Introduction

Kisha Braithwaite Holden and
Camara Phyllis Jones

Purpose

The aim of *Black Women and Resilience: Power, Perseverance, and Public Health* is to help nurture community exchange of ideas between scholars by providing an infusion of qualitative and quantitative approaches examining resilience at the nexus of Black women and public health. We use a health equity lens, understanding that achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need (Jones, 2014). This edited volume provides a critical examination of the unique experiences and contributions of Black women as thought leaders and catalysts for transformation in the United States. *Black Women and Resilience: Power, Perseverance, and Public Health*, part of the SUNY Press Black Women's Wellness Series, is divided into four interconnected parts: part 1, "Cultural Narratives about Black Womanhood"; part 2, "Toward an Optimal Health Agenda: The Importance of Our Survival"; part 3, "Journey to Wellness and Community Healing"; and part 4, "Advocacy and Activism for Social Justice." Each of these sections elucidates core constructs and strategies for empowerment from academic experts and community leaders. There is recognition that intersectional identities exist; and this collection does not cover all aspects or specific diseases/disorders encountered by all Black women. Nevertheless, this volume highlights practical approaches

for promoting self-care, emotional intelligence, and balance in responding to daily life demands. Throughout the book, the signifiers Black and African-American are used interchangeably.

Organization of the Book: A Communal Approach to Black Women's Health and Well-being

The organization of this book reflects our deep understanding that the health and well-being of Black women are communal processes rooted in history, in culture, and in recognizing, celebrating, and sharing our gifts with one another. Our authors include those who responded to an open call for contributions as well as those who were specifically invited, and represent a broad range of ages, expertise, and perspectives. Each of the four sections of the book opens with depictions and explanations of four adinkra symbols and with a poem. Each section includes a "Commentary" in addition to more academic chapters, and each section ends with a "Conversation with Thought Leaders," where we present the collective wisdom gleaned in a group conversation around structured questions. We close the volume with a dialogue in which we look back to move forward, recognizing the importance of sustaining our work across generations. This book is very much a community endeavor and reflects our recognition that assuring the conditions for Black women's health will require collective action.

Cultural Narratives about Black Womanhood

Part 1 delineates cultural realities illustrated within the experiences of many Black women. It offers a depiction of selected aspects of Black womanhood. It includes four chapters—"Black Motherhood: Deeply Rooted," "Dispelling Negative Stereotypes and Images: Black Girl Magic, Black Girls Rock!," "The Superwoman (Sojourner) Syndrome and African American/Black Women," "The Making of a Black American Quilt: Discussing the Threads of the Strong Black Woman Image through Family Narratives and Media Storytelling"—and one commentary entitled "Nothing Can Break You Unless You Give It Permission To!" This section aims to illuminate some of the core issues that are germane to understanding of Black womanist ideology.

Toward an Optimal Health Agenda: The Importance of Our Survival

Part 2 discerns a canopy of information about significant health issues that impact Black women. It includes eight chapters—"The Black Women's Health Study: An Epidemiologic Snapshot of Black Women's Health," "Obesity, Heart Disease, and the Influence of Dietary Guidelines among Black Women," "When Resilience Hits Its Ceiling: The Burden of the COVID-19 Pandemic," "Black Women and HIV: From Surviving to Thriving," "The Nexus of Chronic Stress, Autoimmune Disorders, and Black Women," "Mindfulness Matters: Mental Health Risks and Protective Factors for Black Women," "Reckoning with Resilience: Black Breastfeeding," "The Color Line of Infertility: Reproductive Disparities in Black Women"—and one commentary entitled "Abortion Is a Reproductive Justice Issue for Black Families and Communities." Also, two Centers for Disease Control and Prevention fact sheets concerning Maternal Health and Cancer are offered. This section aims to explicate selected health topics of significance to Black women utilizing a health equity lens. It is recognized that a vast array of diseases/disorders/illnesses are not represented. Nevertheless, the selected health conditions provide a foundation for fostering a health agenda that may be rooted in particular challenges encountered by some Black women.

Journey to Wellness and Community Healing

Part 3 offers a compilation of topics to encourage well-being and growth among Black women in five chapters—"On the Frontlines: Stressors of Black Women Caring for Children of Incarcerated Parents," "Resilience, Recovery, and Resistance: Black Women Overcoming Intersectional Complex Trauma," " 'I Feel Some Type of Way': Experiences of Relationship Violence, Resilience, and Resistance among Urban Black Girls," "Womanist Theological Bioethics: A Healing and Culturally Responsive Approach to Death and Dying in Black Communities," "Blissful Balance: Spirituality, Healing, and Restoration"—and one commentary entitled "Organized Resistance Is Necessary." This part seeks to illustrate selected relevant issues that are central to the plethora of ways to promote robust living, wellness, and healing within communities.

Advocacy and Activism for Social Justice

Part 4 illustrates the importance of disentangling significant concepts related to justice and empowerment for Black women in the United States. Five chapters—"#SayHerName: Honoring Black Women Victims of Violence," "Black Women, Public Health, and Resilience: Political Power," "Standing on the Shoulders of Those before Us," "Multimedia: Changing the Narrative," "Anti-Racism Primer: Naming Racism and Moving to Action"—and a dialogue of significance entitled "Looking Back to Move Forward" are offered. This section gives a glimpse into the veracity of lived experiences for many Black women and gives approaches that may be used for integrity-centered servant leadership. It also highlights the need for collective action, because collective action propels us, informs us, inspires us, and protects us.

Black Women Trailblazers and Thought Leaders

There are many Black women thought leaders who have shattered the "glass ceiling" and laid a stellar foundation of brilliance for achievement of excellence by future generations. Separate key informant interviews and related analyses were conducted by medical anthropologist Maisha Standifer, PhD, and psychologist Kisha Braithwaite Holden, PhD, MSCR, with twelve innovative Black women. These phenomenal women represent diverse fields in public health, medicine, psychology, women's health, health equity, Black women's wellness, pediatrics, psychiatry, political science, and academia. They share perspectives relative to their conceptualizations of how resilience is actualized among Black women. Excerpts and quotes from these amazing interviews are laced throughout the volume as concluding conversations in each of the four sections of the book.

Conceptualization of Community Resilience

Resilience is important for optimal physical and mental health functioning across a variety of populations and settings, and across the human life span (Tsai & Freedland, 2022). The American Psychological Association defines individual resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and

financial stressors." As much as resilience involves "bouncing back" from these difficult experiences, it can also involve profound personal growth (APA, 2020). Psychological resilience has been recognized for centuries by civilizations around the world as a core element of human development and growth (Masten & Wright, 2010; Nicoll & Zerboni, 2020). This notion is further reinforced by research studies that suggest that resilience involves behaviors, thoughts, and actions that are invoked in response to challenging situations (Holden et al., 2016–2017; Connor-Davidson, 2003; Siebert, 2005). Moreover, studies have identified developmental, neurobiological, health, and psychosocial factors that are associated with resilience among children and adults (Iflaifel et al., 2020; Tsai et al., 2017); and the field of resilience research is ripe with opportunities to utilize new conceptual frameworks, extend investigations to understudied populations, and develop more effective interventions (Elliott et al., 2019; Meyer et al., 2019; Robertson et al., 2015; Rutter, 2013; Tsai et al., 2018).

The concept of community resilience has been addressed across multiple disciplines, including environmental sciences, engineering, sociology, psychology, and economics (Koliou et al., 2020), and comprehensive community resilience models typically encompass the performance of individuals within a community, and environmental and socioeconomic infrastructure systems that are largely interdependent (Matarrita-Cascante et al., 2017). Magis (2010) suggests that community resilience is "the existence, development, and engagement of community resources by community members to thrive in an environment characterized by change, uncertainty, unpredictability, and surprise."

The notion of community resilience provides an optimal framework for building healthier communities (Holden et al., 2016). Moreover, this concept is particularly salient with an awareness that equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential. We purport that collectively community members, public health professionals, practitioners, researchers, policymakers, and other stakeholders should elevate strategies to cultivate community resilience, even as they also work to decrease the stresses and assaults on individuals and communities.

On Public Health

Public health is the science and practice of caring for the health and well-being of whole communities. Public health is more than the sum

of the health status of individuals. Public health is about the health of communities, which includes both individuals and the ties that bind individuals; individuals and the contexts in which those individuals thrive or are wasted; individuals and the power structures that either celebrate or deny their full humanity.

As opposed to medical care, which is concerned about the health and well-being of individuals one by one, public health acknowledges that each of us is part of a greater collective, that we are inextricably interconnected, that we are all in this together. Public health concerns itself with distributions of measures across populations, and with contexts that aid in interpretation of the measures. The measure of community health is not the level of health enjoyed by only the healthiest member in a community; public health is judged by how widely distributed the enjoyment of good health is in that community. And the pathway to good community health is through assurance of the conditions for optimal health for all people. And that requires recognizing that health is not created within the health sector. Public health requires the bridging of health sectors to nonhealth sectors, including education, housing, justice, transportation, environment, immigration, agriculture, business, and other sectors that shape our contexts and our interactions. Because the distribution of goods and services in communities is not random, public health must address the root causes of the uneven distribution of exposures and opportunities, thus concerning itself with all of the structures, policies, practices, norms, and values that shape group differences in contexts. This means addressing racism, sexism, heterosexism, capitalism, and other systems of structured inequity. This means that public health should also concern itself with social/societal issues. No person lives in a vacuum, even those being punished with solitary confinement. We are all impacted by the choices of others in our society, whether we acknowledge that or not. Yet we differ in our ability to access power and to practice self-determination, which is based on the power to decide, the power to act, and control of resources.

We live in community with one another, whether we want to acknowledge that truth or not. What I do impacts you and what you do impacts me. Your breath affects my ability to breathe. Your greed affects my ability to eat. Your fear affects my ability to live. Our individual health and the health of our communities are shaped by power-sharing and valuing of one another. On the other hand, selfishness undermines our health and the health of our communities.

This volume weaves together the wisdom of Black women for and about Black women for the betterment of the whole of society. We understand that the health and well-being of the public are a community-level concern. And we also understand that they are an individual concern because in truth, we *are* all in this together. The planet on which we live. The air we breathe. The water we drink. The brilliance in which we invest or that we instead squander. The humanity that we recognize or that we instead dehumanize to our great loss. The creativity that we nurture or that we instead constrain with our soul-crushing disinvestment in communities that we "other." Our very limited conceptions of "my children" versus "your children" that keep us from recognizing that all children are our children.

Black women have held these truths through the ages and continue to be living beacons of collective consciousness, collective caring, collective action. When we lose fear, we gain health. When we share our material resources, we gain health. When we share our talents, we gain health. When we acknowledge the full humanity of all of us, we gain health. And wealth. And joy. And strength as a community.

References

American Psychological Association. (2020). *Building your resilience.* http://www.apa.org/topics/resilience/building-your-resilience.

Connor, K., & Davidson, J. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, *18*(2), 76–82. https://doi.org/10.1002/da.10113

Elliott, T. R., Hsiao, Y.-Y., Kimbrel, N. A., DeBeer, B. B., Gulliver, S. B., Kwok, O.-M., Morissette, S. B., & Meyer, E. C. (2019). Resilience facilitates adjustment through greater psychological flexibility among Iraq/Afghanistan war veterans with and without mild traumatic brain injury. *Rehabilitation Psychology*, *64*(4), 383–397. https://doi.org/10.1037/rep0000282

Holden, K., Akintobi, T., Hopkins, J., Belton, A., McGregor, B., Blanks, S., & Wrenn, G. (2016). Community engaged leadership to advance health equity and build healthier communities. *Social Sciences*, *5*(1), 2. https://doi.org/10.3390/socsci5010002

Holden, K. B., Hernandez, N. D., Wrenn, G. L., & Belton, A. S. (2016–2017). Resilience: Protective factor for depression and post-traumatic stress disorder among African Americans. *Health, Culture, and Society*, *9/10*, 12–29. https://doi.org/10.5195/hcs.2017.222

Iflaifel, M., Lim, R. H., Ryan, K., & Crowley, C. (2020). Resilient health care: A systematic review of conceptualisations, study methods and factors that develop resilience. *BMC Health Services Research*, *20*(1), article 324. https://doi.org/10.1186/s12913-020-05208-3

Jones, C. P. (2014). Systems of power, axes of inequity: Parallels, intersections, braiding the strands. *Medical Care*, *52*(10, suppl. 3), S71–S75.

Koliou, M., Lindt, J. W. van de, McAllister, T. P., Ellingwood, B. R., Dillard, M., & Cutler, H. (2020). State of the research in community resilience: Progress and challenges, *Sustainable and Resilient Infrastructure*, *5*(3), 131–151. https://doi.org/10.1080/23789689.2017.1418547

Meyer, E. C., Kotte, A., Kimbrel, N. A., DeBeer, B. B., Elliott, T. R., Gulliver, S. B., & Morissette, S. B. (2019). Predictors of lower-than-expected posttraumatic symptom severity in war veterans: The influence of personality, self-reported trait resilience, and psychological flexibility. *Behaviour Research and Therapy*, *113*, 1–8. https://doi.org/10.1016/j.brat.2018.12.005

Nicoll, K., & Zerboni, A. (2020). Is the past key to the present? Observations of cultural continuity and resilience reconstructed from geoarchaeological records. *Quaternary International*, *545*, 119–127. https://doi.org/10.1016/j.quaint.2019.02.012

Magis, K. (2010). Community Resilience: An indicator of social sustainability. *Society and Natural Resources*, *23*(5), 401–416. https://doi.org/10.1080/08941920903305674

Masten, A. S., & Wright, M. O. (2010). Resilience over the lifespan: Developmental perspectives on resistance, recovery, and transformation. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 213–237). Guilford Press.

Matarrita-Cascante, D., Trejos, B., Qin, H., Joo, D., & Debne, S. (2017). Conceptualizing community resilience: Revisiting conceptual distinctions. *Community Development*, *48*(1), 105–123. https://doi.org/10.1080/15575330.2016.1248458

Robertson, I. T., Cooper, C. L., Sarkar, M., & Curran, T. (2015). Resilience training in the workplace from 2003 to 2014: A systematic review. *Journal of Occupational and Organizational Psychology*, *88*(3), 533–562. https://doi.org/10.1111/joop.12120

Rutter, M. (2013). Annual research review: Resilience—clinical implications. *Journal of Child Psychology and Psychiatry*, *54*(4), 474–487. https://doi.org/10.1111/j.1469-7610.2012.02615.x

Siebert, A. (2005). *The resiliency advantage: Master change, thrive under pressure, and bounce back from setbacks*. Berrett-Kohler.

Tsai, J., & Freedland, K. E. (2022). Introduction to the special section: Resilience for physical and behavioral health. *Health Psychology*, *41*(4), 243–245. http://dx.doi.org/10.1037/hea0001179

Tsai, J., Harpaz-Rotem, I., Pietrzak, R. H., & Southwick, S. M. (2017). Trauma resiliency and posttraumatic growth. In S. Gold, C. Dalenberg, & J. Cook (Eds.), *APA handbook of trauma psychology: Vol. 2. Trauma practice* (pp. 89–113). American Psychological Association. https://doi.org/10.1037/0000020-005

Tsai, J., Jones, N., Pietrzak, R. H., Harpaz-Rotem, I., & Southwick, S. M. (2018). Susceptibility, resilience, and trajectories. In F. J. Stoddard, D. M. Benedek, M. R. Milad, & R. J. Ursano (Eds.), *Trauma- and stressor-related disorders* (pp. 223–238). Oxford University Press.