

INTRODUCTION

Learning to BREATHE

Toward a Balanced Model of Black Women's Wellness

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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 intimidated 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. Pantan 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, classism, 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 television 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.



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 American 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.



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.

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