes are representative of the existing literature and connect to the theme of the text. *Witnessing and Experiencing Abuse* and *Lessons from Our Fathers* reveal participants' observations of and relationships with their mothers and fathers aligned with literature that suggested observations of abuse and mother-daughter and father-daughter relationships and communication are important considerations in the development of sexuality (Bowleg, Lucas, & Tschann, 2004; Dennis & Wood, 2012; Townsend, 2008). The first and second themes demonstrate participants' rationales for remaining in unhealthy relationships. The participants' willingness to stay in relationships with male partners described as abusive, unloving, or disengaged reflects that there are "contradictions between women's expectations and desires for their relationships and life circumstances that sometimes negated such ideals" (McLellan-Lemal et al., 2013, p. 5). In their study of the perceptions of African American and Hispanic women regarding heterosexual relationships, McLellan-Lemal et al. (2013) found that many women made several allowances for infidelity, negligence, and abuse in their relationships. The women in the current study also made similar allowances. Deb commented that infidelity was never a deal breaker because she was in love with love. While other participants did not state specifically that infidelity was not acceptable in their relationships, most admitted to staying in relationships after their partners had been unfaithful. As with previous research, the men controlled the relationships most of the time (Bowleg, Lucas, & Tschann, 2004). Based on the participants' descriptions of their relationships, the men

were not deterred from being unfaithful or abusive by the women's caretaking, love, or pain. Therefore, some level of control was apparent.

The theme *Sex Ain't Better than Love* revealed that the use of "sex as social currency" (McLellan-Lemal, 2013, p. 6) for participants aligned with previous research indicating that young women often perceive sexual intercourse as intimacy and love or used sex to negotiate other desired outcomes. Finally, the theme *Learning to Love . . . Me* indicated that participants applied some aspects of the BREATHE model in order to heal and nurture their mental health. Evans, Bell, and Burton (2017) explained that BREATHE model defines Black women's ability to do the following:

- Engage in the purposeful repositioning of one's commitments such that all priorities are addressed. (Balance)

- Set aside time for contemplation and performing emotional and cognitive audits. (Reflection)

- Reinvigorate goals and set upon a path toward achieving them. (Energy)

- Create and maintain social networks that promote, affirm, and encourage wellness. (Association)

- Actively avoid remaining silent about painful experiences. (Transparency)

- Look for ways to nurture wellness in self and others. (Healing)

- Enlist one's own agency by accessing internal power sources and taking ownership of one's own wellness. (Empowerment)

Many of the participants communicated aspects of the model in descriptions of their new focus on loving themselves. Rachel Marie, Deb, and Kel all discussed self-care as a factor in learning to love themselves. Each had attempted to live up to the ideals of the SBW stereotype to the detriment of their own caring. There was no balance. Rachel Marie also expressed that she spent a lot of time reflecting on what she could have done differently in her relationship. However, she admits that during her reflection she has difficulty not engaging in self-degradation. "It's hard not to believe these things about yourself when you've had someone talk to you so badly for so long. I'm working on it" she stated. In a follow-up conversation as this chapter was being revised, Diva explained that she had success with balance, reflection, energy, association, and healing. "I let go of all of it. The kids are grown. The job. The man. The

latter two weren't making me happy anymore; so I left both of them alone," she commented.

The applicability of the BREATHE model to the lives of the participants has occurred at various levels. The statements of each participant indicate that all participants have utilized at least one component of the model. Transparency proved to be one of the most difficult components to apply. Participants had developed a sense of safety in talking with me and felt comfortable being transparent and vulnerable, as did I with them. However, several still struggle with the hypocrisy of silence being a marker of strength. Nevertheless, all participants were working their way through becoming more transparent, healing from past trauma, and embracing their internal power sources.

In commenting on Wyatt (2008), Collins (2008) maintained that "healing [should be viewed] as a site of politics" and that "therapeutic praxis [is needed] that might incorporate an understanding of Black sexual politics" (p. 81). Liberation from the challenges of the SBW stereotype is needed and possible with the focus on well-being and transformation. Collins argued that Black women must make distinctions between "damage" (the state of the "victim") and "harm" (the emphasis on the relationship between the abuser and victim) in order to develop a new meaning of being Black and woman and strong. Black women are not irreversibly damaged. They have been, however, harmed. Transformative mental health provides the space to explore and situate damage within the broader concept of harm. This exploration must be done in a supportive, nurturing, and trusting environment if the transformation is to occur. Collins wrote:

> Black women who take the risk of sharing their vulnerabilities must have support systems and networks in place. None of the black feminists who counsel Black women to expose the damage done to them by the SBW image can guarantee that the vast majority of African American women who take this risk in everyday life will be healed or even supported. (p. 83)

The BREATHE model represents a transformative mental health practice that provides the space for Black women's vulnerabilities to be safely discussed and addressed. Not only is it imperative that safe spaces be developed and protected, but it is also imperative that harm be addressed in those spaces. The negative aspects of the SBW focus primarily on the damaged individual, but a focus on harm examines the relationship as a defining concept for Black women's experiences. Sources of harm must be identified in order to address fully Black women's damaging experiences. Only then will being Black and woman and

strong provide the agency needed to develop new concepts and sustain heal-ing. Transformative mental health is the therapeutic and advocacy-based praxis needed to support Black women's healing and improve Black women's overall health and wellness.

Black love—of other and self—is not a fairytale (Wanzo, 2011). It was my initial intent to focus solely on sexuality; however, the participants focused on relationships as intertwined with sexuality. The participants could not dis-cuss their sexuality without discussing how their sexuality informed their rela-tionships, and at the crux of their relationships was one word: LOVE. In *All About Love*, bell hooks (2000) professed that love is one of the most important, yet misunderstood and neglected, components of our lives. According to hooks, we constantly are searching for love but are stifled by unclear definitions, vague demonstrations, and traumas that leave us with closed hearts and intense woundedness. hooks suggested that theoretical and practical understandings of love are limited, but her work celebrated the transformative power of love and provided readers with a complex analysis of the importance and application of love. In this exploration of Black women's narratives on sexuality and relation-ships, love was identified as the foundation for most intimate and emotional interactions. Participants explained that their sexuality and relationships were informed by the love received or desired from their parents and intimate part-ners and the love they had or desired for themselves.

In participants' narratives, several categories—mothering, trusting and nurturing, resentment, dependency, religion, abuse and violence, rebellion, free-dom, empowerment, and healing—were identified. Nevertheless, all of these categories were connected to a desire and search for love. The women's narra-tives were embedded in several questions: *What is love? Who is going to love me? How do I make him love me? How do I keep him loving me? In what ways do I love myself? If I love myself, how do I justify staying in this relationship?* These questions reflect hooks's notion that many individuals struggle with loveless-ness and are in constant exploration of "genuine love (a combination of care, commitment, trust, knowledge, responsibility, and respect)" (pp. 7–8). This was true of the Black women that shared their stories. They simply wanted to be loved. As Kel eloquently maintained,

> I was searching for somebody just to love me. It's sad. It's sad that women go through so much in search of just being loved. You hold on to marriages that . . . with men that are unfaithful. And take care of everything and you keep trying . . . because you just want to be loved.

It is not the argument that love is all that is needed to support Black women's health and wellness. Mitchem (2004) explained that "love alone is not enough" (p. 83). Black women must distance themselves from abusive relationships, address the damage that has been done to them, and contextualize the harm by acknowledging the role of the abuser. Black women must be seen and see themselves as sacred. Self-love must be cultivated and detrimental aspects of the SBW identity must be deconstructed and replaced with a more balanced identity of being Black and strong and woman. No, love is not enough. However, a transformative mental health approach with love as its foundation and BREATHE-ing as the model can set the tone for the socialization of Black women as active agents in their transformation of health and wellness.

# References

B. M., (2015, August 11). An open letter to Black women about mental health. *Huffington Post* [online]. Retrieved from http://www.huffingtonpost.com/minaa-b/an-open-letter-to-black-women-about-mental-health_b_7662862.html.

Baker, C. N. (2005). Images of women's sexuality in advertisements: A content analysis of black- and white-oriented women's and men's magazines. *Sex Roles, 52*(1/2), 13–27.

Bowleg, L., Lucas, K. J., & Tschann, J. M. (2004). "The ball was always in his court": An exploratory analysis of relationship scripts, sexual scripts, and condom use among African American women. *Psychology of Women Quarterly*, *28,* 70–82.

Bunch-Lyons, B., & Few, A. (2007). Writing as resistance in the narrative discourse of Black women. *International Journal of the Humanities*, *5*(3), 213–220.

Centers for Disease Control (2012). Summary Health Statistics for U.S. Adults: 2010. Table 14. Retrieved from http://www.cdc.gov/nchs/data/series/sr_10/sr10_252.pdf.

Collins, P. H. (2008). Reply to commentaries: *Black Sexual Politics* revisited. *Studies in Gender & Sexuality, 9*(1), 68–85.

Collins, P. H. (2005). *Black sexual politics: African Americans, gender and the new racism*. New York, NY: Routledge.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241–1299.

Dennis, A. A., & Wood, J. T. (2012). "We're not going to have this conversation, but you get it": Black mother-daughter communication about sexual relations. *Women's Studies in Communication, 35*(2), 204–223.

Dickerson, B., & Rousseau, N. (2009). Ageism through omission: The obsolescence of Black women's sexuality. *Journal of African American Studies, 13*(3), 307–324.

Ferguson, A. (2016, February 8). "The lowest of the stack": Why Black women are struggling with mental health. *The Guardian* [online]. Retrieved from http://www.theguardian.com/lifeandstyle/2016/feb/08/black-women-mental-health-high-rates-depression-anxiety.

Gibson, A. (2015a, July 28). Facing Black mental health: #IfIDieInPoliceCustody will my life still matter? *For Harriet* [online]. Retrieved from http://www.forharriet.com/2015/07/facing-black-mental-health.html#axzz48mGqFoYj.

Gibson, A. (2015b, September 15). For Natasha: On the intersections of being Black, woman and mentally ill. *For Harriet* [online]. Retrieved from http://www.forharriet.com/2015/09/for-natasha-on-intersections-of-being.html#axzz48mGqFoYj.

Gibson, A. (2014, November 20). Black women, mental health, & tips on letting go of the Superwoman myth. *For Harriet* [online]. Retrieved from http://www.forharriet.com/2014/11/black-women-mental-health-letting-go-of.html#axzz48mGqFoYj.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York, NY: Aldine De Gruyter.

Gooden, T. (2014, May 23). My lifelong journey led to three suicide attempts: This is my account of the last. *XO Jane* [online]. Retrieved from http://www.xojane.com/issues/my-lifelong-journey-with-depression-led-to-three-suicide-attempts-this-is-my-account-of-the-last.

Grange, C. M., Brubaker, S. M., & Corneille, M. A. (2011). Direct and indirect messages African American women receive from their familial networks about intimate relationships and sex: The intersecting influence of race, gender, and class. *Journal of Family Issues, 32*(5), 605–628.

Hamm, N. (2014, November 25). High rates of depression among African American women, low rates of treatment. *Huffington Post* [online]. Retrieved from http://www.huffingtonpost.com/nia-hamm/depression-african-american-women_b_5836320.html.

Hennink, M., Hutter, I., & Bailey, A. (2011). *Qualitative research methods*. Thousand Oaks, CA: Sage.

hooks, b. (2000). *All about love: New visions*. New York, NY: Harper Collins.

Kinouani, (2015, May 6). The language of distress: Black women's mental health and invisibility. *Media Diversified* [online]. Retrieved from https://mediadiversified.org/2015/05/06/the-language-of-distress-black-womens-mental-health-and-invisibility/.

Lane, N. (2011). Black women queering the Mic: Missy Elliott disturbing the boundaries of racialized sexuality and gender. *Journal of Homosexuality, 58*(6/7), 775–792.

Litchman, M. (2010). *Qualitative research in education: A user's guide* (2nd ed.). Thousand Oaks, CA: Sage.

London, B. (2016, March). Depression is political. *For Harriet* [online]. Retrieved from http://www.forharriet.com/2016/03/depression-is-political.html#axzz48mGqFoYj.

McLellan-Lemal, E., Toledo, L., O'Daniels, C., Villar-Loubet, O., Simpson, C., Adimora, A. A., & Marks, G. (2013). "A man's gonna do what a man wants

to do": African American and Hispanic women's perceptions about heterosexual relationships: A qualitative study. *BMC Women's Health, 13*(27), 1–14. Retrieved from http://www.biomedcentral.com/1472-6874/13/27.

Mengesha, M., & Ward, E. C. (2012). Psychotherapy with African American women with depression: Is it okay to talk about their religious/spiritual beliefs? *Religions, 3*(1), 19–36.

Mitchem, S. Y. (2004). What's love got to do? (& other stories of Black women's sexualities). *Cross Currents, 54*(3), 72–84.

Moerer-Urdahl, T., & Creswell, J. (2004). Using transcendental phenomenology to explore the "ripple effect" in a leadership mentoring program. *International Journal of Qualitative Methods, 3*(2). Article 2. Retrieved from http://www.ualberta.ca/~iiqm/backissues/3_2/pdf/moerercreswell.pdf.

Moore, M. R. (2011). Two sides of the same coin: Revising analyses of lesbian sexuality and family formation through the study of Black women. *Journal of Lesbian Studies, 15*(1), 58–68.

Morgan, J. (1999). *When chickenheads come home to roost: A hip-hop feminist breaks it down*. New York, NY: Simon and Schuster.

Moustakas, C. (1994). *Phenomenological Research Methods*. Thousand Oaks, CA: Sage.

Rafus, E. (2015, January 30). Why Black women creatives must protect our mental health. *For Harriet* [online]. Retrieved from http://www.forharriet.com/2015/01/why-black-women-creatives-must-protect.html#axzz48mGqFoYj.

Ritchie, A. J. (2013). Crimes against nature: Challenging criminalization of queerness and Black women's sexuality. *Loyola Journal of Public Interest Law, 14*(2), 355–374.

Rose, T. (2004). *Longing to tell: Black women talk about sexuality and intimacy*. New York, NY: Picador.

Salters, J. N. (2014, May 7). Black and blue: On being Black, female and depressed. *Huffington Post* (online). Retrieved from http://www.huffingtonpost.com/jn-salters/black-women-depression_b_5227546.html.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

Townsend, T. G. (2008). Protecting our daughters: Intersection of race, class and gender in African American mothers' socialization of their daughters' heterosexuality. *Sex Roles, 59*(5/6), 429–442.

Walker-Barnes, C. (2014). *Too Heavy a Yoke: Black Women and the Burden of Strength*. Wipf and Stock.

Walker-Barnes, C. (2009). The burden of the strong Black woman. *Journal of Pastoral Theology, 19*, 1–21.

Wanzo, R. (2011). Black love is not a fairy tale: African American women, romance, and rhetoric. *Poroi: An Interdisciplinary Journal of Rhetorical Analysis & Invention, 7*(2), 1–18.

Washington, N. (2014, December 14). Why we must finally pay attention to Black women's mental health. *For Harriet* (online). Retrieved from http://www.for

harriet.com/2014/12/why-we-must-finally-pay-attention-to.html#axzz48mGq
FoYj.

West, C. M., & Johnson, K. (2013). Sexual violence in the lives of African American women. *National Resource Center on Domestic Violence*, 1–14. Retrieved from http://www.vawnet.org/Assoc_Files_VAWnet/AR_SVAAWomenRevised.pdf.

Willingham, B. C. (2011). Black women's prison narratives and the intersection of race, gender, and sexuality in US prisons. *Critical Survey, 23*(3), 55–66.

Wolfenstein, V. (1998). Reflections on Malcolm X and Black feminism. *Journal of Psychoanalysis, Culture and Society, 3*(2), 41–59.

Wyatt, J. (2008). Patricia Hill Collins's *Black Sexual Politics and the Genealogy of the Strong Black Woman*. *Studies in Gender & Sexuality, 9*(1), 52–67.

Wyatt, G. E., Peters, S. D., & Guthrie, D. (1988). Kinsey revisited: Comparisons of the sexual socialization and sexual behavior of Black women over 33 years. *Archives of Sexual Behavior*, 11289–12332.

# African American Mothers' Parenting in the Midst of Violence and Fear

## Finding Meaning and Transcendence

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### Controlling Images of Black Women

When studying the lives of low-income Black women, scholars must recognize how their particular social location creates lived experiences and social processes that can be hidden, ignored, or even denied because the trauma, injustice, and pain of it can be overwhelming. Standpoint theory is a critical conceptual framework that seeks to uncover the pivotal role of knowledge in reproducing and dismantling social inequality. A standpoint is group knowledge based on shared common experiences such as oppression. Standpoint theory links everyday life experiences of Black women to interlocking systems of race, class, and gender oppression (Collins, 1990).

Black women's standpoint and their battles with interlocking systems of race, class, and gender oppression are vividly captured by Cricco-Lizza (2008, p. 112) in her work with Black mothers enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Cricco-Lizza states:

> The women used various strategies to fight for survival, and these strategies resembled those used in war. They assumed the role of soldiers, developed new tactical maneuvers, trusted in God for justice,

shared their resources with their comrades, took short-lived breaks
when they were wounded in action, and used escape mechanisms.

These challenges reflect how interlocking systems of oppression create a society where Black women have the highest levels of maternal illness and death rates. Their children are also vulnerable due to experiencing the highest rates of childbirth complications and a 2010 Black to White infant mortality ratio of 2.2 to 1 (Cricco-Lizza, 2008).

The concept of "soldiering" and fighting through the weight of multiple and interlocking oppressions is similar to the idea of the "strong Black woman" (Cricco-Lizza, 2008; Beauboeuf-Lafontant, 2009). They both recognize the strength that it takes to manage the various life course roles of Black women in often soul-crushing circumstances. However, it is critical to examine the physical and mental costs or vulnerabilities behind these images. Beauboeuf-Lafontant (2009, p. 2) argues that the real function of the idea of the strong Black woman is to "defend and maintain a stratified social order by obscuring Black women's experiences of suffering, acts of desperation, and anger."

Collins (1990) also describes controlling images of Black women that are used to maintain a stratified social order. These images include mammy (warm, nurturing, and asexual), matriarch (a "bad" mother, aggressive, and emasculates lovers and husbands), the welfare mother (single with children, not aggressive, and will not take exploitive jobs) and Jezebel (promiscuous and sexually aggressive). These controlling images form a collage of the role Black women play in the U.S. political economy and explain their social location in a "Hidden America."

## Neighborhood Context and the "Hidden America"

In an October 17, 2012, ABC News press release, correspondent David Ford (2012) discussed a "Hidden America" where parents, many of whom are low-income single African American mothers, are raising children in violent conditions that are "unfathomable to most of the country." Diane Sawyer, also from ABC News, described how the 419 deaths in Chicago in 2012 were more than the number of U.S. troops killed in Afghanistan (Bauder, 2012). Many Chicago residents feel as though they are living in a "war zone" and often refer to Chicago as "Chiraq" (a combination of Chicago and Iraq). In 2014, Robert Redford captured Chicago residents' "war-zone" experiences in a non-scripted series for CNN called "Chicagoland." In 2015, Spike Lee and Kevin

Willmott released a film called *Chiraq* that highlighted violence in Chicago and the deadly consequences for children.

African American families are disproportionately represented in neighborhoods with high levels of violence where parents and their children are directly or indirectly exposed to homicides, drive-by shootings, robberies, muggings, physical assaults, decreased well-being due to trauma, and, increasingly, police violence against unarmed Blacks, especially Black males (Mendenhall, 2010; Hill et al., 1995). This singular description of African American families' lived experiences, however, masks the structural inequality and lack of resources in these communities that has contributed significantly to the violence and poverty. Moreover, structural oppression also makes the strengths of these communities and positive outcomes invisible. This is especially true for single, low-income mothers in these communities who, despite systemic racism, sexism, economic disenfranchisement, and residential segregation, successfully raise their children in a "Hidden America" under violent conditions that are "unfathomable to most of the country" (Bauder, 2012; Ford, 2012).

## Mental Health, Meaning Making, Transcendence, and the BREATHE Model

As African Americans mothers attempt to negotiate mainstream American society for themselves and their families, poverty, violence, and high demands with limited resources are often associated with stress and depressive symptoms (Barbee, 1992; Woods-Giscombe, 2010). Although psychosocial risk factors increase the risk of psychological distress for all women, they are particularly salient for African American women who are often involved in multiple roles and who may experience the multiple effects of race, class, gender, geographic location, etc. simultaneously at any given time (Evans, Bell, Burton, 2017; Mendenhall et al., 2013; Collins, 1990). The accumulation of multisector challenges has devastating psychological impacts, especially when Black women also have to try to prevent and sometimes grieve the loss of children, partners, girlfriends, boyfriends, brothers, sisters, mothers, and fathers (Cricco-Lizza, 2008). Low-income single mothers, especially those with young children, have rates of depressive symptoms that are around 50 percent (McGroder, 2000).

Hill et al. (1995) found that when African American women are directly affected by violence or witness it, their primary coping strategies are to become withdrawn, hypervigilant, and engaged in trying to shield themselves and their children from danger rather than prayer or political engagement. Lamis et al.

(2014) examined the relationship between neighborhood disorder, spiritual well-being, and parenting stress in a sample of African American mothers. They found that women who viewed their neighborhoods as having high levels of disorder had greater levels of parenting stress. Women who reported higher levels of spirituality had lower levels of parenting stress. The authors refer to spirituality as a "nonfinancial resource." Taylor, Chatters, and Brown (2014) found that 82 percent of African Americans report praying and attending church a few times a year.

Being low-income and living in neighborhoods with high levels of violence does not, however, mean that all families will experience negative outcomes. Chen and Miller (2012) describe how low-income individuals who engage in "shift-and-persist" strategies demonstrate stress resiliency that protects their health and avoid experiencing many of the negative outcomes typically associated with low socioeconomic status (SES). Shifting involves accepting the stressful situation and adapting to it. Adaptation includes reappraising or thinking differently about self or the situation. Persisting includes finding strength in the situation that you must endure by looking for purpose and meaning in life.

bell hooks (1993) adds to the discussion about survival strategies and thinking differently when she suggests that individuals can change their "habit of being." She asks, "What would it mean for Black people to collectively believe that despite racism and other forces of domination we can find everything that we need to live well in the universe, including the strength to engage in the kind of political resistance that can transform domination?" (p. 63). hooks (1993) continues the discussion about changing one's "habit of being" to positive thinking and away from ruminating on negative thoughts. She states: "Many of us worry because it allows us to imagine that obsessive constant thinking about something, fretting, means we are in control. Learning when to let go is crucial to reducing and eliminating stress" (p. 64). hooks's idea about letting go and transcendence is also a theme in the works of Du Bois (1989[1903]) and Thurman (1990[1975]).

Thurman (1990[1975]) describes the process of transcendence and how it is captured in the Negro spiritual "There is a Balm in Gilead." Thurman states:

> The basic insight here [song] is one of optimism—an optimism that grows out of the pessimism of life and transcends it. It is an optimism that uses the pessimism of life as raw material out of which it creates its own strength. . . . This notion is a dynamic weapon in the hands of the disadvantaged. It makes it possible for

> them to ride high to life, and particularly to keep their spirits from
> being eaten away by gloom and hopelessness. (p. 56)

This transcendence and tenacity of spirit described by Thurman (1990[1975])
appears to be related to Du Bois's famous line in the *Souls of Black*, where a
"dogged strength alone keeps it [individual] from being torn asunder (p. 3)."

The transcendent principles discussed by Lamis et al. (2014), Chen
and Miller (2012), bell hooks (1993), Thurman (1990[1975]), and Du Bois
(1989[1903]) are present in the BREATHE model: balance, reflection, energy,
association, transparency, healing, and empowerment (Evans, Bell, Burton,
2017). The BREATHE model highlights processes that Black women engage
in that allow them to maintain their mental health. BREATHE incorporates
a womanist framework that recognizes the complexity of Black women's racial
and gender identities and avoids "superwoman" and "victim" caricatures. Bal-
ance highlights their multiple roles and the need for self-care. Reflection
involves meditation, a review of one's life, and consideration of new pos-
sibilities or ways of being. Energy is the motivation for change when Black
women are, according to Fannie Lou Hamer (1964) "sick and tired of being
sick and tired." Association involves using social networks to maintain well-
ness. Transparency rejects the culture of stigma, shame, and silence associated
with mental illness and provides counternarratives by telling stories of recovery.
Healing is a process of nurturing a culture of health and wellness in self and
others to combat structural violence associated with racism, sexism, economic
disenfranchisement, etc. Empowerment is the mobilization of internal power,
spirituality, and agency to create healing from the inside out.

The mothers in our study often talk about mobilizing their internal
power. They mobilized their power by focusing on what they can control (a
good indoor environment, nurturing and keeping a watchful eye on their
children) and not the chaos in their communities. After the methods section,
we will discuss the BREATHE model, meaning making, and transcendent
processes in the findings section.

## Method

In this study, we describe and analyze the experiences, feelings, explanations,
and coping strategies of Black mothers living in neighborhoods on the South
side in Chicago. Black feminist theories provide useful lenses for data collec-
tion (focus group questions) and making meaning of the responses (coding

and analysis) through the use of specific constructs such as: agency, mothering, survival, coping, intersecting oppressions, well-being, and explanation. In addition, an inductive approach provided a convenient and efficient way to analyze the narratives of the women in this study. Using this approach, we created themes from the women's articulations of their lived experiences in neighborhood contexts shaped by structural oppression.

Purposive sampling was used to guide the recruitment process, the goal of which was to gather participants based upon a predetermined set of criteria to participate in a focus group. Women from communities in Chicago were invited to participate in two focus groups. The women had to self-identify as African American or Black, be at least eighteen years old and be a mother— to have raised a child (currently or in the past). Eleven mothers took part in the first focus group and fourteen mothers took part in the second focus group. The second focus group also included women who were not mothers, children, and men who were also fathers; however, for the purposes of this chapter, we only analyzed the responses of the mothers. The Institutional Review Board approved the study and informed consent was obtained from each participant. To protect the identities of the mothers we use pseudonyms throughout the paper.

This study utilized a focus group format because it was an efficient and useful tool to collect rich qualitative data from a purposive sample of mothers living and raising their children in Chicago. In 2012 and 2013, the focus groups took place in welcoming, safe environments that included a private location within a neighborhood community organization and a private home and lasted two hours. The focus group format enriched the research process in that it allowed us to generate a wealth of understanding pertaining to the participants' experiences and beliefs about living in communities with high levels of violence from their own point of view. In addition, it allowed us to observe the collective interaction of the participants and common experiences shared by the group of mothers.

Using an open-ended interview guide, the focus group lasted nearly two hours. Participants were asked questions about their day-to-day lives dealing with violence in Chicago in general and their community specifically, their parenting styles, their roles in their neighborhoods, their feelings about the violence, and the ways in which they cope with the violence. The open-ended question format allowed participants the opportunity to describe and explain their lives and opinions from their perspectives. Probing and sometimes followup questions were also asked to help clarify their responses and perspectives. All members of the team analyzed text going line by line to generate codes and categories (open coding) (Corbin & Strauss, 2008). We coded the data

again developing new codes and comparing and combining categories (axial coding) (Corbin & Strauss, 2008). Black feminist thought and African feminist methodology argue that to understand social life and the various spheres of structural oppression, it is important to analyze context as a key dimension (Collins, 1990).

## Results

In some instances, we use lengthy quotes from the mothers as a sociological, Black feminist, and BREATHE intervention. Similar to Ida B. Wells-Barnett during reconstruction (Royster, 1997) and Zora Neal Hurston (1935) during the Harlem Renaissance, we deliberately insert the voices of Black women to document the minute, and often terrifying, details of their lived experiences at this moment in U.S. history. Some mothers reported experiencing constant fear and always needing to be hypervigilant. They expressed anger that they and their children are not safe on the streets of Chicago. However, some mothers also realized that they have to redirect their anger and fear in ways that allow them to parent effectively and maintain their mental health in severely challenging, and even deadly, contexts. We argue that the processes involved in this redirection and their outcomes represent a "transcendence" of aspects of their structural limitations.

## Current Context of South Side Chicago

When the mothers in our study were asked how they felt about Chicago as a place to live and raise their children, they responded with vitriolic comments about how unsafe Chicago and their neighborhoods are, especially for their children, because of the uncertainty of when or where violence might happen. Of the twenty-five mothers in the focus group, about 80 percent of them reported directly experiencing violent events or that their children (or another relative) experienced a violent event. For example, Mildred, a mother of two, describes the vulnerability of residents on the streets in certain neighborhoods when performing simple and mundane daily activities such as making financial transactions and purchasing items to feed their families.

> Basically, what I'm trying to say is that nowadays if you try to get some money or food for your child [it's hard]. People on the streets [doing things]. You don't know what to expect.

Lulamae stated, "We used to walking [with the kids]. [We were] taking the kids out one day, and we had to run under the nursing home stairs cause they started shooting. Just a drive by." Parti stated, "Last summer my children and I, we was getting off the [name] bus and we didn't even make it half way across the street and a car was speeding down the street, and they shot up the liquor store." Lola described an incident when someone was shooting six feet from her. She stated, "I actually had to jump on my baby. You know that was ridiculous."

In each group, most mothers reported direct experience of violence or experience through some family member. The mothers in the second focus group reported more indirect experiences with violence than mothers in the first focus group. Their indirect experiences included being in a business when shooting broke out or hearing gunfire from inside their homes.

We give a brief summary of the mothers' experience with violence and let them tell their stories in the text below. Destiny had two sons shot during a carjacking. Unfortunately, one of them, her sixteen-year-old died. Karen and Desirae reported being shot as children. Karen was shot in the head at the age of eleven and a bullet skimmed Desirae when she was in high school. In addition, as an adult Desirae reported standing at a bus stop when a man threatened to shoot her.

Less than a year before the interview, the father of Desirae's child was shot in the head and killed in a robbery at his place of employment. On two separate occasions, Elizabeth's son stepped away from two friends at school moments before they were shot. He went to three funerals of his peers in his senior year of high school. Alice's and Precious's sons were robbed, the former at gunpoint. Precious reported that the robbers tried to kill her son. Jessica reported losing at least fifteen family members to gun violence.

Renee stated that her family was affected by gun violence but she did not provide additional information. Diamond was viciously attacked on the el line with a dirty moon (sock with rocks in it). She also reported that one son was punched in the face when walking in the neighborhood and robbed just outside their apartment. The mothers' experiences with violence illustrate both their acute awareness of the harsh realities of their daily lives and the challenges they face trying to survive and protect their children from violence.

Hypervigilance and other behaviors that mothers engage in to survive are taxing on their bodies and minds (Chen & Miller, 2012). The mothers' exasperation with and fear of the violence leaves some of them wanting to escape their environments or to "get outta there," as one mother put it. However, escaping neighborhoods with high levels of violence is extremely difficult for adults and virtually impossible for children and teens. However, this does

not mean that the exasperation, anger, and fear they experience is quieted. In many cases, it remains strong. Nevertheless, in some cases, mothers appear to be able to transcend very challenging situations and engage in theorizing and praxis that may hold solutions to the larger problem of community violence. The next section outlines examples of what we argue are transcendent insights, processes, and experiences.

## Finding Meaning and Transcendence

When asking the mothers how they felt about or responded to the violence as community members and sometimes victims of it, they frequently used words such as "scared," "fear," "angry/mad," "disappointment," "irritable," "anxious," "emotionally disconnected," and "depressed." When we asked about the toll that the violence has on mothers' lives, Diamond stated: "You are in a constant vigilant fear. And like she [pastor's wife] was saying [there is] kind of like the numbness. The fear is with you. It's just, you just carry it." Diamond's quote seems to indicate that fear is a dominant presence at times and is carried around like an object or a piece of luggage. We do not view this type of situation as transcendence.

In this context, we argue that transcendence is when some mothers in the focus groups assess their situations (violence in their neighborhoods) and see there is no escape or sanctuary from it (often due to a lack of money to move). They experience a moment of realization where they have to make a decision and pursue a strength-based course of action that arises from their lived experience of structural inequality, just as the slaves and African Americans during the era of Du Bois did (Chen & Miller, 2012; Thurman, 1990[1975]). It is as though they say, "This situation is bad, but I am going to make it something other than bad." This clear assessment of the situation is necessary in order to deal with it in a pragmatic way that is different from Pollyanna and escapism (hooks, 1993). These processes represent the reflection, energy, and empowerment aspects of the BREATHE model.

We do not argue that the mothers are transcending the fear from violence in some "strong Black woman" or "superwoman" fashion (Woods-Giscombe, 2010; Beauboeuf-Lafontant, 2009). Instead, we argue that they talk about fear of violence and grief due to violence in ways that seem to indicate they can quiet their thoughts and control excessive thinking or rumination about it to a degree that keeps them from being "torn asunder" or "eaten away by gloom and hopelessness" (Thurman, 1990[1975]; Du Bois, 1998[1903]). We show in the sections below that as the mothers try to describe their efforts

to transcend the violence, they use phrases such as: "digest it and move on," "left it alone," and "use what I got to keep my life." These represent reflection, energy, transparency, healing, and empowerment.

### "Digest and Move On" Transcendence—"Left It Alone"

Alice said the following about the violence, perhaps indicating a shift-and-persist strategy: "You have to digest it and move on because this is what happens every day. If you let it affect you, you won't be able to function." Desirae, another mother in the focus group (who was shot in high school, told as an adult by a man that he would shoot her at a bus stop, and experienced her child's father being shot to death during a robbery), said immediately after Alice's comment, "You gonna be messed up. You gonna be crazy for real." Alice repeats, "You have to digest it and move on."

When a facilitator specifically asked Desirae about the man's threat to shoot her: "How did you digest it (be)cause you said you literally felt like your life was about to end. So how did you digest that?" She stated, "I don't know. I just left it alone." She also described how she called her mother for comfort.

When one of the facilitators asked how the mothers digested the violence, Precious stated that one way to digest it is to "come to meetings like this [the focus group meeting] and talk about it." Prayer and praying also figured in the mothers' responses. For example, Alice spoke again and said, "For me . . . I pray and know that I'm protected by the awesome God. That's what I do for me." The mothers also talked about calling family and friends for support after these events (BREATHE-association). However, other women in the group described being on the edge and having to make a deliberate effort to calm down or change their behavior (BREATHE-energy and reflection).

### "Ain't No Buts" Transcendence—"Use What I Got to Keep My Life"

When the facilitator asked the mothers to say more about how their experiences with violence makes them feel, Desirae said, "You got to watch over your shoulder every time you go somewhere. I can't trust people." Precious responded to Desirae saying: "So you should have had your Mace ready in one pocket and your knife in the other" (referring to the bus stop incident when a man threatened to shoot Desirae). When one of the facilitators said, "But that's unfortunate that she should have to have those things." Precious responded, "We ain't talking about what you shouldn't have had to have. We talking about [how] to protect yourself. Ain't no buts when it come to your

life. Ain't no buts." Earlier in the focus group, Precious stated that she carries brass knuckles and said the following:

> But you know what? God gave you five senses and I'm gonna use mine because if somebody come up against me and try to kill me, I'm not gonna wait on the law that says, "Well you shouldn't have killed him." Then why am I dead? Okay, so I will use what I got to keep my life. I love me more than the law. And if I'm not messin' with you, don't mess with me.

Alice also told Desirae to trust her instincts and cross the street if she feels that something [or a man] is not right. These processes represent BREATHE's energy and empowerment.

*"Tunnel Vision" Transcendence—Focus on What "You Can Control"*

Diamond, the mother who spoke earlier about being in a state of hypervigilance and "numbness" and carrying the fear with you, also discussed how she tries to manage these severe stressors in her everyday life. She talked about a separation between (1) thinking about the violence and danger and (2) feeling it and carrying it around with you. She stated that even though she tries not to think about the constant threats in her neighborhood, she is still affected emotionally and, at times, "just snap[s]" and curses a lot. She stated:

> It's so easy to intellectualize something, but you know emotionally it comes out in different ways. I think that [you asked] a question here that says you know are you more irritable [woman agreeing in the background]. Yeah, like something happened and I would just snap. I had to catch myself because I remember one year, it was probably the time when my son had got punched. I caught myself cursing you know all the time, and I had to just catch myself and just make a conscious choice [and say to myself] "you know [that] you need to stop cursing." And so I think that the fear, anger, disappointment, follows us. All of this will come out in different ways. . . . [It's like] you getting on a treadmill. . . . You don't look at anything else because that's all you want to look at is this tunnel vision [or] things that are in your control. I'm talking about you get on a treadmill and think [about what] you can control because you don't want to see the chaos. Because you can't deal with it. So you try to focus on the things I can control.

Diamond also discussed how the constant fear can negatively affect key life course roles such as partner and worker. Interestingly, Diamond also believed that the way that you cope might lead to success in life because you focus with a tunnel vision on the things that you can control and constantly keep moving toward what you want to achieve like you are on a treadmill. Her story reflects elements of the "shift-and-persist" strategy and BREATHE's reflection and energy that serve as buffers against negative health outcomes (Evans et al., 2017; Chen and Miller, 2012).

Other mothers spoke of simply keeping their children in the house, not allowing them to go anywhere alone, or even playing outside in their yards as a method of controlling what they can. Aloon said:

> I think about violence every day when my kids leave the house. One is in high school and one is in grammar school. My son has to ride the bus, and it got so bad when the weather started changing that my mother had to pick him up on her way home from school every day. So, it affects me and my kids all the time. . . . My kids pretty much can't go, they don't go outside unless they're at my mother's house or a cousin's house. . . . Even if I'm not at work, you're in the house because you go outside there's a possibility you could get jumped on for anything.

What seems to allow Aloon to parent effectively and maintain her mental health is to take control, both by enlisting the aid of another family member (BREATHE's association) and by keeping her children in the house.

### "Befriend" and Empathetic Transcendence—"A Child Isn't Born to Be a Killer."

Sarafina described living in a neighborhood that "got so bad, I called the police and let them know they was shooting around [her house]." She thought that her call to the police was anonymous; however, she believes that the gang members found out that she called. She stated, "They throwed at us a smoke bomb, in my bedroom. We almost died." Her son told her to "leave it alone," but she refused to and called the police again. She said that nothing happened to the person who she thought threw the smoke bomb into her bedroom. She then said:

> I had to do it. I had to befriend them. I started a camp with them. . . . The rough ones didn't go, but the other ones did go. Then, when I got really deep into church, I started inviting them

> to go to church with me. So the rough cats, the gang bangers, you
> gotta befriend them. They came to my house to eat and everything.
> So I was talking to them about the Bible. So now in the complexes
> there's no problem. But around the other complex it is a problem.

Sarafina's assessment of the situation was that her call to the police was not anonymous and led to retaliation in the form of a smoke bomb. Her transcendent moment came when she refused to keep silent and called the police again (BREATHE's transparency). After another assessment that calling the police was not helpful (BREATHE's reflection), she shifted her strategy and decided to "befriend" the gang members that she believed were threatening her. The gang members appeared to have responded, resulting in "no problem[s]" in the complex. In addition to befriending gang members (BREATHE's association), another mother who lost a son to gang violence appeared to transcend some aspects of her grief and anger by recognizing the humanity of her son's murderer.

Destiny's two sons were shot during a carjacking and the sixteen-year-old was killed. After her son's death, she describes a time when she appeared to be "eaten away by gloom and hopelessness" (Thurman, 1990[1975], p. 56) as she grieved for her son. However, we also see in her story a clear assessment of the soul-crushing situation and then a deliberate shift away from what appeared to be hopelessness. Destiny states:

> I couldn't bring my son back because my son was on loan. I'm
> a big believer . . . that all of us is on loan. Therefore, it's like a
> passing in our life that we learn [to live with], but I felt helpless
> of the fact and angry to a certain extent that somebody had the
> unmitigated gall to just try to take my son. How dare you! How dare
> you just up and want to take something that's not yours . . . and
> the helplessness came with the angriness for a minute and I had
> to sit back and thank God that it wasn't both of my sons. . . . He
> still allowed me . . . to have one. He took his son back home and
> moved on to a better place.

Destiny described having intense anger at the person who "had the unmitigated gall to just try to take [her] son." However, earlier in the interview, she stated, "A child isn't born to be a killer," which shows significant empathy for the person who killed her son and other young people who hurt individuals and their families in this way. The shift from anger at the loss of one son to gratitude for the life of her other son appeared to be a transcendent

moment that allowed her to move away from helplessness to suggesting what needs to be done to end the shedding of the blood of children like her son (BREATHE's reflection and energy). Destiny makes meaning of her son's death by saying that he was "on loan" and he belonged to God. She goes on to say, "He [God] was ready for one death to show up to get [families and society] back strong.

## Conclusion

Despite the daily threats of violence in a "Hidden America," it is important to note that these mothers continued to send their children to school, go to work, and maintain their well-being. We argue that many of their coping processes represent a "transcendence" of aspects of their structural limitations. However, the mothers' resilience needs to be reinforced with significant structural changes in affordable and safe housing, access to higher education, and employment opportunities. These individual and structural processes epitomize features of the BREATHE model that highlight the roles of strength and vulnerability in understanding African American women's mental health.

## References

Barbee, E. L. (1992). African American women and depression: A review and critique of the literature. *Archives of psychiatric nursing, 6*(5), 257–265.

Beauboeuf-Lafontant, T. (2009). *Behind the mask of the strong Black woman: Voice and the embodiment of a costly performance*. Philadelphia, PA: Temple University Press.

Chen, E., & Miller, G. E. (2012). "Shift-and-persist" strategies: Why low socioeconomic status isn't always bad for health. *Perspectives on Psychological Science, 7*(2), 135–158.

Collins Hill, P. (2000). *Black feminist thought—Knowledge, consciousness, and the politics of empowerment*. London, UK: Routledge.

Corbin, J. M., & Strauss, A. L. (2008). *Basics of qualitative research: techniques and procedures for developing grounded theory*. Los Angeles, CA: Sage.

Cricco-Lizza, R. (2008). Voices from the battlefield: Reports of the daily experiences of urban Black mothers. *Health care for women international, 29*(2), 115–134.

Du Bois, W. E. B. (1989[1903]). *The souls of Black folk*. New York, NY: Bantam Books.

Evans, S., Bell, K., and Burton, N. (2017). The Audacity of Wellness: Learning to BREATHE. In *Black women's mental health: Balancing strength and vulnerability*. Albany, NY: State University of New York Press.

Ford, David. (2012). Hidden America: Don't shoot, I want to grow up. *ABC News*, October 17.

Hamer, F. L. (1964, December 20). Sick and tired of being sick and tired. Speech Delivered with Malcolm X at the Williams Institutional CME Church, Harlem, New York.

Hill, H. M., Hawkins, S. R., Raposo, M., & Carr, P. (1995). Relationship between multiple exposures to violence and coping strategies among African-American mothers. *Violence and Victims, 10*(1), 55–71.

hooks, b. (1993). *Sisters of the yam: Black women and self-recovery.* Boston, MA: South End Press.

Hurston, Z. N. (1935). *Mules and men.* Philadelphia, PA, and London, UK: J. B. Lippincott.

Lamis, D. A., Wilson, C. K., King, N. M., & Kaslow, N. J. (2014). Child abuse, social support, and social functioning in African American children. *Journal of Family Violence, 29*(8), 881–891.

McGroder, S. M. (2000). Parenting among low-income African American single mothers with preschool-age children: Patterns, predictors, and developmental correlates. *Child Development, 71*(3), 752–771.

Mendenhall, R. (2010). The political economy of Black housing: From the housing crisis of the great migrations to the subprime mortgage crisis. *The Black Scholar, 40*(1), 20–37.

Mendenhall, R., Bowman, P., & Zhang, L. (2013). Single black mothers' role strain and adaptation across the life course. *Journal of African American Studies, 17*(1), 74–98.

Royster, J. J. (Ed.). (1997). *Southern horrors and other writings: The anti-lynching campaign of Ida B. Wells, 1892–1900.* Boston, MA: Bedford/St. Martin's.

Taylor, R. J., Chatters, L. M., & Brown, R. K. (2014). African American religious participation. *Review of religious research, 56*(4), 513–538.

Thurman, H. (1990[1975]). *Deep river and the negro spiritual speaks of life and death.* Richmond, IN: Friends United Press.

Woods-Giscombé, C. L. (2010). Superwoman schema: African American women's views on stress, strength, and health. *Qualitative health research, 20*(5), 668–683.

# Strategies for Balance

# Black Feminist Therapy as a Wellness Tool

LANI V. JONES AND BEVERLY GUY-SHEFTALL

It is impossible for Black women to survive without the ability to BREATHE, restore and heal. The BREATHE model provides a foundational context for understanding the multiplicative impact of Black women's oppression on their psychological well-being. Specifically, through its focus on healing, as a cyclical and continued process. This model, patterned with the Black feminist perspective in mental health treatment, cultivates a mode of empowerment that Black women may utilize to enhance their positive mental health outcomes (Jones, 2008; S. A. Thomas & Gonzalez-Prendes, 2009).

What we do know is that when Black women seek out professional mental health services, they are less likely than white women to obtain professional care (Alergria et al., 2002; L. C. Jackson & Greene, 2000); they are more likely than others to have reached a crisis point; are more likely to be misdiagnosed (Carrington, 2006); and may delay or withdraw from treatment early because their ethnic, cultural, and/or gender needs go unrecognized or mistreated (Blazer, Hybels, Simonsick, & Hanlon, 2000; Flaskerud & Hu, 1992; Snowden, 1999; Warren, 1994). One consistently highlighted shortcoming is that therapeutic treatment models are culturally inappropriate or inadequate to meet their specific needs (Brown, 1994; Comas-Díaz & Greene, 1994; Greene, 2000; Jones & Warner, 2011; Neal-Barnett & Smith, 1997). Alegria and colleagues (2002) argue that mental health systems and treatment models are based on racist/patriarchal concepts of mental health, and new models must be developed to accommodate the pressing needs of women across all racial backgrounds.

The field of mental health is faced with the critical task of providing culturally relevant services that meet the complex psychological needs of Black

women. The treatment and prevention of psychosocial distress among Black women requires practitioners to utilize strategies that are consistent with the BREATHE model, culturally relevant, and emphasize positive mental health paradigms (Jones & Warner, 2011; A. J. Thomas et al., 2008; Woods-Giscombé & Black, 2010). Culturally relevant, feminist therapies are one such method.

## Feminist Therapy

Feminist therapy is the practice of mental health informed by feminist political philosophies and analysis, and incorporates the psychology of women, developmental research (Gilligan, 1982), cognitive-behavioral techniques, multicultural awareness, and social activism in a systematic platform (Brown, 2010: Miller, 1986). Feminist therapy perspectives are rooted in ideas from past and current gender role analysis of women's lives, as well as in efforts to change how one defines gender and sex (Worell & Johnson, 1997). They are further influenced by a feminist analysis of society, which provides a model of empowerment for women who are treated as an oppressed group. By definition, the principles of feminist therapy assert that social inequality between genders is a root cause of mental health problems among women (Greene, 1994). Feminist therapy acknowledges that sex roles, female socialization, and women's minority status in a patriarchal society are sources of psychological difficulties. The historical backdrop of the feminist movement and the different waves of feminism provide a context to understand how feminist therapy has been adopted in the field of mental health.

With women gaining voices and visibility via their activism in the 1960s, feminists began to challenge existing societal gender biases. As feminist therapy was coming on the scene, the civil rights movement and the Stonewall rebellion also came forth; all combining to form an atmosphere that triggered change in human rights (Marecek, 2001). Feminists formed unique avenues of protesting for their agenda, through activism, politics, and consciousness raising. These first models of feminist therapy were patterned after consciousness-raising groups, which provided a vehicle for exploring women's experiences of sexism, discrimination, and building commitment to social and political activism. The groups offered emotional support, personal growth benefits, and assisted women in making connections between the personal and political realities of their lives (Contratto & Rossier, 2005; Enns, 2012). Many women were further empowered by these meetings because their voices were being heard and supported by other women with similar viewpoints. As a result of consciousness-raising group meetings, many women's crisis centers were formed

in community settings and on college campuses. In particular, women took it upon themselves to help victims of domestic violence, since this area was otherwise neglected by the field the mental health.

In the early 1970s feminist therapy emerged as one of the responses to second wave feminism, which among many issues was focused on the guaranteeing of economic/social equality and full humanity, regardless of gender. The imbalance of power and its impact on the behavior of men and women has served as the focus of mainstream feminist therapy (Cammarat & Larsen, 1988; Dutton & Walker, 1988; Marecek & Hare-Mustin, 1991). Feminist therapists argued that a woman's self-concept, identity formation, and overall emotional well-being were overlooked or ignored in previously established therapeutic models. Specifically, they noted the imbalance of power in the male therapist-female client relationship, where the male is seen as the expert and women must conform to patriarchal norms of gender roles. As an alternative to mainstream therapeutic approaches, they advocated for gender-neutral and sensitive approaches that put gender and power at the center of the process (Dutton & Walker, 1988; Kashak, 1981). Additionally, feminist therapists recognize that a person can be exploited and abused when power and control are misused. For this reason, many feminist therapists are also engaged in social activism to affect policies and structures outside of the therapy office in order to improve the quality of life for all citizens.

While feminist therapy has become a viable treatment option for women and men, having risen dramatically from receiving almost no attention to a position of considerable popularity, of concern is the lack of attention to the integrated realities of Black women in the practice of and research on feminist therapy. Scholars argue that feminist therapies have historically excluded and devalued the experiences of Black women and that there have been misguided interpretations of their realities at the conceptual, theoretical, and methodological levels (Brown, 2010; Fulani, 1988; L. C. Jackson & Greene, 2003). Feminist theorist bell hooks points to the gaps in feminist literature that fail to address the pain that Black women endure as a result of oppression as well as the possibility for emotional and political transformation. hooks (1993) reiterates, "We can as feminist thinkers share the resources that empower us to be healthy—to be well in our souls." The emergent Black feminist perspective in mental health represents an innovative paradigm with potential relevance and applicability to preventing and treating mental health disorders among Black women.

A number of Black feminist scholars and practitioners have challenged universalizing, hierarchical, and dualistic limitations of feminist therapy to be more inclusive of race, class, and sexual orientation in the development and utilization of Black feminist perspectives (Boyd-Franklin, 1991; Fulani, 1988;

Greene, 1997; L. C. Jackson & Greene, 2000; C. B. Williams, 2000). The argument was that mainstream feminist practices often reinforce the same racial discrimination and sexist denigration that have often brought Black women into treatment in the first place. Alternatively, Black feminist therapists adopted an urgent mandate to address all forms of marginalization and discrimination simultaneously, instead of privileging gender issues alone. These are processes and methods that offer more complex conceptualizations of gender and its intersections of difference and incorporate a fundamental understanding of Black women's historical, sociocultural, familial, and developmental heterogeneity. Lenora Fulani (1988) was one of the first Black feminist psychologists to explore the impact of racism, sexism, and poverty as well as the consequences of psychological trauma on Black women. Fulani centered her therapeutic practice on assisting women to overcome their powerlessness and self-denial that often resulted in vulnerability to emotional stress and destructive behaviors (substance abuse, violence, self-blame/hatred). Additional scholarship inside and outside the academy advocates for newer therapeutic approaches in which Black women are encouraged to identify, acknowledge, and express emotional reactions to their interpersonal relationships, racism, sexual/physical abuse, and to expose the humiliation they feel (Bambara, 1980; Boyd-Franklin, 1991; hooks, 1993; Lorde, 1997; C. B. Williams, 2005). Hence, the incorporation of culturally specific therapeutic practice perspectives that raise consciousness and foster resilience and empowerment among Black women will serve to decrease psychosocial stressors and promote positive coping strategies (Boyd-Franklin, 1991; Greene, 1997; Jones & Ford, 2008; Woods-Giscombé, 2010).

## Black Feminist Thought

Guy-Sheftall's work on Black feminist thought (1986, 1995) informs a Black feminist approach to therapy and mental health services. The argument that African American women confront both a "woman question and a race problem" (Cooper, 1892, p. 134) captured the essence of Black feminist thought in the nineteenth century and has reverberated among intellectuals, journalists, activists, writers, educators, artists, and community leaders, both male and female, for generations. While feminist perspectives have been persistent and important components of the African American literary and intellectual traditions for generations, scholars have focused primarily on its racial overtones. This tendency to ignore long years of political struggle aimed at eradicating the multiple oppressions that Black women experience resulted in erroneous notions about the relevance of feminism to the Black community during the

second wave of the women's movement. Rewriting Black history using gender as one category of analysis should render obsolete the notion that feminist thinking is alien to Black women or that they have been misguided imitators of White women. An analysis of the feminist activism of Black women also suggests the necessity of reconceptualizing women's issues to include sexuality, poverty, racism, imperialism, lynching, welfare, economic exploitation, sterilization abuse, decent housing, and a host of other concerns that generations of Black women foregrounded.

While Black feminism is not a monolithic, static ideology, and while there is diversity among African American feminists, nevertheless certain premises are constant: (1) Black women experience a particular kind of oppression and suffering in the United States, one that is racist, sexist, homophobic, and classist, because of their multiple identities and their limited access to economic resources; (2) This "multiple jeopardy" has meant that the problems, concerns, and needs of Black women are different in many ways from those of both white women and Black men; (3) Black women must struggle for Black liberation and gender equality simultaneously; (4) There is no inherent contradiction in the struggle to eradicate sexism, and racism as well as the other "isms" that plague the human community, such as classism and heterosexism; and (5) Black women's commitment to the liberation of Blacks and women is profoundly rooted in their lived experience.

In 1977, the Combahee River Collective, a group of mainly Black lesbian feminists such as Audre Lorde, Pat Parker, Margaret Sloan, and Barbara Smith, released a statement which attempted to define Black feminism, as they saw it. The Collective's work was grounded in a feminist perspective, addressed homophobia, and called for sisterhood among Black women of diverse sexual orientations (Combahee, 1986). A fundamental belief of theirs was that "Black women are inherently valuable and that our liberation is a necessity not as an adjunct to somebody else but because of our need as human persons for autonomy" (p. 2). Furthermore, they argue that sexual politics is as pervasive in Black women's lives as are the politics of class and race, and since race, class, and sex oppression often operated simultaneously in Black women's lives, it is often difficult to separate them. Underscoring their affinity with Black men, however, they felt linked to them in their common struggle against racism at the same time that they felt that Black women must often struggle with Black men over the issue of sexism.

Patricia Hill Collins's landmark *Black Feminist Thought* identified the fusion of activism and theory as its distinguishing characteristic, and analyzed its three core themes: the interlocking of race, class, and gender oppression in Black women's personal, domestic, and work lives; the necessity of recreating

positive self-definitions and rejecting denigrating, stereotypical, and externally imposed controlling images (mammy, matriarch, welfare mother, whore), both within and without the Black community; and the need for active struggle to resist oppression and realize individual and group empowerment (Collins, 1990). The Collins text would further establish, along with Toni Cade's *The Black Woman* and bell hooks's *Ain't I a Woman*, a continuous Black feminist intellectual tradition going back to the publication of Anna Julia Cooper's *A Voice from the South* a hundred years earlier. It is both refreshing and enlightening in this most depressing of times to have a historical perspective on an issue that has been with us since slavery.

## Black Feminism as an Emerging Mental Health Treatment Perspective

The emphasis on African American women's historical struggles, the "personal is political," and on empowerment and social change, have been at the core of Black feminist theoretical frameworks. These principles represent themes that emerge from Black feminist literature, research, and the lived experiences of Black women in the United States and resonate with the work of Black feminist practitioners in the field (Jones, 2008; Vaz, 2005; C. B. Williams, 2005). Black feminist therapists question the application of traditional mental health theories and methods applied to Black women, positing that the approaches lack congruence with their life experiences. Black feminist therapeutic perspectives are offered as an alternative to traditional mental health treatment, which often views Black women as "other" and whiteness, maleness, heterosexuality, and middle-class status as the "norm," which resulted in biased psychological frameworks, perspectives that consistently fail to acknowledge experiences that differ from dominant patriarchal perspectives (L. C. Jackson & Greene, 2000). According to Comas-Díaz (2011), feminist therapists must have an understanding of the culture of each of their clients, as well as knowledge regarding sex role standards for members of that cultural group, and should adapt techniques accordingly. This perspective recognizes different ways of seeing Black women's reality from a positive standpoint and helps to forge a greater understanding of their strengths, resilience, and struggles. The use of Black feminism as a philosophy in therapy intentionally acts as a strategy that gets to the heart of those inequalities suffered by Black women.

Black feminist therapeutic theory reflects an integrated analyses of race, gender, sexual orientation and class, and offers a model that addresses the multiplicity and simultaneity of oppressions that Black American women expe-

rience. Emphasizing how Black women's psychological well-being is affected by societal pressures at the micro, mezzo, and macro levels (Collins, 1990; Greene, 1994; Guy-Sheftall, 1995; hooks, 1993), this unique form of therapy focuses on Black women's ability to function among the external forces that affect their psychological distress. Specifically, it allows Black women to be liberated from internal psychological distress, societal barriers, and promotes skills that assist them to be self-actualizing in their goals, their will power, and their way to power.

Black feminist scholars note that the use of these perspectives in therapy appreciates and reflects an integrated analysis of race, gender, sexuality, class, and other "isms," offering a lens through which to view the multiplicity and simultaneity of oppressions and emotional struggles that Black American women experience (Bowleg, Huang, Brooks, Black, & Burkholder, 2003; Coleman, 2006; Collins, 1990; L. C. Jackson & Greene, 2000; A. J. Thomas et al., 2008). They advocate for theories and practice interventions that assist Black women in sorting out their personal struggles from the structural constraints of racism, sexism, classism, and homophobia and move from models of pathology to those of risk, reliance, and wellness, postulating that therapeutic interventions developed from a Black feminist perspective must help Black women recognize how the internalization of stereotypes and negative notions of Black womanhood contribute to their negative psychological symptoms (i.e., depression, anxiousness, low self-esteem, and decreased sense of mastery and control) (L. C. Jackson & Greene, 2000; Jones & Warner, 2011; C. B. Williams, 2005).

There are components unique to Black feminist therapies, including consciousness raising, gender role analysis, and social activism. Black feminist therapeutic strategies of race, gender, sexual identity, and class-role analysis, consciousness raising, exploration of power imbalances, social action, and empowerment are key modes of change in the therapeutic process (Greene, 1994; D. S. Williams, 1993). In addition, several themes have appeared with some frequency in the literature on Black women in treatment: emotional isolation (Boyd-Franklin, 1991; Greene, 1994), stress (Greene, 1994; Mays, 1985), internalized oppression (Greene, 1994; hooks, 1993; Vaz, 2005), and difficulties in intimate relationships (Greene, 1994). In working therapeutically with Black women, it is essential for practitioners to help them, regardless of the presenting problem, to build skills to resist negative cultural messages and thereby alleviate their psychiatric symptoms. These may include assisting Black women in identifying gender role expectations and messages that influence their attitudes and behaviors; teaching constructive assertiveness and active coping skills to assist in overcoming perceived barriers; assisting in understanding how societal and political forces impact their mental health dilemmas; and

encouraging social and political action against all oppressions. Following this logic, Black women's greater likelihood of suffering from mental health difficulties may be an inevitable result of the many conflicts these women face as they navigate multiple roles and identities in a patriarchal system of domination. According to Williams (2005), Black women's depression and other difficulties should be seen as an outgrowth of conflicting, multiple socially defined roles and identities, and a true understanding of the nature of depression in this population is best gained from reshaping the therapist's viewpoint from one of pathology to one of risk and resilience. Interventions should therefore aim to assist Black women to sort out the personal from the contextual by helping them recognize how the internalization of socially constructed identities (i.e., mammies, Jezebels, welfare recipients, angry Black women) has contributed to their psychological symptoms (Jones, 2008; Roberts, Jackson, & Carlton-LaNey, 2000; C. B. Williams, 2005).

Explanations as to how Black feminist perspectives are integrated into the ongoing dialogue of therapy are limited, however there are numerous examples of Black feminist thought in the context of healing and psychological recovery that appear in the mental health literature (Boyd-Franklin, 2010; Comas-Díaz & Greene, 1994; Greene, Boyd-Franklin, & Spivey, 2013; Guy-Sheftall, 1995; L. C. Jackson & Greene, 2003; V. Jackson, 2010; Jones & Warner, 2011; Taylor, 1998). Examples of the usefulness of the Black feminist perspectives in mental health and substance abuse treatment can be found in the literature. For instance, Jones and Warner (2011) utilized an evidenced-based, culturally relevant intervention grounded in Black feminism and psychosocial competence perspectives to reduce depressive and stress symptomatology, decrease externality of locus of control and increase active coping among Black women in shelter, substance abuse, and mental health programs. In this ten-week group treatment program, a theme that emerged was internalized racism and sexism and its resulting psychosocial stressors. Participants engaged in an exercise entitled "healing truth" aimed at exploring one's race/gender roles. Participants examined their collusions with expectations of being a "strong Black woman," engaged in a race/gender role analysis and discussed the ways in which these roles impacted their psychological and physical functioning. Roberts, Jackson, and Carlton-LaNey (2000) discuss the use of a Black feminist therapeutic approach that assists drug-abusing Black women to explore the negative controlling images of "mammy," "matriarch," "welfare mother," and "Jezebel." They analyze how these images have been used to make racism, sexism, and poverty appear natural, normal, and as an inevitable part of everyday life for African American women. Utilizing

principles of consciousness raising, these women are able to gain an under-standing of these negative societal images and participate in a redefinition of the self as a source of empowerment in recovery. Williams (2000) advo-cates for an integrative approach to working with Black women through an examination of the psychological, social, and cultural context surrounding their search for wellness. She utilizes a Black feminist therapeutic technique to assist women in drawing connections between their difficulties and the historical experience of African American women. These connections provide a context for the consumers to share their stories of emotional taxation and help them to externalize the source of the problem rather than view them-selves as incapable of actively coping. Additionally, writings on Black femi-nism have examined the interaction and multiplicative interactions of race, gender, class, and sexuality in Black women's lives, which also may be a useful resource (Boyd-Franklin, 2010; Greene, 2008; V. Jackson, 2010; Rhodes & Johnson, 1997). Furthermore, utilizing the superwoman schema and strong Black woman Script frameworks, Woods-Giscombé and Black (2010) focused on Black women's unique stress experiences affected by "strength" obligations (e.g., emotional suppression, extraordinary caregiving, and self-care postpone-ment), which can be a positive attribute but may jeopardize health. They suggest culturally derived mind/body interventions that emphasize enhancing awareness of the socially and culturally ingrained role as a strong Black women and reframing the concept of strength. Instead of strength being manifested through workaholism, self-silencing, self-sacrifice, or excessive caregiving, the intervention promotes an awareness and cultivation of inner strength that is grounded in wellness, wholeness, and self-defined authenticity.

Interventions that are designed to assist Black women in psychological recovery and the enhancement of their competence must have a strength-based, Black feminist dimension if the intent is to identify accurately and intervene with the particular and various factors that affect women's lives. Until Black women understand the psychological consequences of the patriarchal systems of oppression and how they lead to denigration and devaluation of Black womanhood, they will not understand what they must challenge and change.

## Conclusion

As underscored here, it is clear that little inquiry exists on feminist therapy and Black women in mental health treatment. Just as feminism has been compelled to develop a more inclusive discourse, acknowledging the full array

of diversity among women, and the impacts of oppression on women, mental health therapy will need to similarly evolve. A Black feminist perspective challenges the prevailing notion that gender is the only salient category of oppression in therapy and insists that experiences of White women cannot be generalized in the development of therapeutic treatment strategies for Black women. The challenge in the twenty-first century is to put Black feminist theory into action in mental health practice.

A Black feminist perspective reflects an integrated analysis of race, gender, sexuality, and class in therapy and offers possibilities for working with Black women and other women of color from a holistic framework. It offers practitioners a useful method of providing services from a strengths-based perspective, in contrast to traditional models regarding the prognostic course and treatment of trauma, stress, and coping among Black women. An important goal of practitioners is to attend to both individual and societal stressors, especially those influenced and exacerbated by experiences of discrimination, in an effort to promote positive mental health outcomes among Black women. These goals posit a practical perspective for assisting Black women in the healing of psychological and social damages caused by racism, sexism, and other forms of oppression, which often obstruct self-actualizing behaviors. When this progression is reached, feminist therapeutic interventions may become more useful in assisting Black women to heal and recover.

## References

Alergria, M. C., Rios, R., Vera, M., Calderon, J., Rusch, D., & Ortega, A. N. (2002). Inequalities in use of specialty mental health services among latinos, african americans, and non-white latinos. *Psychiatric Services, 53*, 1547–1555.

Bambara, T. C. (1980). *The salt eaters*. New York, NY: Random House.

Black, A. R., Cook, J. L., Murry, V. M., & Cutrona, C. E. (2005). Ties that bind: Implications of social support for rural, partnered African American women's health functioning. *Women's Health Issues, 15,* 216–223.

Blazer, D., Hybels, C., Simonsick, E., & Hanlon, J. T. (2000). Sedative, hypnotic, and antianxiety medication use in an aging cohort over ten years: A racial comparison. *Journal of the American Geriatrics Society, 48,* 1073–1079.

Bowleg, L., Huang, J., Brooks, K., Black, A., & Burkholder, G. (2003). Triple jeopardy and beyond: Multiple minority stress and resilience among Black lesbians. *Journal of Lesbian Studies, 7,* 87–108.

Boyd-Franklin, N. (1991). Recurrent themes in the treatment of African-American women in group psychotherapy. *Women & Therapy, 11*(2), 25–40.

Boyd-Franklin, N. (2010). Incorporating spirituality and religion into the treatment of African American clients. *Counseling Psychologist, 38,* 976–1000.

Brown, L. S. (1994). *Subversive dialogues: Theory in feminist therapy*. New York, NY: Basic Books.

Brown, L. S. (2010). *Feminist therapy*. Washington, DC: American Psychological Association.

Cammarat, L. P., & Larsen, C. C. (1988). Feminist frameworks for psychotherapy. In M. A. Dutton-Douglas & L. E. Walker (Eds.), *Feminist psychotherapies: Integration of feminist systems* (pp. 12–36). Norwood, NJ: Ablex.

Carrington, C. H. (2006). Clinical depression in African American women: Diagnoses, treatment, and research. *Journal of Clinical Psychology, 62,* 779–791.

Coleman, M. A. (2006). Must I be womanist? *Journal of Feminist Studies in Religion, 22,* 85–96.

Collins, P. H. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Boston, MA: Unwin Hyman.

Comas-Díaz, L. (2011). Multicultural approaches to psychotherapy. In J. Norcross, D. Freadheim, & G. I.Vandenboss (Eds.), *History of psychotherapy: Continuity and change* (2nd ed., pp. 243–267). Washington, DC: American Psychological Association.

Comas-Díaz, L., & Greene, B. (1994). Overview: Gender and ethnicity in the healing process. In L. Comas-Díaz & B. Greene (Eds.), *Women of color: Integrating ethnic and gender identities in psychotherapy* (pp. 185–193). New York, NY: Guilford.

Combahee River Collective. (1986). *The Combahee River Collective statement: Black feminist organizing in the seventies and eighties*. Albany, NY: Women of Color Press.

Contratto, S., & Rossier, J. (2005). Early trends in feminist therapy theory and practice. *Women & Therapy, 28*(3/4), 7–26.

Cooper, A. J. (1892). *A voice from the study: By a Black woman of the south*. Xenia, OH: Aldine.

Dutton, M. A., & Walker, L. E. (1988). *Feminist psychotherapies: Integration of therapeutic and feminist systems*. Norwood, NJ: Ablex.

Enns, C. Z. (2012). Feminist approaches to counseling. In E. M. Altmaier & J. C. Hansen (Eds.), *Oxford handbook of counseling psychology* (pp. 434–459). New York, NY: Oxford University Press.

Flaskerud, J. H., & Hu, L. T. (1992). Racial/ethnic identity and amount and type of psychiatric treatment. *The American Journal of Psychiatry, 149,* 379–384.

Fulani, L. (1988). *The politics of race and gender in therapy*. New York, NY: Haworth Press.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.

Greene, B. (1994). African American women: Derivatives of racism and sexism in psychotherapy. In E.Tobach & B. Rosoff (Eds.), *Challenging racism and sexism: Alternatives to genetic explanations* (pp. 122–139). New York, NY: Feminist Press.

Greene, B. (1997). Psychotherapy with African American women: Integrating feminist and psychodynamic models. *Smith College Studies in Social Work, 67,* 299–322.

Greene, B. (2000). African American lesbian and bisexual women. *Journal of Social Issues, 56,* 239–249.

Greene, B. (2008). African American lesbians and gay men. In H. Neville (Ed.), *The psychology of African Americans: A handbook* (pp. 67–86). Thousand Oaks, CA: Sage.

Greene, B., Boyd-Franklin, N., & Spivey, P. B. (2013). African American lesbians and gay men in couples relationships: Threats to intimacy and considerations in couples psychotherapy. In K. M. Helm & J. Carlson (Eds.), *Love, intimacy, and the African American couple.* New York, NY: Routledge.

Guy-Sheftall, B. (1995). *Words of fire: An anthology of African-American feminist thought.* New York, NY: New Press.

hooks, b. (1993). *Sisters of the yam: Black women and self-recovery.* Boston, MA: South End Press.

Jackson, L. C., & Greene, B. (2000). *Psychotherapy with African American women: Innovations in psychodynamic perspectives and practice.* New York, NY: Guilford Press.

Jackson, L. C., & Greene, B. A. (2003). Review of psychotherapy with African American women: Innovations in psychodynamic perspectives and practice. *The Psychoanalytic Quarterly, 72,* 524–526.

Jackson, V. (2010). Diving deep and surfacing: How I healed from depression. In A. M. White (Ed.), *African Americans doing feminism: Putting theory into everyday practice* (pp. 227–242). Albany, NY: State University of New York Press.

Jones, L. V. (2008). Preventing depression: Culturally relevant group work with Black women. *Research on Social Work Practice, 18,* 626–634.

Jones, L. V., & Ford, B. (2008). Depression in African American women: Application of a psychosocial competence practice framework. *AFFILIA: Journal of Women and Social Work, 23,* 134–143.

Jones, L. V., & Warner, L. A. (2011). Evaluating culturally responsive group work with Black women. *Research on Social Work Practice, 21,* 737–746.

Kashak, E. (1981). Feminist therapy: The first decade. In S. Cox (Ed.), *Female psychology: The emerging self* (pp. 387–400). New York, NY: St. Martin's.

Kwate, N. O. A., Valdimarsdottir, H. B., Guevarra, J. S., & Bovbjerg, D. H. (2003). Experiences of racist events are associated with negative health consequences for African American women. *Journal of the National Medical Association, 95,* 450–460.

Lorde, A. (1997). The uses of anger. *Women's Studies Quarterly*, 278–285.

Marecek, J. (2001). Disorderly constructs: Feminist frameworks for clinical psychology. In R. K. Unger (Ed.), *Handbook of the psychology of women and gender* (pp. 303–316). New York, NY: John Wiley & Sons.

Marecek, J., & Hare-Mustin, R.T. (1991). A short history of the future: Feminism and clinical psychology. *Psychology of Women Quarterly, 15,* 521–536.

Mays, V. M. (1985). Black women and stress: Utilization of self-help groups for stress reduction. *Women & Therapy, 4*(4), 67–79.

Miller, J. B. (1986). *Toward a new psychology of women*. Boston, MA: Beacon Press.

Neal-Barnett, A. M., & Smith, J. (1997). African Americans. In S. Friedman (Ed.), *Cultural issues in the treatment of anxiety* (pp. 154–174). New York, NY: Guilford Press.

Rhodes, R., & Johnson, A. (1997). A feminist approach to treating alcohol and drug-addicted African-American women. *Women & Therapy, 20*(3), 23–37.

Roberts, A., Jackson, M. S., & Carlton-LaNey, I. (2000). Revisiting the need for feminism and afrocentric theory when treating African-American female substance abusers. *Journal of Drug Issues, 30,* 901–918.

Safran, M., Mays RA, J., Huang, L., McCuan, R., Pham, P., Fisher, S., & Trachtenberg, A. (2009). Mental health disparities. *American Journal of Public Health*, *99*(11), 1962–1966.

Snowden, L. R. (1999). African American service use for mental health problems. *Journal of Community Psychology, 27,* 303–313.

Taylor, J. Y. (1998). Womanism: A methodologic framework for African American women. *Advances in Nursing Science, 21,* 53–64.

Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism, psychological distress, and coping styles of African American women. *Cultural Diversity and Ethnic Minority Psychology, 14,* 307–314.

Thomas, S. A., & Gonzalez-Prendes, A. A. (2009). Powerlessness, anger, and stress in African American women: Implications for physical and emotional health. *Health Care for Women International, 30,* 93–113.

Vaz, K. M. (2005). Reflecting team group therapy and its congruence with feminist principles: A focus on African American women. *Women & Therapy, 28*(2), 65–75.

Warren, B. J. (1994). Depression in African-American women. *Journal of Psychosocial Nursing and Mental Health Services, 32*(3), 29–33.

Williams, C. B. (2000). African American women, Afrocentrism, and feminism: Implications for therapy. *Women & Therapy, 22*(4), 1–16.

Williams, C. B. (2005). Counseling African American women: Multiple identities—multiple constraints. *Journal of Counseling & Development, 83,* 278–283.

Williams, D. S. (1993). *Sisters in the wilderness: The challenge of womanist god-talk*. Maryknoll, NY: Orbis Books.

Woods-Giscombé, C. L. (2010). Superwoman schema: African American women's views on stress, strength, and health. *Qualitative Health Research, 20,* 668–683.

Woods-Giscombé, C. L., & Black, A. R. (2010). Mind-body interventions to reduce risk for health disparities related to stress and strength among African American women: The potential of mindfulness-based stress reduction, loving-kindness, and the ntu therapeutic framework. *Complementary Health Practice Review, 15,* 115–131.

Worell, J., & Johnson, N. G. (Eds.). (1997). *Shaping the future of feminist psychology: Education, research, and practice*. Washington, DC: American Psychological Association.

# Looking through the Window

## Black Women's Perspectives
## on Mental Health and Self-Care

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## Introduction

From a collective perspective, Black women have been provided with a "blueprint" for embracing the cultural image of the strong Black woman (SBW), demonstrating the cognitive and behavioral characteristics of the Black woman's self-image (Watson & Hunter, 2015). The SBW is a woman who: self-identifies as part of the African Diaspora, is perceived as naturally resilient, is able to meet any challenge, handles stress with ease, displays independence and self-control, is emotionally contained, and never complains (Donovan & West, 2015; Watson & Hunter, 2015). The image of the SBW is distorted and complex (Holmes, White, Mills, & Mickel, 2011). Additionally, they navigate several roles to achieve educational and career goals (Lashley, 2014). However, empirical data suggests there is a flip side to this schema.

Adhering to this phenomenon by Black women is associated with self-issues that negatively affect their overall self-image, such as feeling invisible, "less than," and unhealthy (Beauboeuf-Lafontant, 2009; Holmes et al., 2011; Thomas, Dovidio, & West, 2014). To cope with the negative assaults on their self-images, many Black women have resorted to maladaptive coping strategies. It is important to understand which stressors Black women deal with from their perspective. Imagine for a minute, we are sitting in a car being driven by a Black

woman. The person on the left may look at things differently than those on the other side of the car. She is the driver, we are the passengers. This ride allows us to get a glimpse of what she is seeing and experiencing on her journey, but we cannot fully take it in as we are not in her seat. Depending on where we sit in the car, we can only perceive parts of the road. By applying this car analogy, we can get an insider's view on the myriad of challenges Black women face regarding their mental and physical health by taking the "journey" with them.

The purpose of this chapter is to identify maladaptive behaviors that SBW choose, which can lead to depression and other health challenges such as cardiovascular diseases. This chapter also identifies self-help/self-care strategies including social support and spirituality that Black women can utilize in bettering their mental and physical health. These strategies will offer balance of strength to cope with the many vulnerabilities experienced in the daily hassles of life. In the twenty-first century, Black women should not be made to feel marginalized or that there is no one to articulate their stories or to even suggest strategies to empower them (Cook & Williams, 2015; Holmes et al., 2011).

## Historical Perspective on the Strong Black Woman Persona

Historically, there are several SBW who personify resiliency and tenacity in their struggles against slavery and for civil rights, for example, Sojourner Truth, Harriet Tubman, Rosa Parks, and Clara Brown. Their struggles exacted psychological and physical traumas and contemporary African American women are expected to tap into this virtue and reframe their experiences (Beauboeuf-Lafontant, 2009). Historically and presently, many Black women have had to take on numerous roles in an effort to cope with various stressors such as job insecurity, economic adversity, financial strain, discrimination, and other factors stemming from these "isms" that negatively impact their quality of life (James, 1994; Linnabery, Stuhlmacher, & Towler, 2014; Shorter-Gooden, 2004; Pompper, 2011). The title of SBW is in actuality a stigma and not a badge of courage because when this persona is assumed, one's true identity becomes invisible because of the constant suppression of self-interests as the social persona of the SBW is maintained (Thomas et al., 2014). The maintenance of this role is associated with harmful health outcomes (Black & Peacock, 2011; Watson & Hunter, 2015). Based on gender socialization, many Black women become overburdened by having to maintain these various roles without rest or support. As a result, Black women often deny self-care, thereby generating daily stress causing health challenges such as hypertension and cardiovascular diseases

(Bronder, Speight, Witherspoon, & Thomas, 2014; Donovan, Galban, Grace, Bennett, & Felicie, 2013). It is against this backdrop that contemporary African American women are expected to continue their struggle for economic and psychological survival (Watson & Hunter, 2015).

## Theoretical and Conceptual Framework

There are two theoretical and conceptual models that are used to discuss the SBW phenomenon: intersectional theory and bio-psychosocial theory. Intersectional theory explains how multiple social identities experienced by underrepresented individuals work together to influence how they view themselves and others (Coles, 2009; Donovan & West, 2015; Donovan et al., 2013; Thomas et al., 2014). Coles (2009) asserts that not only do race, gender, social class, and sexuality describe groups that may be different or similar but they also capture the historical and continuing relations of political, material and social inequities and stigmas. The intersectionality theory is rooted in Black feminism and critical race theory (Carbado, Crenshaw, Mays, & Tomlinson, 2013). Cook and Williams (2015) suggest that critical race theory is a multi-epistemological and analytical tool which is guided and informed by three assumptions: (1) race is a significant factor in the construction of inequity in the United States; (2) property rights were chosen over human rights, particularly in the United States; (3) race and property are key analytical tools for understanding how oppression and domination operate in the United States. Today, Black women continue to be marginalized as a form of social control based on race, social class, and gender.

The bio-psychosocial theory is applied to explain the SBW phenomenon. This model suggests that three main factors—biological (i.e., genetics), psychological (i.e., behaviors, emotions, thoughts), and social (i.e., environment, culture)—play a significant role in health and disease (Engel, 1980; Borrell-Carrio, Suchman, & Epstein, 2004). It is against this background that this chapter identifies the bio-psychosocial factors that affect countless Black women. Specific emphasis is placed on risk factors such as cardiovascular disease, depression, and alcohol use disorders while addressing protective factors of social support and spirituality. The primacy for biological and genetic factors includes the heritability of a psychiatric disorder such as bipolar disorder, schizophrenia, or depression contrasted to societal factors such as race/ethnicity and gender identity. These bio-psychosocial factors seem to shape the reality of one's life when dealing with experiences.

By wearing a mask of being invincible, some Black women set high expectations for themselves. They internalize stereotypical myths that they are stronger than other women, which prevents them from expressing any psychological distress resulting in mental health issues (Beauboeuf-Lafontant, 2007; Donovan & West, 2015; Watson & Hunter, 2015). Watson and Hunter (2015) suggest that African American women will not seek professional help for several reasons: help is inconsistent with the expectations of strength and self-reliance from the SBW persona, seeking may be perceived as "weakness," and there is a cultural belief that personal information is not shared outside of family. It becomes a difficult choice for SBW to admit that they need professional help, much less seek it because of the stigma attached to individuals with mental illnesses (Donovan & West, 2015; Watson & Hunter, 2015). This in itself produces a greater amount of stress for Black women who are perceived as "strong."

## Roles of Stressors as Daily Life Hassles for Black Women

Stressors can originate from various factors, including any life event or daily hassle that one would consider to be threatening to his or her well-being. Black and Peacock (2011) assert that consideration should be given for the various unique social roles that Black women take on, and the various coping strategies that they employ across these domains. Many factors can contribute to a diverse experience for African American women since they do not all share similar experiences. Hamilton-Mason, Hall, and Everett (2009) suggest that besides social class differences, other factors such as region of the country, hue of skin color, urbanization, and age contribute to a diverse experience among African Americans. Additionally, the ways that they may cope with these experiences and their resources (i.e., finances, education) may have contributed to these experiences.

In this regard, some Black women may develop various personas or multiple "me's" to fit various responsibility roles and categories from society (Thoits, 2013). The demands of taking care of others, pleasing others, complying with the mores and communal expectations may require hiding behind a mask(s) so that the community may perceive that they are well. However, they see their own dreams being abandoned or sacrificed for the "greater good of. . . ." As a result of these stressors, the physical and mental health of these Black women has been assaulted but many women are afraid or ashamed to admit this because they are perceived as "strong" and must maintain that persona (Beauboeuf-Lafontant, 2009; Thoits, 2013). Juggling these various personas

can result in debilitating mental illness such as depression and anxiety (Black & Peacock, 2011; Watson & Hunter, 2015). Clinicians may be challenged in diagnosing clinical depression in Black women when presented with the "mask" of the SBW. Black women may suffer in silence and internalize the dissonance between lived experience and this perceived persona of strength without realizing that there are social, genetic, hormonal, and biological markers that play a major role in clinical depression (Black & Peacock, 2011).

## Depression: Mental Condition Outcome as Consequences of Stress

For all women, one of the leading mental illnesses is depression (Waite & Killian, 2007). However, Watson and Hunter (2015) argue that depressive symptoms are more commonly found in African American women in particular. Yet, the societal pressure is on them to maintain an image of strength. This practice can be attributed to the intersectionality theory discussed above. Clinical depression is the result of biological, social, and psychological factors and some women may resort to quick fixes such as alcohol (Keyes, Hatzenbuehler, & Hasin, 2011). Black women who are depressed often keep themselves extremely busy, are constantly on the go, and invest in their work and other activities in an effort to keep their mind off of sadness and loneliness (Bronder et al., 2014). Work becomes a buffer for dealing with a depressed state of mind. For these reasons, depression is usually undetected and/or undertreated in African American women (Waite & Killian, 2007). Many Black women do not always manifest usual clinical symptoms of depression; instead they project an air of confidence and toughness and exude power, thereby making it difficult to make an accurate diagnosis of depressive disorder (Jones & Shorter-Gooden, 2003). Such depression, if not actively addressed, becomes somatized, resulting in women having headaches and other physical symptoms (Jones & Shorter-Gooden, 2003).

The manner in which many African Americans describe their depression is noteworthy. In a study by Waite and Killian (2007), African Americans acknowledge their depression as "down in the dumps," "the devil," "rejection," "upset," "losing control," "anger," "exhaustion," "stressed," "out of balance," "drowning," and "sick." This is important for clinicians because the common terms used to screen for depression such as hopelessness, sadness, and depressed mood are not typical terms that many Black women use. It is important to listen to Black women, by being sensitive to the cultural context in which they are expressing the pain of their lived experiences. It is also important to recog-

nize how race, gender, racism, and economic conditions affect mental health (Beauboeuf-Lafontant, 2005; 2007). One thing that Black women shared in their responses is that they learned not to say anything because so many others depended on them (Waite and Killian, 2007). These women internalized their stress in an effort to evade vulnerability since they felt they had great responsibility.

## Cardiovascular Diseases: Poorest Health Outcome as Consequences of Stress

Internalizing stressors may lead to poor physical and mental health outcomes (Donovan et al., 2013; Utsey et al., 2000). Ultimately, the consistent engagement in daily hassles manifests into chronic stress, causing many Black women to exhibit unhealthy lifestyle behaviors. These behaviors lead to poor health outcomes such as cardiovascular disease. Stress along with poor mental well-being (i.e., depression) can trigger major cardiac disease. There are many biological recognized risk factors for cardiovascular diseases including hypertension, diabetes, smoking, alcohol consumption, lack of physical activity, poor diet, and family history. Furthermore, understanding the processes involved with the influence of stress on cardiovascular disease should be examined using bio-psychosocial theory adjusting for potentially important confounding factors such as race/ethnicity, bias, discrimination, alcohol consumption, smoking, and socioeconomic status. Some of these notable risk factors can be modified by implementing healthy behavior change. The clustering of these risk factors needs to be addressed to reduce morbidity and mortality rates. Research has demonstrated that psychosocial factors have been significantly associated with cardiovascular diseases (Ever-Rose & Lewis, 2005).

There remains a significant health disparity resulting in disproportionate rates of African Americans affected by cardiovascular disease. The impact of diabetes and hypertension is not equal across gender and race/ethnicity. According to the Office of Minority Health (2015), African American adults are twice as likely to develop cardiovascular disease such as high blood pressure, diabetes, heart disease, and stroke as Non-Hispanic White adults. Furthermore, there is a gender disparity for cardiovascular diseases. For instance, African American women are 1.6 times likely to have high blood pressure than Non-Hispanic White women (OMH, 2015). This concept of internalizing daily stressors may involve racism and discrimination which mediates and/or moderates poor health outcomes.

## Alcohol Use as a Maladaptive Behavior

Research suggests there is an association that exists among alcohol dependence, medical conditions, health care, and mental care utilization among African Americans (Keyes, Hatzenbuehler, & Hasin, 2011; Marshall et al., 2013). There are a combination of multiple factors including biological pathways, environmental neighborhood disadvantage, bias, discrimination, and sociocultural variables that affect alcohol use outcomes contributing to race/ethnic disparities (Chartier, Scott, Wall, Covault, Karriker-Jaffe, Mills, Lucak, Caetano, & Arroyo, 2014; Boynton, O'Hara, Covault, Scott, & Tennen, 2014; Chartier & Caetano, 2010; Mulia, Ye, Zemore, & Greenfield, 2008). These multiple factors provide an interaction that may lead to consuming alcohol as a maladaptive behavior in reaction to stressors and daily hassles of life.

Exposure to stressful events can provoke a variety of reactions. One such reaction is the relationship between these stressful events and various types of psychopathology including alcohol-related outcomes (Keyes, Hatzenbuehler, & Hasin, 2011). It is imperative to understand what strengths Black women rely on in dealing with daily hassles and stressors. Strengths such as social support may be protective factors which are utilized to counteract the responses of risk factors (i.e., cardiovascular disease, alcoholism, depression). Alcohol consumption is a common psychiatric disorder that has devastating consequences on the individual's physical and mental health, their families in particular, and society in general (Enoch, 2011). Alcohol problems and psychiatric illnesses commonly coexist. Abuse, binging, and dependence on alcohol are associated with increased risk of chronic diseases such as liver disease, cancer, hypertension, and diabetes. There are limited data examining the influence of race/ethnicity and alcohol use on chronic diseases. The pattern of development of alcohol use disorders differs between gender and race/ethnicity. Identifying the racial/ethnic differences in the clinical course of alcohol use disorders remains important for culturally sensitive intervention and prevention programs (Scott, Williams, Cain, Kwagyan, Kalu, Ehlers, Hesselbrock, & Taylor, 2008; Chartier & Caetano, 2010).

## Adaptive Strategies

Coping refers to the mechanisms by which an individual is able to master the stressors in the environment; it is a cognitive technique of restructuring how the individual controls their thoughts and feelings, which are equated with

environmental constraints. In brief, it is a collective consciousness based on attitudes, customs, and beliefs (Waite & Killian, 2007). Risky lifestyle behaviors such as alcohol use, unprotected sex, unhealthy eating, and lack of exercise may impinge on well-being, but may be considered as coping mechanisms while dealing with stressors (Kaplan, Madden, Mijanovich, & Purcaro, 2013). As a result of stressors, some women turn to the positivity of spirituality to assist them with health and psychological challenges, particularly depression.

## Spirituality

For many Blacks, spirituality is the foundation in their lives that has helped them to remain balanced while serving as a survival strategy in overcoming adversity. Spirituality has helped many Blacks remain connected both intrapsychically in developing social bonds as well as with a "higher power" (Boyd-Franklin, 2010; Lamis, Wilson, Tarantino, Lansford, & Kaslow, 2014). However, it is important to define the characteristics of these concepts. Religious well-being is defined in terms of an individual's participation or affiliation with a particular religious institution that is based on a common creed/belief and an adherence thereto, while spirituality is defined as one's relationship with a higher power, the universe, and prayer, and focuses on the subjective experiences of an individual (Brome et al., 2000; Reed & Neville, 2014).

Many African American women rely on prayer and spirituality as a buffer for health symptoms and as a protective factor against both suicide ideation and attempts for coping with stress and managing their depressive symptoms (Chatters, Taylor, Woodward, & Nicklett, 2014; Waite & Killian, 2007). The power of prayer allows these women to have private conversations with God or a higher power and it transcends various religious denominations. During these conversations, they are not judged and they can demonstrate their true, authentic feelings. Some African American women who rely on prayer have said they have "given their burdens to God," "rested on faith," "have found strength in Him," and that "He never gives you more than what you can bear" (Linnabery, Stuhlmacher, & Towler 2014; Waite & Killian, 2007).

## Social Support

Social support is a protective factor and can bolster feelings of "self" and well-being, can promote competence, and can engender social connections (Taylor, Forsythe-Brown, Taylor, & Chatters, 2014). Social support has been related to lower rates of mortality and morbidity (Chatters et al., 2014;

Utsey et al., 2000). It is considered a health-promoting action, which facilitates healthier behaviors such as improvements in attitudes and self-esteem (Utsey et al., 2000) and it is also an important factor for the well-being of Blacks in general. Within the Black community, many Blacks seek out social support from each other in dealing with discrimination, racism, and other life issues. Contrary to earlier research on coping techniques used by African Americans (Feagin, 1991), Utsey et al. (2000) found that African American women used avoidance coping strategies more than seeking social support strategies. However, when confronted with racism instead of being contentious, some will withdraw and most likely suffer in silence while others will tell others as a way of seeking support. Younger Black women will rarely seek out formal social support from professional institutions or church-based networks when it comes to mental health issues. One reason for this could be attributed to the various stressors many Black women, particularly professional Black women face in the workplace, such as lack of mentorship, limited job opportunities and resources, and lack of control in their careers (Linnabery, Stuhlmacher, & Towler, 2014). Another type of support referred to as fictive support is used by both younger and older Black women. This type of support is found in a collaborative and reciprocal relationship of people who are not related by birth and are important social and psychological supports (Cook & Williams, 2015).

*Physical Strategies*

Suggested here are some general adaptive strategies that can be utilized to empower Black women and assist them with resisting maladaptive behaviors in gaining optimal health and mental wellness. This is not a shopping list, but realistic strategies that are cost and time effective. These strategies can improve both cardiovascular and mental health.

Spiritual activities

Spirituality is a central tenet for many Black Women because they are able to understand the meaning of their lives through prayers and meditation and various other coping resources (Lamis et al., 2014; Boyd-Franklin & Lockwood, 2009). Another activity is meditation, which encourages both physical and spiritual activities. There are specific skills associated with relaxation or meditation that promote self-care. Meditation assists in being conscious of strength and abilities. A suggested site is: http://www.blackmeditation.com/reconstructing-the-black-mind/.

Yoga teaches several important characteristics that can assist you in listening to the inner voice, such as perseverance, patience, humility, trust, and silence. When you fall down in a pose, you get back up and try again until you succeed. Most of these yoga sites combine eating healthy and getting in touch with your spirituality as you develop growth and self-reliance. These are a few suggested yoga sites:

http://www.blackgirlinom.com/about-bgio-events/
http://www.afroflowyoga.com/contact/
https://www.pinterest.com/bellaluna50/black-women-love-yoga-%E0%AB%90/

### Physical activities

Physically inactive individuals are twice as likely to develop cardiovascular problems as people who engage in regular physical activities (CDC, 1996). Daily walks with a friend or neighbor can be used for support. According to the Centers for Disease Control (CDC, 2012), six in ten people walk for fun, transportation, relaxation, or simply exercising the dog. Through daily walking, cardiovascular diseases, stress, depression, and cancer are reduced.

### Support Groups for Maladaptive Behavior

There are numerous support groups for alcohol addiction and for help with social stressors. Support groups offer an opportunity to "lean on the shoulders of others who have been through the storm." Most support groups are comprised of recovering individuals who offer honest support for each other, helping each to stay clean.

### Alcoholics Anonymous (AA) meetings

There are various links for AA group meetings in most states. You can check the internet for a group meeting in your area. Here is a link: http://www.aa.org/.

### Other social support groups

Book clubs offer a high priority support group because they promote literacy while allowing for a productive and safe place for your voice and opinions to be heard and supported. In addition to book clubs, volunteering is an excellent opportunity to share strengths with different populations.

*Therapy*

From a clinical perspective, it is often difficult to suggest to "strong" individuals that they might need professional help. The clinician must be astute and able to get behind the mask that the client is wearing in order to help. This takes time and patience. Therapy provides a safe space for the individual to share with the clinician once an alliance has been achieved. In addition, therapy provides a base for educating the client about her pain.

## Conclusion

Black women have used various mechanisms developed through their life experiences to cope with the stressors related to these psychosocial, mental health, and health disparities. This chapter attempts to explore the complex relationship between at-risk behaviors that Black women exhibit when dealing with daily life hassles and stressors and protective factors used for coping. Although a substantial body of research is available for mental health, it rarely addresses the intersectionality and bio-psychosocial factors that influence mental health outcomes for Black women.

The SBW paradigm, historically rooted in slavery, is no longer suited for the twenty-first-century Black woman. These "strengths" have an adverse effect on their physical and mental health. In an attempt to handle the stress of daily hassles, Black women generate internal stress buffers (e.g., cortisol, catecholamine) resulting in cardiovascular problems, depression, and alcohol use (Beauboeuf-Lafontant, 2005, 2007, 2009; Black & Peacock, 2011; Keyes, Hatzenbuehler, & Hasin, 2011). In an effort to cope with stressors, some women have sought social support and spiritual resources (Boyd-Franklin, 2010) while others have resorted to alcohol as a maladaptive use (Enoch, 2011).

When examining mental health and self-care of the Black woman, it is imperative to do so from an intersectional theory and a bio-psychosocial model. These two models take into consideration how race, gender, and social class have influenced historical and continuing relationships among socio-politico-economic inequities and stigma (Brome, 2000; Donovan & West, 2015). These theoretical approaches also consider the biological (i.e., genetic), psychological (i.e., behaviors, thoughts, and emotions), and societal (culture and environment) impacts on the health of the Black woman.

This chapter begins to explore the theme of this book by incorporating the set of principles from the BREATHE model for the Black Woman.

As for *balance and empowerment,* adaptive strategies discussed in this chapter enforce the utilization of protective factors to maintain physical and mental well-being and acknowledge risk factors contributing to maladaptive behaviors. As for *reflection and healing,* spirituality with prayer and meditation will allow a means of a coping resource such as reliance on the Creator for guidance with trust and faith. As for *energy,* implementation of daily physical activities will provide promotion of healthy physical outcomes to combat risk factors such as cardiovascular diseases, diabetes, hypertension, depression, and alcohol use. As for *association and transparency,* social support provides the ultimate sense of belonging and connectedness to others who may be experiencing the SBW phenomenon and the willingness to share stories about mental health. Through this model Black women can continue to be strong and to also to incorporate their strength into the healing of self without any undue stress and be free from any stigma. Through group support and therapy, a safe space can be created so that Black women can have their time to reflect on their strengths and to turn whatever weaknesses they may encounter into positions of strength through group support. We can essentially look through the window and see a better me.

Ultimately, having Black women enter therapy offers an opportunity for them to have their voices heard, as well as to have specific cultural and health initiatives formulated to meet their specific needs. The way Black women express depression may differ significantly from the way White women do. It is therefore important that clinicians from other cultural/theoretical persuasions offer Black women the opportunity to own and express their emotions. For Black women to remain holistically strong, they must continuously give help and take help in order to develop strategies for balancing stress and vulnerabilities.

# References

Beauboeuf-Lafontant, T. (2005). Keeping up appearances, getting fed up: The embodiment of strength among African American women. *Meridians: feminism, race, transnationalism, 5(2)*, 104–123.

Beauboeuf-Lafontant, T. (2007). You have to show strength: An exploration of gender, race, and depression. *Gender & Society, 21*(1), 28–51.

Beauboeuf-Lafontant, T. (2009). *Behind the mask of the Strong Black Woman: Voice and the embodiment of a costly performance.* Philadelphia, PA: Temple University Press.

Borrell-Carrió, F., Suchman, A. L., & Epstein, R. M. (2004). The biopsychosocial model 25 years later: Principles, practice, and scientific inquiry. *Annals of Family Medicine, 2*(6), 576–582.

Boyd-Franklin, N. (2010). Incorporating spirituality and religion into the treatment of African American clients. *The Counseling Psychologist, 38,* 976–1000.

Boyd-Franklin, N., & Lockwood, T. (2009). Spirituality and religion: Implications for psychotherapy with African American families. In F. Walsh (ed.), *Spiritual resources in family therapy* (2nd ed.). (pp. 141–155). New York, NY: Guilford Press.

Boynton, M. H., O'Hara, R. E., Covault, J., Scott, D., & Tennen, H. (2014). A mediational model of racial discrimination and alcohol-related problems among African American College Students. *Journal of Studies on Alcohol and Drugs, 75*(2), 228–234.

Bronder, E. C., Speight, S. L., Witherspoon, K. M., & Thomas, A. J. (2014). John Henryism, Depression, and perceived social support in Black women. *Journal of Black Psychology, 40*(2), 115–137.

Brome, D., Owens, M. Allen, T., & Vevaina, T. (2000). An examination of spirituality among African American women in recovery from substance abuse. *Journal of Black Psychology, 26*(4), 470–486.

Carbado, D. W., Crenshaw, K. W., Mays, V. M., & Tomlinson, B. (2013). Intersectionality: Mapping the movements of a theory. *Du Bois Review: Social Science Research on Race, 10*(2), 303–312.

Center for Disease Control and Prevention (2012). Vital signs. Retrieved from http://www.cdc.gov/vitalsigns/walking/.

Center for Disease Control and Prevention (1996). Department of Health and Human Services. Physical Activity and Health: A Report of the Surgeon General. Atlanta: Department of Health and Human Services. Retrieved from http://www.cdc.gov/healthyyouth/publications/pdf/pp-ch7.pdf.

Chartier, K., & Caetano, R. (2010). Ethnicity and Health Disparities in Alcohol Research. *Alcohol Research & Health : The Journal of the National Institute on Alcohol Abuse and Alcoholism, 33*(1–2), 152–160.

Chartier, K., Scott, D. S., Wall, T. L., Covalt, J., Karriker-Jaffe, K. J., Mills, B. A., Luczak, S. E., Caetano, R., & Arroyo, J. A. (2014). Framing ethnic variations in alcohol outcomes from biological pathways to neighborhood context. *Alcoholism: Clinical and Experimental Research, 38*(3), 611–618.

Chatters, L. M., Taylor, R. J., & Woodward, A. T., (2014). Social support from church and family members and depressive symptoms among older African Americans. *American Journal of Geriatric Psychiatry, 23*(6), 559–567.

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist, 64*(3), 170–180.

Cook, D., & Williams, T. *(2015).* Expanding intersectionality: Fictive kinship networks as supports for the educational aspirations of Black women. *Western Journal of Black Studies, 39*(2), 157–166.

Donovan, R., & West, L. (2015). Stress and mental health: Moderating role of the strong Black woman stereotype. J*ournal of Black Psychology, 41*(4), 384–396.

Donovan, R., Galban, D., Grace, R., Bennett, J., & Felicie, S. (2013). Impact of racial macro- and microaggression in Black Women's lives: A preliminary analysis. *Journal of Black Psychology, 39*(2), 185–196.

Enoch, M. (2011). The role of early life stress as a predictor for alcohol and drug dependence. *Psychopharmacology 214,* 17–31.

Engel, G. L. (1980).The clinical application of the biopsychosocial model. *American Journal of Psychiatry 137,* 535–544.

Ever-Rose, S.,A., & Lewis T. T. (2005). Psychosocial factors and cardiovascular diseases. *Annual Review of Public Health* (25), 469–500.

Feagin, J. R. (1991). The continuing significance of race: AntiBlack discrimination in public places. Ame*rican Sociological Review, 56*(1), 101–116.

Hamilton-Mason, J., Hall, J. C., & Everett, J. E. (2009). And some of us are braver: Stress and coping among African American women. *Journal of Human Behavior in the Social Environment, 19,* 463–482.

Holmes, K. Y., White, K. B., Mills, C., & Mickel, E. (2011). Defining the experiences of Black women: A choice theory/reality therapy approach to understanding the Strong Black woman. *International Journal of Choice Theory & Reality Therapy, 31*(1), 73–83.

James, S. A. (1994). John Henryism and the health of African-Americans. *Culture, Medicine and Psychiatry, 18,* 163–182.

Jones, C., & Shorter-Gooden, K. (2003). *Shifting: The double lives of Black women in America.* New York, NY: HarperCollins.

Kaplan, S. A., Madden, V. P., Mijanovich, T.,Purcaro, E. (2013). The perception of stress and its impact on health in poor communities. *Journal of Community Health, 38*(1), 142–149.

Keyes, K., Hatzenbuehler, M., & Hasin, D. (2011). Stressful life experiences, alcohol consumption, and alcohol use disorders: The epidemiologic evidence for four main types of stressors. *Psychopharmacology,* 218–217.

Lamis, D., Wilson, C., Tarantino, N., Lansford, J., & Kaslow, N. (2014). Neighborhood disorder, spiritual well-being, and parenting stress in African American women. *Journal of Family Psychology, 28*(6), 769–778.

Lashley, M-B. (2014). Self-perceptions of Black single mothers attending college. *Comprehensive Psychology, 3*(1), 1–9.

Lincoln, C.R., & Lawrence, H. M. (1990). *The Black church in the African American experience.* Durham, NC: Duke University Press.

Linnabery, W., Stuhlmacher, A., & Towler, A. (2014). From whence cometh their strength: Social support, coping, and well-being of Black Women professionals. *Cultural Diversity and Ethnic Minority Psychology, 20*(4), 541–549.

Marshall, V. J., Kalu, N., Kwagyan, J., Scott, D. M., Cain, G. E., Hill, K., Hesselbrock, V., Ferguson, C., & Taylor, R. E. (2013). Alcohol dependence and health care utilization in African Americans. *National Journal of Medicine, 105*(1), 42–49.

McLaurin-Jones, T., Lashley, M-B., & Marshall, V. (2016). Minority college women's views on condom negotiation. *Journal of Environmental. Research and. Public Health, 13*(40), 1–12.

Mulia, N., Ye, Y., Zemore, S. E., & Greenfield, T. K. (2008). Social disadvantage, stress, and alcohol use among Black, Hispanic, and White Americans: Findings from the 2005 U.S. National Alcohol Survey. *Journal Studies of Alcohol Drugs, 69*(6), 824.

Pompper, D. (2011). Fifty years later: Mid-career women of color against the glass ceiling in communications and organizations. *Journal of Organizational Change Management, 24,* 464–486.

Reed, T., & Neville, H (2014). The influence of religiosity and spirituality on psychological well-being among Black women. *Journal of Black Psychology, 40*(4), 384–401.

Scott, D. M., Williams, C.D., Cain, G. E., Kwagyan, J., Kalu, N., Ehlers, C. L., Hesselbrock, V., & Taylor, R. (2008) Clinical course of alcohol dependence in African Americans. *Journal of Addictive Disease, 27*(4), 43–50.

Shorter-Gooden, K. (2004). Multiple resistance strategies: How African American women cope with racism and sexism. *Journal of Black Psychology, 30,* 406–425.

Taylor, R., Forsythe-Brown, I., Taylor, H., & Chatters, L. (2014). Patterns of emotional social support and negative interactions among African American and Black Caribbean extended families. *Journal of African American Studies, 18,* 147–163.

Thoits. P. (2013) *Self, identity, stress, and mental health.* In A. S. Carol, J. C. Phelan, & A. Bierman (Eds.)*, Handbook of the sociology of mental health* (2nd ed.)*. Handbooks of Sociology and Social Research.* New York, NY: Springer.

Thomas, E., Dovidio, J., & West, T. (2014). Lost in the categorical shuffle: Evidence for the social non-prototypicality of Black women. *Cultural Diversity and Ethnic Minority Psychology, 20*(3), 370–376.

Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African-Americans. *Journal of Counseling and Development, 78,* 72–80.

Waite, R. & Killian, P. (2007). Exploring depression among a cohort of African American women. *Journal of the American Psychiatric Nurses Association, 13*(3), 161–169.

Watson, N., & Hunter, C. (2015). I had to be strong: Tension in the strong Black Woman schema. *Journal of Black Psychology,* 1–29.

# Don't Go Back to Sleep

## Increasing Well-Being through Contemplative Practice

VETA GOLER

It is painfully obvious that there are serious issues facing humanity—problems that seem insurmountable—and that Black women are among the people these issues affect most negatively. Scholars' contributions in this important volume outline the challenges Black women face due to the intersectionality of racism, sexism, classism, and homophobia, and the toll these forms of oppression take on Black women's mental and physical health.

In my experience, contemplative practices have great healing promise for Black women. Some of the most important work we can do to make a difference in our lives and in the world is inner work, work that is sometimes dismissed as self-centered and irrelevant. I believe, however, that without doing this inner work, we are unable to have the impact we desire in our personal and professional lives. In other words, given the challenges Black women face, contemplative practices—engaged in individually and within retreats—can be important interventions, offering the potential for inner transformation and, subsequently, outer change.

I have intentionally written this contribution to *Black Women's Mental Health: Balancing Vulnerability and Strength* in a way that is different from the more typically academic offerings in this volume. Authors in both *The Courage to Teach* (Palmer 1998) and *Contemplative Practices in Higher Education* (Barbezat & Bush 2014) discuss a challenge students may face when asked to write reflective essays: Too often they feel it important to ask their professors if it is permissible for them to use "I." In fact, according to Barbezat and Bush

(2014), encouraging students to write in first person helps legitimize their personal experiences and the ways the subject matter connects to their own lives, and actually deepens students' understanding, learning, and retention (p. 6). Palmer (1998) speaks out against the "academic bias against subjectivity," which requires the passive "It is believed" instead of the active "I believe," saying that "in a single stroke, we delude our students into thinking that bad prose can turn opinions into facts, and we alienate them from their own lives" (p. 18). While these examples are taken from a classroom context, I believe they apply in other areas as well, including this volume. "Don't Go Back to Sleep" is a reflective essay about my personal experiences with contemplative practices and the ways I have used contemplative practices in the classroom and in retreats. To be consistent with contemplative reflection—the subject matter of this essay—and to connect the reader and myself more closely to the essay's content, I have written it in first-person language. Writing in first person is a practice consistent with both scholarly and reflective essays in *The Journal of Contemplative Inquiry*, published by The Center for Contemplative Mind in Society and dedicated to explorations of contemplative practice and pedagogy.

The reflective nature of this essay, as well as its discussion of contemplative retreats, is in alignment with the BREATHE model of this volume. As I will discuss, contemplative practices enable Black women to pause and reflect, which contributes to their balance, healing, and empowerment.

## The Power of Retreat

In "Don't Go Back to Sleep," I talk about being on retreat as a way for us to come together as individuals—in community—to speak our truth, hear our own and others' truths, and connect with the source of power within. In this way, contemplative retreats can enable us to counter the negativity Black women face. Simple yet profound acts can give us the strength, courage, and resilience to move from merely surviving to actually thriving, in what for many of us is a hostile world. By knowing and loving ourselves, we can change our experience of the world. We can move beyond struggling to living as more whole individuals, whose ways of being bring about change in the world. Much of what I present here is in an academic context. However, contemplative retreats can help Black women outside of the academy, as well.

Here are two testimonials from Spelman College professors about retreats I have facilitated there.

My mantra before, during, and after the retreat is: "I can't give what I don't have." Attending the retreat allowed me to find ways to center down and find inner peace, direction, and creativity. These are now things that I can share with my students!

When I signed up for the retreat I did not know what I was looking for. I only knew I needed a "reset" button for myself. I just trusted that . . . I would receive what I needed. My confidence was justified. Not only did I feel more connected to my own inner self but also to the hearts of the people I work with and labor with. For that I am so very glad and grateful.

The words of these Spelman faculty members point to several ways that contemplative retreats can be tremendously beneficial for Black women. Retreats provide renewal practices and experiences that individuals can use before, during, and after stressful situations. Retreats help participants to replenish and access inner resources needed for work life. And retreats help people know themselves better, which enables them to interact with others more effectively.

I have chosen the title of this essay, "Don't Go Back to Sleep," from the Rumi poem (1995 p. 36), because of its reminder to take the steps to wake up—to become present and fully engaged with one's life—and to stay awake. Some of my own steps have been literal, with the learning and transformation that come from traveling to new places. But more have been symbolic and related to my personal development. My embracing a spiritual life, spiritualizing my work life, and helping contemplative practices and pedagogy become part of the culture of Spelman College can all be seen as steps toward waking up. I share about these steps and talk in depth about the contemplative retreats I offer at Spelman in ways that I hope will be useful for other Black women. In addition to sharing some of my processes, I also discuss some of the lessons I've learned from facilitating and participating in retreats.

## Artist and Professor

When I joined the faculty of Spelman College in August 1988, in a tenure track position, I had a terminal degree (the MFA) in dance performance and was a working modern dance artist, performing and choreographing around Atlanta, nationally, and internationally. How wonderful it was to have a steady income at a prestigious institution and continue to work as an artist. Very

soon, however, I followed the advice of my department chair and pursued a doctoral degree. Over the course of a few years, my focus shifted from dance performance to dance history. Instead of choreographing and dancing, I began writing and presenting my work about Black women modern dance choreographers through publications and conferences.

Just over a year after earning my PhD, I was tenured at Spelman. Around that same time, I discovered my spiritual path. This path ultimately led to my retreat facilitation, but my interest in meditation and other contemplative experiences had started long before this moment.

I had my first formal meditation experience—a workshop in Transcendental Meditation—at the end of my sophomore year in college. I was intrigued by meditating and found it helpful in releasing stress. In fact, it was too helpful. When I meditated, I was so relaxed that I fell asleep, instead of doing my schoolwork. In order to do my work, I stopped meditating, almost as soon as I had started. For many years after that, I periodically sat to meditate again. I enjoyed these moments, but didn't seem able to sustain them; I wasn't able to develop a practice.

As I think back, I can now name other experiences as contemplative. These include gazing in awe at mountain peaks or meadows of wild flowers while on backpacking trips or becoming immersed in sewing clothes, making art objects out of clay, or engaging in other visual art projects. Dance had also been contemplative. As I did my first warm-up movements, I shifted into a different mental space. I let go of anything not happening in the dance studio at that moment and focused on where my body was in space and in relationship to those around me, and the movement quality or dynamics I needed at that time.

Eventually, I rediscovered a spiritual connection and developed a spiritual practice. A conversation with someone I met while doing research led me to a spiritual path with meditation as one of its main practices. Very quickly, I began meditating for short periods every day. I started with five or ten minutes, then gradually increased the amount of time I meditated. Amazingly, time seemed to open up. Whereas previously I had thought I didn't have time to meditate, I soon discovered that I did. Within six months to a year, I was meditating forty-five minutes to an hour each day, no matter how early my workday started. I later realized I had begun to live a contemplative life.

In addition to meditating at home, I engaged my practice at a meditation center in Atlanta, and at ashrams—residential meditation centers—in New York and India. These were important for the ways they connected me to a spiritual community and helped me to practice interacting with others from a more contemplative space.

After a while I began to notice profound benefits from my practices. I discovered that if I became upset about something that happened, I would recover more quickly than I had in the past. Previously, if I became angry, disappointed, or hurt, it might take me several days, even weeks, to recover. With a regular meditation practice I recovered in a matter of hours. And often, I didn't become upset in the first place. I also began to notice examples of grace in my life—a positive development in my job, finding the perfect house to buy, or just an increased sense of well-being. I felt calmer and more connected to the divine within me and around me. And my relationships with others were more open and authentic. I was able to see more beauty in the world, along with the challenges and difficulties that were present.

My worldview began to shift. I stopped seeing spirituality as just one component of my life and began seeing it as the core of my life, as the circle or sphere that contained all other aspects of my life. It became clear to me that the answers to all of life's problems are spiritual. Of special importance was the insight that, by knowing ourselves and our inherent worth through meditation and other contemplative practices, Black people could counter racism, in part, by eroding the internalized oppression that is part of the legacy of slavery in this country. I imagined what more magnificent changes in the world Spelman graduates could make with this kind of self-knowledge!

My second trip to India was especially powerful for me, and ultimately intensified my efforts to bring meditation to Black women. After about seven weeks at the ashram I visited, as I prepared to return home, I received an important message in meditation one day; I was to "spiritualize my work life."

In my mind, the message to spiritualize my work life was an affirmation of something I was already doing. Shortly after earning the PhD and tenure, I began to feel an inner emptiness. Perhaps I was actually experiencing a lack of stress, as I had completed my degree and had achieved job security. Or, perhaps I had met some of my major goals and simply hadn't yet identified new ones. In any case, I knew I had a wonderful job and meaningful work, good health, loving family and friends, and had recently discovered a spiritual path and community that spoke deeply to my soul. Still, something was missing from my life and I began a search to find it.

I took a step, a small action, which led me to a book, a conversation, a conference, or something else that led me to take another step and another small action. This process repeated itself over and over for the next few years until I began to see that I was in the process of creating a path. I was moving from a place of disconnection and dryness to a place of passion and creativity. In addition to the conferences, conversations, and books, the steps along the way included organizations—most importantly, the Center for Courage

& Renewal (couragerenewal.org) and the Center for Contemplative Mind in Society/the Association for Contemplative Mind in Higher Education (contemplativemind.org)—as well as a vision quest in the Sangre de Cristo Mountains, outside of Crestone, Colorado, and two online courses in contemplative pedagogy from Naropa University.

An important part of my search was my increasing incorporation of contemplative practices in my teaching. As I began to shift from dance performance to dance history, I began to explore contemplative experiences in different ways in my work. I had already begun incorporating contemplative practices in my dance history classes. We began class with a few minutes of centering silence, for which I asked students to sit in a relaxed and alert posture and focus on their breathing. I also required students to engage in various reflective exercises. They kept journals and wrote reflection papers about the dance performances they attended. For some of our class discussions, I asked students to pause and reflect before answering a question or responding to a classmate. And I had students focus on their breathing for a few moments before an exam.

Eventually, I developed a course with contemplative practices at its heart. Contemplative Practices and the Arts is a class in which students learn about various reflective practices; they study artists who work contemplatively and/ or create art with spiritual themes; they engage in contemplative art making themselves; and they reflect on all of these things.

I also brought contemplative practices to my work outside of the classroom. Within a few years of being tenured, I became chair of my department and president of Spelman's faculty council. A few years earlier, I had read Parker J. Palmer's exquisite book, *The Courage to Teach*, and resonated deeply with Palmer's thoughts about the importance of a teacher attending to her inner life. As department head, I had my colleagues read, contemplate, and discuss the book. I also began department meetings with a poem or quote, a few moments of silence to reflect, and sharing about the reflections. After centering ourselves that way, we began the meeting's work. I employed similar reflective processes in the faculty council meetings I led.

I also knew that I wanted to bring meditation to the broader Spelman community. On September 11, 2001, after the towers went down, as we were all reeling and filled with emotion, the campus community was invited to Sisters Chapel for prayer and meditation. Instead of the silence I associated with meditation, I found people leading prayers and testifying from the pulpit. While this was helpful for some, I longed for a quiet space on campus for more inward practices. A few years later, the dean of the chapel was planning for the renovation of a building that would house her offices. She and I developed plans for a meditation room to be included, and once the building was

completed, I began leading guided meditation sessions there once a week for faculty, students, and staff. Soon, the room could not accommodate everyone who attended, and we moved to a larger space. Guided meditation continues today. It has become an ongoing part of Spelman's culture, and a contemplative community has developed. At first, I was leading all of the meditation sessions. Now there is a small group of people who lead.

A more recent campus-wide effort—as a result of another discussion I had with the dean of the chapel—led to the construction of an outdoor labyrinth on Spelman's campus. Students, faculty and staff are able to engage in a form of walking meditation whenever they like.

I also have brought meditation to Spelman students by making presentations in other faculty members' classes, in various student organizations, and in New Student Orientation and other initiatives for students organized by faculty and administration.

My efforts for faculty include *Instant Sabbaticals* presentations, in which I have offered practices that can help faculty relax and renew in a short period of time, and a *Dinner and Dialogue* series that former president Beverly Daniel Tatum and I co-hosted in her campus home for three years. For each of these academic years, a group of faculty met three or four times. Participants were assigned reading to complete before the dinner, but instead of engaging in an academic discussion, we used the readings as prompts for contemplative activities. Faculty were invited to reflect in different ways and to share their reflections over dinner. Our goal was for individuals to connect with their own truth, and to share their stories and get to know each other as authentic individuals, beyond their professional roles.

One of the most important contemplative communities with which I have been engaged is the Center for Courage & Renewal (couragerenewal.org), the organization founded by and based in the work of Parker J. Palmer. Palmer has authored a number of books that discuss the importance of accessing the inner world for life and work. Among these are the aforementioned *The Courage to Teach*, *Let Your Life Speak*, *The Active Life*, and *Healing the Heart of Democracy*. Late in 2004, after I had read *A Hidden Wholeness*, in which Palmer outlines his Circle of Trust® retreat processes, I attended a retreat in South Carolina that utilized that process. This retreat was exactly what I needed. It was an opportunity to turn within, via poetry, journaling, walking on the beach, sharing my reflections, and gaining clarity through a powerful inquiry process called the Clearness Committee, and it allowed me to receive important guidance from my inner self. Although this was a "work" setting, the retreat reminded me of meditation retreats I had attended. I knew I had found something important for spiritualizing my work life.

After that initial Circle of Trust® retreat, I attended a two-year series of eight *Courage to Teach* retreats, began attending other Courage retreats and completed the Facilitator Preparation Program. I am now a national Circle of Trust® facilitator. As such, I lead book discussion groups and offer day-long and multi-day retreats. I also attend retreats and professional meetings with other facilitators and have been awarded several grants and fellowships to explore ways to deepen my incorporation of contemplative practices in retreat facilitation.

## Retreats

The Courage retreats I lead are among the most impactful of my contemplative efforts at Spelman. These retreats offer faculty and staff contemplative tools and a community of support. For these retreats, my goal is to help participants employ contemplative practices to renew, heal, and access inner guidance. A grant from the Associated Colleges of the South (ACS) enabled me to facilitate a summer 2015 retreat, *How Good It Is to Center Down: A Courage and Renewal Retreat for Faculty of Color*, for faculty at small liberal arts colleges in the South. This powerful retreat focused on renewal for faculty of color at predominantly white institutions, who, in addition to the intense, multifaceted work demands of all college professors, also face stressors born of racism—isolation, the need to justify their research interests, and other ways that their race and culture are devalued or are invisible in the academy. At the end of that retreat it was profoundly clear to me that Black women and men in the academy can ben-efit greatly from my retreats. The practices, healing, and community that the retreats provide make a big difference in the lives of participants.

What do we do in the retreats? In planning the retreats, I use the prin-ciples and practices developed for Circle of Trust® retreats by Palmer (2004). These help to make the retreat space safe for participants and enable them to go deep within for clarity and insights. One principle is that each person has inner wisdom—what Palmer calls an Inner Teacher—and therefore needs no fixing, correcting, or advising from others (p. 25). And because of this inner wisdom, each person knows what he or she needs in the retreat. Therefore, all retreat activities are invitational (p. 78). People do what is best for them in the moment, even if that means missing a retreat session to take a nap. The main goal of the retreat is to create a space for the soul to show up (p. 53). Palmer describes the soul as a shy animal. Therefore, we must be quiet, and often explore or reflect with an indirect approach, in order to allow the soul to reveal itself (p. 57). This requires community. In a retreat, each person is doing individual work. However, in order to really hear ourselves or see what

our soul wants us to see, we need community (p. 54). By speaking our truth to those who are listening deeply, we can hear ourselves more clearly. And by having others mirror back to us what they've heard us share, we gain greater clarity about what we really feel and think.

One of the underlying concepts of Circle of Trust® retreats is that our lives are like Mobius strips (p. 45). The image of the Mobius strip is one in which the ends of a strip of paper are connected after one end has been twisted 180°. Rather than the strip of paper forming a simple circle, it forms something that looks like a 3D figure eight. Thus, if one were to trace one side of the paper, one would see that the "inside" of the paper becomes the "outside" of the paper and then the "inside" of the paper once again. This is a great metaphor for the ways our inner work directs our activities in the outer world and how our outer efforts feed into and are processed by our inner work.

As a facilitator and as a participant, I have been astounded by the power of the process. Again and again, I have witnessed people gain profound insights or experience deep healing because of the retreat processes, and the ways they are undergirded by Circle of Trust® principles.

The components of each retreat are determined by the goal or focus of the retreat and the capabilities of the facilitator. Palmer (1998) presents one of his fundamental concepts in *The Courage to Teach*. He says, "We teach who we are" (p. 1). In retreats, therefore, "we facilitate who we are." My retreats include silence, stillness, time in nature, poetry, music, visual arts and crafts activities, walking a labyrinth, movement, journaling and other reflective writing, time alone, and opportunities to share in dyads, triads, and the large group.

My basic goals are that participants engage in various contemplative practices to increase their self-knowledge and access both vulnerability and courage. I also hope that they acquire the tools to continue their reflection and their ability to be more authentic in their personal lives and their work after the retreat.

The ability to step outside of the daily grind for a moment and reflect in a space that is safe and welcoming is profoundly valuable for people who live and work in environments that, to many, are clearly hostile. In such a safe space, healing can occur because we are able to risk the vulnerability required to reveal ourselves to ourselves, by revealing ourselves to others.

As a retreat participant, I have found myself in situations where I had to decide to be authentic and open with those of different races, genders, and spiritual belief systems. More often than not, I have taken the risk to reveal my true self. And more often than not, I have been happy that I took the risk because of the increased knowledge I gained by doing so. However, we all have different backgrounds and experiences, and what might feel safe enough for me to take the risk, might not feel safe enough for someone else. That is

one reason it is so important that I facilitate these retreats for faculty of color, especially Black women.

The myth of the Black superwoman is taking a heavy toll on African American women. So many of us deplete our reserves by focusing our energy on the demands of work, maintaining a household, and on caregiving for others, while neglecting ourselves. I think of the preflight safety talk we have heard so often. In case of an emergency when the oxygen bags are deployed, put your own oxygen mask on first before helping others. We hear—and often say—that we must take care of ourselves before we can take care of others because we cannot give what we don't have. Yet, when faced with the demands of daily life, these words may seem empty, unrealistic, or even selfish. However, I'm reminded of Audre Lorde's statement that "caring for myself is not self indulgence, it is self-preservation and that is an act of political warfare" (Lorde, 1988 p. 131). Many Black women are merely surviving—and often, just barely. Imagine a world where Black women are not just surviving, but are thriving. Not only does that give us the energy to make the kind of impact in the world we want, but it also sends a message to our children and friends—and that can open the way for others to thrive and impact the world, as well.

Retreats provide opportunities for the self-reflection that can help us to be true to our values and to be clearer about our direction in life. In addition to assisting us in remembering or rediscovering who and what we are, retreats can offer us the renewed energy we need to act with courage according to our own truths. We need community to know ourselves and to live according to our values. Retreats provide us with a community of people with whom we connect on a heart level—a level of honesty and trust. I contend that, given the unwelcoming, even hostile, environment in which many of us live and work, Black women cannot afford not to take advantage of the interventions that retreats can offer. Time in retreat can help us emotionally, mentally, physically, and spiritually, providing us with the creativity, courage, and stamina needed at this time in history.

## Lessons Learned

In offering retreats, I have learned some valuable lessons about living a contemplative life as a Black woman in today's world.

1. I am worthy and I am important—simply because I am on the planet. A spark of the divine exists within me, as it exists within

all things. Because of this, I need not justify my existence, my thinking, my feelings or my work. I simply own them and know they have value. And despite any racist, sexist, classist, homophobic, or other oppressive actions or statements people make, I have value. But it is up to me—with a supportive community—to remember my value and to treat myself with respect, kindness, and compassion. If I can see myself with "soft eyes," I no longer have to apologize for being myself. And standing in my truth in this way helps others to treat me with respect, as well.

2. Focus more on being than on doing. This might sound odd, but I have discovered that when I take care of my soul by engaging in the practices and the kind of thinking that allows me to carry myself in the world with a sense of connection to the divine within me, I know my worthiness and move about with courage, clarity, and compassion, and I always know the next right thing to do. Focusing on doing doesn't necessarily give me the energy or clear vision to do what is mine to do. I may end up reacting rather than responding in the best possible way. But if I focus on being my best self, my best actions naturally follow.

3. With this focus on being, I am able to trust myself and the universe. I can take responsibility for my actions and let go of blaming others. I am able to see more clearly what I am called to do in any given moment, and to give myself authentically to my work. I am able to live life on the Mobius strip, where I turn within regularly and connect with the divine in me. This guides my steps in the outer world, so that I act with compassion, clarity, and courage.

4. Keep walking; continue to take the steps I know are mine to take. I may feel alone, but I am not. Others are walking, too, and the paths we each create help make it possible for others to walk, as well.

I close with two poems, one by Lucille Clifton and one by Rumi. Each poem has an important message for Black women.

we are running
running and
time is clocking us
from the edge like an only
daughter.
our mothers stream before us,
cradling their breasts in their
hands.
oh pray that what we want
is worth this running,
pray that what we're running
toward
is what we want.
(Lucille Clifton, *Quilting: Poems 1987–1990*)

The breeze at dawn has secrets to tell you.
Don't go back to sleep.
You must ask for what you really want.
Don't go back to sleep.
People are going back and forth across the doorsill
where the two worlds touch.
The door is round and open.
Don't go back to sleep.
(Jelaluddin Rumi, *The Essential Rumi*, trans. Coleman Barks)

Clifton reminds us to be mindful about how we expend our energy in the world. If we are not careful, we may find that our efforts do not have the meaning or impact we intended. And Rumi tells us that it is important to connect with our soul regularly. I sometimes feel that if I could truly follow Clifton's and Rumi's advice—to be fully awake as I live, to slow down so that I can hear and know what I need to know, to ask for what's truly important for my soul, and to move seamlessly between my inner world and the external world, my life would be perfect.

Deep in my heart I know that I would live with freedom, joy, and abundance; I would thrive! By living this way, I would spread love everywhere I go and my life would be filled with grace. Indeed, I would share that grace with others. Offering retreats is a way for me to take a step toward sharing grace with others. I believe that by participating in contemplative retreats, Black women take steps toward experiencing that grace and feeling that their lives are perfect, too.

# References

Barbezat, D., & Bush, M. (2013). *Contemplative practices in higher education: Powerful methods to transform teaching and learning*. San Francisco, CA: Jossey-Bass.

Clifton, L. (1991). *Quilting: Poems 1987–1990* (American poets continuum series, Vol. 21). Rochester, NY: BOA Editions.

*Journal of Contemplative Inquiry, 2*(1) (2015). http://journal.contemplativeinquiry.org.

*Journal of Contemplative Inquiry, 1*(1) (2014). http://journal.contemplativeinquiry.org.

Lorde, A. (1988). *A burst of light: Essays*. Ithaca, NY: Firebrand Books.

Palmer, P. J. (2011). *Healing the heart of democracy: The courage to create a politics worthy of the human spirit*. San Francisco, CA: Jossey-Bass.

Palmer, P. J. (2004). *A hidden wholeness: The journey toward an undivided life*. San Francisco, CA: Jossey-Bass.

Palmer, P. J. (1999). *Let your life speak: Listening for the voice of vocation*. San Francisco, CA: Jossey-Bass.

Palmer, P. J. (1998). *The courage to teach: Exploring the inner landscape of a teacher's life*. San Francisco, CA: Jossey-Bass.

Palmer, P. J. (1990). *The active life: A spirituality of work, creativity, and caring*. San Francisco, CA: Jossey-Bass.

Rumi, J. (1995). *The essential Rumi*. (C. Barks, Trans.).

# Love Lessons

## Black Women Teaching Black Girls to Love

ALERO AFEJUKU, SHEILA FLEMMING-HUNTER,
AND AYO GATHING

This chapter was written by a mother and her two daughters who love each other. We believe that love denotes action and it is dynamic, necessary, and so many other things. Most of all, we believe love can be taught. Teaching love can begin at awareness of conception, so after birth, and as they grow, children can make progress in their love journey. We start by knowing that love is definable, though many suggest that it exceeds all words and definitions. Parents, grandparents, and all adults are called to be the bearers and distributors of love to children so that they in turn can pay it forward. Thus, this chapter is a work of a circle of three Black women who were taught to love, respect spirit, and love themselves; so we pay it forward.

Our experiences in our personal and professional lives have led us to the knowledge that if it were not for so many love acts and love words from our parents and many other adults in our lives we would not be so bold as to say we can teach others to love. Teaching assumes we have knowledge to impart and a method to dispense it. There is research in teaching and there are guides—some call them lesson plans, others call them syllabi. Although we have real life experience in learning and knowing love, as scholars and practitioners in the professional fields of law, medicine, and education we recognize the importance of empirical thinking and using the scientific method. So we hope to contribute to the discipline of love studies with basic knowledge about teaching love from a Black woman's perspective.

Some would ask the obvious question: Why do we have to place the handle "Black" on women and girls when we consider love; isn't love the same for all of us? We are glad you asked. In an ideal world, we might not have to place a handle, an adjective before the female designations. The reality is that in America and so many other parts of the world human identity is tied primarily to phenotypes with many strings of negative stereotypes. Such is the case for Black women, especially in America.

W. E. B. Du Bois wrote about the consequences of these stereotypes and the negative lot of Black women in America. In his essay "Damnation of Women," he wrote that Black women bore the burden of slavery and that as result of the discrimination, rape, and inhumane treatment of Black women during that period, adultery and uncleanliness were the heritage left to us (Du Bois, in hooks, 2001). Recognizing that rape distinguished our slave experience, bell hooks wrote that such violation of Black females left a traumatic impact on Black women's psyche that until today has not been sufficiently addressed. She shared that racist and sexist stereotypes started and continued after slavery and unlike other women (and men) in America, Black females are still battling these stereotypes. The negativity over these years has been so prevalent that we have built-in self-hate and not self-love in some Black girls, and some have become women who do not love themselves. This truth we have known for some time and we have understood the void and destruction that self-hate, unchecked, leaves. Feminist and womanist scholarship abounds in this area (Phillips, 2006). This chapter is an attempt to bring specificity to this scholarship by focusing on love and girls from a female African-centered worldview. Mary McLeod Bethune wrote that "love builds. . . . It is more beneficial than hate" (McCluskey & Smith, 1999).

But what is love and how do we define it? Building on Erich Fromm's work, M. Scott Peck wrote in his classic book *The Road Less Traveled* that love is "the will to extend one's self for the purpose of nurturing one's own or another's spiritual growth" (hooks, 2000). Cornering the phrase "love is as love does," Peck said "love is an act of will—namely, both an intention and an action . . . a choice" (hooks, 2000). bell hooks adds, in her seminal work on love, *All about Love*, that love builds on various characteristics: care, affection, recognition, respect, commitment, trust, honesty, and open communication. Agreeing with both Peck and hooks, we define love as a purposeful and unconditional commitment to sacrificial action for the good of another. Self-love is assumed. Love is an ongoing choice; it is all about positive and good actions. We believe that love defines and gives purpose to our lives on earth.

Using the theoretical frameworks of Africana womanism and attachment theory, we combine the philosophical with the scientific. Clenora Hudson-Weems

defines Africana womanism as "an ideology created and designed for all women of African descent. It is grounded in African culture, and therefore, it necessarily focuses on the unique experiences, struggles, needs, and desires of Africana women (Hudson-Weems, 1993). Applying Africana womanism to our work, we create an authentic and historically unique interpretation of love for and by Black women. The research included in this chapter is rooted in womanism as a perspective of social change because it is grounded in Black women's everyday experiences using everyday methods of problem solving. Womanism seeks to problem solve, looking to end all forms of oppression for all people, restoring the balance between people and the environment/nature, and reconciling human life with the spiritual dimension (Phillips, 2006). This ideology thus informs and frames the work of the chapter.

From a scientific point of view, love was originally studied as attachment. As early as the 1930s, ethnologists proved that attachment in certain animal species is innate and improves chances of survival. It was not until the mid-nineteenth century that similar hypotheses were formed regarding humans, and studies were performed to investigate these ideas further (Bowlby, 1969). The foundation of these investigations came after child psychiatrists made observations of homeless and orphaned children after World War II, citing the negative impact of maternal deprivation on development and behavior. Attachment theory is defined as the idea of the first and primary bond in a child's life becoming the basis from which all other relationships are formed (Ainsworth & Bowlby, 1991). The theory provides an explanation of how the parent-child relationship emerges, influences subsequent social and emotional development, and continues to effect relationships in adolescence and adulthood. Attachment, then, is lasting psychological connectedness between human beings, serving as an adaptive process in nature that enhances the infant's chance of survival, similar to animals.

Therefore, building on historical, clinical, and practical perspectives this chapter will help Black women who are parents and guardians build loving girls by placing love in sociological context and by providing basic information on the science of attachment and love for young Black girls. We also explore ways to identify and model love for girls through self-love. Lastly, we build on the BREATHE model discussed in earlier chapters to outline practical strategies to use as teaching tools or love lessons for everyday experiences.

Our methodology included a historical and contextual data search about Black women's love; a clinical review of scientific and evidence-based literature; examination of supported expert opinions on theories of love, attachment, self-love, and self-esteem, as well as our personal observations as psychiatrist, children's advocates, and mother/grandmother. The relevance and credibility

of all sources were considered, and numerous books, articles, and papers were analyzed. The literature review was conducted using mostly journal search engines including but not limited to: PubMed/MEDLINE, Open Access Journals Search Engine (OAJSE), and Google Scholar.

The chapter is organized in two major sections. In the first section, Ayo, a child psychiatrist, discusses the ever-changing definition of family, technology and how it affects our parental and relationship communications. Her major offerings are "small bits of free standing, clinically relevant information based on experience and observation," called "Clinical Pearls." Her goal is to give mothers and other females a knowledge base with recommendations for raising healthy, loving daughters. In the second section Alero, a mother, professor, and lawyer, uses the clinical background as a point of departure to give practical situations she calls "Love Lessons."

## Clinical Background of Love

Attachment is characterized by certain patterns of behavior that vary from childhood to adolescence, such as clinging and seeking proximity with an identified caregiver. It has been well documented that infants prefer a relationship with someone in tune with their physical and emotional signals, not just one that supplies food or spends significant amounts of time (Harlow, 1958). Caregivers that are consistently responsive, available, and emotionally intelligent can impart positive relationship behaviors such as reliability, trust, and connectedness. While this primary figure is usually the mother, other persons have assumed this role including fathers, grandparents, siblings, and friends (commonly known as extended family). These different caregivers also exhibit attachment behaviors toward the children they help to raise, including responding sensitively and appropriately to the child's needs.

For Black Americans, research has shown that the extended family is incorporated as a source of support and nurturing more often than for other races (Hall, 2007). These alternate caretakers become attachment figures for Black children, and provide an increased level of resilience. This is especially important in situations where the parents are not able to function as primary caregivers or are dealing with troubled situations. Among Black women, attachment, connectedness, and function within the mother-daughter relationship have been well documented, and such experiences are important when considering self-esteem and high-risk behaviors (Sang, 2014). These parenting experiences "teach" our Black daughters what to expect from relationships, and promote either secure or insecure styles of attachment.

Secure attachments promote the expression of emotion and communication of desires so that children will believe that they will be nurtured and basic needs provided. The caregiver acts as a "secure base" that is used for exploration, learning, and developing the necessary skills of self-protection and closeness (Mahler, 1972). Securely attached children typically have more positive views of themselves, others, and relationships. They are more comfortable with close relationships, and seek support when necessary. Studies show that attachment patterns in Black Americans vary from other ethnic groups. Cultural differences in child rearing, emotional support, and social competence impact health outcomes (Jaccard & Dittus, 2000). For example, Black girls tend to report closer, more intimate, and more secure relationships with their parents than do their Caucasian counterparts (Love, 2008). When present, this closeness in relationships has been identified as a protective factor and leads to a lower incident of behaviors that lead to sexually transmitted infections or STIs (Emerson, 2012).

Even with other family members involved, Black girls describe the mother-daughter relationship as their most important relationship, and mothers as their primary source of support (Cauce et al., 1996). But over time, changes in Black families, like all families in the United States, have diluted the importance of kinship relationships (Hall, 2007). It has become extremely difficult for Black mothers to engage and shape their children in a world where assimilation, efficiency, and effectiveness have replaced strong roots, intimacy, and kindness. How can these mothers build a foundation of humanity and compassion for future generations when the culture is shifting toward remote and/or limited interpersonal interactions? Knowing the principles underlying the creation of a securely attached parent-child dyad aids in an overall approach to parenting, but many continue to struggle with application of this information on a daily basis. Using a scientific perspective and framework, this section will delineate the role a Black mother plays in teaching her daughters how to love themselves and others.

In the field of medicine, observations or experiences gained over time are relayed to other clinicians. These data, while not based on scientific method, are known as "clinical pearls" and have an important role in imparting knowledge to other doctors. "Clinical Pearls" are defined in medical literature as "small bits of free standing, clinically relevant information based on experience or observation." The methodology for Clinical Pearls outlined in this work were developed as a result of research about and observations of the complexities in the formation of attachments and a foundation of healthy self-esteem in Black girls. These ideals will be used to provide a knowledge base for Black mothers raising healthy and functional daughters. While each family is unique, there are

circumstances that apply to most relationships between mother and daughter. Exploring these situations can provide strategies for everyday life experiences, providing teaching tools for creating a loving child.

## Clinical Pearls

### Clinical Pearl 1: Set Limits and Maintain Appropriate Boundaries

Setting limits can be described as establishing the parameters surrounding desirable and acceptable behavior. As a parent, setting limits defines expectations of the child and creates boundaries regarding reasonable behavior. This process shows that you care about your child's actions, thus, you provide structure for her. While children will test limits and push boundaries at times, it decreases anxiety overall to know that they have an attentive and responsive caregiver. An important aspect of limit setting is to be consistent with expectations as well as consequences; if things seem unpredictable or insignificant a child will feel in control and ignore further instruction.

It is well documented that Black mothers utilize parenting strategies that are considered controlling, restraining, and punitive in comparison to normative culture (McMurty, 2013). These practices have been described as harmful and hindering by some, and are often frowned upon in today's society. However, research has shown that this authoritarian approach has been associated with favorable outcomes in their adolescent daughters, especially in adverse environmental conditions (Tyler, 2012). Because of cultural differences in perception of authority figures, Black girls see this style as attentive and caring and not controlling and undermining (Tyler, 2012). It is important, however that mothers maintain a sense of sensitivity and nurturing while setting these limits for their daughters—reinforcing a feeling of connection. Such connections are borne out in research related to adolescent behaviors and the close bond between Black mothers and their daughters; the research suggests that this connectivity promotes Black daughters' own planning for the future, limit setting, and communication leading to healthier outcomes overall (Jaccard & Dittus, 2000).

Maintaining limits also applies to the parent figure. A mother's relationship with her daughter should have clear boundaries, as lapses will lead to misinterpretations in the relationship. This includes demanding respect at all times, no inappropriate exposure to adult subjects or language, and limited discussion or involvement in adult personal matters. Black families have contended with the concept of parentification within the household. Parentification refers to a dynamic in which parents turn to children for emotional support, and the

parent's needs and expectations exceed the child's capacities (Boszormenyi-Nagy & Spark, 1973). The parent ignores the child's developmental needs, or expects nurturance but does not give it reciprocally (Chase, 1999).

This phenomenon can be seen in numerous family disruptions such as divorce, job loss, or parental mental illness. If this dynamic is maintained over time, it can be particularly detrimental to the growth and emotional maturation of the youth and eventually lead to engagement in risk-taking behaviors. For example, when compared to other ethnic groups, Black girls tend to initiate sex earlier, report higher rates of sexual activity during adolescence, and they account for the highest rates of certain sexually transmitted diseases. In Black families with strong mother-daughter relationships and healthy boundaries, girls engage in less risky sexual behaviors and make more healthy choices in comparison to their peers with a disconnected mother-daughter dyad (Emerson et al., 2011.) These positive behavioral choices are a result of the positive effect of mother-daughter connectedness on self-esteem and future orientation.

In order to strengthen the development of self-esteem in her daughter, a mother must exemplify the value of who she is and that she respects and likes herself. A secure mother does not demean herself or allow others to demean her, and forbids the child from witnessing her participation in dangerous or unhealthy relationships. *Modeling self-love* and appropriate boundaries in relationships allows her daughter to trust her and know that she is in capable hands to build her own personality and identity. This is not only true for romantic relationships, but also in relationships with friends and family members. When a daughter has seen her mother maintain her sense of self and function well with others it sets a precedent for her to be genuine and demand respect when she relates to others. Remember, love is as love does.

## Clinical Pearl 2: Promote an Environment of Open Emotional Expression and Model Effective Communication

Teaching *healthy communication* of emotions should start in the early childhood years and should begin with open expressions of feelings in the household (Cassidy, 1994). Acknowledging positive and negative emotions in an effective manner teaches emotional regulation; thus, your daughter is not forced to act out how she feels because her feelings have been invalidated. Addressing and allowing discussion of her emotions promotes further verbal communication in your daughter before she is pushed to act out her feelings in unhealthy ways. Studies of Black mothers and their children show that as emotional supportiveness increases, positive behaviors and coping increases in the daughters (Cunningham et al., 2009). Interestingly, Black Americans report that the display

of negative emotions, specifically disgust and sadness, is less acceptable than other cultures (Matsumoto, 1993). Therefore, Black mothers should allow their daughters to express a wide range of emotions in ways that are comfortable, as it decreases negative behaviors and prevents suppression of feelings. Suppression of negative emotions often leads to depression and anxiety. Young girls need to be reassured that their thoughts and ideas are welcome, and that they will not be criticized for honesty. Mature communication is fostered by modeling open expression in the home with use of appropriate language, promotion of descriptive terms, discussions of daily experiences, and limiting use of profane or vulgar words.

Mothers should control their own emotions to prevent modeling unsuitable behaviors and avoid appearing erratic or unpredictable. This requires having *patience* with children during difficult situations such as tantrums, broken rules, and frustration. Acting-out behavior may still occur, but should be addressed verbally to connect feelings with words and not actions. Acting-out behavior can look different across the span of childhood, from tantrums in toddlers, and crying, silence, and pouting in older children. As young children have yet to grasp abstract thinking and have not mastered inference in speech, telling a child *"I love you"* in those exact words is necessary to relate that exact idea. This means they are not able to read between the lines, or attribute different meaning to your words than what they actually say. Being affectionate with children is necessary to strengthen feelings of security and develop comfort with intimacy, but actually stating to a child that they are loved emphasizes the importance of verbal communication of emotions.

Loving feelings should also be demonstrated to children by physical touch such as hugs, kisses, and other actions. Studies show that Black women are less likely to use physical warmth and positive touch with their daughters (Kreider & Elliot, 2002) but such actions have been documented to have numerous positive effects in relationships. *Positive touch* augments the bond between mother and daughter by modeling appropriate ways to communicate emotions in a nonverbal manner. Positive touch stimulates pressure receptors under the skin which decreases stress hormones, boosts the immune system, and lowers depression (Field, 2014). It is important that Black mothers are aware of this hindrance and try to use positive touch to express loving emotions to their daughters even if it doesn't come naturally. Warmth in the relationship with their mothers is related to positive outcomes such as high self-esteem, fewer psychological and behavioral problems, and academic competence in Black girls. Just one hug per day has been shown to provide positive outcomes (Kreider & Elliot, 2002).

*Clinical Pearl 3: Give Focused Attention and Impart Appropriate
Problem-Solving Skills*

One of the most significant approaches to building a child's self-worth and good health is to pay attention to them and spend *quality time.* Newborns demand attention as they possess limited self-preservation skills; parents and caregivers are forced to be aware of their needs, likes, and dislikes because of crying or other behaviors that require consideration. As children develop, they acquire additional abilities and become more functional beings (Mahler, 1972). Skill acquisition allows children to become more independent, but that does not mean that they do not require nurturing and attention. Older children need *focused attention* and *guidance* in order to learn appropriate behavior, develop a moral compass, and to confirm that they have a purpose in the world. Attention from caregivers early in life aids in the development of significance and meaning. When parents do not take an active interest in each individual child it leads to thoughts that no one will care about them or, even worse, that they are not worthy of love.

In a recent study, Black women were about half as likely as white women to be stay-at-home mothers, while the odds for women of other races did not differ from those of white women (Kreider & Elliot, 2010.) Working outside of the home often means that Black mothers are less available to their children during awake hours. It is especially important for Black mothers to find opportunities to spend quality time with their daughters and provide focused attention. Focused attention is not simply being present or physically in the room with your child, and is no easy feat. With society moving more toward impatience and convenience, it seems perfectly acceptable, for example, to spend your "quality time" with your child and cook dinner at the same time. But when your little one is attempting to show you her brilliant yet undefinable drawing and the timer on the meat goes off at the same time, which do you think will take priority? When you have designated a time and place for spending quality time with your daughter, make sure to limit distractions and/or interruptions. Use these moments to listen to your child and model appropriate behaviors, and correct any ideas or behaviors that may be problematic. This aids in helping your daughter determine appropriate problem-solving skills for herself.

Problem solving is a mental process that involves discovering, analyzing, and coming up with solutions to challenges. It is a mature and higher order function, and involves overcoming obstacles and finding a solution that best resolves an issue. Appropriate and effective problem solving can be seen in a

number of different situations, and can be modeled by mothers in everyday situations such as co-parenting, navigating difficult experiences (such as job loss or homelessness), and resolution of conflict. When you have designated a time and place for spending quality time with your daughter, make sure to limit distractions and/or interruptions. Use these moments to listen to your daughter, model appropriate behaviors, and correct any ideas or behaviors that may be problematic. Children do what they see and what they are told, so it is important that mothers handle setbacks in a responsible manner to impart problem-solving skills. When problems are handled in a suitable manner that adheres to social norms, it elicits proper conduct in a child (Torry & Billick, 2011).

## Clinical Summary

As a Black mother, playing an active role in shaping your daughter's conduct and belief system is a major responsibility, which is often challenging. Purposeful decision making, consistency with quality time, and an unconditional commitment to providing your daughter's needs is an immeasurable sacrifice, but is the basic duty of parenting. These ideals may seem simple enough on paper, but to live by these principles on a day-to-day basis while dealing with the exciting and tumultuous journey of life can pose significant challenges. In an effort to assist and support Black mothers and daughters in building strong and connected relationships, we have provided a new framework for how to think about and approach the parenting role. There are endless self-help books, articles, and blogs out there regarding parenting and how to interact with your child. There are even more sources teaching parents how to discipline children effectively or guide them through developmental milestones. But few of these resources, if any, explore a direct process for modeling love for your child and, as a result, teaching your child how love looks and feels. This section acts as a guide in the journey of teaching Black mothers and other caregivers how to love the Black girl in their life, and to teach them how to love others.

Having presented the clinical background on how Black mothers can be more effective in raising their daughters to love themselves and others, in the next section we will reinforce what was conveyed in Clinical Pearls with the exploration of practical situations and everyday scenarios. These "Love Lessons" are principles that can be used on a daily basis to ensure that you are effectively teaching your daughter how to love.

# Love Lessons

A mother serves several roles in the life of her daughter: director, supporter, counselor, advisor, spiritual leader, disciplinarian, protector, and provider; but, most importantly she is her daughter's learning model. As the first woman a daughter will have an intimate relationship with, mother is her first teacher. Through actions, guidance, and reminders, she instills important virtues and life lessons that she will carry into adulthood. Just as you will face daily challenges and tasks related to nurturing her physical needs, you will be presented with the opportunity to implant social and psychological values related to the love of herself and others. Listed below are daily love lessons that may guide you as you teach your daughter the powerful effect of love.

*Teach Your Daughter She Is a Spiritual Being*

As we begin the life lessons related to teaching about love, we start with addressing the ultimate love (*agape*), the love of a higher power. Support your daughter's journey by providing her a spiritual foundation. Instill a belief that she lives in the spirit and the spirit lives in her, in fact she is a spiritual being. Whether you have traditional religious beliefs or subscribe to unconditional principles, your daughter will be well rounded if you satiate her spiritual, mental, and physical needs.

Express the day-to-day values of spirituality. For example, the day, a meal, or bedtime can begin (or end) with a prayer, a scripture, or a daily affirmation. Family is the primary source, for most children, for religious and spiritual socialization (Gutierrez, 2014, p. 779). In fact, mothers have the greatest positive effect on religious commitment and values. Start laying a foundation for spirituality by introducing it to your daughter as early as you can. Use daily events to teach spirituality, stress the spiritual side of holidays, teach prayers and songs you enjoy, and tell allegories that relay spiritual principles. It is also a good idea to join a faith community. Research shows that youth who attend worship services with one or both of their parents have a greater sense of their psychological well-being and later experience greater relationship commitment (Petts, 2014, p. 759). Providing a spiritual experience can positively affect your daughter's life experience for years ahead.

*Teach Your Daughter Her Heritage*

Shape your daughter's attitude and understanding about the impact of race and culture using specific positive messages, and address how to overcome adversity.

Research shows that a strong connection to *racial identity* is directly linked to girl's positive self-esteem (Hesse-Biber, 2004, p. 58). Discuss particular examples of Black women in history and her family that have achieved success or overcome hardship. Studies show that not only teaching your daughter about cultural pride and history but having open discussions about racial barriers in society can have a positive effect on grades and academic performance (Banerjee, 2009). In addition, evidence suggests there is a positive correlation between cultural socialization, student competence, and confidence in interacting with peers (Hughes, 2003, p. 32). Teaching your daughter who she is and where she comes from will lead to a long-lasting self-image in a global world.

## Teach Your Daughter Self-Confidence

As indicated in the "Clinical Pearls," self-confidence, or self-esteem, is an important attribute for your daughter to possess on her road to love and social happiness. Self-confidence is driven by the concept your daughter has of herself. That concept can begin with pivotal nuggets you instill day by day and word by word. In essence, you must act and speak positively to develop self-confidence in your daughter. Let your daughter see you laugh, smile, and be happy. (Latham, 2008, p. 2). It may be that you are not happy; but try to provide a positive environment for your daughter. Much of self-esteem building relates to positive interactions, and since children often mirror their parents' feelings, create laughter and encourage your daughter to laugh at herself. A healthy ability to find the humor and make light of quirks or difficulties will ensure your daughter doesn't take things too seriously.

Say and do things that let your daughter know you think highly of her. Build her up by creating *positive verbal interaction* (Markham, 2013, p. 1). Tell your daughter when you observe something positive. You may say, for example, "The way you resolved that issue with your brother shows me how much you are maturing." Go out of your way to take the time to share positive affirmations.

Help your daughter create a positive inner voice by promoting positive self-talk (Britton, 2007, p. 1). You can start out with something as simple as having her say every day, *"I love me."* Graduate to periodically having your daughter stand in front of the mirror and pick the ten things she likes most about herself. These things can be physical characteristics, personality traits, or abilities. Learning to love herself for the features and traits she was born with, not the ones she is lacking, will teach her how to ego trip! (Hughes, 2013, p. 1). And, when she does face outside or inside criticism, teach your daughter to make *positive self-statements*. The way she talks to herself about

adversity will determine the way she feels internally. Encourage her to make statements like, "I didn't win the match today; but, I still have two matches left that I can win," or, "Although Tyrese didn't speak to me today, I am still pretty awesome." The power of positive self-talk will disrupt negative thinking and help your daughter *navigate criticism.*

Utilize cultural and ancestral history to teach your daughter that Black is beautiful; her Black is beautiful; and that there is no one way to be a Black woman. Celebrate the beauty of her skin and hair, emphasizing the legacy of her *African ancestors* and the significance of blackness in pop culture today. Share positive images of Black women such as Mary McLeod Bethune, Soledad O'Brien, Josephine Baker, Madame CJ Walker, Cathy Hughes, Eleanor Holmes Norton, or Michelle Obama (Grills, 2013, p. 7). Discuss their beauty and their accomplishments. Use family scrapbooks to show her women in the family that you find beautiful. Let her know these are her ancestors and she is just as beautiful.

Promote your daughter's self-confidence by allowing her to develop interests and talents that bring her joy. When your daughter excels at these interests, she will be rewarded with outside praise and take pride in her accomplishments. In addition, encouraging her to hone her talents will encourage her to be independent, build self-esteem, and promote academic success (Massoni, 2011, p. 85). In a study done by the United States Department of Education, it was revealed that students who participate in extracurricular activities are three times more likely to have a grade point average of 3.0 or higher. This is higher than students who did not participate in extracurricular activities, regardless of their previous background or achievements. Not only will these interests boost her self-confidence and academic success, but they can also change teacher perception and nurture positive adult attachments, which will improve your daughter's complete education experience.

*Teach Your Daughter to Be Self-Sufficient*

With the growth of self-confidence, your daughter should understand she is phenomenal and a joy to be around. She should also be just as happy spending time by herself. If your daughter is self-sufficient, she will be secure and content with herself. She will feel inner completeness and be satisfied with her total well-being (Taylor, 2013, p. 1). When she is young, create times she can play alone or be silent for a certain period of time. As she grows older, there will be more available opportunities. Encourage her to have alone time by creating a space she can enjoy herself: a section of the house, her room, or even a special corner. During that time, she should unplug from social media,

the telephone, and other forms of communication. This alone time promotes the level of reflection encouraged in the BREATHE model. As an activity, suggest she write in a journal where she can share her thoughts, dreams, or desires or listen to music. This process will show her she doesn't need others around her to feel good about herself.

## Teach Your Daughter to Advocate for Herself

While we have shared the power of her internal voice, it is also important that your daughter learns to speak up for herself around others. As a Black woman in America, your daughter may face disadvantages in the school environment, in the workplace, and even at home. The statistics related to economic security, equal access to educational opportunities, and dating violence show that discrimination against Black women in America is occurring at alarming rates (The Leadership Conference Education Fund, 2014, p. 2). In addition, images on social media and the news paint vivid pictures of injustices Black women face, many times without resistance.

Teach your daughter that she must take personal opportunities to speak up for herself, whenever possible. Inform her that she is her own best advocate, but only when she displays control and thinks about her goals. A great deal of advocacy involves thinking, exhibiting poise, asserting what you want, and asking for help when necessary. Discuss times when you have had people take advantage of you, speak over you, or even do something unacceptable. Share your feelings, what you did that you wished you had not done and how the situation could have been better. For example, you may express, "There was a time I dated a man in college that I allowed to take off my clothes when I knew I wasn't ready," or, "Once my boss made a joke about the size of my butt that made me uncomfortable," or, "My supervisor gave credit to my co-worker during a meeting for work I had done." Ask her for solutions. Then give her suggestions for solutions. You may also create scenarios she may encounter and role play with her. Examples for scenarios could relate to a teacher that gives her the wrong grade, a classmate that makes a racist remark during a discussion about police officers, or a boy that makes her feel uncomfortable on a date.

In addition, teach her that she is a leader and that just like many other Black women that have led families, communities, and fights for social justice, she can too. Share with her the stories of people such as Harriet Tubman, Sojourner Truth, Dorothy Height, and Marian Wright Edelman. Ask her to discuss her feelings related to the problems they faced and opposition. Providing her with proper examples of advocacy can help your daughter in many social situations.

*Teach Your Daughter the Joy of Relationships with Others and How to Establish Healthy Boundaries*

Although we have spent a great deal of time discussing self-esteem and the importance of being alone, there are significant benefits to healthy friendships and romantic relationships (Rubin, 2004, p. 1). As indicated earlier in the BREATHE model, who a woman associates with affirms and encourages her wellness. This will allow her to sharpen interpersonal skills, independence, self-confidence, decision making, and deepen outside perspectives. Teach your daughter the importance of being and having good friends. Encourage her to organize and/or participate in a sister circle. Talk with your daughter about your good friends; the traits you admire in them and the actions they have taken that make them a good friend. For example you can say, "Asha makes me laugh when my heart is breaking and has stopped me from doing really silly things, like driving when I have been drinking alcohol." By describing to her what a good friend should be like, she will seek out deep connections as well.

Coach her on stepping outside of her comfort zone to interact with her peers. Once she develops friendships, talk with your daughter about negative feelings, problems, or different social situations. But, do your best to refrain from getting involved in conflict, as an advantage to friendship is working through daily conflict (Rubin, 2004, p. 2). If you notice your daughter is experiencing a bump in her friendships, discuss with her how to repair her friendships with minimal negative consequences. Make her feel comfortable with using the words *no* or *sorry* and explain to your daughter when walking away from a friend is necessary (Boyes, n.d., p. 2). But, overall you should step in when you know she *is* experiencing negative influences beyond her control. Since you are the parent, you have the right to extract her from a bad situation.

*Teach Your Daughter about Romantic Love*

Most parents want their children to have happy long-term relationships, even if they themselves have not had success in them. Do your best to model healthy relationships. This will play a major role in her view on relationships. As a mother, you should share with your daughter as much as you can about your positive experiences and your challenges with love. Take the time to sit down and discuss your belief on romantic relationships, your experience, and how love should make her feel. Remind her that she doesn't have to change herself for any relationship, and that any male would be lucky to have her. Highlight that relationships should involve joy, trust, respect, and love, and they should not be physically, mentally, or sexually abusive (Kaeser, 2011, p. 1). Just as

you would describe a positive interaction, expound on the characteristics and warning signs of someone with bad intentions. What may masquerade as love for your daughter may be a bad encounter to you. For instance, you could say, "In the past I have had friends that had boyfriends that called several times a day, required her to tell him where she was going and got really angry when she talked to another man. I think that is controlling behavior that may turn into abuse. What do you think?" Giving your daughter a holistic view of relationships will help her make better decisions about the males or significant others she chooses to date.

When the time is right, explain your thoughts on the time frame governing when sex should enter the relationship and the mistakes or right choices you have made concerning sex. For example you may say, "I believe you should wait until marriage to have sex, which is what your father and I did," or, "When I was seventeen years old I dated a boy for two years before we had sex. I loved, respected, and trusted him when we did and it was exactly what I wanted." Allow your daughter a chance to express her feelings and ask questions, while listening with an open mind. Any time she expresses her feelings, do your best to stay calm and use the discussion as a teachable moment. Most importantly, provide a continuum for conversation (Kaeser, 2011, p. 1). However, just as you would with friendships, instruct your daughter on setting boundaries in romantic relationships. And whenever necessary, step in to end situations beyond her control in this arena as well.

*Teach Your Daughter Social Awareness and Respect for Others*

As a Black female in America, your daughter should not only realize her ancestral roots, but also the plight of people who look like her in today's society. Open her mind about recent issues related to blacks, women, and adolescents in this country. Expose her to people of different socioeconomic levels, race, or age by attending cultural, community, and entertainment events. For example, you may make it a yearly tradition to volunteer at a homeless shelter every Thanksgiving, attend a season of performances by the local ballet, or allow her to volunteer at a sporting event. Providing encounters outside of the norm will open her mind to the global world.

*Teach Your Daughter the Benefits of Altruism*

Just as it is important she understands herself in relation to her ancestors and the world around her, she should also understand that no matter the circumstance, she is blessed. Research indicates that altruistic children have at least

one parent that encourages altruistic values (Carter, 2010, p. 1). As a result, you should teach your daughter the benefits of helping others by being kind and coaching her on *giving back* to the community. Start by modeling the behavior: volunteer at her school, help someone at church, or even participate in a drive during the holidays. By seeing you help others, she is more likely to follow the same path. Developing a spirit of altruism in your daughter will give her the opportunity to extend beyond herself, to relate to different people and make her a loving global citizen.

## Teach Your Daughter to Dream

Allow her to *dream* big and dream often. When she is a young child, you can help your daughter dream by creating a space that inspires imagination and fairytales during play time. Arouse her imagination by introducing descriptive stories, then encouraging her to make up her own. Studies show that there are cognitive and social benefits to imaginative play in younger children (Kaufman, 2012, p. 1). This will also begin a lifelong affair with imagination and dreams.

William Arthur Ward said "If you can imagine it, you can achieve it; if you can dream it, you can become it." Share similar quotes with your daughter and ask her to convey her dreams. You can advance the BREATHE model by setting upon a path to achieving goals. Give your daughter a journal where she can record her dreams and revisit them. Where her goals are achievable, begin to focus her by asking her to develop measurable long and short-term goals, create achievement strategies, and target dates for attaining goals (Smoll, 2013, p. 1). If her goal seems out of reach, suggest she research her ideas or direct her to a person that can help her. Stimulate attainable dreams for your daughter and provide support.

## Teach Your Daughter Resilience

Yes, she is awesome, she is a dream realized, but she will face adversity and failures, and how your daughter handles failure is almost as important as her dreams. Empower your daughter, as the BREATHE model encourages, by putting failures into perspective. Let her know struggle, disappointments, and setbacks are a way of life and a natural part of the way to success. Instead of allowing her to tie her failures into her self-worth, help her view her failures as an opportunity to learn (Latham, 2008, p. 3). Have a discussion about what caused the failure and ways in which she can improve. Offer examples of people such as Maya Angelou, who suffered considerable adversity and failure before becoming the successful poet laureate we came to know. Moreover, share

a time with her when you failed, but kept going. Resilience and perseverance are key qualities for life and love.

## Conclusion

Love is teachable; it can be taught. Love is real and not some misty-eyed thing that no one can attain. Love is not about being perfect or superhuman. Love is about a heart, a persona, a brightness in the dark. Love is contagious and it can change minds and hearts for the good. And yes, it is a spirit. Most of all love is actionable for the benefit of self and others. In order to teach love we first have to possess a spirit of love, because spirit is the foundation of self-love. We all have that something inside of us that speaks to who we are and helps us to see and take the high road. Yes, love is the road less traveled. The world needs more love travelers; travelers who know and possess the spirit of love and its offspring, self-love. The world needs more Black women who know love to disperse love to their children, especially her daughters.

## References

Banerjee, M., Harrell. Z., & Johnson., D. (2009). Racial/Ethnic Socialization and Parental Involvement in Education as Predictors of Cognitive Ability and Achievement in African American Children. *J Youth Adolescence, 40*(5), 595–605.

Boszormenyi-Nagy, I., & Spark, G. M. (1973). *Invisible loyalties: Reciprocity in intergenerational family therapy.* New York, NY: Harper & Row.

Bowlby, J. 1969. *Attachment. Attachment and Loss: Vol. 1. Loss.* New York, NY: Basic Books.

Boyes, A. (n.d.). 9 essential psychological skills parents need to teach their children. Accessed July 30, 2015, at www.aliceboyes.com/childdevelopment/.

Britton, K. (2007). Self-talk: A positive intervention under construction. Accessed July 30, 2015, at http://positivepsychologynews.com/news/kathryn-britton/20070407103.

Carter, C. (2010). Five ways to raise kind children. Accessed July 30, 2015, at http://greatergood.berkeley.edu/raising_happiness/post/five_ways_to_raise_kind_children.

Cassidy, J. (1994). Emotion regulation: Influences of attachment relationships. *Monographs of the society for research in child development, 59*(2–3), 228–249.

Cauce, A.M., Hiraga, Y., Graves, D., Gonzales, H., Ryan-Finn, K., & Grove, K. (1996). African-American mothers and their adolescent daughters: Closeness, conflict, and control. In B. Leadbeater & N. Way (Eds.), *Urban girls: Resisting stereotypes, creating identities* (pp. 100–116). New York, NY: New York University Press.

Chase, N. (1999). An overview of theory, research, and societal issues. In N. Chase (Ed.), *Burdened children* (pp. 3–33). New York, NY: The Guilford Press.

Cunningham, J. N., Kliewer, W., & Garner, P. W. (2009). Emotion socialization, child emotion understanding and regulation, and adjustment in urban African American families: Differential associations across child gender. *Development and Psychopathology, 21,* 261–283.

Emerson, E., Donenberg, G. R., & Wilson, H. W. (2012). Health protective effects of attachment among African American girls in psychiatric care. *Journal of Family Psychology : JFP : Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, *26*(1), 124–132.

Field, T. M. (2014). *Touch in early development.* New York, NY: Psychology Press.

Gergely, G., & Watson, J. S. (1996). The social biofeedback theory of parental affect-mirroring: The development of emotional self-awareness and self-control in infancy. *The International Journal of Psychoanalysis, 77* (pt 6), 181–212.

Grills, C. (2013). On dark girls, The Association of Black Psychologists. Accessed July 30, 2015, at http://www.abpsi.org/pdf/Dark_Girls_ABPsi_ARTICLE_ JUNE_23_2013_Dr%20Grills.pdf.

Guiterrez, I., Goodwin, L., Kirkinis, K., & Mattis, J. (2014). Religious socialization in African American families: The relative influence of parents, grandparents, and siblings. *American Psychological Association. Journal of Family Psychology, 28*(6), 779–789.

Hall, J. C. (2007). Kinship ties: Attachment relationships that promote resilience in African American adult children of alcoholics. *Advances in Social Work, 8*(1), 130–140.

Harlow, H. F., & Zimmermann, R. R. (1958). The development of affectional responses in infant monkeys. *Proceedings of the American Philosophical Society, 102*(5), 501–509.

Hesse-Biber, S., Howling, S., Leavy, P., & Lovejoy, M. (2004). Racial identity and the development of body image issues among African American adolescent girls. *The Qualitative Report, 9*(1) (March), 49–79.

hooks, b. (2000). *All about love: New visions.* New York, NY: Harper Perennial.

hooks, b. (2001). *Salvation: Black people and love.* New York, NY: Harper Perennial.

hooks, b. (2002). *Communion: The female search for love.* New York, NY: William Morrow.

Hudson-Weems, C. (1993). *Africana womanism: Reclaiming ourselves.* Troy, MI: Bedford.

Hughes, D. (2003). Correlates of African American and Latino parents' messages to children about ethnicity and race: A comparative study of racial socialization. *American Journal of Community Psychology, 31*(1/2) (March), 15–33.

Jaccard, J., & Dittus, P. J. (2000). Adolescent perceptions of maternal approval of birth control and sexual risk behavior. *American Journal of Public Health*, *90*(9), 1426–1430.

Kaeser, F. (2011). *What your child needs to know about sex (and when). A straight talking guide for parents.* New York, NY: Celestial Arts.

Kaufman, S. (2012). The need for pretend play in child development. Accessed July 30, 2015, at https://www.psychologytoday.com/blog/beautiful-minds/201203/ the-need-pretend-play-in-child-development.

Kreider, R. M., & Elliott, D. B. (2010). Historical change in stay at home mothers 1969–2009. Fertility and Family Statistics Branch, U.S. Census Bureau. Washington, DC: Government Printing Office.

Latham, G. (2008). Building self-esteem. Retrieved July 30, 2015, from Free Online Course Materials—USU OpenCourseWare website: http://ocw.usu.edu/Family__Consumer_____Human_Development/oer-power-of-positive-parenting/power-of-positive-parenting/Building_Self-Esteem.html. *Proceedings of the American Philosophical Society, 102,* 501–509.

Markham, L. (2013). 4 easy ways to build self esteem when talking to your child. Accessed July 30, 2015, at www.psychologytoday.com/blog/peaceful-parents-happy-kids/201306/4-easy-ways-build-self-esteem-when-talking-your-child.

Massoni, E. (2011). Positive effects of extra curricular activities on students. *ESSAI, 9,* Art. 27, 84–87.

Matsumoto. (1993). Ethnic differences in affect intensity, emotion judgments, display rule attitudes, and self-reported emotional expression in an American sample. Motivation and Emotion, 17(2), 107–123.

McCluskey, A. T., & Smith, E. M. (1999). *Mary McLeod Bethune: Building a better world.* Bloomington, IN: Indiana University Press.

McMurtry, S. L. (2013). Parenting style differences in Black American and White American young adults. *Dissertations.* Paper 194.

Petts, R. (2014). Family, religious attendance, and trajectories of psychological well-being among youth. *Journal of Family Psychology, American Psychological Association, 28*(6), 759–768.

Phillips, L., ed. (2006). *The womanist reader.* New York, NY: Routledge.

Rubin, K., Dwyer K., Kim, A., Burgess, K., Booth-Laforce, C., & Rose-Krasnor, L. (2004). Attachment, friendship, and psychosocial functioning in early adolescence. *The Journal of Early Adolescence, 24*(4) (Nov. 1), 326–356.

Shadow report of The Leadership Conference Education Fund and The Leadership Conference on Civil and Human Rights with the Lawyers' Committee for Civil Rights Under Law and the National Association for the Advancement of Colored People (NAACP) (2014). Falling further behind: Combating racial discrimination in America. Accessed July 30, 2015, at http://www.civilrightsdocs.info/pdf/reports/CERD_Report.pdf.

Taylor, S. (2013). Self-sufficiency: An essential aspect of well-being. Accessed July 31, 2013, at https://www.psychologytoday.com/blog/out-the-darkness/201303/self-sufficiency-essential-aspect-well-being.

Torry, Z. D., & Billick, S. B. (2011). Implications of antisocial parents. *Psychiatry Quarterly, 82*(4), 275–285.

Tyler, D. H. (2012). Parenting patterns in urban African American families: Raising healthy adolescents in the context of economic hardship and community violence. *College of Science and Health Theses and Dissertations.* Paper 10.

# Transformative Mental Health for African American Women

## Health Policy Considerations

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### Introduction

Each year approximately 83,000 African Americans die as a result of poor health outcomes primarily related to health disparities; and as a nation we are spending an estimated $300 billion because of these disparities—$82.2 billion due to direct health care expenditures and loss of productivity (Satcher et al., 2005; Suthers, 2008; LaVeist, Gaskin, and Richard, 2011; Dawes, 2014). These statistics provide only a sketch of a monumental problem that is multifaceted and arcane, especially when the social[1] and physical determinants of health are considered. Indeed, the health disparities confronting other vulnerable populations are many and varied. Nevertheless, vulnerable populations may experience symptoms of health problems that are undiagnosed, underdiagnosed, or misdiagnosed in part because of a combination of various cultural, linguistic, sociopolitical, environmental, economic, or historical reasons. Oftentimes, these health disparities result from laws and policies that fail to meaningfully assess the impact to health equity among vulnerable populations.

Efforts to eliminate racial and ethnic health disparities were initiated by the Heckler Report in 1985. This report led to the passage of the first federal legislation intended to tackle issues impacting minority health, the Disadvantaged Minority Health Improvement Act of 1990 post reconstruction (Dawes,

2016). Ten years later, as a result of the increased research around racial and ethnic health disparities, another more comprehensive legislation addressing minority health and disparities was signed into law, the Minority Health and Health Disparities Research and Education Act of 2000. Interestingly, this bill was informed by a landmark report that was released a year prior—*Mental Health: A Report of the Surgeon General*, which urged more attention to racial and ethnic disparities, diversity, and cultural competence.

In 2001, the William J. Clinton administration released a supplement to the Surgeon General's report, *Mental Health: Culture, Race, and Ethnicity.* That report showed significant disparities in access to and availability of mental health services by race and ethnicity, and that racial and ethnic minorities experience a disproportionately high disability burden from unmet mental health needs. Minorities showed higher levels of tobacco use and less access to necessary mental health services compared to white members of the population. The report emphasized the role that cultural factors play in mental health, and showed the necessity of programs to deliver culturally, linguistically, and geographically accessible mental health services. Another major report, one that was mandated by the Minority Health and Health Disparities Research and Education Act of 2000, was promulgated by the Institute of Medicine (IOM) in 2002, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health* (Smedley et al., 2002), which highlighted the mounting evidence of a myriad of issues concerning access to health care services, quality of care received, and improvement in health outcomes among different groups. Collectively, these two reports proved highly impactful by laying the foundation for recommendations made two years later when the New Freedom Commission on Mental Health, which was established by President George W. Bush, released its report, *Achieving the Promise: Transforming Mental Health Care in America*. This 2003 comprehensive mental health report documented the disparities that were experienced by racial and ethnic minorities in the mental health system and made recommendations for addressing them effectively.

Furthermore, since 2003, the Agency for Healthcare Research and Quality (AHRQ) has released its annual National Healthcare Disparities Report (AHRQ, 2012), indicating that the United States health care system is designed to improve the physical and mental well-being of all Americans by preventing, diagnosing, and treating illness and by supporting optimal functioning. However, health disparities continue to exist and our system of health care distributes services inefficiently and unevenly across populations. As a result of these reports and other previous reports, the Obama administration went even farther in addressing health disparities when it enacted the Patient Protection

and Affordable Care Act in 2010—the most comprehensive bill ever passed by Congress intended to steer the United States toward health equity.[2]

In 2016, approximately five years after the passage of the Patient Protection and Affordable Care Act, similar multidimensional problems still exist, which continues to heighten the conundrum for multidisciplinary professionals in search of promising and innovative approaches to reduce and ultimately eliminate disparities in health status, care, and treatment. Addressing the multifaceted health and mental health needs of the United States population is a complex issue that warrants attention from clinicians, researchers, scientists, public health professionals, and policymakers that can offer unique perspectives and strategies to support efforts for greater well-being among individuals. With growing diversity, it is imperative that we delineate strategic health policies, focused community-based programs, and innovative multidisciplinary research that includes an examination of evidence-based models that may improve individuals' longevity and quality of life. These issues have particular relevance for vulnerable and high risk populations, including African American women. Our chapter will provide a contextual framework for offering understanding about key issues to promote health/mental health and wellness among African American in general, and African American women in particular.

## African American Women and Mental Health

Mental health issues affect a significant portion of the U.S. population, with an estimated sixty million Americans experiencing mental health conditions every year (NAMI, 2013). Mental health is defined by the U.S. Department of Health and Human Services as "the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity" (DHHS, 2001). According to the World Health Organization it is "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2014). Mental and behavioral health issues are a growing area of interest in public health, particularly for many ethnically and culturally diverse populations. Gaining greater understanding about the various psychosocial, sociocultural, and environmental factors that may influence mental and behavioral health issues for African American women is imperative to help elucidate its significant impact on the overall health and wellness of this population. Several health disparities already

plague the African American community when compared to other ethnicities; mental illness and the lack of care only add to these disparities as it too affects access to and utilization of care and increased disability, which can affect one's overall socioeconomic status.

The United States Department of Health and Human Services, Office of Minority Health reports that African Americans, when compared to non-Hispanic Whites, are approximately 30 percent more likely to report having some form of mental illness (DHHS, 2001) or more likely to report having serious psychological distress than Caucasians (Center for Disease Control, 2007). African Americans are also less likely to receive proper diagnosis and treatment for mental illnesses and are more likely to experience poorer functioning and greater disability from untreated mental illnesses (Alegría et al., 2008). Moreover, African American children and youth are more likely to receive a diagnosis of attention deficit hyperactivity disorder (Agency for Healthcare Research and Quality, 2012).

Major depressive disorder (MDD) is one of the most prevalent mental health problems in the United States that is associated with considerable impairment in functioning, and it affects approximately 14.8 million adults annually, with women eighteen to forty-five years of age accounting for the largest proportion of this group (NIMH, 2012). It is estimated that in the next twenty years, depression will be the leading cause of disability worldwide and in nations with high incomes, such as the United States (Gonzalez, Vega, Williams, Tarraf, West, & Neighbors, 2010). It is a disease that may be characterized as a pernicious psychiatric illness associated with episodes of long duration, high rates of chronicity, relapse and recurrence, psychosocial and physical impairment, and mortality and morbidity—with a 15 percent risk of death from suicide in patients with more severe forms of depression. Findings from the Summit on Women and Depression convened by the American Psychological Association suggest that examination of genetic factors, sex hormones, life stress and trauma, interpersonal relationships, and cognitive styles may provide greater insight into contributors to depression for women (Mazure, Keita, & Blehar, 2002). It is estimated that one woman in four is likely to suffer from a depressive episode at some time during her life (National Alliance on Mental Illness, 2012).

African Americans are less likely than Whites to report symptoms of major depressive disorder, and when they do, it tends to be more chronic and severe, and they are also much less likely to undergo mental health treatment (Williams, Gonzalez, Neighbors et al., 2007). This may in part be due to stigma and less trust with the medical community, poor or no insurance coverage for mental health services, problems accessing culturally responsive

mental health professionals, and overreliance on family, friends, and/or religious communities for support (Holden & Xanthos, 2009). Also, cultural influences shape how people of different races deal with and/or cope with the depression (Williams, 2008). Although it is well documented that depression affects women at higher rates than men, research continues to explore the disparate effects of depression as it relates to women within different racial/ethnic groups (Hirth & Berenson, 2012; Lewis et al., 2012; Morris et al., 2011; MHA, 2010; NIMH, 2008; McGrath et al., 2001; Peden et al., 2000). Depression among African American women may be disproportionally underrecognized and undertreated (NAMI, 2009; Levin, 2008; Carrington, 2006; Bender, 2005; Dwight-Johnson et al., 2001). Additionally, Hunn & Craig (2009) report that depression rates for African American women are typically inconsistent and cannot be generalized to a specific population due to insufficient recognition of depressive symptoms. Gender, low socioeconomic status, relationship status and social support, and access to care and insurance coverage create even more of a disproportionate risk for depression and depressive symptoms (Heinen, 2014; Rai et al., 2013; Holden et al., 2012; DHHS, 2001). African American women are not frequently confronted with isolated stressors, but with a constellation of multiple issues that can engender stress, such as balancing work and home life demands, handling difficult life circumstances, managing personal relationships, nurturing identity development, and creating a purpose in life that motivates them toward positive goals and an orientation for achievement and success (Holden et al., 2015; Taylor & Holden, 2009). Dissimilar to Caucasian women, African American women's generally low socioeconomic and structural position in U.S. society; and weathering of institutional racism and sexism may provoke mental and emotional distress that can add to their vulnerability for depression (Holden et al., 2013; McKnight-Eily et al., 2009).

Untreated depression increases the chance of risky behaviors such as drug or alcohol addiction; it can ruin personal relationships, contribute to problems at work, make it difficult to overcome serious illnesses, and increase one's risk for suicide (Boschloo et al., 2012; WebMD, 2011). Furthermore, co-morbidities exist for depression and selected chronic diseases which may negatively impact the quality of life and life expectancy of individuals (Parekh et al., 2011; Norberg, 2008; Moussavi et al., 2007). There is no health without mental health (Compton & Shim, 2015; WHO, 2014). Mental health plays a major role in individuals' ability to maintain good health; and mental illnesses may affect individuals' ability to participate in overall health-promoting behaviors (Delaney, Robinson, & Chafetz, 2013; Naylor, et al., 2012; Thornicroft, 2011; Mauer, 2003). A spectrum of psychological/personality, emotional, and

behavioral constructs (Blatt, 2005; McGrath et al., 1990) interpersonal expectations, maladaptive motivations, negative beliefs about self, others, and situations (Nolen-Hoeksema et al., 2007; Hammen & Brennan, 2001) increase risk for depression among women. Mental health disorders such as major depression are costly in both human and financial terms. The direct and indirect costs of depression on work absenteeism and reduced productivity are estimated to be $52 billion per year in the United States alone (Fogerty, 2006); and the financial burden continues to expand.

## Toward Integration of Mental and Behavioral Health in Primary Care to Reduce Disparities

Mental health plays a major role in individuals' ability to maintain good physical health, and mental illnesses may affect individuals' ability to participate in health-promoting behaviors (Mauer, 2003). In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease an individual's ability to participate in treatment and recovery (Lando et al., 2006). Although mental illness is an important public health problem in itself, many mental health problems may be associated with chronic medical diseases such as cardiovascular disease, diabetes, and obesity (Shim et al., 2013; CDC, 2012; Freeman, 2007). There are a myriad of psychosocial issues and considerations for disentangling the multidimensional relationships between physical and mental health (Holden et al., 2013; Mezuk et al., 2010). Research centered on improving mental health outcomes in the primary care setting is considered a public health priority (Menke & Flynn, 2009). As indicated in the World Health Organization (WHO) report, *Integrating Mental Health into Primary Health Care: A Global Perspective* (2008), "More than 50 percent of patients currently being treated receive some form of mental health services treatment from a primary care provider, and primary care is now the sole form of health care used by over 30 percent of patients with a mental disorder accessing the health care system." Not only does a large percentage of individuals receive all or part of their mental health treatment in primary care settings (Cooper-Patrick, 1997; Unutzer, 2006), but racial minorities in particular are more likely to report depressive symptoms to primary care physicians than to mental health specialists (Hogg Foundation for Mental Health, 2013; Holden & Xanthos, 2009; Snowden, 2001).

Studies have suggested that individuals with severe mental illness die eleven to thirty-two years prematurely from largely preventable co-morbid medical conditions—for example, heart disease, diabetes, cancer, pulmonary

disease, and stroke—which occur more frequently and have earlier onset in this vulnerable population. In addition, low rates of prevention, detection, and treatment of co-morbid conditions further compound such health disparities (Arzin, 2012). Moreover, the burdens of functional impairment and increased medical costs in clinical settings are often severe (NIMH, 2006). This is a particular concern since psychiatric illness may be associated with great physical, emotional, and functional burden. Since there remains a stigma attached to seeking mental healthcare (Holden, Hall, & Robinson, 2012; Hasin et al., 2005; DHHS, 2001), many individuals may not seek mental health treatment and suffer subsequent negative consequences, particularly those of racial, ethnic, and cultural minority (Interian, Lewis-Fernandez, & Dixon, 2012). As the primary care setting may be a critical link to aid in identifying and addressing depression and associated issues for ethnically and culturally diverse individuals (Thota, 2012; Shim et al., 2009), there is a critical need to establish comprehensive methods about delivery of quality and effective mental health services within the context respecting patients' culture.

Moreover, it is imperative to strive toward the use of collaborative, integrated care, and patient-centered models. Over the past several decades, examples of coordinated care service delivery models (those that connect behavioral and physical health) have led to promising approaches to integration and collaboration (Unutzer et al., 2002; Felker et al., 2006; Luck et al., 2009; US Preventive Services Task Force, 2002; AHRQ, 1993a; AHRQ; 1993b). Integrated collaborative care is a multicomponent, health care system–level intervention that uses case managers to link primary care providers, patients, and mental health specialists. Primary care providers receive consultation and decision-making support for diagnosis and treatment from mental health specialists that form a supportive network of peers and professionals at the primary care level. Integrated collaborative care is designed to (1) improve routine screening and diagnosis of mental health disorders; (2) increase provider use of evidence-based protocols for proactive management of the disorder(s); and (3) improve clinical and community support for active client engagement in treatment goal setting and self-management (Thota et al., 2012; Goodrich et al., 2013). Collaborative care is effective in improving quality of life and a range of behavioral health conditions; and it empowers patients by engaging them to manage their care through community linkages (Interian et al., 2013; Cooper et al., 2012). It is also efficacious for treating depression in underserved racial/ethnic minority populations (Gilbody et al., 2006). In one study, patient-centered integrated collaborative care resulted in better ratings of care by African Americans who were receiving treatment for depression (Cooper et al., 2012).

In more than seventy randomized controlled trials, integrated collaborative care for common mental disorders, such as depression, has been found to be more effective and cost-effective than usual care, across a variety of practice settings and patient populations. In addition, this approach has been implemented by large health care organizations and plans in both commercially insured and low income/safety-net populations (Unutzer et al., 2013). Moreover, various National Institute of Mental Health–funded research initiatives are testing approaches to integrated collaborative care to address disparities of care in underserved ethnic/racial populations (Jacob et al., 2012; Katon et al., 2010; Katon et al., 2012). Furthermore, integrated collaborative care models show promise for cost effectiveness. Mental illness and substance abuse annually cost employers an estimated $80 to $100 billion in indirect costs (American Psychiatric Foundation, 2006). There is a societal economic burden due to lost work productivity. This is a consequence of impaired work performance that would otherwise respond to treatment for depression. Multiple studies demonstrate the cost effectiveness and cost savings of integrated collaborative care models in a variety of treatment settings (Katon, 2012; Katon et al., 2006; Unűtzer et al., 2008).

Emerging evidence from a variety of care models has stimulated the interest of both the public and private sectors to better understand the evidence underpinning these integrated collaborative care models. What is lacking from many of the comprehensive models is a cultural underpinning that may yield better engagement of patients, better adherence to prescribed treatments, and improvement in their general well-being and quality of life. In addition, due to lack of resources for formal evaluation and limited incentives to invest in wider dissemination, little is empirically known about existing successful implementation in nonacademic public/private sectors. Failure to formally evaluate community-based health care systems that have successfully implemented culturally tailored integrated collaborative care models has led to critical gaps in knowledge about implementation strategies that are likely to work in real-world, diverse, resource constrained settings. In addition to recognizing the importance of providing culturally tailored integrative health care to address mental, emotional, and behavioral problems, particularly for ethnic minorities, our multidisciplinary investigative team acknowledges that leveraging existing knowledge is inherently a culturally sensitive approach.

As health care reform is implemented, there is an opportunity to improve behavioral health care. The crucial next step in advancing our scientific knowledge within selected populations is to establish multidimensional strategies that include communities, clinic systems, and patient collaboration that may bolster the potential for successes in the reduction of disparities in mental health

among vulnerable populations. Specifically, part of the solution entails utilizing proven and promising collaborative integrated care models that integrate primary care and behavioral health by coordinating care in a seamless system, while also addressing the cultural needs of ethnic minorities. To achieve a national environmental reach where culturally relevant collaborative care models are widely adopted in diverse practice settings, a multilevel approach to implementation informed by existing successful systems is needed. Furthermore, leveraging technology to build implementation science and capacity in emerging integrated care systems can help to operationalize gains and facilitate adoption of evidence-based methodologies.

## Why Culturally Centered Care Is Imperative to Prevention for Ethnic Minority Populations

The concept of a patient-centered medical home (PCMH), two promising evidence-based models, MacArthur Initiative on Depression and Primary Care, Re-Engineering systems for Primary Care Treatment of Depression Project (RESPECT-Depression; Dietrich et al., 2004) model and Improving Mood: Providing Access to Collaborative Treatment (IMPACT; Unutzer et al., 2002), and principles of clinician training with the CRASH model (Rust et al., 2006) of culturally competent care are useful. The PCMH is a health care setting that facilitates partnerships between individual patients and their personal physicians, and, when appropriate, the patient's family, so that they can receive care when and where they need and want it in a culturally and linguistically appropriate manner. The PCMH is an approach that respects patients by including them as equal partners in the team decision-making process of care. RESPECT-Depression launched a variety of projects to better understand current approaches to primary care management of depression and to develop strategies to enhance that management. RESPECT-Depression explored the impact, dissemination, and sustainability of an evidence-based approach to enhancing depression management. In this model, prepared primary care clinicians and their practices forge close relationships with mental health and care management professionals. Together, the primary care clinician, a care manager, and mental health professionals cooperate and work with the patient in providing care.

Patients treated for depression in primary care centers showed significant improvement and increased satisfaction with care when clinicians employed a quality improvement approach that coordinates modest resources already available at many community practices (Dietrich et al., 2004). The clinical

trial of the RESPECT-Depression approach—short for "Re-Engineering Systems for the Primary Care Treatment of Depression"—reported that 60 percent of patients responded substantially to the approach within six months, with 90 percent rating their care as good or excellent (Dietrich et al., 2004). IMPACT is an evidence-based model for treating depression in primary care. The five essential elements are as follows: Collaborative care, Depression Case Manager, Designated Psychiatrist, Outcome measurement, and Stepped Care. While usual care for depression involves two people: the primary care provider and the patient, IMPACT adds two more people: the care manager and the consulting psychiatrist. The care manager supports the patient and the primary care physician. This individual educates patients about depression, monitors their medication, provides supportive counseling, and creates a relapse plan when patients improve: CRASH, which is a mnemonic for: considering Culture, showing Respect, Assessing/Affirming differences, showing Sensitivity/Self-Awareness, and do it all with Humility. Use of CRASH provides a values-driven foundation that promotes respect and culturally centered approaches for addressing behavioral health problems for the target population. Collectively, these complementary evidence-based health care delivery models and values-based approaches incorporate a cultural worldview that forms the basis for a culturally centered collaborative integrated care model.

A culturally congruent model of health recognizes core values and ways of being. The cultures of racial and ethnic minorities influence many aspects of mental illness, including how patients from a given culture communicate and manifest their symptoms, their style of coping and their willingness to seek treatment (DHHS, 2001). The current project's investigative team recognizes the importance of cultural sensitivity as a central component of an effective integrated model of care capable of achieving improvements in physical health and behavioral health outcomes of ethnic minorities. We suggest that the following proposed culturally centered collaborative integrated care model has promise for addressing mental health disparities for ethnically and culturally diverse populations. A key issue for clinicians and researchers will be conducting the appropriate background research on cultural tenets that may have significance for various groups (Holden et al., 2014). It is imperative that any culturally centered collaborative integrated care model consider the multifaceted aspects of sociocultural, environmental, and psychosocial issues that may be encountered by the target population of interest. This systemic approach will require focused attention, active participation, strategic collaboration, and sharing of resources among stakeholders from multiple sectors. This is particularly important for African American communities to support the reduction of stigma about mental health treatment. Thus, community

education and prevention efforts about mental health issues can be enhanced through a values-based and values-driven approach to collaborative integrated health care for ethnic minorities.

Moreover, a social ecological conceptual framework for addressing the myriad of complex and interrelated factors that can influence help-seeking behaviors among African American women should be considered to help foster interdisciplinary approaches to discovery science that elucidate the etiology of mental health disparities and social determinants of mental health, and create innovative interventions to enhance the health and well-being of ethnic minorities. The social ecological model (SEM; McElroy, 1988) of health is a multilevel approach with multiple bands of influence. At the core of the model is the individual, surrounded by four realms of influence representing the individual, interpersonal, organizational, and community levels. These four levels of the SEM maximize synergies of intervention for the greatest impact. The SEM presumes that it is important to handle these important influences simultaneously, as well as the barriers in an individual's environment that may influence their quality of life and likelihood of engaging in health-promoting behaviors.

Another useful theoretical framework to help to understand the significance of the impact of integrated care is the Collaborative Chronic Care Model (Wagner et al., 2005). This model aims to provide provision for community and clinical interactions in delivering collaborative care. The goal is to shift the orientation and design of practice in order to promote a systematic, planned approach to care for those with ongoing health problems through productive (planned) interactions between informed, active patients (and families) who are prepared and proactive to support integrated clinical teams. To be productive, interactions must assure consistent delivery of evidence-based treatments in tandem with support for patient self-management. The literature on effective self-management support, with its emphasis on patient activation and/or empowerment involves goal setting and development of realistic action plans. Our premise is that good outcomes (shown at the bottom portion of the model) include result from productive multidimensional interactions of various collaborative structures. To have productive interactions, the system needs to have developed four areas at the level of the practice (shown in the middle): self-management support (how we help patients live with their conditions), delivery system design (who's on the health care team and in what ways we interact with patients), decision support (what is the best care and how do we make it happen every time), and clinical information systems (how do we capture and use critical information for clinical care). These four aspects reside in a health care system, and facets of the organization influence care.

## Proliferation of Health Laws and Policies Impacting
## Behavioral Health Equity: Addressing a Critical Need

Since the founding of our nation, there have been laws and policies that have been developed without regard to the impact that such laws and policies would have on minorities and other marginalized groups. In a similar vein, there have been laws and policies that have been implemented without consideration for the impact on health equity. In addition, there are existing laws and policies that have yet to be executed, which would positively impact health and behavioral health equity. This is especially true of various health laws and policies promulgated by the legislative, executive, and judicial branches. While discrimination in health services has become less overt over time, the disproportionalities and inequities experienced by vulnerable populations continue to widen at alarming rates. This result is, arguably, due in part to the political determinants of health and the impact of health laws and policies on vulnerable and underserved groups. To date there has been little understanding about the impact that laws and policies have on vulnerable populations who have long endured discrimination in health services or experienced health disparities. Indeed, the promulgation of policies by the government has serious health implications for vulnerable populations because they may either hamper or advance health equity.

Health law and policy is an evolving area and will have serious implications for vulnerable populations over the next decade. Recently, several key pieces of federal legislation were passed by Congress that were designed to have positive health and behavioral health implications for underserved populations, including the Mental Health Parity and Addiction Equity Act of 2008, Americans with Disabilities Act Amendments Act of 2008, Genetic Information Nondiscrimination Act of 2008, and the Patient Protection and Affordable Care Act of 2010. Although collectively these health laws and other health policies support the promotion of better access and utilization of health and behavioral health services, as well as provide a bridge to health equity, the extent to which policies related to these legislative mandates are implemented or implemented appropriately remains questionable and sometimes disconcerting. In the case of the Mental Health Parity and Addiction Equity Act, it took more than five years for final regulations to be promulgated, which not only hindered the full implementation of this law, but also the implementation of the health reform law relative to mental health and substance use benefits.

The implementation of the landmark health reform law—the Patient Protection and Affordable Care Act (PPACA) and the accompanying Health Care Education and Reconciliation Act—also raises concern relative to health

equity. Although the law includes provisions addressing health equity and the elimination of disparities in health status and health care among vulnerable populations, many of them have not been accorded priority status during the implementation phase to date, nor have many of the regulations for other PPACA insurance reforms, delivery system reforms, or payment system reforms been developed in consideration of the impact to health equity. The PPACA includes health equity–related provisions, which provide a bridge to health equity that affords marginalized groups—particularly racial and ethnic minorities—increased access to culturally appropriate quality health and behavioral health care, preventative care, and comparative effectiveness research. The PPACA provides a unique opportunity to expand the scope of research related to health disparities, increase diversity in clinical trials, and identify, develop, and distribute appropriate interventions and solutions to address these disparities. The law also provides new investments to increase the number of culturally competent health and behavioral health professionals.

For these reasons, the implementation of the PPACA offers a critical opportunity to realize the goal of achieving health equity throughout our country. However, the success of these health equity provisions, like other health policies and laws, depends on whether they are implemented and implemented well. Interestingly, there has been a disconnect between the advocacy involved during the development and passage of policy and the advocacy involved during the implementation of the respective policy. Too frequently, health equity advocates allow themselves to be disengaged from the process once legislation has been developed and become law—failing to realize the importance of continuing to monitor a law or policy once it is passed or holding the government accountable for delays in implementation or ineffectual implementation of health equity policies. Regardless of the reasons for this occurrence, attention, careful analysis, and constant advocacy are needed to ensure development and implementation of robust and enduring health equity laws and policies. When coupled with state and local policy activities, the urgency for a comprehensive assessment and promotion of these policies becomes even more pronounced.

## Call to Action: Harnessing the Power of Collaboration among Health Equity Champions

Despite the fact that health equity is a key component of the transforming journey of health care that our nation is embarking on, little has been done to comprehensively, transdisciplinarily, and collaboratively coordinate health equity policy and advocacy at the local, state, regional, and national levels. In addition,

there is a great need to collaboratively engage racial and ethnic minority communities and organizations, which often have limited resources to meaningfully address the inequities experienced and observed. These inequities are oftentimes due to a failure to review and analyze laws, policies, and programs through a health equity lens. With the introduction and passage of several health-related laws and policies in recent years, the focus has been on bending the cost curve and becoming more efficient with less moving forward. While it may be difficult to predict the unintended consequences of many of these policies, by leveraging the collective strengths and expertise of partners across the United States one can tackle the grave health inequities confronting racial and ethnic minorities and other vulnerable populations through informed laws and policies.

Researchers, clinicians, public health professionals, and policymakers have a responsibility to implement action-oriented steps that may be a catalyst for changes in diverse communities. In particular, we must:

- Design, implement, and evaluate culturally sensitive research models to provide empirical evidence about strategies to encourage better mental health and wellness for African American women.

- Design and establish innovative models and wellness toolkits for prevention of mental illness and the promotion of stigma reduction in ethnically and culturally diverse communities.

- An important consideration for addressing health disparities and advancing health equity includes the identification, development, implementation, education, monitoring, and tracking of local, state, and federal health laws, policies, and programs. Therefore, more diverse and nontraditional collaborations and partnerships among various organizations and agencies that promote health policies with a goal of reducing health disparities and advancing health equity is needed.

- A comprehensive and meaningful approach to addressing health disparities recognizes the significance of not only nurturing the development and sustainability of cutting-edge pioneering research, evidence-based practices, and programmatic models to encourage community health and reduce health disparities, but also the identification, development, implementation, and promotion of health laws, policies, and programs that will proliferate and support access to quality health care/behavioral health care and achieve health equity.

## Notes

1. Social determinants of health are conditions in which people are born, live, learn, work, play, worship, and age that impact health status and quality of life, such as safe housing, fresh and healthy foods, quality education, transportation, exposure to crime, etc. Physical determinants of health include the natural environment such as green space, built environment such as buildings, sidewalks, and bike lanes, exposure to toxic substances, etc. Center for Disease Control & Prevention, "Healthy People" (2020).

2. Sometimes referred to as ObamaCare.

## References

Agency Healthcare Research and Quality (AHRQ). (1993a). *Depression in primary care, Volume 1: Treatment of major depression*. Rockville, MD: Department of Health and Human Services.

Agency Healthcare Research and Quality (AHRQ). (1993b). *Depression in primary care, Volume 2: Treatment of major depression*. Rockville, MD: Department of Health and Human Services.

Agency for Healthcare Research and Quality (AHRQ). (2012). National health disparities report. Retrieved from http://www.ahrq.gov/research/findings/nhqrdr/nhdr12/2012nhdr.pdf.

Agency for Healthcare Research and Quality (AHRQ). (2015). *2014 national healthcare quality and disparities report.* Rockville, MD: Agency for Healthcare Research and Quality. AHRQ Pub. No. 15-0007. Retrieved from http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.htmlNational Healthcare Disparities Report.

Alegría, M., Chatterji, P., Wells, K., Cao, Z., Chen, C. N., Takeuchi, D. & Meng, X. L. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric services (Washington, DC), 59*(11), 1264.

American Psychiatric Foundation (2006). Mental illness and substance abuse annually cost employers an estimated $80 to $100 billion in indirect costs.

Arzin, S. (2012). Research to improve health and longevity of people with severe mental illness. Retrieved from http://www.nimh.nih.gov/research-priorities/scientific-meetings/2012/research-to-improve-health-and-longevity-of-people-with-severe-mental-illness.shtml.

Bender, E. (2005). Depression treatment in Black women must consider social factors. *Psychiatric News, American Psychiatric Association, 40*(23), 14, Available at http://pn.psychiatryonline.org/content/40/23/14.1.full.

Blatt, S. J. (2005). *Experiences of depression: Theoretical, research and clinical perspectives.* Washington, DC: American Psychological Association Press.

Boschloo, L., van den Brink, W., Penninx, B. W. J. H, Wall, M. M., & Hasin, D. S. (2012). Alcohol-use disorder severity predicts first-incidence of depressive disorders. *Psychological Medicine, 42*(4), 695–703.

Carrington C. H. (2006). Clinical depression in African American women: Diagnoses, treatment, and research. *Journal of Clinical Psychology, 62*(7), 779–791.

Centers for Disease Control and Prevention. (2007). Youth risk behavior surveillance—United States, 2007. Surveillance Summaries, June 6. MMWR 2008; 57 (No. SS-4).

Centers for Disease Control and Prevention. (2012). Mental health and chronic diseases. National Center for Chronic Disease Prevention and Health Promotion. Division of Population Health. Issue Brief No. 2. http://www.cdc.gov/nationalhealthyworksite/docs/issue-brief-no-2-mental-health-and-chronic-disease-.pdf,

Centers for Disease Control and Prevention. (2015). Social determinants of health. Healthy people 2020. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health.

Compton, M. T., & Shim, R. S. (2015). *The social determinants of mental health.* 1st Ed., Arlington, VA: American Psychiatric Publishing.

Cooper, L., Ghods Dinoso, B., Ford, D., Roter, D., Primm, A., Larson, S., & Wang, N. (2012). Comparative effectiveness of standard versus patient-centered collaborative care interventions for depression among African Americans in primary care settings: The BRIDGE Study. *Health Services Research, 48*(1), 150–174.

Cooper-Patrick, L., Powel, N. R., Jenckes, M. W., Gonzales, J. J., Levine, D. M., & Ford, D. E. (1997). Identification of patient attitudes and preferences regarding treatment of depression. *Journal of General Internal Medicine, 12*(7), 431–438.

Dawes, D. (2014), Reigniting the push for health equity! *Robert Wood Johnson Foundation (RWJF) Human Capital Blog.* Available at http://www.rwjf.org/en/culture-of-health/2014/11/reigniting_the_push.html.

Dawes, D. E. (2016). *150 Years of ObamaCare.* Baltimore, MD: Johns Hopkins University Press.

Delaney, K. R., Robinson, K. M., & Chafetz, L. (2013). Development of integrated mental health care: Critical workforce competencies. *Nursing Outlook, 61*(6), 384–391.

Dietrich, A. J., Oxman, T. E., Williams, J. W., Kroenke, K., Schulberg, H. C., Bruce, M., & Barry, S. L. (2004). Going to scale: Re-engineering systems for primary care treatment of depression. *The Annals of Family Medicine, 2*(4), 301–304.

Dwight-Johnson, M., Unutzer, J., Sherbourne, C., Tang, L., and Wells, K. B. (2001). Can quality improvement programs for depression in primary care address patient preferences for treatment? *Medical Care, 39*(9), 934–944.

Felker, B., Rubenstein, L., Bonner, L., Yano, E., Parker, L., Worley, L., Sherman, S., & Chaney, E. (2006). Developing effective collaboration between primary care and mental health providers. *Primary Care Companion Journal of Clinical Psychiatry, 8,* 12–16.

Fogerty, S. (2006). Comorbidity addressed effectively via an integrated solution. *Compensation & Benefits Review, 38*(5), 46–51.

Freeman, D. S. (2007). Blending behavioral health into primary care at Cherokee Health Sytems. *The Register Report*, 32–35.

Gilbody, S., et al. (2006). Collaborative care for depression: A cumulative meta-analysis and review of longer-term outcomes. *Archives of Internal Medicine, 166*(21), 2314–2321.

González, H. M., Vega, W. A., Williams, D. R., Tarraf, W., West, B. T., & Neighbors, H. W. (2010). Depression care in the United States: Too little for too few. *Archives of General Psychiatry, 67*(1), 37–46.

Goodrich, D. E., Kilbourne, A. M., Nord, K. M., & Bauer, M. S. (2013). Mental health collaborative care and its role in primary care settings. *Current Psychiatry Reports, 15*(8), 383.

Hammen, C., & Brennan, P. A. (2001) Depressed adolescents of depressed and non-depressed mothers: Tests of an interpersonal impairment hypothesis. *Journal of Consulting and Clinical Psychology, 69*(2), 284–94.

Hasin, D. S., Goodwin, R. D., Stinson, F. S., & Grant, B. F. (2005). Epidemiology of major depressive disorder: Results from the National Epidemiologic Survey on Alcoholism and Related Conditions. *Archives of General Psychiatry, 62*(10), 1097–1106.

Heinen, J. (2014). The relationship between insurance coverage and mental illness treatment. Retrieved from https://digital.library.txstate.edu/handle/10877/5269.

Hirth, J. M., & Berenson, A. B. (2012). Racial/ethnic differences in depressive symptoms among young women: The role of intimate partner violence, trauma, and posttraumatic stress disorder. *Women's Health, 21*(9), 966–974.

Hogg Foundation for Mental Health. (2013). *A window of opportunity: Philanthropy's role in eliminating health disparities through integrated care.* Rockville, MD: U.S. Department of Health and Human Services.

Holden, K. B., & Xanthos, C. (2009). Disadvantages in mental health care among African Americans. *Journal of Health Care for the Poor and Underserved, 20*(2A), 17–23.

Holden, K., Bradford, D., Hall, S., and Belton, A. (2013). Prevalence and correlates of depressive symptoms and resiliency among African American women in a community based primary healthcare center. *Journal of Healthcare for the Poor and Underserved, 24*(4), 79–93.

Holden, K., Hall, S., Robinson, M., et al. (2012). Psychosocial and socio-cultural correlates of depressive symptoms among diverse African American Women. *Journal of the National Medical Association, 104*(11–12), 493–503.

Holden, K., McGregor, B., Thandi, P., Fresh, E., Sheats, K., Belton, A., & Satcher, D. (2015). Toward culturally centered integrative care for addressing mental health disparities among ethnic minorities. *Psychological Services, 11*(4), 357.

Hunn, V. L., and Craig, C. D. (2009). Depression, sociocultural factors, and African American women. *Journal of Multicultural Counseling and Development, 37*(2), 83–93.

Interian, A., Lewis-Fernández, R., & Dixon, L. B. (2012). Improving treatment engagement of underserved US racial-ethnic groups: A review of recent interventions. *Psychiatric Services, 64*(3), 212–222.

Jacob, V., Chattopadhyay, S. K., Sipe, T. A., Thota, A. B., Byard, G. J., & Chapman, D. P. (2012). Economics of collaborative care for management of depressive disorders: a Community Guide systematic review. *American Journal of Preventive Medicine, 42*(5), 539–549.

Katon W, Unutzer, J., Fan, M., et al. (2006). Cost-effectiveness and net benefit of enhanced treatment of depression for older adults with diabetes and depression. *Diabetes Care, 29*(2), 265–270.

Katon, W., Unutzer, J., Wells, K., & Jones, L. (2010). Collaborative depression care: History, evolution, and ways to enhance dissemination and sustainability. *General Hospital Psychiatry, 32*(5), 456–464.

Katon, W. (2012). Collaborative depression care models: From development to dissemination. *American Journal of Preventive Medicine, 42*(5), 550–552.

Lando, J., Marshall Williams, S., Sturgis, S., et al. (2006). A logic model for the integration of mental health into chronic disease prevention and health. Mental Health and Mental Disorders—Healthy People. http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx.

LaVeist, T. A., Gaskin, D., & Richard, P. (2011). Estimating the economic burden of racial health inequalities in the United States. *International Journal of Health Services, 41*(2), 231–238.

Levin A. (2008). Depression care for Black women may hinge upon cultural factors. *Psychiatry News, 43*(15), 11.

Lewis T, Yang, F., Jacobs, E., & Fitchett, G. (2012). Racial/ethnic differences in responses to the everyday discrimination scale: A differential item functioning analysis. *American Journal of Epidemiology, 175*(5), 391–401.

Luck, J., Hagigi, F., Parker, L. E., Yano, E. M., Rubenstein, L. V., & Kirchner, J. (2009). A social marketing approach to implementing evidence-based practice in VHA QUERI: the TIDES depression collaborative care model. *Implement Science, 4,* 64.

Mauer, B. J. (2003). Background paper: behavioral health/primary care integration models, competencies, and infrastructure. Rockville, MD: National Council for Community Behavioral Healthcare (NCCBH).

Mazure, C., Keita, G., & Blehar, M. (2002). Summit on women and depression.

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education & Behavior, 15*(4), 351–377.

McGrath, E., Keita, G. P., Strickland, B. R., & Russo, N. F. (1990). *Women and depression: Risk factors and treatment issues.* Washington, DC: American Psychological Association.

McGrath E., Keita G., Strickland B., & Russo N. (Eds.) (2001). *Depression and women.* National Depression Summit. Washington, DC: American Psychological Association.

McKnight-Eily, L., Presley-Cantrell, L., Elam-Evans, L., Chapman, D., Kaslow, N., & Perry, G. (2009). Prevalence and correlates of current depressive symptomatology and lifetime diagnosis of depression in Black women. *Women's Health Issues, 19,* 243–252.

Mental Health America. (2010). Depression in women fact sheet. Available at http://www.nmha.org/index.cfm?objectid=C7DF952E-1372-4D20-C8A3DDCD5459D07B.

Menke, R., & Flynn, H. (2009). Relationships between stigma, depression, and treatment in white and African American primary care patients. *Journal of Nervous & Mental Disease, 197*(6), 407–411.

Mezuk, B., Rafferty, J. A., Kershaw, K. N., Hudson, D., Abdou, C. M., Lee, H., Eaton, W. W., & Jackson, J. S. (2010). Reconsidering the role of social disadvantage in physical and mental health: Stressful life events, health behaviors, race, and depression. *American Journal of Epidemiology, 172*(11), 1238–1249.

Morris, A., Zhao, L., Ahmed, Y., et al. (2011). Association between depression and inflammation—Difference by race and sex: The Meta Health Study. *Psychosom Med., 73*(6), 462–468.

Moussavi, S., Chatterji, E., Verdes, A., Tandon, V., Patel, B., & Ustun, S. (2007). Depression, chronic diseases, and decrements in health: results from the World Health Surveys. *The Lancet, 370*(9590), 851–858.

National Alliance on Mental Illness (NAMI). (2009). Women and depression fact sheet. Available online at www.nami.org/Content/ContentGroups/Helpline1/Depression_in_Women.htm.

National Alliance on Mental Illness (NAMI). (2012). Mental illness facts and numbers. Available online at http://www2.nami.org/factsheets/mentalillness_factsheet.pdf.

Naylor, M. D., Kurtzman, E. T., Grabowski, D. C., Harrington, C., McClellan, M., & Reinhard, S. C. (2012). Unintended consequences of steps to cut readmissions and reform payment may threaten care of vulnerable older adults. *Health Affairs,* 10–1377.

National Institute of Mental Health. (2006). Benefits to employers outweigh enhanced depression-care costs. Retrieved from http://www.nimh.nih.gov/science-news/2006/benefits-to-employers-outweigh-enhanced-depression-care-costs.shtml.

National Institute of Mental Health (NIMH). (2008). *Depression* (Publication No. 083561). US Department of Health and Human Services. Rockville, MD: National Institute of Health.

National Institute of Mental Health. Statistics (2012). Mental disorders in America. Accessed March 15, 2012, from: www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml.

Nolen-Hoeksema, S., Stice, E., Wade, E., & Bohon, C. (2007). Reciprocal relations between rumination and bulimic, substance abuse, and depressive symptoms in adolescent females. *Journal of Abnormal Psychology, 116,* 198–207.

Norberg, M. (2008). Quality of life and anxiety and depressive disorder comorbidity. *Journal of Anxiety Disorders, 22*(8), 1518–1522.

Parekh, A. Goodman, R. A., Gordon, C., & Koh, H. (2011). Managing multiple chronic conditions: A strategic framework for improving health outcomes and quality of life. *Public Health Rep, 126*(4), 460–471.

Peden, A. R., Hall, L. A., Rayens, M. K., & Bebee, L. A. (2000). Negative thinking mediates the effect of self-esteem on depressive symptoms in college women. *Nursing Research, 49,* 201–207.

Rai, D., Zitko, P., Jones, K., Lynch, J., & Araya, R. (2013). Country- and individual-level socioeconomic determinants of depression: Multilevel cross-national comparison. *The British Journal of Psychiatry, 202*(3).

Rust, G., Kondwani, K., Martinez, R., Dansie, R., Wong, W., Fry-Johnson, Y., & Strothers, H. (2006). A crash-course in cultural competence. *Ethnicity & disease, 16*(2 Suppl 3), S3–29.

Satcher, D., Fryer, G. E., McCann, J., Troutman, A., Woolf, S. H., & Rust, G. (2005). What if we were equal? A comparison of the black-white mortality gap in 1960 and 2000. *Health Affairs, 24*(2), 459–464.

Shim, R., Compton, M., Rust, G., Druss, B., & Kaslow, N. (2009). Race-ethnicity as a predictor of attitudes toward mental health treatment seeking. *Psychiatric Services, 60*(10), 1336–1341.

Shim, R. S., Baltrus, P., Bradford, L. D., Holden, K. B., Fresh, E., & Fuller Sr., L. E. (2013). Characterizing depression and comorbid medical conditions in African American women in a primary care setting. *Journal of the National Medical Association, 105*(2), 183–191.

Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: The National Academies Press.

Snowden, L. R. (2001). Barriers to effective mental health services for African Americans. *Mental Health Services Research, 3*(4), 181–187.

Suthers K. (2008). Evaluating the economic causes and consequences of racial and ethnic health disparities. Available at http://www.apha.org/NR/rdonlyres/EF3D92F8-4758-4E49-85A1-D6EB8AD8CA89/0/Econ2_Disparities_Final.pdf.

Taylor, S. E., & Holden, K. (2011). The health status of Black women. In R. L. Braithwaite, S. E. Taylor, and H. M. Treadwell (Eds.), *Health Issues in the Black Community*, 3rd Ed. San Francisco, CA: Jossey-Bass.

Thornicroft, G. (2011). Physical health disparities and mental illness: the scandal of premature mortality. *The British Journal of Psychiatry, 199*(6), 441–442.

Thota, A. B., Sipe, T. A., Byard, G. J., Zometa, C. S., Hahn, R. A., McKnight-Eily, L. R., & Williams, S. P. (2012). Collaborative care to improve the management of depressive disorders: A community guide systematic review and meta-analysis. *American Journal of Preventive Medicine, 42*(5), 525–538.

Unutzer, J., Katon, W., Callahan, C. M., Williams, J. W. Jr., Hunkeler, E., Harpole, L. et al. (2002). Collaborative care management of late-ife depression in the primary care setting: A randomized controlled trial. *Journal of the American Medical Association, 288,* 2836–2845.

Unutzer, J., Schoenbaum, M., Druss, B., and Katon, W. (2006). Transforming mental health care at the interface with general medicine: Report for the Presidents Commission. *Psychiatric Services, 57*(1), 37–47.

Unutzer, J., Katon, W., Fan, M-Y. et al. (2008). Long-term cost effects of collaborative care for late-life depression. *American Journal of Managed Care, 14*(2), 95–100.

Unutzer, J., Harbin, H., Schoenbaum, M., Druss, B. (2013). The collaborative care model: An approach for integrating physical and mental health care in Med-

icaid health homes. Centers for Medicare & Medicaid Services, Health Home Information Resource Center.

U.S. Department of Health and Human Services. (2001). Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

U.S Department of Health and Human Services. (2003). Achieving the promise: Transforming mental health care in America. Rockville, MD: Substance Abuse and Mental Health Services Administration.

U.S. Department of Health and Human Services. (2010). Affordable Care Act. Retrieved from http://www.hhs.gov/opa/affordable-care-act/index.html.

U.S. Preventive Services Task Force. (2002). Screening for depression: Recommendations and rationale. Retrieved from http://www.uspreventiveservicestaskforce.org/3rduspstf/depression/depressrr.htm.

Wagner, E. H., Bennett, S. M., Austin, B. T., Greene, S. M., Schaefer, J. K., & Vonkorff, M. (2005). Finding common ground: Patient-centeredness and evidence-based chronic illness care. *Journal of Alternative and Complementary Medicine, 11*(1), S-7–S-15.

WebMD. (2011). Depression guide: untreated depression fact sheet. Available at: http://www.webmd.com/depression/guide/untreated-depression-effects.

Williams, T. (2008). *Black pain: It just looks like We're not hurting*. New York, NY: Simon and Schuster.

World Health Organization. (2008a). *Integrating mental health into primary care: A global perspective*. Geneva, Switzerland: World Health Organization.

World Health Organization and Calouste Gulbenkian Foundation. (2014). Social determinants of mental health. Geneva, World Health Organization. Accessed from http://www.instituteofhealthequity.org/projects/social-determinants-of-mental-health/social-determinants-of-mental-health-full-report.pdf.

# Afterword

DIANE R. BROWN AND VERNA M. KEITH

In *Black Women's Mental Health: Balancing Strength and Vulnerability*, the authors have done a remarkable job in moving ahead the body of literature on Black women's mental health. In this edited volume, the authors extend our understanding of the social and cultural context of Black women's lives around which their mental health vulnerabilities and strengths arise. In particular, this contextual characterization of Black women's lives should be required reading for clinicians and mental health practitioners to enrich their understanding and hopefully enable them to better serve their clients. Going beyond traditional conceptualization of mental health, the authors focus on *transformation* in terms of redefining Black women's strengths. Transformative mental health for Black women is not built upon the longstanding African American cultural image of the StrongBlackWoman who is stalwart at all costs while ensuring that the needs of others are taken care of first. Instead, it embodies strengths that accommodate being able to be human and to engage in ways that generate positive influences on mental health. Strategies include finding inner peace and being able to face challenges that may initially be perceived as insurmountable.

In moving forward, it would be useful to draw upon the primarily qualitative conceptualizations inherent in this work and to link them to the empirical science—not to receive validation from traditional psychiatry, or psychology organizations, but to further improve our understanding of Black women's mental health and to undergird the basis for prevention, treatment, and healing. For example, we might ask an empirical question such as: Does the StrongBlackWoman syndrome produce socially desirable responses on epidemiologic surveys in an effort to not appear weak? More work is also needed to delve more deeply into the occurrence of specific mental illnesses

among Black women, including dysthymia (Persistent Depressive Disorder), obsessive-compulsive disorder, phobia, adult attention-deficit disorder, addictions, and others.

Final note: The vulnerabilities of Black women appear to place many in precarious situations in terms of their mental health. Yet, it is important/critical/essential to note that despite all of the risks of poor mental health, Black women *have survived and thrived*; and their families and communities *have survived*—even though the costs to our mental health and often physical health in some instances have been great.

As this body of work grows, it is hoped that future efforts will expand its focus to include the great diversity among Black women and how the social and cultural contexts of their lives impact their mental health. Are younger Black women less likely than their mothers and aunts to take on the cloak of the StrongBlackWoman? Do cultural values, traditions, and practices of American Black women of Caribbean and African heritage shield them from the vulnerabilities of mental illness? Does having more resources in terms of income, education, and social support make it easier to engage in transformative mental health? To spread the message of transformative mental health to the wider audience of diverse Black women, it may be useful to use social media and other mechanisms to provide role models of everyday Black women who have achieved transformative mental health.

# Contributors

**Alero Afejuku, JD,** is a licensed attorney and assistant professor of criminal justice at Argosy University. After completing a Masters in International Affairs at Florida State University, Alero entered law school in 2001 at the University of Florida where she became a summer associate with a corporate law firm, completed an externship at the United States District Court, Northern District of Florida, and participated in the Virgil Hawkins Legal Clinic. Upon completion of her law degree, Afejuku worked as a staff attorney for the Second Judicial Circuit Court. This experience inspired her to work closely with accused criminal defendants as an assistant public defender in the Public Defender's Office in the Seventh Judicial Circuit in Daytona Beach, Florida. She later worked as a senior program attorney with the Guardian Ad Litem Program to advocate for abused, neglected, and abandoned children in the dependency system. In 2008, she moved to an urban school district in the Atlanta metro area where she worked as an employee relations officer in the Office of Internal Resolution/Employee Relations. Afejuku is also working as a solo practitioner in the areas of criminal law, civil law, education law, and juvenile law.

**Ayo Afejuku-Gathing, MD,** is a child and adolescent psychiatrist. A graduate of Georgia Institute of Technology and the Morehouse School of Medicine, Dr. Gathing completed her general psychiatry residency at Emory University from in 2009. She decided to further specialize in child and adolescent psychiatry in a fellowship and work with children with severe mental illnesses. In 2011 Ayo served as the chief resident of her program where she taught fellow residents, participated in administrative processes, and gained more experience in mental health systems. During her fellowship, she became involved in national advocacy for children with mental illness, by participating in advocacy training for psychiatrists and traveling to Washington, D.C., for the American Academy of Child and Adolescent Psychiatry's (AACAP) Advocacy Days at the

capitol. She is the recipient of the AACAP educational outreach award (2008 & 2010,) received a travel grant from GPPA for advocacy, and presented a clinical case conference at AACAP's 57th Annual Meeting in New York City. Gathing co-authored a case report published in *Psychosomatics* in 2013: "Bifrontal Meningioma Presenting as Post-Partum Depression with Psychotic Features," and has another written work in development.

**Dr. Kami J. Anderson** is associate professor in the Department of Digital Writing and Media Arts and the assistant director of the Marietta campus for the Undergraduate Honors Program for the Honors College at Kennesaw State University. She is the author of *Language, Identity and Choice, Raising Bilingual Children in a Global Society* (Lexington Books: 2015). Dr. Anderson is a former ISEE (Institute for Scholarship in Engineering Education) fellow (2006) and has written collaborative papers on communication in the engineering classroom. She is also an Edward Alexander Bouchet Honors Scholar, a program designed to recognize the scholarly achievements of graduate students and alumni of Howard and Yale Universities. She has published extensively in both English and Spanish in scholarly and trade journals as well as in national U.S. news publications.

**Dr. Kanika Bell** is a licensed clinical psychologist specializing in Black women's mental health. She is an associate professor in the Department of Psychology at Clark Atlanta University, teaching courses in forensic psychology, cross-cultural psychology, and psychological testing as well as supervising the internship course. She provides professional consultation to organizations and businesses and has led trainings and workshops on a myriad of topics for diverse populations including stress management in the workplace, coping with children with behavior disorders in the home, confronting issues of racial, gender, sexual orientation, and weight discrimination, HIV and AIDS counseling, healthy notions of womanhood and the relationship between mental and physical health. Dr. Bell is one of the co-founders of A.T.L. Psychotherapy and Consulting Services, LLC, where she divides her time between therapy, providing assessments, conducting trainings and workshops, and supervising postdoctoral and predoctoral interns.

**Linda Goler Blount, MPH,** is president and chief executive officer of Black Women's Health Imperative which identifies the most pressing health issues that affect the nation's 21 million Black women and girls, invests in the best of the best strategies, partners with organizations with shared goals, and ensures Black women live longer, healthier, more prosperous lives. As president and

CEO, Linda oversees the strategic direction for the Imperative and is responsible for moving the organization forward in its mission to achieve health equity and reproductive and social justice for Black women across the lifespan.

**Dr. Joy Harden Bradford** is a licensed psychologist in the state of Georgia. She specializes in working with Black women in both individual and couples counseling. Primary areas of interest include breakup and divorce recovery, depression, work-life balance, relationship skills, and self-esteem improvement. She also has a wealth of knowledge in working with undergraduate and graduate students in areas including procrastination, stress management, dissertation/thesis support, and career development. Dr. Harden Bradford created Therapyforblackgirls.com, an online space dedicated to encouraging the mental wellness of Black women and girls. She has worked for the State of Wisconsin Department of Vocational Rehabilitation as well as in the counseling centers of Virginia Commonwealth University, Georgia Southern University, The University of Georgia, Emory University Oxford College, and Clark Atlanta University.

**Dr. Diane R. Brown** is the executive director of the Institute for the Elimination of Health Disparities at the University of Medicine and Dentistry of New Jersey. She is also a professor of health education and behavioral science at the UMDNJ School of Public Health. Prior to joining UMDNJ, Dr. Brown was director of the Urban Health Program at Wayne State University in Detroit. She has also been a health scientist administrator at the National Institutes of Health and a faculty member at Howard University. Her research has encompassed a variety of issues impacting minority populations, such as the extent of cancer awareness and screening behaviors, factors affecting minority recruitment and participation in clinical trials and the use of faith-based interventions to impact the well-being of minority patients with chronic illness. Dr. Brown received her PhD in medical sociology from the University of Maryland. This was followed by a postdoctoral fellowship in psychiatric epidemiology from the Johns Hopkins School of Public Health. She has an extensive list of scholarly publications. She is especially interested in developing culturally appropriate, community-based approaches to addressing health disparities. She is a native of Newark, New Jersey.

**Dr. Nsenga K. Burton** is Professor of Practice and Digital Editor of Grady Newsource at the Henry W. Grady College of Journalism and Mass Communication at the University of Georgia. She is also a MSCNE Director for the Cox Institute for Journalism, Innovation, Management & Leadership at UGA. Dr. Burton is founder and editor-in-chief of the award-winning news

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**Dr. Qiana M. Cutts** is a professor of practice in the College of Education at Argosy University in Atlanta. Her research focuses on urban educators' identity, dispositions, and preparation as foundational characteristics of their instruction. She is particularly interested in understanding how educators' self-awareness and perceptions of diversity are instrumental in their use of culturally relevant pedagogical practices. She also utilizes phenomenology, narrative, and autoethnography to examine identity development and dispositions related to sexual orientation, multiculturalism, and region/place.

**Daniel E. Dawes, JD,** is a consultant, healthcare attorney, and executive director of health policy and external affairs at Morehouse School of Medicine. In addition to his executive role, Mr. Dawes is a lecturer on health law and policy at the Satcher Health Leadership Institute and the Department of Community Health and Preventive Medicine. His extensive background in health policy, especially policies impacting health equity and the elimination of health disparities, has allowed him to be a widely sought-after expert by local, state, and federal policymakers as well as by leading academic institutions, associations, community-based organizations, and companies. During the negotiations around healthcare reform, Dawes organized the National Working Group on Health Disparities and Health Reform, a working group of more than three hundred national organizations and coalitions that worked to ensure that the health reform law included health equity provisions to reduce disparities in health status and health care. He is a frequent speaker and author of several publications on health reform and health equity. Mr. Dawes serves as principal investigator, working closely with the National Reach Coalition (NRC) program director, staff, and consultants to ensure successful implementation of the project.

**Dr. Stephanie Y. Evans** is professor and chair of the Department of African American Studies, Africana Women's Studies, and History (AWH) at Clark

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**Dr. Sheila Flemming-Hunter** is co-founder and president of The Black Rose Foundation for Children, Inc. (BRFC), a not-for-profit charitable organization founded in 2005 by Dr. Flemming-Hunter with her daughters attorney Alero Afejuku and Dr. Ayo Gathing. The vision of BRFC is to ensure that children, especially abandoned children, have unlimited opportunities to excel in all walks of life. The mission is to provide resources to organizations seeking to empower children, through programs, services, and advocacy. Dr. Flemming-Hunter is also president emerita of the Association for the Study of African American Life and History (ASALH). She has served as a professor at several universities including Bethune-Cookman University, University of Texas, University of Maryland, and Clark Atlanta University. She spent most of her years in the academy as historian, dean, and vice president. She is author of *Bethune-Cookman College 1904–1994: The Answered Prayer to a Dream* and she has contributed articles on Nelson Mandela and Mary McLeod Bethune in published works and reviewed textbooks for the UNA/USA. Her teaching and research interests include the history of black higher education, African and African American history, with special emphasis on women and race relations.

**Dr. Veta Goler** is division chair for arts and humanities and associate professor of dance at Spelman College, where she also served as department chair for the Department of Drama and Dance for almost eleven years. She has a long-standing meditation practice which reflects her commitment to helping others discover the ways contemplative practices can enrich their lives. She has facilitated retreats and workshops to lead others in personal and professional renewal at Spelman College, Agnes Scott College, Reinhardt College, Emory

University, Georgia State University, Westminster and Drew Charter Schools, and other retreat sites in Atlanta, Baltimore, and South Carolina. The modern dance artist is a national Circle of Trust facilitator. Recent publications include "From the Margins to the Center," in *Let the Beauty We Love Be What We Do: Stories of Living Divided No More*, co-edited with Sally Z. Hare and Megan LeBoutillier (2014) and "Love Poems to God: The Contemplative Artistry of Dianne McIntyre," in *The Journal of Dance, Movement and Spiritualities* (2014).

**Dr. Beverly Guy-Sheftall** is the founding director of the Women's Research and Resource Center and the Anna Julia Cooper Professor of Women's Studies at Spelman College. She is also adjunct professor at Emory University's Institute for Women's Studies where she teaches graduate courses. Dr. Guy-Sheftall was instrumental in bringing the women's studies movement to women of color, and the voices of women of color to women's studies. In 1983, she co-founded *SAGE: A Scholarly Journal on Black Women*, which was devoted exclusively to the experiences of women of African descent. Publications include *Sturdy Black Bridges: Visions of Black Women in Literature*, which she co-edited with Roseann P. Bell and Bettye Parker Smith; her dissertation, *Daughters of Sorrow: Attitudes toward Black Women, 1880–1920*; and *Words of Fire: An Anthology of African American Feminist Thought*. Her most recent publication is an anthology she co-edited with Rudolph P. Byrd entitled *Traps: African American Men on Gender and Sexuality*. She has also completed with Johnnetta Betsch Cole a monograph, *Gender Talk: The Struggle for Equality in African American Communities*

**Dr. Loren Henderson** is an assistant professor in the Department of Sociology and Anthropology at the University of Maryland, Baltimore County. Her research interests include diversity issues, stratification and inequality, health disparities, and race, class, gender, and sexuality. She is the co-author of a forthcoming book entitled *Diversity in Organizations: A Critical Examination* (Routledge). She is also author of several research articles on diversity, including "From Affirmative Action to Diversity: Toward a Critical Diversity Perspective" in *Critical Sociology*, "Does Critical Diversity Pay in Higher Education?: Race, Gender, and Departmental Rankings in Research Universities" in *Politics, Groups, and Identities: Journal of the Western Political Science Association the Journal of African American Studies*, and "Diversity in Illinois: Changing Meanings, Demographic Trends, and Policy Preferences" in *The Illinois Report*.

**Dr. Kisha Braithwaite Holden** is deputy director of the Satcher Health Institute and associate professor of psychiatry and behavioral sciences at Morehouse School of Medicine. Dr. Holden, who also holds an M.S.C.R., has dedi-

cated her career to encouraging mental health and well-being among ethnically and culturally diverse families through research, programmatic initiatives, practice, and the development of innovative strategies for informing mental health policies. She has placed special emphasis on addressing the needs of underserved and underrepresented populations that are often overlooked, yet prevail in contributing to the myriad of health and mental health disparities. Her current positions as director for community voices: healthcare for the underserved, associate professor of clinical psychiatry and behavioral sciences, interim research director for the Satcher Health Leadership Institute at Morehouse School of Medicine afford her the opportunity to promote excellence in community-based clinical and translational mental health research, develop programs that improve the accessibility of individuals to comprehensive health care, and develop culturally centered and gender-specific prevention and intervention strategies relative to individuals at risk for depression. Recent publications include "Toward Culturally Centered Integrated Care for Addressing Mental Health Disparities among Ethnic Minorities. Psychological Services," co-edited with B. McGregor, P. Thandi, K. Sheats, A, Belton, E. Fresh, G. Mattox, and D. Satcher (2014).

**Dr. Lani V. Jones** is an associate professor in the School of Social Welfare at the University of Albany (SUNY). Her research and scholarship interests are concentrated in the area of evidenced-based practice with a focus on psychosocial competence enhancement with traditionally underserved populations. More specifically, her research has focused on the use of group work in enhancing psychosocial competence among Black women. She is the author and co-author of several articles and book chapters, and is an associate of the Center for the Elimination of Minority Health Disparities. Dr. Jones is recipient of the 2004–2005 Health Disparities Researcher Development Award. Recent publications include "Culturally Responsive Group Work with Black Women," in the *Journal of Research on Social Work Practice*, an article co-edited with L. Warner in 2011, and "Black South African Psychiatric Recipients: Have They Been Overlooked under the Recent Democratization," in the *Journal of Health and Social Policy* (2009). She is a nationally recognized speaker on mental health practice interventions with traditionally underserved populations and has served on numerous national, state, and local health, human, and social service boards toward the advancement of social justice for Black women and their families.

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**Dr. Rachel Panton** is a lecturer at the University of Miami Miller School of Medicine's MOTIVATION Program for minority students. She has an extensive background in composition and is a specialist in adult learning and development. Her courses focus primarily on narrative and memoir. Dr. Panton has developed and taught online graduate writing courses for the Public Health

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**Dr. Chanequa Walker-Barnes** is an associate professor of pastoral care and counseling at Mercer University in Macon, Georgia. She utilizes an interdisciplinary approach in her teaching and research, drawing upon pastoral theology, womanist/feminist theology, cultural studies, and the social sciences. Her current interests include racial and gender issues in pastoral care, clergy self-care, Christian spirituality, and reconciliation. She is at work on her first book, *Too Heavy a Yoke: Black Women and the Burden of Strength*, which seeks to heighten pastoral awareness about the inordinate burden that the demand for strength places upon women of African descent and to provide a framework for liberative pastoral care with African American women. Dr. Walker-Barnes is a recipient of the Louisville Institute First Book Grant for Minority Scholars. An Atlanta native, Dr. Walker-Barnes is a candidate for ordination as an elder in the North Carolina Conference of the United Methodist Church.

# Index

This book offers a unique, interdisciplinary, and thoughtful look at the challenges and potency of Black women's struggle for inner peace and mental stability. It brings together contributors from psychology, sociology, law, and medicine, as well as the humanities, to discuss issues ranging from stress, sexual assault, healing, self-care, and contemplative practice to health-policy considerations and parenting. Merging theory and practice with personal narratives and public policy, the book develops a new framework for approaching Black women's wellness in order to provide tangible solutions. The collection reflects feminist praxis and defines womanist peace in terms that reject both "superwoman" stereotypes and "victim" caricatures. Also included for health professionals are concrete recommendations for understanding and treating Black women.

"...this book speaks not only to Black women but also educates a broader audience of policymakers and therapists about the complex and multilayered realities that we must navigate and the protests we must mount on our journey to find inner peace and optimal health."

— from the Foreword by Linda Goler Blount

STEPHANIE Y. EVANS is Professor and Chair of African American Studies, Africana Women's Studies, and History at Clark Atlanta University. She is the author of *Black Passports: Travel Memoirs as a Tool for Youth Empowerment* and the coeditor (with Colette M. Taylor, Michelle R. Dunlap, and DeMond S. Miller) of *African Americans and Community Engagement in Higher Education: Community Service, Service-Learning, and Community-Based Research,* both also published by SUNY Press. KANIKA BELL is Associate Professor of Psychology at Clark Atlanta University. She is also a licensed psychologist and owner of A.T.L. Psychotherapy & Consulting Services. NSENGA K. BURTON is Digital Editor of Grady Newsource at the University of Georgia, where she also teaches news writing and multiplatform production. She is the editor of *The Burton Wire.*