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A CALL TO HEALING: BLACK LIVES MATTER MOVEMENT AS A FRAMEWORK FOR ADDRESSING THE HEALTH AND WELLNESS OF BLACK WOMEN

Melissa Wood Bartholomew[*], Abril N. Harris[*], and Dale Dagar Maglalang[*]

The Black Lives Matter (BLM) movement re-centered and illuminated the disparities facing the Black population as a result of systemic racism in the United States (U.S.). Notably, BLM also highlighted and uplifted issues facing Black women. Numerous studies have demonstrated that Black women are at-risk for cardiovascular disease, maternal and infant mortality, breast cancer, and mental health symptoms. This paper seeks to argue that the BLM movement is a critical site for radical transformation for raising critical consciousness. In focusing on the well-being of Black people, BLM puts forth a framework of healing justice that employs an anti-racist, intersectional, holistic, and culturally and politically appropriate informed therapeutic approach. This framework addresses the historical and contemporary trauma that Black people have and continue to experience in the U.S. This paper asserts that this framework can cultivate a space of vulnerability for Black women to heal and to continue to develop resilience for liberation and self-determination.

Keywords: *Black Lives Matter, Black women, anti-racism, mental health, social determinants of health*

1. Introduction

The Black Lives Matter (BLM) movement unapologetically and intentionally demands for the reverence and survival of Black lives. While the organization's inception centered on police brutality and ceremonious killings of Black people in the United States (U.S.), BLM reinvigorated the deleterious and crippling effect of a feign post-racial society since the election of former President Barack Obama (Rickford, 2016). The movement re-centered the devaluation and glaring disparities on the condition of Black lives. The scope of reach illuminates the salient

[*] Boston College School of Social Work, USA ✉

ways that Black lives are often categorized as insignificant. But most importantly, the movement also shifted the discussion on the condition of all Black women through the hashtag #SayHerName (Khan-Cullors & bandele, 2018), and shed light on recent events such as the death of Erica Garner, and the near fatality of Serena Williams following the birth of her daughter (Salam, 2018; Wang, 2017).

The blatant disregard for Black women's health has fostered egregious health disparities, leading to high rates of chronic illnesses, morbidities, and mortalities. Black women are at a higher risk for death or complications following the development of several illnesses. Critical health issues among Black women include cardiovascular disease (e.g. heart disease, stroke, hypertension), cancer, and maternal/infant mortality (Mehta et al., 2016; Frölich et al., 2014; Williams, Mohammed, & Shields, 2016). Black women also have higher rates of major depressive disorder than their male counterparts (Williams et al., 2007). In addition, although suicidality is not the primary cause of death among Black women, it remains to be one of the top ten causes of mortalities among Black women ages 10-34 years old (Heron, 2016). Empirical evidence dedicated to identifying factors that are contributing to this phenomenon demonstrated that racism, specifically institutional and cultural racism, has become an apparent determinant of poor health in the Black community (Williams & Mohammed, 2013). Researchers contend that institutional racism, the operation of racial discrimination within systems, and cultural racism, the persistence of racist ideas in American culture, can negatively impact one's health through the transmission of racial stigma, prejudice, and stereotypes (Williams & Mohammed, 2013).

There is growing literature regarding how racism is affecting the lives of Black people physically, emotionally, and mentally. To counteract and dismantle the adverse effects of systemic racism, BLM, as a movement, is a critical site of analysis for radical transformation. BLM has proposed a framework for healing justice, a call to center the healing and wellness of Black people in their historical, spiritual, socioeconomic, and political contexts. They are asserting that the work of healing Black people must be embedded in their direct action work (e.g. protest, organizing, marches, etc.) (BLM, n.d.). Their resource entitled, "Healing in Action: A Toolkit for Blacks Lives Matter Healing Justice & Direct Action", presents a vision for the healing and liberation of Black people. They contend that, "at the very root of healing justice is an analysis of trauma and resilience, of our need as Black people to care for each other and organize for freedom" (BLM, n.d., p. 3). This article aims to apply this toolkit as a framework to focus on the health and well-being of Black women. It further seeks to demonstrate how the framework can also serve as a roadmap for raising critical consciousness through Freire's concept of conscientização. Thus, through the lens of BLM, methodologies and interventions for the healing of Black women must be rooted within a multidimensional ecological context while framing Black women as activists who work daily to resist racism, sexism, and other systems of oppression. It calls clinicians, psychologists, and all persons who treat Black women to prioritize the particular impact of these social forces on the mind, body, and spirit of Black women. This framework amplifies their voice and wisdom and the role of social justice activism, spirituality, and healing groups in the cultivation of holistic strategies for their healing. It aligns with a community psychology approach as it requires the behavior and condition of Black women to be assessed within the fullness of the totality of their sociopolitical experience, and that their interventions emerge from this multidimensional terrain and not be centered exclusively within individual psychosocial development (Watts, Griffith, & Abdul-Adil, 1999).

1.1. Historical Context

To understand the current state of Black women in the U.S., a historical analysis is critical in unpacking the intergenerational trauma that Black women have experienced overtime. Black women were unwillingly forced to be participants in experiments that helped to drive the medical field forward in developing techniques and treatments that were largely only accessible to White people (Washington, 2006). This nascent uncovering of the history of the medical exploitation of Black women motivated its proponents to rewrite history. Recently, activists and community members joined efforts to remove the statue of Dr. J. Marion Sims the "father of gynecology" from Central Park in New York City (Brown, 2017). While Dr. Sims made strides in the field of gynecology, he experimented on enslaved Black women, often without the use of anesthesia (DeGruy, 2005). These experiments were meant to advance gynecological techniques and equipment to assist with treatment of White women. Similar experimentation akin to that of Sims' occurred throughout the period of enslavement, including experiments perpetuated by Thomas Jefferson on enslaved people to test the effectiveness of a smallpox vaccination prior to administering the vaccine to his family (Washington, 2006).

Experimentation on Black female bodies for the purpose of bolstering medical innovation continued to occur well into the 19th and 20th centuries. In 1951, Henrietta Lacks had her cells harvested without her consent (Nisbet & Fahy, 2013). Her cells, later labeled HeLa, were used in creating vaccines for a host of different illnesses such as polio and HIV (Nisbet & Fahy, 2013). In modern society, health providers are advising and persuading women of color to opt for elective sterilization (Beal, 2008). Furthermore, several "Maternity Clinics" are operating in the U.S. with the intention of advising Black women from low-income backgrounds to undergo sterilization procedures (Beal, 2008).

Black women's health historically has never been a priority for the U.S. unless it was in the interest of preserving the health of the White population. Washington (2006) detailed the various ways in which medical science benefited from experimentation and inhumane treatment of Black subjects (i.e. Tuskegee and contraception experiments). The experimentation in the field of gynecology was perhaps the most harrowing, with dehumanizing and painful surgeries performed on slave women without the aid of anesthesia (Washington, 2006). Researchers and providers are beginning to understand that the health disparities prevalent in the Black community is a result of systemic racism embedded in our institutions (Feagin & Bennefield, 2014).

1.2. Preventable Mortality Risks Among Black Women

Black Americans on average live six years less than White Americans (Washington, 2006). Various explanations for health disparities among Black Americans have been attributed to racial and environmental factors such as access to quality healthcare, cultural health beliefs, and medication compliance (Jacobs, 2006). These factors manifest tangibly in Black patients being more likely to be admitted into lower quality hospitals and receiving less cardiac tests and monitoring in treating hospitals (Popescu, Cram, & Vaughan-Sarrazin, 2011; Jacobs et al, 2006). Black women may be at greater risk for poor health outcomes due to the intersectional nature of their identities (Greer, 2011). Chronic exposure to stress and discrimination leads to the

intensification of allostatic load, which if not mitigated, leads to diseases (Giurgescu et al., 2016).

1.2.1. Cardiovascular Disease

Heart disease is the primary cause of death among all women in the U.S. (CDC, 2015). Black women are one third more likely to die from heart disease compared to White women, even when controlling for educational attainment and socioeconomic status (Jha et al., 2003). Consistent exposure to discrimination has been associated with increased occurrence of coronary artery calcification and cardiovascular risk factors (Versey & Curtin, 2016). Black women are also at a higher risk for complications or death following a stroke (Beal, 2014). In addition, 60% of older Black women and 54% of younger Black women have more than 3 risk factors associated with myocardial infarction and sudden cardiac arrest (Mehta et al., 2016).

1.2.2. Maternal and Infant Mortality

Despite living in one of the wealthiest and technologically advanced countries in the world, Black women and their infants are dying at significantly higher rates compared to all other ethnic groups (Willis et al., 2014). The maternal mortality rate has increased nationally among women living in the U.S., but Black women continue to be disproportionately affected with a maternal mortality ratio of 37.7 per 100,000 births (Frölich et al., 2014). Black women ages 25 and older experience increased risk for maternal death nearly 4 times that of White women (Bond, 2011). Moreover, Black infants are twice as likely to die in comparison to White infants (Willis, 2014).

Investigation into the causes of mortality rates in both Black women and infants has illuminated the contribution of structural racism and its implications pertaining to pregnancy outcomes. Many maternal deaths have a 41% chance of being completely preventable (Main, McCain, Morton, Holtby, & Lawton, 2015). Furthermore, Black women are more likely to experience reduction in anti-inflammatory cytokines during the second trimester which can trigger uterine contractions and result in early term birth (Giurgescu, 2016). As with many of the health risk associated with Black women, psychological stress impacts the physiological health of the mother leading to poor physical and mental health outcomes during and after pregnancy (Ertel et al., 2012).

1.2.3. Breast Cancer Vulnerabilities

In the U.S., breast cancer is the most frequently diagnosed malignant tumor in women (Hung, 2016). The incidence rate for breast cancer among Black women is lower when compared to White women. In contrast, mortality rates following the development of breast cancer among Black women is 40% higher than White women (McCarthy et al., 2015). Black women are also more likely to develop cancer in late-stage, at a younger age, and are diagnosed with the most aggressive tumor (Hung et al., 2016).

Williams et al. (2016) present the multiple levels of social contributions that may impact higher levels of mortality among Black women. Among these contributions mentioned is the

multiplicity of environment, biological/genetic, and psychological determinants of poor health outcomes following a breast cancer diagnosis in Black women. Quality of care resurfaces as a major indicator for increased risk of mortality, as Black women are receiving inadequate medical treatment and care (Hunt & Hurlbert, 2016). It is now common practice to postpone mammograms until age 50, which can be detrimental for Black women as they are diagnosed at earlier ages and often with more aggressive cancers (Amirikia, Mills, Bush, & Newman 2011). In addition, Black women are more likely to be diagnosed with triple-negative cancer types which are unresponsive to many of the leading standardized breast cancer treatments (Williams et al., 2016).

1.2.4. Mental Health

Black women are highly vulnerable to psychological distress and other forms of traumatic and depressive symptoms. Several studies have demonstrated that sexual objectification, racism, and gendered racism lead to depressive symptoms among Black women (Carr, Szymanski, Taha, West, & Kaslow, 2014; Thomas, Witherspoon, & Speight, 2008). Major depressive disorder has a lifetime prevalence rate of 10.4% among Black women. While other ethnic groups experience higher rates of depression, Black women have greater severity of symptoms and are less likely to seek care with only 12% seeking treatment (Amutah-Onukagha, Doamekpor, & Gardner, 2017). Moreover, cumulative trauma because of such events like violence, sexual assault, and discrimination also places Black women at high risk in developing post-traumatic stress disorder (PTSD) (Hauff, Fry-McComish, & Chiodo, 2017). Although some Black women attempt to challenge and demystify negative stereotypes about them in mainstream culture as a form of coping and resistance through the embodiment of a Strong Black Woman (SBW) or Super Woman role, this has also contributed to interpersonal conflicts and engagement in stress-related behaviors (Woods-Giscombé, 2010). For example, Black women who identify with the SBW role are more likely to engage in self-silencing behavior and are at greater risk for depression and anxiety (Stanton, Jerald, Ward, & Avery, 2017).

The increased risks present for many Black women in the U.S. continue to occur and remain stagnant year after year. The heavy burden that wears down Black women physically and mentally, referred to as weathering, is a prime example supporting the necessity for a BLM lens (Woods-Giscombé, 2010). Evidently, the racist attitudes and institutions embedded in U.S. society are negatively impacting the overall health of Black women leading to chronic illnesses and poor mental health outcomes.

2. BLM as a Platform for Raising Critical Consciousness

In situating the BLM movement within the field of community psychology, one can argue that the framework of Paulo Freire's concept of conscientização or critical consciousness and BLM are analogous. Conscientização pertains to the process wherein the oppressed are able to comprehend and identify the "social, political, and economic contradictions" of society to challenge and eradicate its oppressive structure (Freire, 2000, p. 35). Indeed, critical consciousness has been employed not only to transform and revolutionize the realm of education

(Tintiangco-Cubales et al., 2015), but has also been used to inform the epistemology, pedagogy, and praxis of community psychology (Watts & Serrano-García, 2003).

Freire (1973) argues that achieving critical consciousness is a process and has varying levels. In the semi-intransitive consciousness, the individual is incognizant of the problems beyond their proximal sphere; their main motivation is survival (Freire, 1973). It is only through the questioning and analysis of their environment and engaging in dialectical discussions with the community that they enter transitive consciousness. In the second level of consciousness, transitive consciousness or naïve transitivity, the individual's comprehension of the problem has broadened, however, they engross themselves in simplified analysis of the issues through undervaluing the common individual, ineptitude to investigate and conduct research, predilection on chimerical theoretical analysis of issues difficult for the common individual to understand, and condemns others instead of engaging in dialogue (Freire, 1973). The third level of consciousness, critical transitivity, pertains to the individual having a comprehensive understanding of issues, able to test their theories and knowledge, amends their perception based on their findings, takes responsibility, has clear and accessible analysis of the issues for the masses to understand, and participates in dialogue (Freire, 1973). Freire (1998) posits that once the oppressed break their silence, they will reach a state of critical consciousness that will engender radical transformation to not only humanize themselves in the process, but also to liberate their oppressors.

Community psychologists have adopted the concept of critical consciousness in numerous modalities. For instance, an intervention among Black high school men used different forms of mass media such as images, rap videos, and film clips to analyze and synthesize how Black Americans are portrayed in mainstream society to raise critical consciousness (Watts et al., 1999). Photovoice was also employed in a predominantly Black community to engage participants to use photographs to identify the needs of their neighborhood (Carlson, Engebretson, & Chamberlain, 2006). Another study found that students of color from an urban high school who had higher levels of critical consciousness were more committed in their career development to challenge and change the structures (Diemer & Blustein, 2006).

The BLM movement has transformed organizing and raising critical consciousness in the 21st century. Certainly, engendering critical consciousness in the Black community has never ceased. But the prevalence and ubiquity of technology has catapulted raising critical consciousness in an unfamiliar territory. The hashtag that was read around the world, #BlackLivesMatter, achieved this feat. The hashtag allowed people to contribute to and learn from the ever-evolving narrative that focuses on the lived experiences of Black people that is often ignored by mainstream media (Yang, 2016). Nevertheless, as Khan-Cullors and bandele (2018) states, BLM is "…more than a hashtag. This is about building power. This is about building a movement" (p. 196). Evidently, BLM has created a global network that educates, organizes, and promotes important issues affecting the Black community. But even more so, BLM, which Patrisse Khan-Cullors, Alicia Garza, and Opal Tometi, three Black women, founded, centralizes Black women in the struggle (Khan-Cullors & bandele, 2018). This transnational struggle is what Dutta (2016) argued as a need for the field of community psychology to examine movements like BLM to understand the production of knowledge and transformation that is deeply connected to the issues affecting people across the globe. Moreover, in practicing community psychology, the ability to comprehend the BLM movement to raise critical consciousness among practitioners is imperative in understanding the psychosocial functioning that is influenced by the environment and society in which Black communities are situated (Aymer, 2016).

3. A Framework to Heal Black Women

3.1. Healing Philosophy

BLM incorporated the work of healing into their justice movement. The healing justice dimension frames the healing of Black people as a political act. As noted earlier, to anchor their healing work, the BLM movement created "Healing in Action: A Toolkit for Black Lives Matter Healing Justice & Direct Action," which serves as the foundation for this discussion (BLM, n.d.). In their resource, BLM asserts that healing justice belongs at the center of their direct action work together. They believe in an intersectional holistic approach to Black healing and wellness which is interdisciplinary and infused with spirituality, culture, and ritual practices which reinforces connection to the Earth, to each other, and to their shared vision for liberation (BLM, n.d.). BLM emphasizes the emotional, psychological, and spiritual aspects of their work which they contend creates a barrier that prevents Black individuals from accessing their full selves (BLM, n.d.). They center their understanding of healing justice in an analysis of trauma and resilience with attention to the need to take care of each other while they mobilize for liberation (BLM, n.d.). BLM underscores the pervasiveness of many forms of trauma in the lives of Black people, including trauma stemming from structural racism and violence within their communities. Their praxis of a trauma-informed pedagogy also extends to their awareness of the presence of the pain of their ancestors that remains alive in their consciousness and subconscious and can be triggered by current events (BLM, n.d.). BLM acknowledges the weight of this unhealed generational trauma and the need to attend to these neglected wounds. Their aim through this healing justice framework is to prioritize practices that strive beyond coping and promote resilience to address the trauma and work towards healing and resilience that leads to growth (BLM, n.d.).

3.2. Healing Justice

The BLM healing justice framework outlines practices for BLM groups to engage in at each stage of direct action work, which are as follows: (1) preparing for an action; (2) during an action; and (3) following an action-restoration and resilience (BLM, n.d.). During the preparation stage, BLM chapters utilize centering breathing exercises to ground themselves, calm anxiety, and reconnect to the body (BLM, n.d.). They realize how these breathing practices can impact the way they interact with each other and set the tone for their direct action. Members are encouraged to engage in box breathing exercises, to conduct body scans to acknowledge what is occurring within the body, and to share their reflections with the group (BLM, n.d.). The framework also calls for incorporating collective chanting and singing during this stage which regulates the nervous system (BLM, n.d.). Time is reserved for check-ins so they can create space for vulnerability and allow those involved to articulate what they may need to remain grounded during the action work. They are intentional about reaffirming their vision for Black liberation to remain rooted in their commitment to center healing justice in their work. During the action stage, members remain aware of the possibility of trauma impacting their work and they assign appropriate members to address the morale and critical needs during the direct action including any conflicts within the leadership (BLM, n.d.). Members are also encouraged to

consider building altars which can serve as a visual representation of ancestors and God or the power greater than themselves (BLM, n.d.). Following direct action, they shift their focus to restoration and resilience and engage in group processing where principles of appreciation, self-reflection, and accountability are encouraged Finally, there is a commitment to individual work and personal healing. BLM contends that this processing period can help build the foundation for the practice of centering healing justice in all aspects of their work, not just during direct action or a time of crisis (BLM, n.d.). Their aim is to integrate it by encouraging members to reflect on their direct action experience and apply what they learn to strengthening the relationships within the chapters.

The three stages of the BLM healing justice approach can help members of the BLM movement move through Freire's (1973) path to critical consciousness while on their journey to liberation through their direct action work. In the first stage of the healing justice framework, preparation for action, BLM members are encouraged to engage in centering and grounding exercises, as well as visioning exercises. This stage could arguably be compared to Freire's (1973) semi-intransitive consciousness stage where there is a limited view of the problem and the focus is on coping and surviving. BLM members may enter the preparation stage of the healing justice framework in an agitated state as a result of trauma and stress which may hinder their ability to fully comprehend all of the complexities of the challenges they are addressing through their direct action. This highlights the importance of the grounding exercises. As they move through to the second stage, during an action, there is dialogue and engagement with the community. This corresponds with Freire's (1973) transitive consciousness level where their understanding of the matter is deepening through their engagement with community. This work lays the foundation for the third stage, following the action-restoration and resilience phase, which involves group and individual processing. This stage corresponds with Freire's (1973) critical transitivity, the third level of consciousness, where individuals experience awareness and clarity which emerges following the direct action work after processing through reflection, and they are guided to a better understanding of the societal issues they are challenging, as well as each other. At this level, members have reached a state of critical consciousness which helps them to cultivate radical transformation and liberation for themselves and the oppressor (Freire, 1998).

Table 1. BLM Healing in Action and Freire's Three Levels of Consciousness.

Freire's Three Levels of Consciousness	Healing in Action
Semi-Intransitive	Preparing for an Action
Transitive Consciousness	Centering & Grounding
Critical Transitivity	Visioning
	Organizing Community Support & Resources
	During an Action
	Assigning Roles
	Altar Building
	Food & Hydration
	Community Support & Resources
	Following an Action – Restoration & Resilience
	Group Process
	Individual Work
	Integrating Healing Justice

Note. Data from Freire (1973) and Healing in Action Toolkit from Black Lives Matter (n.d.).

BLM's healing justice approach and principles can be organized into the following three constructs: culturally/politically-appropriate clinical assessments and interventions, historical trauma, and resilience through healing communities (BLM, n.d.). Collectively, these constructs can be applied as a framework for examining BLM as vehicle for holistic healing for Black women.

3.3. Culturally and Politically-Appropriate Assessments & Interventions

As highlighted previously, the BLM healing justice framework promotes an approach to the healing and wellness of Black people which is infused with spirituality, culture, and rituals and acknowledges the emotional and psychological impact of fighting against racial and other systems of oppression (BLM, n.d.). Clinicians must conduct assessments and offer interventions which are culturally and politically relevant. Consistent with a community psychological approach, this schema requires clinicians to understand that interventions must incorporate social justice consciousness, which includes spirituality, and they cannot just focus on the psychological development aspect of Black women's well-being (Watts et al., 1999). Bryant-Davis and Ocampo (2006) embrace Comas-Díaz's (2000) call for clinicians to adopt an "ethnopolitical" and "anti-racist" therapeutic approach when working with clients of color which acknowledges "the impact of oppression, racism, and political repression" and "does not minimize, ignore, or intellectualize racism" (p. 7). They implore clinicians to create a safe environment for racism to be explored in the context of a "therapeutic alliance" which manifests as clinicians reveal their authentic appreciation for the severity of racism and its negative impact on those targeted as well as its perpetrators (Bryant-Davis & Ocampo, 2006, p.8). This article argues that BLM's healing justice framework can be interpreted as a call to clinicians to create a clinical space for Black women where they can share the totality of their lived experiences navigating through a world replete with stressors rooted in oppression (BLM, n.d.). For example, Black women experience a complex mixture of racism and sexism in workplace settings, which produces chronic stress (Hall, Everett, & Hamilton-Mason, 2012). The authors contend that clinicians working with Black women must address the complexity of racism and sexism which manifests in their work environment and the subsequent impact on their self-concept and psychological health (Hall et al., 2012). The researchers assert that the clinical work must entail the deconstruction of the stereotypes about Black women that permeate their environment. They posit that interventions must be targeted towards providing Black women with the support they need to discuss their emotions, such as shame, which might help to lower their experience of isolation and feelings of powerlessness (Hall et al., 2012).

White clinicians who work with Black women must be equipped to create the type of therapeutic space which allows Black women to reveal their full selves. Danzer, Rieger, Schubmehl, and Cort (2016) outline essential considerations specifically for White psychologists who work with African-American clients. They assert that White psychologists must be aware of how they might be perpetuating racism in their sessions and how their African-American clients might perceive racism operating in their session. They further contend that White psychologists must also be willing to examine the way institutional racism may exist within their agency (Danzer et al., 2016). Attending to these questions can help reduce the racism and related distress their African-American clients experience, and it can contribute to the psychologist's development of "accurate empathy" (Danzer et al., 2016, p. 362). They emphasize that White

psychologists should acknowledge their own "racist predispositions" and not be afraid to seriously engage their clients regarding how they are coping with racism (Danzer et al., 2016, p. 366). They assert that it is important for White psychologists to acknowledge racism in sessions with their African-American clients, even though the subject could be triggering, as failing to do so could also be traumatizing to the African-American clients (Danzer et al., 2016). White psychologists who are able to explore this difficult subject with their African-American clients help them on their journey of healing and "may better actualize upon the mission of psychology to serve the underserved" (Danzer et al., 2016, p. 366). The recommendations Danzer and colleagues (2016) set forth describe the culturally and politically-appropriate anti-racist therapeutic approach that reflects BLM's holistic healing justice framework. It compels White psychologists to not only acknowledge the impact of racism on their African-American clients, but to acknowledge their own racism and its impact on the clinical experience.

3.3a The Role of Spirituality & Culturally Appropriate Interventions

The BLM healing justice work calls clinicians to be informed about healing strategies that Black women have traditionally incorporated into their personal wellness plan. Hall et al. (2012) assert that Black women have used prayer and spirituality as methods for coping with stressors in their lives and church has been a source of community where they can connect with a community of shared religious and cultural values. Research shows that Black Americans' spirituality has served as an effective coping mechanism and buffer against the impact of racism (Bowen-Reid & Harrell, 2002). Many Black Americans have utilized spirituality as a source of resilience and hope in America since they were enslaved (Hopkins & Cummings, 2003). While spirituality is not a resource that is intentionally utilized in healthcare spaces, it is a resource that warrants examination of ways it can be incorporated into interventions in non-religious settings. Clinicians must appreciate the cultural disposition of a client's group which has been able to access healing through spiritual interventions and forming connections with people similarly situated amid oppression. This is a salient cultural context from which any proposed intervention for Black women must emerge because of the role of spirituality and community in sustaining Black women (Reed & Neville, 2014).

3.4. Historical Trauma

BLM healing justice calls attention to the prevalence of trauma wounds that have been passed down from their enslaved ancestors through the generations and rests in the consciousness and subconscious of Black people (BLM, n.d.). This is consistent with historical trauma theory which characterizes trauma that originates from massive collective trauma and permeates across generations and over lifespans creating lasting psychological and emotional wounds (BraveHeart, Chase, Elkins, & Altschul, 2011). The effects of the psychological system of chattel enslavement and the resulting trauma continue to persist today and impact the descendants of the enslaved (DeGruy, 2005). Helms, Guerda, & Green (2012) posit that racism or ethnoviolence can be potentially "traumatic stressors" where the individual's response is related to "the person's recent exposure to life-jeopardizing events or historical memory of such events as they pertain to her or his racial or ethnic membership group's experiences of trauma"

(Helms et al., 2012, p. 66). Researchers report that Black women experience an increased vulnerability to trauma as a result of the intersection of gender and culture (Danzer et al., 2016). Historical racial trauma can be passed down over generations through different pathways including through a transfer of violent behavior, as well as through clinical symptoms such as hypervigilance which caregivers can relay to those in their care, or through negative thought patterns and messages which communicate that the world is dangerous (Coleman, 2016). Intergenerational trauma theories provide a basis for understanding how Black people (descendants of Africans enslaved in the U.S.) likely learned the hypervigilant response pattern as a strategy for protecting themselves (Coleman, 2016). Given their historical challenges responding to racial oppression since their ancestors were first brought to the "New World," and the ongoing contemporary racial oppression that is still present in American society, Black people have been forced to remain in a state of hypervigilant awareness to some degree throughout time in order to survive (Coleman, 2016).

3.5. Resilience through Healing Communities

The framework of BLM's healing justice toolkit illuminates the movement's emphasis on resilience over coping. Restoration and resilience are their goals through the individual and community group processing work which follows their direct action (BLM, n.d.). The BLM healing justice framework encourages BLM members to implement resilience practices before, during, and following direct action that seek to address the roots of trauma. These BLM sites for action, healing, and reflection, arguably take the form of a new spiritual/church community for Black women who embody the quality of activism that compels them to engage in social justice work with other activists. Research has shown the benefits of being in a supportive community. A study with a sample of African Americans revealed that "…being embedded in a supportive relational context is important in producing or sustaining optimism – whether that relationship is with God or with other humans" (Mattis, Fontenot, & Hatcher-Kay, 2003, p. 1035). The study further highlighted that racism and other forms of social injustice will likely hinder the efforts to build optimism among Black Americans (Mattis et al., 2003). These findings underscore the value of secular community spaces, such as the activist spaces BLM creates, as sites for cultivating healing, optimism, and hope for Black women.

4. Conclusion

The BLM healing justice framework is a clarion call for a healing paradigm for Black women which grounds any assessment of their health and well-being in an examination of the impact of contemporary social stressors and historical trauma. Clinicians and anyone treating Black women must be able to create holistic healing environments where Black women can bring the totality of their experiences in the medical or therapeutic session with their provider. By examining, immersing, and participating within the BLM movement, clinicians can expose or further raise their own sense of critical consciousness to foster radical transformation. The BLM healing justice framework encourages Black people to centralize their healing in all aspects of their work for liberation and to reexamine their traditional sites for spiritual healing and connection. Healing

justice amplifies BLM as a new site for healing and transformation for Black people as they engage in direct action and self-reflection. The vision of the BLM movement is beyond coping; it is a call for healing and restoration. This vision points to a deep commitment to the work of dismantling the systems of oppression which have sustained the trauma and pain of Black people for generations. Incorporating healing work within justice work helps maintain the fuel and fire they need to continue living in the midst of persistent struggle.

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