

## Mental Health During COVID-19: Community-Based Arts Addressing African American Experiences

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### ABSTRACT

Focusing on African American experiences, this article explores the pursuit of mental health as a human right during COVID-19, and the capacity of arts-based community engagement initiatives to historicize and deepen such efforts. Given the syndemic nature of COVID-19 health inequities, this research explores the arc of VITAL Health and My Life Matters projects in their engagement with mental health injustices and freedom struggles that respond to race-based traumatic stress and intergenerational trauma in the United States. With performances and workshops reaching thousands of audience members in North Carolina and nationally, these programs have centered Black mental health, offering creative, history-engaged opportunities for intra- and interpersonal connection and reflection. Through discourse analysis and critical ethnography, we propose that cultural performance initiatives can expand public engagement with mental health resources during overlapping public health crises by gathering people to (a) honor grief and mutually envision change, (b) host dialogic connection for truth-telling and imagination, (c) communally embody supportive care and emancipatory engagement.

Keywords: mental health, African Americans, community-based arts, COVID-19 syndemic, health equity

In North Carolina and across the United States (US), COVID-19 has revealed stark health inequities, intensified economic stratification and dispossession, and illuminated racialized historical and intergenerational trauma. The interlocking injustices of the COVID-19 era have amplified challenging mental health experiences that include depression and anxiety, isolation and stigma, psychiatric and emotional disabilities.<sup>1</sup> Both at the outset and through ongoing navigations of COVID-19, the most affected communities and the advocates and scholars guided by their lived experiences have clarified that tragedies of unequal virus prevalence, hospitalizations, and deaths for Black people in the US—as well as for Indigenous, Latinx, and Pacific Islander people—have presented a profound opportunity for action amidst this crisis. So that preventable losses like these will no longer be normalized, the most affected communities have argued that the COVID-19 era requires a reframing—more than a pandemic, we continue to experience the effects of a *syndemic* of

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<sup>1</sup> For US adults, in a given year, one-quarter have a diagnosable mental disorder; one-tenth experience depressive illnesses, like major depression, bipolar disorder, or persistent depressive disorder; one-fifth experience anxiety disorders, like generalized anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive compulsive disorder, and social/other phobias; one-twentieth (aged twelve and over) have substance abuse disorders; one out of one hundred have schizophrenia; and varying numbers (given underreporting) of individuals experience suicidal ideation (Johns Hopkins Medicine 2023).

health inequities that amplify one another (Menderhall and Gravlee 2021), including interlocking mortality and morbidity from the virus itself, from racial traumas given spectacularized anti-Black state violence and other systemic racisms, and from profound economic stratification (Yearby, Clark, and Figueroa 2022; Fronteira et al. 2021; Silver, Holman, and Garfin 2021). Given this syndemic, communities of people who identify as Black and/or African American have experienced downstream effects on their mental health and emotional wellbeing because of (a) structural, highest-risk exposure to COVID-19 dangers across employment, housing, and healthcare systems (Snowden and Graaf 2021; Nuriddin, Mooney, and White 2020; McCoy 2021; Steusse and Dollar 2020); (b) economic stressors through a “pandemic market” that has leveraged persistent and increasingly racialized wealth inequity (Lopez, Rainie, and Budiman 2020; Benfer and Wiley 2020); and (c) direct and vicarious traumas through ongoing so-called “national reckonings” with brutal and deadly police racism (McLeod, Heller, Manze, and Echeverria 2020; Moody, Tobin, and Erving 2022).

In what follows, this article explores community-based arts initiatives engaging with mental health as a human right, with a focus on African American experiences during COVID-19. Through highlights from North Carolina-based initiatives, we explore how community-engaged arts and education approaches address historical, intergenerational, and collective contemporary trauma through programming that: (a) honors grief and envisions change in mutuality; (b) hosts dialogic connection for truth-telling and imagination; and (c) communally embodies supportive care and emancipatory engagement. Throughout, we hope to parse the ways that traumas of racism must not be conflated with Blackness itself (Barlow 2018)<sup>2</sup>—given that systemic harm shapes but does not define the whole of Black identity and communal affiliation—and to center and celebrate multifaceted Black wisdoms that can create pathways to benefit all people amidst their experiences of COVID-19 and its aftermath.<sup>3</sup>

Such approaches have taken shape with both the VITAL Health project—co-created by Michael S. Williams and Stacey L. Kirby with live/film performance, site-responsive installation art, and interactive visual art and dialogue workshops during the COVID-19 syndemic—and the My Life Matters Project (MLM project) co-created by Sonny E. Kelly and youth MLM Poets, with principles that have carried forward into Dr. Kelly’s arts-engaged teaching practices at Fayetteville Technical Community College during the COVID-19 era. In performances and workshops, VITAL Health and ongoing lineages of My Life Matters have reached thousands of public audience members in Raleigh and Fayetteville, NC, respectively, and at conferences, workplaces, and universities statewide and nationally. Each project has been informed by a creative, collaborative, and contemplative approach to the syndemic’s myriad effects on mental health, and the potent ways in which art can nurture a culture of health (Goldbard 2018; Youth Media Council 2006) through what the VITAL Health team calls “mental health journeys.”

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<sup>2</sup> In “Restoring Optimal Black Mental Health and Reversing Intergenerational Trauma in an Era of Black Lives Matter” (2018), Dr. Jameta Nicole Barlow clarifies, “In addition, Blackness becomes conflated with trauma, where the Black experience in the U.S. is stereotypically viewed as pathological and socially accepted as a monolithic, normalized Black experience. This notion is distinct from trauma experienced due to living in the U.S.” (903).

<sup>3</sup> Sonny Kelly, unpublished interview conducted by Marie Garlock, Fayetteville Technical Community College, Fayetteville, North Carolina, 2022.

## Mental Health as a Human Right: Black Knowledges and Arts-Based Engagement

Disproportionate COVID-19 deaths, long-term health effects, and truncated mourning processes limiting traditional funerals and networks of in-person community support due to pandemic-related closures have contributed significantly to stress and complicated grief experiences for African American people (Snowden and Snowden 2021; DeSouza, Parker, Spearman-McCarthy, Duncan, and Black 2021). Amidst the vast number of “unnatural deaths” nationwide (Eisma, Tamminga, Smid, and Boelen 2021), including the tragic one-third of US COVID-19 deaths attributable to healthcare insurance coverage gaps (Galvani et al. 2022), mental wellbeing has been challenged by “mass interpersonal loss compounded by social disruption” (Simon, Saxe, and Marmar 2020). The numbers are stark and have continued to grow: more than 102 million people in the US have been infected with COVID-19, resulting in more than 1.1 million deaths from March 2020 to January 2023 (CDC 2023). Losses amplified by systemic racism were far greater in pandemic peaks, as revealed in “The Color of Coronavirus” (APM Research Lab 2022), with a total of 1 in 275 Black Americans dying from COVID-19 in 2020–2022—364 deaths per 100,000 (crude rate, age adjusted 1 in 472)—alongside 363 deaths per 100,000 Pacific Islander Americans (1 in 275, age adjusted 488/100,000), and 480 deaths per 100,000 Indigenous Americans (1 in 209, age adjusted 589/100,000). Given funding limitations in North Carolina, finely parsed, state-level data tracking for COVID-19 racial disparities lasted from March 2020 to March 2021, and it revealed that while Black North Carolinians were most likely to die from COVID-19, Latinx North Carolinians were most likely to contract the virus (CTP-NC 2021). The aforementioned mountain of imposed and otherwise-preventable harms has ignited painful legacies of “forced resiliency” in Black communities, which in turn has piqued an intergenerational accumulation of race-based traumatic stress specific to “living within a racist system or experiencing events of racism” (Mental Health America 2022a; refer also to Carter et al. 2013; Bryant-Davis 2007; Helms, Nicolas, and Green 2010).<sup>4</sup>

Addressing the mental health experiences of people who identify as African American and/or Black acts as a prism to clarify the interconnected actions needed in pursuit of mental health as a human right (Reyes 2020; Porsdam, Bradley, and Sahakian 2016; OHCHR 2020; Desierto 2020; United Nations ICESCR 1966). Engaging with the COVID-19 syndemic through a health justice lens (Benfer, Mohapatra, Wiley, and Yearby 2020) that prioritizes mental health requires reparative institutional and infrastructural shifts to support Black people’s mental wellbeing more equitably (Cunningham et al. 2021; ABPsi 2020; Novacek, Hampton-Anderson, Ebor, Loeb, and Wyatt 2020; SAMHSA 2021). These shifts include building coalitions and capacity to democratize access to quality and structurally competent mental health care that includes prevention, treatment, and sustainable community support systems (S. Thomas 2021; Martinez et al. 2019; Haynes, Cheney, Sullivan, Bryant, Curran, Olson, Cottoms, and Reaves 2017). This also requires prioritizing collective, multiracial action and policy overhauls that directly address systemic racism and social

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<sup>4</sup> Mental Health America’s (2022a) resources on race-based traumatic stress clarify the following: “Racialized trauma can come directly from other people or can be experienced within a wider system,” including “as the result of a direct experience where racism is enacted on you” as well as “vicariously—such as where you see videos of other people facing racism,” and/or can be “transmitted intergenerationally.” There are acute and longterm effects on mental health for people targeted by racism both on “individuals and their wider communities”; further, for some, “prolonged incidents of racism can lead to symptoms like those experienced with post-traumatic stress disorder (PTSD)” and depression, and can manifest in various forms of anxiety, including rumination/recurring thoughts of the incident alongside psychosomatic consequences of the distress that include “headaches, chest pains, and insomnia,” as well as “hypervigilance, low-self-esteem, and mentally distancing from the traumatic events.”

logics of anti-Blackness (Comrie, Landor, Riley, and Williamson 2022) with known psychological and physiological effects for African Americans (Gale, Pieterse, Lee, Huynh, Powell, and Kirkinis 2020; Williams and Williams-Morris, 2000; Clark, Anderson, Clark, and Williams 1999), in order to include the unjustly high rates of illnesses worsening COVID-19 risk (Taquet, Luciano, Geddes, and Harrison 2021; Brandt, Liu, Heim, and Heinz 2022; Churchwell et al. 2020; Gur et al. 2020), like hypertension, heart disease, cancer, respiratory illness, obesity, diabetes, and reproductive health disorders, among other preventable forms of chronic stress-induced cellular weathering (Lewis and Van Dyke 2018; Goosby and Heidbrink 2013; Thorpe et al. 2016; Noonan, Velasco-Mondragon, and Wagner 2016; Prather, Fuller, Jeffries, Marshall, Howell, Belyue-Umole, and King 2018). This also includes building intersectional understandings of Black people's experiences of COVID-19, such as for LGBTQ people and queer youth of color, for whom COVID-19 stay-at-home orders with families of origin may have represented added mental health stressors or dangers, and thus necessitated extended community support networks for mental wellbeing (Salerno, Gattamorta, and Williams 2022; Ormiston and Williams 2022; Halley, Burton, and Arscott 2020). Ultimately, each of these shifts requires following intergenerational Black priorities for and knowledges about dismantling legacies of racism to make contemporary Black mental health possible in the first place (Menakem 2017; Pieterse, Todd, Neville, and Carter 2012).

### **Honoring Grief, Envisioning Change in Mutuality**

In the gap between systemic need and systemic response, cultural communication plays a pivotal role in illuminating most affected communities' hard-earned knowledge to connect contemporary responses to historical foundations and roadmaps to alternative futures (Singhal, Papa, and Papa 2005; Hall 1997; C. Thomas 2021). Cultural performance and artful praxis for health and community-building, in this case, offer unique strengths in that community-accountable performance acts not as a "tool" to be wielded but as an "opened site for expression" (Conquergood 1998, 22), allowing for movement from predetermined answers or communiqués to methods of inquiry, imagination, and intervention (Conquergood 2002; refer also to Madison 2010; Pollock 2005; Trinh 1989; Boal 1993).<sup>5</sup>

Shaped by curator Michael S. Williams and artist Stacey L. Kirby alongside collaborating performers, VITAL Health programs pair movement and full-bodied stillness, speech and charged silence, symbolic materials and open space. These live and asynchronous community invitations work to center mental health, and they feel designed to unsettle the densities of death in the COVID-19 era and the structural determinants of health that long preceded it. Attending to grief, rage, and the nuance of loving and historical witness, these artists and partnering mental health professionals continue to till fertile ground. With live, outdoor audiences in spring 2021 and 2022 and online offerings throughout COVID-19 stay-at-home measures, the VITAL Health team has offered their embodied research and insights in layered ways. Based on the VITAL Health team's artistic and historical research on the grounds of the former Dorothea Dix Mental Hospital in Raleigh, North Carolina, these have included grief and documentation rituals. These have included grief and documentation rituals by Kirby and by Maria Geary, Ash Strazzinski, Claire Dubnansky, and Vinny Verburg performing as cemetery attendants, and, co-directed by Williams and Kirby and

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<sup>5</sup> See also Upendo Mwaluswa on "health justice and performance," in an unpublished interview conducted by Marie Garlock in 2007, during interviews with the Kilimanjaro Arts Group and White Orange Youth Liberation, two community-based organizations in Moshi, Tanzania; some interview excerpts were published in Marie Garlock, "The Performance and Expansion of Global Storytelling in 'It Is In You,'" *Storytelling, Self, Society* 8, no. 3 (2012): 138–66.

supported by production manager Myra Weise, the live, site-responsive performance of *Crisis Materials*, with dancer/choreographer Anthony Otto Nelson Jr. and poet/performer Johnny Lee Chapman III, and a closing dialogue that includes therapist Simone Jacobs (VITAL Health 2022).

As artistic collaborators with Williams on other projects, Chapman and Nelson are creators who do not shy away from exploring taboo and loss, situating economies and bodies as relational, historicizing protest and tragedy, and centering pro-Black visions of place, family, community, and urgently needed structural change, such that multiracial audiences can reflect on themselves, connect with one another, and share resources for action. As light rain fell during their May 2022 performance of *Crisis Materials*, dancer Nelson hovered in breath-filled spins and extended diagonally to then flip his limbs through aerial space. Seeming to stretch the available room between soil and sky, his choreography spoke time and again to the haunting cultural, political, and racialized experiences of grief during the COVID-19 syndemic. In Nelson's hands were triangular swaths of silver thermal mylar, fluttering rapidly as he circled them like prayer flags, summoning a reoriented attunement to the space around his body as much as inside of it, and around/inside each of ourselves as audience members. Made and woven throughout VITAL Health programs by Kirby, each material instance of mylar can evoke a range of audience responses, including the memory of mylar blankets wrapped around people displaced and devastated by disasters both natural and political (Kirby's 2019 "Civil Presence" and 2021 "Vital Records"; see also Waller 1998, referencing Las Comadres' "On the Border" performance). For some, this performance environment may pose the question: *whose* crises are met with the will to comfort and calm? The ongoing aural and visual rush of Nelson's lithe movement with the flags piercing soft, gray air gave way to a meeting of embodied and spoken lyricism. The voice of poet Chapman rose up and out in earnest: "*The melanated mind—what weighs on it? / What is vital / to our health? / and who / is essential?*"



Images 1 and 2. Johnny Lee Chapman III (left) and Anthony Otto Nelson Jr. (right) performing in *Crisis Materials* for VITAL Health. Photos by Caroline Cockrell. Used with permission.

In each site-responsive workshop and performance, the VITAL health team seeks to unearth complex contradictions given the recent conversion of the former Dorothea Dix Mental Hospital grounds to a public park—and most park-going visitors' lack of knowledge that nearly one thousand people are known to be buried onsite, with only a single marker for predominantly white patients at the formerly segregated in-patient institution, and no marker for the enslaved Black laborers who built the original buildings in the 1850s and who are also buried there.<sup>6</sup> In an interview with Eunice

<sup>6</sup> Unpublished interview on trauma conducted by Eunice Sahle and Marie Garlock with Michael S. Williams and Stacey L. Kirby in Durham, North Carolina, July 17, 2022.

Sahle and Marie Garlock, Williams reflected on the essentiality of understanding that “Uncle John Hunter and people in his family—Theopholus Hunter Sr. and Jr.—enslaved laborers, built this hospital. Those who *built* the buildings could not actively *participate* in [receiving mental health] care.” Kirby reflected in the same interview on the interconnection of “generational trauma through this whole project, as we listen to therapists, engage in community conversations...What trauma are we perpetuating for communities of color in COVID-19? Continuing to not receive resources, being put on the front lines or in harm’s way. We are perpetuating that which has already been existing for *a very long time.*”<sup>7</sup>

In site-responsive performances, VITAL Health audiences take on roles as co-participants in interactive walking/rolling rituals to mark underrepresented histories onsite. This participation includes Kirby’s guidance, along with the cemetery attendants, in a rhythmic, collective bell ringing, after naming and silently contemplating the overwhelming numbers of people dead from COVID-19. This moment of pause and ceremonialism invites audiences into space and time that have been set aside (Bell 2009) through references to both communion and funerary rites. Both poet/dancer and the ensemble of attendants then move between distanced memorial wreaths made of countless silver mylar flowers, constructed by Kirby with participant-sourced materials from nearly forty preceding public workshops led by the VITAL Health team over the last three years.

In these workshops, participants are given squares of silver mylar and brightly colored, translucent gel paper—whether mailed for online gatherings or rustling in dozens of palms simultaneously in person—and are invited to construct flowers that they can dedicate to people in their lives experiencing mental health journeys, and for whom they can offer optional, written reflections to be documented by Kirby during future wreath-making workshops. Throughout, participants listen to conversations among VITAL Health team members, hosted by Williams to situate mental wellbeing during the COVID-19 syndemic in historically responsive ways. These processes make tangible the intangible, joining contemplative inner-reflection with acts of public witness. Such shared, tactile experiences with VITAL Health can help ground public participants—who now number in the thousands, in sum—amidst unnerving experiences of stigma, isolation, and abstraction of harm while navigating their own mental health journeys. Creating participatory connection through community-based performances that join ritual and aesthetics, reciprocity, and communal context (Cohen-Cruz 2005) is iteratively supportive of mental health (McCrary, Redding, and Altenmüller 2021; Darkness Rising Project 2022).

### **Dialogic Truth-Telling and Imagination**

How are understandings of race-based traumatic stress informed by foundations of intergenerational trauma in the US? How do layers of inherited physiological and psychological harm from racism affect people of color seeking liberation at individual, interpersonal, institutional, and ideological scales? VITAL Health has hosted post-performance dialogues with live audiences that seek to address these questions in open-ended, evocative ways, with curator Michael S. Williams in conversation with project collaborator and therapist Simone Jacobs, a licensed clinical social worker who specializes in intergenerational trauma and addressing women of color’s unique experiences. Guided by the concepts of hate, despair, and doubt explored by W.E.B. DuBois (1903) as responses

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<sup>7</sup> Interview conducted by Sahle and Garlock, July 17, 2022.

to anti-Black racism in the US, Williams asked Jacobs about the role each plays following May 2022 performances.<sup>8</sup>

These live conversations are imbued with a “heaviness in the land,” as dancer and embodied researcher Nelson describes it,<sup>9</sup> and with this question of “what weighs on the melanated mind,” as poet Chapman explores.<sup>10</sup> In other words, these experiences are not new, and witnessing how intergenerational trauma manifests can more respectfully tend to it as “a collection of deep and distressing experiences within and across generations and embedded in biological responses,” through which the ongoing colonial world order affects physical and mental health for African Americans (Barlow 2018, 903). Intergenerational trauma operates through both the “historic nature of race-based traumatic experiences” and the “psychodynamic concept of the intergenerational transmission of traumatic behaviors.” For African Americans—in a society built through plantation slavery and living logics of white supremacy—these have included adaptations of “resistance and resilience,” but also behaviors such as “the use of invisibility because it provides protection, secrecy to protect the lives of others who cannot expect fair treatment, and hiding hope because it leads to disappointment” (Jacobs and Davis 2018, 2–3).

Changing “the legacy of abuse [against us as African Americans]” requires acknowledging the dynamics of the “absent but implicit”—given that trauma, according to Jacobs, includes not only what happens in the moment of an event of harm and violation, but also what leads up to it both historically and interpersonally, and “when we do not deal with what happens in the past, these events continue acting out on us without our knowledge.”<sup>11</sup> Speaking to the experience of “hate” that W.E.B. DuBois frames in “Of Alexander Crummell” in *The Souls of Black Folk* (1903), which Williams cued up in the aforementioned live conversation, Jacobs proposed that hate keeps the individual in relationship with their abuser; and, “when subjugated, one does not get to express this hatred toward someone else, [thus] they must express it toward themselves.”<sup>12</sup> As such, therapeutic support and mental health-focused programming that attends to truths of intergenerational, historical, and racialized harm can instead *let* one “change that relationship with power structures, so you are in relationship with yourself, not the people who have hurt you.”<sup>13</sup> In this sense, historicizing intergenerational trauma also means tuning in to its somatic dimensions across oppressed/oppressor or targeted/targeting/participant social roles, which, as Resmaa Menakem (2017, 9) frames it, “live and breathe” in the nervous systems of African Americans, white Americans, and law enforcement/state actors’ bodies differentially at interpersonal, structural, and epigenetic scales.

Violence and media circulations of police brutality and hate crimes targeting Black people, including those with disabilities and mental health differences, are acutely traumatizing for directly-affected people and produce identifiable mental health challenges through vicarious trauma for wider communities of witness (Curtis, Washburn, Lee, and Chae 2021; Eichstaedt, Sherman, Giorgi, and Guntuku 2021; Bor, Venkataramani, Williams, and Tsai 2018; Boyd 2018).<sup>14</sup> In *Disability*

<sup>8</sup> The closing dialogue between Williams and Jacobs after the VITAL Health public performance in Raleigh, North Carolina, May 21, 2022, was audio recorded by Marie Garlock, who also conducted site interviews with artists and participants.

<sup>9</sup> Anthony Otto Nelson Jr., closing artist dialogue with Williams, VITAL Health public performance, Raleigh, North Carolina, audio recorded by Marie Garlock, May 21, 2022.

<sup>10</sup> Johnny Lee Chapman III, live “Crisis Materials” public performance, Raleigh, North Carolina, audio recorded by Marie Garlock, May 21, 2022.

<sup>11</sup> Simone Jacobs, closing dialogue, recorded by Marie Garlock, May 21, 2022.

<sup>12</sup> Jacobs, closing dialogue, May 21, 2022.

<sup>13</sup> Jacobs, closing dialogue, May 21, 2022.

<sup>14</sup> Compared to white Americans, Black Americans reported significantly larger increases in depression and anxiety symptoms in the weeks after [George] Floyd’s death (Eichstaedt, Sherman, Giorgi, and Guntuku 2021), and this

*Visibility*, the Harriet Tubman Collective (HTC 2020) clarifies intersections of disability, mental health, and economic status,<sup>15</sup> which shape Black people’s experiences of public and police over-surveillance/under-protection, including police encounters that turn disproportionately violent or deadly, and manifest in unjust, unequal incarceration rates when compared to white people with mental health differences and disabilities (Robin and McCoy 2022; Fuller, Lamb, Biasotti, and Snook 2015; Torrey, Zdanowicz, Kennard, Lamb, Eslinger, Biasotti, and Fuller 2014; Perry and Carter-Long 2014).<sup>16</sup> Among others, performance-based film and visual artists with the Sins Invalid collective have reflected on anti-Black racism/ableism, given that half of the people killed by police have psychiatric disabilities (Bazant, Berne, Moore, Simpson, and Abadani 2016; Sins Invalid 2019, 2022). These arts-based approaches are in conversation with the concept of the “unknowable body” posited by Petra Kupperts (2003) and her work with the Olimpias Collective, whereby performance creation and audience witnessing processes are shaped by partnerships with self-identified “mental health system survivors” and can open up interactions beyond the “readability” of the body’s movements as hysterical/excessive “negativity” to be pathologized, such that participants must rethink, politicize, and differently validate “spatial and temporal aspects of embodiment” beyond binaries and closures (125–35).

Given layered experiences of the “temptation of doubt” and internalizing oppressors’ perceptions, Williams asked Jacobs to expand upon the concept that doubt is how oppressors “do what they do—they make you doubt yourself; they invalidate your experience,” and she continued, “Seeds of doubt cause you to remain subjugated and oppressed in many ways.”<sup>17</sup> Jacobs clarified for the VITAL Health audience—where many were already nodding their heads and giving verbal affirmation—that therapeutic support is meant “to create a sense of safety that is internal versus external” for people who experience systemic harms of racialized trauma; this is in direct contradiction to ongoing, often systemic, historical efforts to “ignore the past” or to “keep it” as their own narrative, such that oppressors can pretend they are not perpetuating harms.<sup>18</sup>

When mental health challenges translate to being perceived as “Black *and crazy*” in the US, consequences of “social disqualification” given “racial and disability stigma” can also result in institutional separation of family members and/or inpatient commitment or provision of drugs against the person’s will, and can otherwise manifest as traumatic for children and adults alike (Jarman 2011, 13–18). This is not a new phenomenon. It is inherited from centuries-long campaigns by the psychiatric profession that enveloped Black people in the shadow of predominantly white institutions’ profit and oppression. Violent narratives and agendas formed through:

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phenomenon has been mapped to police killings of Black individuals, decisions not to indict/convict involved officers, and hate crimes (Curtis, Washburn, Lee, and Chae 2021).

<sup>15</sup> Among the one-fifth of the US population and the one-quarter of Black people who experience disability, “poverty operates as a cause and consequence of disability,” while 65–75 percent of children in juvenile detention have one or more mental illnesses, and 85 percent have one or more disabilities (HTC 2020, 236–42).

<sup>16</sup> These lives include: “Tanisha Anderson, Sandra Bland, Miriam Carey, Michelle Cusseaux, Ezell Ford, Shereese Francis, Korryn Gaines, Eric Garner, Freddie Gray, Milton Hall, Quintonio LeGrier, Kyam Livingston, Symone Marshall, Laquan McDonald, Natasha McKenna, Stephon Watts, Darnell Wicker, Mario Woods, and countless other Black Disabled/Deaf victims of police brutality” (HTC 2020, 240–41). Individuals perceived to have “psychiatric disabilities” and developmental differences are “presumed to be dangerous to themselves and others” in police encounters and in institutions’ mobilization of private security, which can result in traumatic injury and unjust death (Perry and Carter-Long 2014).

<sup>17</sup> Jacobs, closing dialogue, May 2022.

<sup>18</sup> Jacobs, closing dialogue, May 2022.



- enslavement, with medical diagnoses of so-called “drapetomania,” which pathologized Black people escaping slavery as “insane” and “treatable” via enslavers’ torture (Jarman 2011; Metzl 2010; Cartwright 1851);
- Jim Crow—in ways ranging from racialized, gendered state eugenics programs like the state of North Carolina’s targeting of people with mental health differences and developmental disabilities (Amy and Rowlands 2018; Alejo, Saucedo, Valerio, and Lira 2020) to the so-called “protest psychosis,” through which psychiatric treatment economies institutionalized and wrongly drugged “angry Black men” participating in mid-twentieth-century Black Power movements, naming them as schizophrenic (Metzl 2010; S. Thomas 2021);
- and mass incarceration and the neoliberalization of social services and other public utilities, with involuntary placement into foster care of often disproportionately Black and Brown low-income children, who themselves or whose families experience mental health challenges, including real or assumed lack of economic/infrastructural access to mental health treatment (Benfer 2015; Kirshbaum, Callow, and Buckland 2014; Simmons 2008; Mental Health America 2022b).<sup>19</sup>

Continuing to build on DuBois’ (1903) engagement with the “temptation of despair,” Williams and Jacobs explored in conversation Jacobs’ potent reply that, “You cannot be greatly despairing if you have not greatly hoped. Despair is in direct proportion to your hope. Hope is strong because you have survived, but fragile because it is easily disappointed.”<sup>20</sup> Expanding upon popular narratives of depression as a condition to be treated, Jacobs explored with Williams the potential that “Depression can actually act as a solution to the things we have going on, if and when we put our symptoms in the context in which they occurred. Depression is a terrible experience, which makes everything vaguely [awful], and in many respects this is better than feeling the wounds underneath [from specific traumatic experiences].”<sup>21</sup> Informed by public intellectuals and movement-builders from DuBois (1903 and more), to Ida Bell Wells-Barnett (1908), to North Carolinian Ella Baker (1960) and more, in prior workshops offered by VITAL Health, Williams had conceptualized the wastefulness of anti-Black racism alongside the freedom strivings of gifted leaders and coalitions who sought to identify clearly the historical harms and tragedies perpetuated against them, and from which they sought not only emancipation but systemic abolition. In response to acute experiences of racial trauma, Jacobs proposed, “traumatized people often minimize their experiences ‘It was not that bad, not that big’...but often hate and anger go together, and beneath that anger is disappointment at betrayal.” As such, she said, in therapeutic and mental health support settings, people “get help to *feel their feelings*—if you can [allow yourself to] be sad, how do you then grieve, to say ‘I was actually hurt?’”<sup>22</sup>

In this vein, *Break the Silence* (2020) is a short film by curator Michael S. Williams, featuring poet/performer Johnny Lee Chapman III and dancer/choreographer Anthony Otto Nelson Jr., and produced by the *Black on Black Project* (2020), which promotes “equity over equality.” In the project’s film notes, *Black on Black* (2020) reflects: “The thing about mental illness is that it works in a cycle. It

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<sup>19</sup> This reflects historical, brutal patterns of separating Black children, spouses, and families, embedded in psychological and financial economies of US plantation slavery (Jarman 2011). It is also reminiscent of contemporary water justice struggles in Detroit and Flint, Michigan, among other locations characterized by environmental racism and “sacrifice zones,” where low-income, predominantly Black families’ inability to pay water bills have resulted in the forced removal of children from the home by social services (CWFNC 2015).

<sup>20</sup> Jacobs, closing dialogue, May 2022.

<sup>21</sup> Jacobs, closing dialogue, May 2022.

<sup>22</sup> Jacobs, closing dialogue, May 2022.

has periods of flaring and of staying silent. Those with it will occasionally fall into a spiral, sinking to depths due to past trauma. But we don't stay here. We rise higher, continuing to heal and deal with situations in new ways." Chapman's live poetry in the film reflects on interconnected history, familial and social denials—one for attempted safety, the other for erasure—and manifestations, as "PTSD can be passed down / and generational trauma is a heavy thorn crown / and sacrifices should no longer be forced on Black hearts and minds" (Break the Silence 2020). Nelson's on-camera movement spatializes and un-layers each verse, with eyes that seem to sigh in rhythm with Chapman's turns of phrase, Nelson's chest curving, body extending through the variously warm spotlight and cold air they share in the filmed vignettes (Break the Silence 2020). As a duo in co-creative conversation with Williams, Chapman and Nelson perform to jointly cut through the fogs of social stigma and injustice exacerbating mental health challenges, interweaving responsivity beyond reactionary backlash that seeks to keep "private" depression, anxiety, bipolar disorder, PTSD, and more, which often reflects historical inheritances and contemporary experiences of racism. Much more than an individual or familial experience of "mental health stigma," too many Black people are affected by a lack of infrastructural and economic access to quality, culturally and structurally competent mental healthcare (S. Thomas 2021; Jackson 2022; Banks 2022; Snowden 2003), and the aforementioned social, economic, and even legal consequences of their pursuing it (Holden and Xanthos 2009; Rodriguez 2021; Dirshe 2020). With syllabic and sinuous precision, in *Break the Silence* (2020), Nelson and Chapman each and together embody a self that meets imposed loss with a call for courage, for self-love and deep presence. Each element of the film is supported by the intimacy of connection afforded by filmed performance—in that the viewer "comes in" on the performer's terms, based on their trust developed with the cinematographers and curator, who make tangible the relationship between concept and form.



Images 3, 4, and 5. Film stills from *Break the Silence* by Michael S. Williams, with Johnny Lee Chapman III (top left, right) and Anthony Otto Nelson Jr. (bottom left, right). Used with permission.

## Performance that Metabolizes

Continuing to link the individual, interpersonal, institutional, and ideological (Adams, Bell, Griffin 2010), Sonny Kelly teaches public speaking, interpersonal communication, and other communication courses that take an arts-based approach to narrative, discourse analysis, and embodied experiences of witnessing and improving colleagues' expressive work in classroom settings. In the MLM project, Kelly partnered with Find a Friend program coordinator Shauna Hopkins to honor a local youth luminary, anti-violence advocate and college- and fashion-design

aspirant Ravon Jordan, who was killed by a stray bullet in Fayetteville, NC at just nineteen years old in 2014. The six-week summer programs, which served over thirty Black and Brown youth participants in Fayetteville from 2016 to 2018, focused on self-love, anti-violence, and critical cultural analysis developed through poetry devising and performance—which itself can improve neural networks’ reward circuitry to combat loneliness and life stressors (Xiang and Yi 2020). Participants in artistic expression workshops facilitated by Dr. Kelly also engaged take-home photography prompts in the PhotoVoice methodology. Featuring “artistic expressions for, and by, youth that can be used to help us all to work through trauma, explore positive life choices, improve positive self-concept, and increase community awareness,” the MLM project simultaneously supported youth in “using their voices as a force for connection and change,” and asks audiences, from policymakers to educators and beyond, “Will you listen?” (Kelly 2022, 1).

### **Communal Spaces for Supportive Care**

Youth MLM poets directly and indirectly explored mental health in their lives, shaped by experiences of racism and structural violence at social, infrastructural, residential, and community scales, through forms of direct, intergenerational dialogue shown to improve young people’s psychosocial health (Anderson and Stevenson 2019; Kelly 2016). Kelly (2022) encouraged youth

to use Ravon’s legacy as inspiration to find their voice and show the world why they were important. This project not only gave the youth a voice, it gave them a platform to come to terms with the world they live in and an outlet to work through the difficult issues that they live through every day. The youth also became a support system for one another and encouraged each other to tell their stories without judgment (3).

The resulting works of the MLM poets emerged from what Kelly calls The Power of Performance, The Power of Dialogue, The Power of Reframing and Reclaiming, and the Power of Words, such that these young people’s stories might “inhabit and inform your stories for years to come” (Kelly 2022, 5–6; Kelly 2020). Using artist pseudonyms to protect their identities while also lending confidence to their creative practice, the MLM poets’ published works (Kelly 2022) came out in the winter of 2022, with a deepened resonance given the intervening COVID-19 syndemic. The following is an excerpt of “Help” by The Poetess (Kelly and MLM Poets 2022, 29):

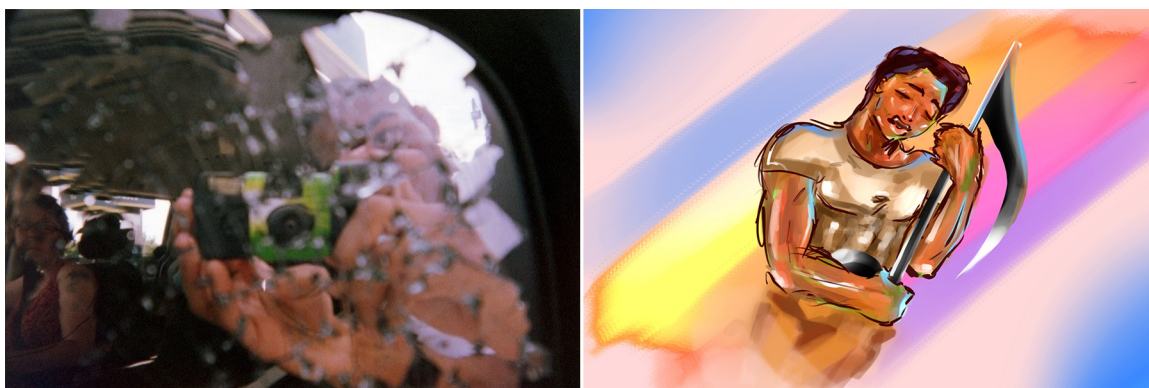
And when you’re looking at my exterior, it  
looks like I have it all together  
But isn’t our skin supposed to protect our  
insides from falling out?  
So yes, I’m holding myself up  
Because it’s my interior you don’t know about

Original pieces about confidence and listening to youth emerged, alongside mourning songs and calls to action amidst structural violence. Still others published in the *My Life Matters* anthology speak directly to depression and the all-too-common contemplation of self-harm while enduring stressors, alongside navigating the range of desire for and experience of supportive care from family, neighbors, policymakers, educational institutions, and community supporters. Written by Heartfelt, this poem is called “My Heart” (Kelly and MLM Poets 2022, 25):

By the color of my skin by the love in my heart  
 No matter what people say I know I will make a mark  
 When I stop and look around I see tears and shattered hearts  
 It makes me wonder why life has to be so hard  
 I have been brought to the light so I stand on my feet  
 And say what God has asked me to speak  
 Knowing it might change a life is what means so much more to me.  
 So I say let the world shine in joy and laughter  
 And that is why my life matters.

The following is an excerpt of “They vs. We” by The Poetess (Kelly and MLM Poets 2022, 22):

They with a gun is a patriot, we with a gun is a thug  
 But we just go to the store, to school, to work or just walk down the street and get shot  
 down / no questions asked  
 We are born original but They set out to see us as copies  
 Cookie cutter people in their eyes [...]  
 We are dead before we even get that trial  
 We are tired of seeing our little We’s and our big We’s being shot and killed for unnecessary  
 reasons  
 We are tired of not being able to just walk down the street without feeling threatened



Images 6 and 7. “Shattered” by Misunderstood (left), and “Music” by Langston Kelly (right), art published in the *My Life Matters* anthology (Kelly and MLM Poets 2022, 7 and 27). Used with permission.

Ongoing movements to offer dialogic, multidisciplinary programs like those highlighted here, or specifically therapeutic experiences like Emotional Emancipation Circles (Community Healing Network 2022), can attend to interwoven COVID-19 syndemic losses with widened witnessing of racialized trauma (EMPOWER Lab 2023; Ibrahim, Yusuf, Dongarwar, Maiyegun, Ikedionwu, and Salihu 2020; Liu and Modir 2020), alongside deliberate measures to “defy the lie of white superiority and Black inferiority” that continues to “undermine dignity and fundamental human rights” to mental health (ABPsi 2022). Such supportive programs extend beyond popular, problematic notions of “resilience” that fall in line with neoliberal logics that individualize “solutions” to what are actually systemic harms (Park, Crath, and Jeffery 2020; Garrett 2016). In school-based creative empowerment and mental health work with Black femme youth, Goodkind, Brinkman, and Elliott (2020) pinpoint the conflation of process with outcome when resilience is defined by dominant

values like “follow the rules, work hard, try to ignore mistreatment” and “individual-level, adaptive behaviors” like “planful self-control, [and] unwavering persistence”; these can push “Black girls to strive within the context of their oppression” and confuse wellbeing with “success” in ways shown to deteriorate physical and mental health for marginalized people in societies with unequal opportunities, as well as those where pro-health, group-focused adaptive behaviors like “protesting or challenging injustice” bring about disciplinary consequences or labels of “defiant” or “delinquent” for Black youth (318–20). This gives a broader context to the (binarily) gendered health effects of the individualized, “superhuman” striving tracked for Black men as “John Henryism” (Sherman 1994; Sellers and Neighbors 2008), and the social positioning as caregivers and excellence achievers among Black women termed as “Superwoman Syndrome” (Kalinowski, Wurtz, Baird, and Willen 2022; Woods-Giscombe 2010; Woods-Giscombe, Lobel, Zimmer, Wiley, and Corbie-Smith 2015; Woods-Giscombe, Allen, Black, Steed, Teneka, Li, and Lackey 2019; Donovan and West 2015; Walton, Campbell, and Blakey 2021). As Beauboeuf-Lafontant (2009) frames it, “To assert the idea of ‘strong Black women’ during slavery, segregation, or contemporary institutional racism and intra-racial sexism is to maintain a reassuring conviction: that personal actions and agency trump all manner of social abuses,” which “soothes many a conscience that could be troubled by the material conditions forced upon” them (3).

### **Emancipatory Engagement through Creative Action**

Building on the MLM approach and on African and African diasporic traditions of naming (ABPsi 2021; AAPF nd) to center a multilayered ethic of celebration and connection amidst dislocation, Dr. Kelly’s teaching at Fayetteville Technical Community College (FTCC) allows classroom participants to engage the mental health hardships of the COVID-19 syndemic. As they have navigated online and in-person classes over the last three years, students have been invited to “metabolize [their experiences] through performance, guided by what Dr. Resmaa Menakem calls ‘metabolization of trauma.’”<sup>23</sup> From the early pandemic onward, Kelly has reported having to “pull on those same tools of the My Life Matters project, of performance through community-building pedagogy,”<sup>24</sup> such that FTCC course participants were not just researching, memorizing, and presenting, but authentically performing a bit of themselves through poetic inquiry (Faulkner 2019). Poetic inquiry, as a form of arts-based research, is capable of “disrupt[ing] hierarchies and humaniz[ing] research by centering on the participants’ lived experience, evoking emotion, amplifying participants’ voices, fostering researcher reflexivity, and encouraging collaborative research and public scholarship” (Fernández-Giménez, Jennings, and Wilmer 2018, 1080). In particular, Kelly found that as a teacher-learner alongside learner-teachers (after Freire 1970), it was grounding as a first project amidst the unsettling realities of COVID-19 each semester for the last six semesters, to lean into the “importance of *naming* in the Black community, its connotative, denotative meanings—the love, connection and legacy there that comes to voice [is then] known, felt, and expressed” in turn among participants of all races and ethnicities, and “as a mechanism of community empowerment, people can *feel* it when they are celebrated”<sup>25</sup>

Designing such classroom interactions activates a restorative approach toward equitable education, countering assumptions about student achievement that are shaped by racism, sexism, classism, and more (DePaoli, Hernández, Furger, and Darling-Hammond 2021), where educators

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<sup>23</sup> Kelly, unpublished interview, 2022.

<sup>24</sup> Kelly, unpublished interview, 2022.

<sup>25</sup> Kelly, unpublished interview, 2022.

can instead “teach in a manner that respects and cares for the souls of our students” with “the courage to transgress those boundaries that would confine each pupil to a rote, assembly-line approach to learning” (hooks 1994, 13). At FTCC, where there is a renewed institutional emphasis on supporting the success and retention of Black masculine-identified students, Kelly tries to create “anecdotal evidence of how the narrative of Black mental health and health in general arises in the classroom in a positive way,” such that centering Black knowledges on Black creators’ and educators’ terms does “not always require Black-only spaces, but co-creation within classroom experiences” to set rhythms of open communication that flow through call and response, greeting and reply, and the inclusion of people from whom we have heard the least.<sup>26</sup> This restorative process for equitable education is of benefit “both to the individual Black student” and to “fellow witnesses [who] cannot help but to be enriched by his Black experience,” and creating an ethic of “we have not heard enough of *your voice*” also opens opportunities for “the two autistic students in the room, who are phenotypically white, to connect not only with me and classmates but more deeply with each other in their shared experiences.”<sup>27</sup> As guided by the My Life Matters project, Kelly echoes, “As we know, this is not just ‘Black community’ work, it is *community work*,” and, he maintains, many people will benefit when Black wisdoms are centered, as “we have developed a muscle memory in doing this work of building healing communities.”<sup>28</sup> To shape affirming spaces for expression around mental health and for the sake of improving it during the COVID-19 syndemic, Kelly has built in arts-based, dialogic, and bodily engagement to open up classes (even/especially online) to ground students in mutual support among peers, foster inspired feedback, and “lift each voice in the room” through small ceremonies of reverence for one another’s presence that have been adapted to challenging conditions.

## Conclusion

COVID-19 has acted as a lightning rod, revealing intersecting inequities, and as such, represents an opportunity to intervene for cultural and policy change toward health justice, guided by ongoing movements for Black lives and mental health. Promoting mental health as a human right for Black people in the US reveals two simultaneous realities rooted in centuries of history and amplified during the COVID-19 syndemic. First, Black people’s mental health has too often been weaponized as another site for targeting state harm, creating cultural spectacle, and ignoring Black agency within overtly and subtly abusive logics of white supremacy, normalized by the institutions and ideologies shaping everyday life in the US. Second, the mental health, inner lives, and emotional wellness of people who variously identify as African American and Black in the US can and must instead be honored in intentional, protected, affirming spaces of respectful care and infrastructural support that center Black leadership and creativity, expression and witness, strength and vulnerability, joy and grief, imagination, and way-making.

In this article, we have proposed that community-based performance and arts and education initiatives like the VITAL Health project, the film *Break the Silence*, the My Life Matters project, and performance-driven classroom strategies are uniquely positioned to address race-based traumatic stress in embodied, reflective, and collective ways. As future others respond to mental health and racism-related human rights injustices, the emancipatory infrastructure created during the COVID-19 era by arts initiatives like these will continue to support others’ work, too. As community

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<sup>26</sup> Kelly, unpublished interview, 2022.

<sup>27</sup> Kelly, unpublished interview, 2022.

<sup>28</sup> Kelly, unpublished interview, 2022.

advocates amplify underrepresented narratives of mental health across the US south and global south alike, such performances act as a site of “effective and affective” praxis for human rights, linking advocacy and ethics—“What should I do with what I have witnessed?”—alongside acts of community-accountable communication to “reach for the causes of an issue and not simply respond to its symptoms” (Madison 2010, 2–19).

Responding to the COVID-19 syndemic, the artists and creative facilitators whose works we explored designed shared practices for mourning and celebration alike, with communal rituals that honor grief and envision change. They shaped events for expression and witness, centering Black knowledges to inspire shared, multiracial perceptions of critical, cultural analysis. These performers’, therapists’, and educators’ invitations to audiences have breathed history into the present and alternatives into the future—and in so doing, continue to open spaces of dialogic connection for truth telling and imagination. By explicitly and implicitly mobilizing support for mental health journeys during COVID-19, these creators have shaped communal spaces for supportive care and emancipatory engagement. As applicable responses to collective trauma and health injustice within the COVID-19 syndemic and beyond it, these artistic approaches are rooted in the design of environments that center Black people’s mental health as a bridge to collective mental wellbeing, prioritize advocacy for social and policy change, and democratize open-ended communication and collective creative action.

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