

A THEOLOGY OF LIBERATIVE WELLNESS FOR BLACK WOMEN CLERGY

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## ABSTRACT

### A THEOLOGY OF LIBERATIVE WELLNESS FOR BLACK WOMEN CLERGY

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What would a liberative wellness program rooted in Womanist and Black theology look like, and what impact could it have on Black women clergy and lay leaders? What vision of theologically rooted wholeness and support is needed? In this project, I argue that given their unique range of caregiver identities, social pressures, and nuanced stressors around race and Blackness, Black clergywomen need a stronger and more adaptive self-care framework and model for pursuing their physical health and well-being. I then argue that such a framework, undergirded by scholarship from Womanist and Black theology, would be effective and sustainable as Black clergywomen care for themselves and for their communities in the ministry contexts in which they are working. In the first chapter, I reflect theologically on suffering and redemption in sharing my personal story of complicated Blackness, the intergenerational nature of my Blackness narrative, and its side effects. In addition, I reflect on other burdens specific to a Black woman pastor's call and ministry setting. In the second chapter, I provide context to emphasize the obvious gaps in Black women's suffering and contentment by providing an overview of the medical health, mental health, and self-care industry using data, statistics, and lifestyle and popular culture examples. In the third chapter, I share the results of my qualitative research data from two focus groups and nine individual interviews with Black women ministers in various forms and stages of ministry. Themes from my conversations reveal the lived experiences of Black clergywomen, including the

self-care practices (or lack thereof), stressors, joys, and burdens of faith leaders. For my interviews, I relied on a representative sample of women ministers in the Black Theology and Leadership Institute at Princeton Theological Seminary. In my conclusion, I share practical next steps in creating formal and informal strategies for a liberative wellness framework. I offer lessons learned from three organizations as examples of formal and less formal frameworks. Gleaned from interviews, focus groups, and general research, I also discovered timeless lessons from Black clergywomen's God-talk.

## DEDICATION

This thesis is dedicated to my loves, Lekh, Rowan, and Rob Connor. And to Sarojini Ford, my grandmother who passed away in November 11, 2021.

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Not applicable.

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## ABBREVIATIONS

Not applicable.

## GLOSSARY

Not applicable.

## CHAPTER ONE

### A THEOLOGY OF LIBERATIVE WELLNESS FOR BLACK WOMEN CLERGY

#### INTRODUCTION

I am a Black Woman, too: A Lived Experience of Multigenerational, Multiracial Blackness and Identity<sup>1</sup>

Even before I worked for the national office of the United Church of Christ and began training congregations across the country on the need for *extravagant welcome* and *radical hospitality* in welcoming new and diverse members, I practiced extravagant welcome and radical hospitality. And sacrifice. It was modeled for me. I am born from women who made meals from scratch with herbs and vegetables from outside gardens. I am from women who set tables for breakfast the night before the meal. I am from women who dreamed of writing and teaching but sacrificed to raise families, leaving handwritten journals for family to offhandedly find after their deaths. I am from women who started fresh in new countries, bringing their own cultures to new lands and who had the capacity to love and hold family secrets without looking back... or forward. They are wailing women whose pain, voices, and tears tell a story of lament and thriving, of saving injured families and communities and persevering. I am from “coolie women”<sup>2</sup> who are survivors of -isms before there was even the language for it and also from Black women from the

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<sup>1</sup> Mari Evans. “I Am A Black Woman.” *I am A Black Woman: Poems by Mari Evans*. (New York: William and Morrow Company, Inc., 199), 92.

<sup>2</sup> Gaiutra Bahadur, *Coolie Woman: The Odyssey of Indenture*. (Chicago: University of Chicago Press, 2013), xix-xxi.

American South, described as “de mule[s] uh de world.”<sup>3</sup> The women I come from created families that bridge a “double diaspora”<sup>4</sup> from India to Guyana to the United States and also women who endured the *triple consciousness*<sup>5</sup> of living as Black, American, and female.

In this chapter, I will focus on my personal experience of a nuanced and complicated Blackness that has created defining and traumatic pressures. In sharing this personal story, I will also reflect theologically on suffering and redemption. Then, I explore historic and relatable burdens unique to Black women pastors, in their lives, calls and ministry settings.

My story is the lived experience of multigenerational, multicultural Blackness and identity. My paternal grandmother, Mary Austin, my maternal grandmother, Sarojini Ford and my mother, Joy Austin, are foundational components of my story and serve as the epicenter of my intersectional identities. Their stories and pain are also mine. They are also the stories and pain transmitted to generations in the form of racialized and other traumas.<sup>6</sup> Psychotherapist Resmaa Menakem describes this intergenerational transmission as a “soul wound.”<sup>7</sup> Not only are my grandmothers and mothers stories my own,

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<sup>3</sup> Zora Neale Hurston, *Their Eyes Were Watching God*. (New York: HarperPerennial Modern Classics), 31. In *Their Eyes Were Watching God*, protagonist Janie Crawford, finds her voice and sense of self. Janie’s quote regarding Black women being “de mule uh de world” is her opinion on the reality of the Black woman’s situation in the world and praise of her strength. This is further explored in the dissertation.

<sup>4</sup> Bahadur, *Coolie Woman: The Odyssey of Indenture*, xx.

<sup>5</sup> Loryn Hairston, “The Double Consciousness of a Black Woman,” Her Campus at Hampton U, November 3, 2017, <https://www.hercampus.com/school/hampton-u/double-consciousness-black-woman>.

<sup>6</sup> Resmaa Menakem, *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*. (Las Vegas, NV: Central Recovery Press), 9-10.

<sup>7</sup> Ibid.

somatically and psychologically, but so are their traumas. Menakem goes on to describe how trauma is “internalized and embedded”<sup>8</sup> and that “multiple forces - genes, history, culture, laws, and family- have created a long bloodline of trauma in African-American bodies.”<sup>9</sup>

In spite of efforts within white *and* African-American communities to “other” me, my racial background and cultural experience offer a “quadruple consciousness”<sup>10</sup> (American, Black, multiracial, woman) that makes my fight often feel even more intractable. My grandmothers’ and my mother’s lives are illustrative examples of the unique lives and experiences of two generations of Black women. Set within their respective circumstances of racism, sexism, classicism and xenophobia, their stories lead me to a personal exploration and understanding of each of these oppressive sociopolitical patterns and also connects me to the larger context of these ideas in the United States. Most poignantly, their stories of battling race and racism connects my experience to theirs and have allowed me to inherit and learn from their tool kit of resilience, pride, and faithfulness.

My paternal grandmother, Mary Austin, was born in Andersonville, Kentucky, in 1915, on land currently occupied by Western Kentucky University (WKU). There is a grassy area with one tree on WKU’s vast campus that my father still recognizes as standing near the house he remembers as hers. She was an active member of Mt. Zion

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<sup>8</sup> Menakem, *My Grandmother’s Hands*, 11.

<sup>9</sup> Ibid.

<sup>10</sup> Malik Gaines, “The Quadruple-Consciousness of Nina Simone,” *Taylor & Francis Online*, November 6, 2013, <https://doi.org/10.1080/0740770X.2013.825428>.

Baptist Church in Bowling Green, Kentucky. Her first child was a daughter named Shirley whom she buried as an infant. She raised two sons with her husband and my grandfather, Herschel Austin, a Pullman porter. My grandmother was a kind and tough woman who watched Phil Donahue and doted on her grandchildren. She would save S&H green stamps and buy her grandchildren gifts, such as school shoes, and - once when my brother kicked a soccer ball through ours, a television. She was an exceptional cook and baker. Christmas season began the day our box of homemade fudge wrapped in wax paper and neatly gift-wrapped presents arrived. She was also a fashionista whose hat collection stunned. She enjoyed the town gossip and her own wry humor shone in jokes about my grandfather's singing or about a family member during our summer family reunions. In meeting my mom for the first time, coming straight from Guyana, it was one of Momma Mary's best friends who quipped "North America, South America -- it's all America."<sup>11</sup>

However, South America *is* different and even within the continent, Guyana is very unique. It is the only South American country where English is the official language.<sup>12</sup> Though it borders Venezuela and Suriname and is not a Caribbean Island, Guyana is culturally deeply connected to the Caribbean and counted as one of the few mainland territories considered to be "the Caribbean."<sup>13</sup> My maternal grandmother, Sarojini Ford, was born in Guyana in 1926. Her parents, Beatrice and Thomas Janki, bom

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<sup>11</sup> Austin/Ford family folklore, December 1971 or 72.

<sup>12</sup> David Ramsaran and Linden F. Lewis, *Caribbean Masala: Indian Identity in Guyana and Trinidad*. (Jackson: University Press of Mississippi, 2018), 158.

<sup>13</sup> *Ibid*, 147.

in Western India (specific region unknown), sailed from India to Guiana (formerly British and French Guiana) to work in the bustling shipping industry. She fell in love and married an identifiably Black man with roots in Barbados who would later become Lord Mayor of Georgetown, Guyana. Their relationship caused a stir that would echo decades later in my own parents' marriage. They had three daughters and a son. My mother, Joy, is their eldest child. Married to a politician, Mummy Saroj lived a life of some privilege, having drivers and family and friends who helped as nannies, housekeepers, cooks, and other domestic workers. She also worked primarily in the home, taking care of her large family. After political upheaval in 1980's Guyana, my grandparents left and immigrated to the United States. Once my grandmother arrived in Silver Spring, Maryland, she opened her own home childcare center and helped to raise grandchildren and neighbors. Sarojini Ford is now 97 years old, still making delicious and delicate West Indian roti, and living with her youngest child in Cohasset, Massachusetts.<sup>14</sup>

My mother had dreams of a life outside of her native land. Visionary and smart, she left Guyana in her late teens to attend McMaster University in Toronto, Canada. My mother met my father at a Black Panther training session, both attended as potential tutors. My father was a doctoral student and was immediately smitten with the shy undergraduate. Their futures led them to Washington, DC where they found kindred spirits in intellectual and spiritual circles, landing at Peoples Congregational United Church of Christ which became our family's spiritual base. While my father worked in higher education, becoming the first African-American full-time academic faculty member at Georgetown University, my mother worked in nonprofit, arts, and humanities,

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<sup>14</sup> Sarojini Ford passed away on November 11, 2021 during the time of this writing.

leading the Humanities Council of DC for nearly 20 years until recently retiring. She and my father had three daughters and one son, of whom I am the eldest. She raised her four kids while juggling full-time work. My mother is a member of Delta Sigma Theta Sorority (as I would also become) as well as a member of other Black women's membership organizations, for example, the Links, the Moles, Jack & Jill. Inc. She cherishes these outward signifiers of Black excellence and belonging. In a life story reminiscent of Vice-President Kamala Harris' mother, Shyamala Gopalan Harris, my mother recognized the nuance of race. She raised us not only to be Black people and Black women but also to be always aware of our multiethnic heritage.<sup>15</sup> My mother encouraged me to attend the historically Black university, Fisk University, to join her sorority, and she empowered my voice in ministry in our African-American church.

Nonetheless, it has been often difficult for me to hold these beautiful and complicated legacies. It is hard to not be white, to not be Black enough, and to have no obvious box to check. I am a Black woman, too, and it has not been without angst but always with intention. It has been difficult to live up to middle class ideals and standards in areas like education, class, and culture. The women in my family held close the stories of their stressors that led to alcoholism, anxiety, depression, and heart disease. Fuzzy memories suddenly become clearer as a new generation recycles old material and when it is too obvious to ignore, someone pipes up, sharing, "So and so had a problem with tipping, too."<sup>16</sup> As caregivers and working women, my mother and grandmothers could

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<sup>15</sup> Ellen Barry, "How Kamala Harris's Immigrant Parents Found a Home, and Each Other, in a Black Study Group," *New York Times*, September 13, 2020, <https://www.nytimes.com/2020/09/13/us/kamala-harris-parents.html>.

<sup>16</sup> Austin/Ford family folklore, 1965.



not shield themselves from the issues that persist in Black women's lives or adequately nurture themselves by any of the means that modern women think of today. They would not have understood the current surface level movement touting "me time" and "spa days." It may have seemed silly and a waste of time. But though my grandmothers did not call it self-care, they did find ways to practice caring for themselves. These included using natural products like lavender and aloe, drinking tea, tending to backyard gardens and farms, quilting, cooking and baking, dressing to look ones best, applying makeup (lipstick was normative!), daily morning and evening routines (for example, skincare routines - I distinctly remember bars of Dove or Ivory soap), and the depth of their friendships and connection to family. Congregational life was another way to relax on weekends, entertain the family, and find both a break from the worries of the world and a powerful word to motivate them.

Professor of Religion and Literature and Womanist Theology Yolanda Pierce asks, "Can Black women ever truly love God if we have not been taught to love ourselves? How do we love the One we cannot see if we are never taught to love ourselves and the very bodies we inhabit?"<sup>17</sup> The self-care that queer Black feminist icon Audre Lorde describes as "not self-indulgen[t]," as "self-preservation" and an "act of political warfare,"<sup>18</sup> would be incomprehensible to my grandmothers and mother. Yet I can imagine that they would resonate deeply with "caring for oneself be[coming] a way of preserving oneself in a world that was hostile to your identity, your community and

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<sup>17</sup> Yolanda Pierce, *In My Grandmother's House: Black Women, Faith, and the Stories We Inherit*, (New York: Broadleaf Books, 2021), 91.

<sup>18</sup> Audre Lorde, *A Burst of Light and Other Essays*, (Ithaca, NY: Firebrand Books, 1988), 130.

your way of life.”<sup>19</sup>

### **History of Racist Harm Related to Black Personal and Communal Health**

As a faith leader and a Black woman, I am also a caregiver many times over. I care for my family, my children, and a range of congregants in public ministry. As I embody these numerous roles, I live within a continuum of outrage, righteous anger, and infinite hope because of the detrimental realities of racism, colorism, sexism, classism, and imposter syndrome. These realities have manifested themselves in my lifelong struggle to manage episodic bouts of mental illness (anxiety and depression). Working full-time, being a wife, raising two boys, leading a home, and navigating a predominantly white academic institution (in Princeton, New Jersey) as a leader has created moments of great joy and unrelenting stress which was only amplified by the current global pandemic and ongoing social unrest. In effect, my story aligns with so many other Black women caregivers and faith leaders whose intersectionalities and aspirations have served to elevate but also to diminish our roles and significance in both the family and the wider community.

Liberative wellness seeks to present a strategy for Black clergywomen to seek optimal health in the midst of the barriers to care and resources and the overwhelming challenges of pastoral care. It’s long-term effect is to create a society in which African-American women faith leaders live longer, serve better, and live healthier lives. Black theology and Womanist theology are the two liberation theologies that indeed by their very definition most adequately explain and theologize Black clergywomen, faith leaders,

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<sup>19</sup> Andre Spicer, “‘Self-care’: how a radical feminist idea was stripped of politics for the mass market,” *The Guardian*, August 21, 2019, <https://www.theguardian.com/commentisfree/2019/aug/21/self-care-radical-feminist-idea-mass-market>.

and healers in this community of practice.

National trend data on Black women substantiate the urgent need for an empowering self-care experience like liberative wellness. African-American women have significantly high rates of depression and the lowest rates of psychological treatment.<sup>20</sup> In seemingly every area where health inequity exists, Black women are at a disadvantage. These inequities are deeply rooted in racism, and in large and complex institutional systems. These factors contribute to poor mental and physical health. Black clergy women's experiences and traumas demand a way of healing and sustaining “good health” for a lifetime. Liberative wellness offers the opportunity to care for oneself in this moment and not wait for a sabbatical or sabbath, retirement, when the children grow up, or worse, another life. Still, for too many Black women faith leaders, the thought of self-care is inconvenient and radical.

Finding basic wellness and “good health” is a conundrum. “Good health” is a complicated phrase. In its most traditional sense, it signifies physical well-being, for example -- that an individual is of able body. However, for African-American women, health is a far more complicated term. Stemming from our history of chattel slavery, ongoing segregation, imposed poverty, and systemic racism, “good health” in Black communities has always been measured with the assumption of severe constraints and limitations. In short, for Black American women, “good health” is aspirational. The notion of achieving sustainable wellness in the face of such persistent challenges has been fleeting and seemingly unattainable.

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<sup>20</sup> Nia Hamm, “High Rates of Depression Among African-American Women, Low Rates of Treatment,” *Huffington Post*, September 14, 2014, [https://www.huffpost.com/entry/depression-african-american-women\\_b\\_5836320](https://www.huffpost.com/entry/depression-african-american-women_b_5836320).

Our collective inability to imagine "good health" for African-American women and, subsequently, Black women faith leaders/clergy, has imposed a very narrow conception of wellness. The difficulty in articulating a wellness plan for Black women clergy stems from a lack of research on and analysis of their unique pastoral care challenges. Liberative wellness denotes an optimal system of Black women's pastoral health that addresses the mental, physical and social dispositions of African-American clergy and the ongoing fight in the midst of the pandemics of democratic polarization, racialized terror, and COVID-19.

There is an infamous saying in the African-American community: "When white folks catch a cold, Black folks get pneumonia." The phrase is meant to compare and describe disparities and today, however, it seems more pertinent than ever. COVID-19 has ravaged Black communities and congregations across the country. The prevalence of low-income, essential workers, living in modest or low-income housing, who lack critical information and resources, and who lean on church communities has significantly increased the stewardship responsibilities of already stretched Black faith leaders. During COVID-19, Black church leaders have become even more central in their respective communities. Just as their congregants were suffering from "lost social interaction, vanished jobs and food insecurity,"<sup>21</sup> George Floyd's 2020 murder and the nationwide protests and racial awakening added a new dimension to their leadership.

Faith is a foundational component of the African-American experience and thus is an integral component of liberative wellness. However, faith is not a health strategy. As

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<sup>21</sup> Luis Andres, David Crary, and Mariam Fam, "Faith Leaders' Year of Pandemic Grief, Solace, Resilience," *Associated Press*, March 12, 2021, <https://apnews.com/article/pandemics-coronavirus-pandemic-1555b7060ffd6afcebf6385a2c61dd3>.

such, further analysis and exploration of specific tactics and strategies that Black women clergy can use to achieve optimal health is required. Liberative wellness also requires acknowledging what Audre Lorde alluded to: that this society does not value all people equally, which situates our path to Black women clergy's optimal health as an act of resistance and an expression of agency. With these challenges in mind, it is essential that new research explores and identifies the most beneficial liberating self-care practices for Black clergywomen. Scholar of justice studies and medical humanities, Kirk A. Johnson writes in support of such an idea as it relates to Black theology and medicine:

It can be an avenue of research to further particular concerns for justice in medical care. Such theology contributes to the discussion of race-based medicine indicating the need for the voice, participation, and interdependence of minorities. Black Theology can be used as a tool of healing and empowerment for health equity and awareness by exploring Black Theology's response to race-based medicine, analyzing race in biblical literature, using biblical literature as a tool for minority patient empowerment, building on past and current Black church health advocacy with personal leadership in health advocacy.<sup>22</sup>

In early March 2020, just before the introduction of U.S. quarantine measures in response to the COVID-19 pandemic, there was a dangerous and baseless rumor that African-Americans were immune to the virus. Online comments and posts made light of this. Though they can be perceived as jokes, as topics of race often are, these jokes are dangerous in light of US history. As writer Brentin Brock notes,

U.S. history evinces how unsubstantiated claims about race-based resilience to disease have led to devastating outcomes, particularly for African-Americans. The impacts of such beliefs still affect how people of color are medically treated — or

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<sup>22</sup> Kirk A. Johnson, "A Black Theological Response to Race-Based Medicine: Reconciliation in Minority Communities," *National Library of Medicine*, last modified June 2017, <https://pubmed.ncbi.nlm.nih.gov/28224259>.

not — today.<sup>23</sup>

There is a painful history of African-Americans being exposed to danger or exploitation by medical professionals with the deliberately false notion of immunity to a disease or into situations where medical abuses occurred. Many examples exist: the yellow fever outbreak in Philadelphia in the 18th century, or the case of the Tuskegee syphilis study in the early 20th century, or Henrietta Lacks' immortal cell line, which went on to help develop a polio vaccine and was a part of any number of medical and research experiments. In the extreme and disturbing case of the Tuskegee Syphilis Study, 600 black men were recruited to participate in a study that claimed to treat “bad blood” under the guise of quality medical care but were actually studied for untreated syphilis.<sup>24</sup>

Racism drives health injustices and disparities among African-American people and constitutes a public health crisis. There is an important distinction to be shared that “racism, not race affects health, and race shouldn't be used to explain away disparities caused by racism.” Racist ideology says that it is the black body that is flawed, different, and less-than and Black bodies are judged and treated based on racism, sexism, and classism.

It is clear that risk factors for African-American women existed before this pandemic. They include housing, working in essential fields, inconsistent access to health care, chronic health conditions, chronic stress and poor mental health. Systemic racism,

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<sup>23</sup> Brentin Mock, “Why You Should Stop Joking That Black People Are Immune to Coronavirus,” *Bloomberg City Lab*, March 14, 2020, <https://www.bloomberg.com/news/articles/2020-03-14/no-black-people-aren-t-immune-to-covid-19>.

<sup>24</sup> James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment*, (New York: The Free Press, 1993), 6.

sexism, and classism are so embedded in each of the risk factors listed that it is hard to overstate their profound impact on black women's health outcomes.

The collective grief of the African-American community is palpable, but so are its strengths, despite the enduring challenges of the pandemics of racism, polarization, and COVID-19. The Black community is at an inflection point in the country. The vaccination rollout, combined with a resurgence in COVID-19 cases, stems in part from new strains, human behavior, and a polarized political discourse. Meanwhile, communities of color will continue to suffer the most due to inadequate health care resources and opportunities - all while Black communities attempt to navigate the continuing loss of Black lives brought on by state-sanctioned violence among other tragedies. These various pandemics require a new framing of Black wellness and health. In 1968, Dr. Martin Luther King, Jr said, "We must accept finite disappointment, but never lose infinite hope."<sup>25</sup> This rings true in a year that has had its share of disappointments and trauma for Black communities.

### **The Black and Womanist Theological Lens on Blackness and Black Womanhood**

The Black Church is pivotal in African-American life. It has been at the helm of every significant societal, cultural, and political change in the life of this country. It is the place of sanctuary, comfort, and solace for African-American congregants and communities. The ethos of the Black Church is salvation, and the ethos of Black theology is liberation. It cannot be overstated that Black women have always been the backbone and the glue of the Black Church. They have historically been called on to volunteer and

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<sup>25</sup> Holly Lebowitz Rossi, "Martin Luther King, Jr. On 'Infinite Hope,'" *Guideposts*, January 18, 2019, <https://www.guideposts.org/inspiration/inspiring-stories/stories-of-hope/martin-luther-king-jr-on-infinite-hope>.

take on other major supportive roles but not leadership roles. Clearly, they were lay leaders in their churches, but they were also aspirational leaders deserving of more prominent roles. Black women were dedicated to their church communities and the betterment of their race. In pursuit of more substantive leadership opportunities and new callings, Black women leaders founded outside groups, clubs and sororities. These were social, political, community, and literary groups that addressed the Black community's urgent need for social and political reform. The National Council of Negro Women (NCNW) and The National Association of Colored Women (NACW) are just two important examples. Black women, including Civil Rights activists and journalists Ida B. Wells and Mary Church Terrell, helped to co-found the historic National Association for the Advancement of Colored People (NAACP). Sororities, like Alpha Kappa Alpha and Delta Sigma Theta, and the other seven Black Greek-letter sororities and fraternities that make up the Divine Nine, were founded to advocate for the betterment of the Black community and a commitment to service. Womanist theologian and ethicist Marcia Y. Riggs writes of the Black women's club movement, "The black women's experience is inextricably bound with the struggle of black people for liberation from race, gender, and class oppression in the United States."<sup>26</sup>

Whereas Black theology and Black Power inspires the image of a Black fist, hoisted in the air, with strength and presence, then surely Womanist Theology, with its purple shades of feminism and its own unique story of Black power must conjure an image of a black fist with nails painted brightly, with equal parts criticism of and

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<sup>26</sup> Marcia Y. Riggs, *Awake, Arise, & Act: A Womanist Call for Black Liberation*, (Cleveland: Pilgrim Press, 1994), 1-2.



measured partnership with their male and White female counterparts. It was Black women frustrated with “the invisibility of Black women in Black Theology”<sup>27</sup> who argued that Black women cannot “continue to be treated as if they were invisible creatures who are on the outside looking into the . . . theological enterprise.”<sup>28</sup> Their experience must be valued, studied, and made visible in the academy and beyond.

Womanist theology in liberative wellness is especially appealing in focusing on black women’s care needs separate from black men and the rest of the community. The mother-scholars of Womanist Theology, Delores Williams, Jacqueline Grant, and Katie Geneva Cannon noted Black theology’s deficiencies related to gender:

the failure of Black male liberation theologians to see and acknowledge Black women and to include them in the dialogues on Black theology. By excluding Black women and making them invisible in their theology, Black male liberation theologians did not feel compelled to address Black males' misogyny and abusive treatment of Black women.<sup>29</sup>

Womanist theology was developed in dialogue with Black Theology, particularly as articulated by James Cone, who was professor of systematic theology at Union Theological Seminary while Williams, Grant, and Cannon were students there. Cone broke new ground in 1969 with the publication of *A Black Theology of Liberation*, which sought to make sense out of theology from the Black experience in America. In the book, Cone argued that God is black, sides with the oppressed, and identifies with the struggles

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<sup>27</sup> Jacqueline Grant, “Black Theology and Black Women,” in *Words of Fire: An Anthology of African-American Feminist Thought*, ed. Beverly Guy Sheftall (New York: The New Press, 1995), 322-324.

<sup>28</sup> Ibid.

<sup>29</sup> Rufus Burrow, Jr., “Development of Womanist Theology: Some Chief Characteristics,” in *The Asbury Theological Journal* 54, no 1 (Spring 1999): 46, <https://place.asburyseminary.edu/cgi/viewcontent.cgi?article=1307&context=asburyjournal>.

of Black Americans for justice and liberation.<sup>30</sup> Over the course of his work and life, refining and developing a theology of Black liberation, Cone sought to “reconcile the gospel message of liberation with the reality of black oppression” and to answer the question of how to find “meaning in a world that ignored black people.”<sup>31</sup> Cone felt challenged to reconsider the Christianity of his birth and vocation as a white man’s religion. Deeply influenced by Malcolm X and Martin Luther King Jr., Cone’s theology recognized that the core message of Jesus, his death on the cross, and his commentary on social justice was the message of a religion of liberation, a religion that freed the poor and voiceless; and part of that freedom demanded loving who they are - their blackness. In this way, Black Theology centered marginalized, oppressed Black people, and “voiceless black masses.”<sup>32</sup>

The core tenets of Womanist theology also center, in this case, the centering of Black women and their experiences and the decentering of whiteness, white maleness, patriarchy, white supremacy and white feminism but also Black maleness. With originality and authenticity, Womanism profoundly valued Black women’s sacred lives with God and in their thinking about God. However, Womanism must also hold Black Theology’s core tenet that God identifies with the oppressed and marginalized alongside these ideas. Womanist theologians combined the efforts of Black Theology and their own burgeoning Womanist liberation theology with iconic novelist Alice Walker’s 1983

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<sup>30</sup> James Cone, *A Black Theology of Liberation*, (Philadelphia & New York: J.B. Lippincott Company, 1970), 25-27.

<sup>31</sup> James Cone, *The Cross and The Lynching Tree*, (Maryknoll, NY: Orbis Books, 2013), xv-xvi.

<sup>32</sup> James Cone, *Black Theology and Black Power. 50th Anniversary Edition*, (Maryknoll, NY: Orbis Books, 2018), 21-22.

definition as its base. Walker insisted that a Womanist is “committed to survival and wholeness of entire people, male and female.”<sup>33</sup> According to constructive theologian Monica A. Coleman,

Walker’s definition has served as an important starting point—and point of departure—for reflection on black women’s religious lives.<sup>34</sup>

Black feminist sociologist Patricia Hill Collins describes Womanism as an approach to ethics, theology, and life that is rooted in the experiences of African-American women. It grants hermeneutical privilege to the voices of those who have been silenced by the interlocking oppressions of White racism, classism, and patriarchy.<sup>35</sup> The acknowledgement of the ways that complex oppressions converge and inform each other, for example, in the experience of being a woman and being Black; and that these identities are not independent of each other, is framed further in intersectionality. A thorough understanding of Black women’s full and complex life experiences will also inform how to create and maintain pathways for holistic wellness, an understanding that honors the fact that a Black woman’s experience is different from other people’s experiences and is both valid and valuable.

A deeper understanding of who these Black women clergy are can be answered by further exploring the loaded questions of the meaning of blackness in both Black and Womanist theologies and who is a Black woman. Indeed, the question of my own

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<sup>33</sup> Alice Walker, *In Search of Our Mother’s Gardens: Womanist Prose*, (New York: Harcourt Inc, 1983), xi.

<sup>34</sup> Monica Coleman, *Ain’t I A Womanist Too? Third-Wave Womanist Religious Thought* (New York: Fortress Press, 2013), 4.

<sup>35</sup> Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (Boston: Unwin Hyman, 1990), 21-22.

vocation and work in Black church communities has been how does a multiracial, Congregational, public minister who is not yet formally ordained, lead in this work? Am I black enough to be a Black minister? To lead black ministers?

How can the understanding of Blackness in Black and Womanist theology be expansive and variegated, multi-ethnic?<sup>36</sup> A typical American understanding of Blackness is simplistic and focused primarily on phenotype. More nuanced interpretations also look at the cultural aspects and identities of Blackness as well as its psychology. A cultural blackness rooted in African cultures, the history of slavey, slave rebellions and abolition, and the civil rights movement have shaped African-American culture and defined American culture.

In the early 20th Century, DuBois described the context and psychology of the “double consciousness” of being Black and being American, writing:

One ever feels his twoness, – an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder. The history of the American Negro is the history of this strife, – this longing to attain self-conscious manhood, to merge his double self into a better and truer self.<sup>37</sup>

James Cone also wrote of the meaning of Blackness not merely as phenotype and a physical characteristic that is the opposite of whiteness or other races, but of a theological blackness as a symbol and redemption. Essentially, blackness as a litmus test of where one stands on the arc of justice and who one is committed to in the struggle, the oppressed or the oppressor. To this point, Cone writes,

Being black in America has very little to do with skin color. To be black means that your heart, your soul, your mind, and your body are where the

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<sup>36</sup> Conversation with Dr. Traci C. West, January 21, 2021.

<sup>37</sup> W.E.B. DuBois, *The Souls of BlackFolk* (New York, N.Y.: Penguin Books, 1989), 2.

dispossessed are. We all know that a racist structure will reject and threaten a black man in white skin as quickly as a black man in black skin. It accepts and rewards whites in black skins nearly as well as whites in white skins. Therefore, being reconciled to God does not mean that one's skin is physically black. It essentially depends on the color of your heart, soul, and mind . . . . The real questions are: Where is your identity? Where is your being? Does it lie with the oppressed blacks or with white oppressors?<sup>38</sup>

Beyond its physicality, blackness has become a cultural, social, and religious experience. Black people are a diasporic community with its roots in Western and Central Africa via the Transatlantic slave trade and the experience of enslavement starting in the 15th century. A vast majority are descendants of slaves, still living in the Americas and the Caribbean islands as well as elsewhere around the globe. Each area where descendants live has its own unique sense of blackness, Black culture, and Black experience. It is a global diaspora where Black peoples are connected to a common experience of “emotional attachment to their ancestral land” with varying degrees of significant characteristics, like preservation of culture, the actual experience of slavery, adapting to new environments and maintaining a connection to Africa and African culture.<sup>39</sup> For some white *and* Black communities, there is “a false notion of homogeneity about black experiences.”<sup>40</sup> Often there is a commitment to using signifiers in Black culture to view and judge authentic blackness, signifiers that often benefit and detract. I have definitely benefited and been hurt by them. However, characteristics of a rigid

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<sup>38</sup> Cone, *Black Theology and Black Power*, 8–9.

<sup>39</sup> “Characteristics of african diaspora gomez palmer what,” Course Hero, accessed April 9, 2021, <https://www.coursehero.com/file/p50jbbg/Characteristics-of-African-Diaspora-Gomez-Palmer-what-makes-or-shapes-our>.

<sup>40</sup> *Ibid.*

African-American culture does not make adequate room for all of the elements of who Black people are. Black people know intellectually that their lives and experiences cannot be seen through one lens.<sup>41</sup> They should not need to imagine or reimagine a more expansive blackness. Blackness is expansive. So is Womanhood. Liberative wellness seeks to support Black women and clergy who are in constant defense of their identity and visibility. The lenses of Black and Womanist theology allow us to understand the complexities of the Black clergywomen's lived experience.

### **Sacrifice, Suffering, and Redemption for Black Women**

In her classic novel, *Their Eyes Were Watching God*, Zora Neale Hurston describes Black women as “mules of the world” aptly characterizing the social expectation for Black women to possess supernatural strength and Black women's ability to endure without burnout or exhaustion. Hurston's definition represents an obvious gap in how Black women's suffering (and contentment) is framed.<sup>42</sup> Given the range of caregiver identities and stressors of Black women clergy and faith leaders, a Womanist and Black theological lens is necessary to examine the social pressure placed on Black female clergy and faith leaders that create the need for stronger self-care and present a model and reframing of our wellness and health. This model is liberative wellness.

In 2020 when George Floyd was pinned down by his neck on a Minneapolis street pavement by Officer Derek Chauvin and lay dying, he called out for his mother. Of all

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<sup>41</sup> Roua Eltayeib and Somer Saleh, “Intersectional Invisibility: The Expansive Experiences of Black Lives,” *Medium*, August 4, 2020, <https://medium.com/jo%CD%9Eo%CB%88%C9%A1%C3%A4d/intersectional-invisibility-the-expansive-experiences-of-black-lives-351ce2feb7d5>.

<sup>42</sup> Zora Neale Hurston, *Their Eyes Were Watching God*, (New York: HarperPerennial Modern Classics), 31.

the many tragic and memorable moments in the video scene shot by 17-year old teenager, Darnella Frazier, Floyd calling out twice for his deceased mother, Larcenia Jones Floyd,<sup>43</sup> stands out as especially chilling and harrowing.<sup>44</sup> Audible also Floyd was begging to breathe are his words “Momma! Momma! I’m through.” His was a cry heard throughout the ages and in the moment by Black mothers and nurturers across the world, an urgent signal of distress and a “sacred invocation.”<sup>45</sup> What dozen mothers do not look up nervously in any grocery store when an audible “momma” is heard through an aisle? His pain and call are palpable. With one’s last dying breath, who do you call? God and your Black mother. The litany of prayers from Black children to Black mothers evokes the presumed last moments of generations of iconic and unknown victims. Emmett Till, Mike Brown, Tamir Rice, Sandra Bland, Jordan Davis, and Breonna Taylor each cried out for their lives and humanity and to expose their pain.

Each of these victims’ mothers are now described as “mothers of the movement.” Black mothers tethered to a club no one ever wants to join.<sup>46</sup> Each of these mothers are connected by tragedy, be it a child dying in police custody or as a result of police action

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<sup>43</sup> Manny Fernandez and Audra D.S. Burch, “George Floyd, From ‘I Want to Touch the World’ to ‘I Can’t Breathe,’” *The New York Times*, April 20, 2021, <https://www.nytimes.com/article/george-floyd-who-is.html>.

<sup>44</sup> Nicholas Bogel-Vurroughs and Tim Arango, “Darnella Frazier, the teenager who Filmed George Floyd’s Arrest, Testifies at the Trial,” *The New York Times*, March 30, 2021, <https://www.nytimes.com/2021/03/30/us/darnella-frazier-video-george-floyd.html>.

<sup>45</sup> Lonnae O’Neal, “George Floyd’s mother was not there, but he used her as a sacred invocation,” *National Geographic*, May 30, 2020, <https://www.nationalgeographic.com/history/article/george-floyds-mother-not-there-he-used-her-as-sacred-invocation>.

<sup>46</sup> Michael Sebastian, “Who Are The 'Mothers Of The Movement' Speaking At The Democratic National Convention?,” *Elle*, July 26, 2016, <https://www.elle.com/culture/career-politics/news/a38111/who-are-mothers-of-the-movement-dnc>.

or inaction.<sup>47</sup> God-willing, most Black mothers will never share this fate or join this club. However, George Floyd's cries to his mother ring in every Black mother's ears. There is a sisterhood of mothers who wept but whose ears perked up in response. He is calling for us to go to battle because another of our children has died. All Black mothers and nurturers are tethered together in the redemptive suffering and redemptive joy of being Black and a woman in this country.

Black women have long been known for a moral agency and resolute standing in the face of moral struggle, an identity formed through struggle and survival and a seemingly innate foresight and wisdom. This can feel like a duty and a call; a power and a curse. In Jeremiah 9:17-22 NRSV, God speaks directly to the wailing women declaring,

20 Now, you women, hear the word of the Lord; open your ears to the words of his mouth. Teach your daughters how to wail; teach one another a lament. 21 Death has climbed in through our windows and has entered our fortresses; it has removed the children from the streets and the young men from the public squares.

And later,

Dead bodies will lie like dung on the open field, like cut grain behind the reaper, with no one to gather them.

Earlier God asks specifically for the women to be summoned,

Call for the wailing women to come; send for the most skillful of them. 18 Let them come quickly and wail over us till our eyes overflow with tears and water streams from our eyelids. 19 The sound of wailing is heard from Zion: 'How ruined we are! How great is our shame! We must leave our land because our houses are in ruins.'

According to ancient tradition, wailing women were a common sight. These women who

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<sup>47</sup> Ibid.



were professional mourners who came and grieved for the dead and would teach others to grieve as the text suggests. God is, in fact, asking them to teach others and their daughters, the next generation of wailers to lament. God also asks for the most “skillful” of all the wailing women. The women are mourning a society in tatters where quite prophetically children and young men are dying. In this scripture, the people of Judah have experienced two invasions by the Babylonian army and are traumatized and terrified. God’s calling of these women “serves as a powerful symbol of survival of an injured people seeking to come to terms with the tragedy that had befallen them.”<sup>48</sup> All around them, there is tragedy and suffering. In the midst of suffering, God is summoning the women to be the frontline mourners, the ones who above all - even the men- who will see clearly and understand the loss and trauma of the situation.

But as the Rev. Dr. Renita J. Weems asks in her 2010 lectionary, “Where is God?”<sup>49</sup> She goes on write that:

The reality of human suffering raises serious questions for believers. “Is the Lord not in Zion?” (Jeremiah v. 8:19), they wanted to know when word spread that the Babylonians had breached the city walls. If God is truly active in the world and if God is loving and just, why should people suffer? The God they sought was the God of war, battle, retribution and vindication. In other words, “Where is God?” is a question African-Americans have lots of experience asking in their long and torturous history as exiles on these North American shores.<sup>50</sup>

Where is God in the midst of suffering? Why do women suffer so? Where is God in the

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<sup>48</sup> L. Juliana M. Claassens, “Calling the Keeners: The Image of the Wailing Woman As Symbol of Survival in a Traumatized World,” *Journal of Feminist Studies in Religion* 26, no. 1 (Spring 2010) pp. 63–77, [www.jstor.org/stable/10.2979/fsr.2010.26.1.63](http://www.jstor.org/stable/10.2979/fsr.2010.26.1.63).

<sup>49</sup> Renita J. Weems, “Women’s Day. Renita J. Weems, Guest Lectionary Commentator,” *The African-American Lectionary*, accessed April 17, 2021, <http://www.theafricanamericanlectionary.org/PopupLectionaryReading.asp?LRID=169>.

<sup>50</sup> Ibid.

moment of pain? Is God not in Minneapolis, Chicago, Kenosha, St. Louis, or Philadelphia? Where is God, period? Does God call the women because they have suffered more and would understand it? If Black women suffer, does it produce increased strength and character? Does it make them more faithful? Does this have to be their fate?

In a small journal I kept as a child, written in 5th or 6th grade cursive, I quoted “unearned suffering is redemptive.” I heard one of my godparents say this and attribute it to another family friend. Later, I realized the connection of this particular phrasing as from Dr. Martin Luther King, Jr. I kept the quote close because even as a child, it answered my simple questions of why this or that felt bad or this or that bad thing happened. It must happen to create strength. It must happen because there is a growth opportunity. Dr. King and Civil Rights movement leaders alongside him captured the hardships and the injustices of the movement they were leading by attempting to make sense of them and finding answers. King describes his reflections and answers here,

My personal trials have also taught me the value of unmerited suffering. As my sufferings mounted, I soon realized that there were two ways that I could respond to my situation: either to react with bitterness or seek to transform the suffering into a creative force. I decided to follow the latter course. Recognizing the necessity for suffering I have tried to make of it a virtue. If only to save myself from bitterness, I have attempted to see my personal ordeals as an opportunity to transform myself and heal the people involved in the tragic situation which now obtains. I have lived these last few years with the conviction that unearned suffering is redemptive.<sup>51</sup>

Human beings have an obsession with meaning-making in suffering. It has to have meaning - otherwise why is it happening? But does suffering have to happen for us to

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<sup>51</sup> "Suffering and Faith." Stanford University, The Martin Luther King Jr. Research and Education Institute, accessed April 12, 2021, <https://kinginstitute.stanford.edu/king-papers/documents/suffering-and-faith>.

find meaning? Black women often face challenges that go unnoticed and undetected. Black women live with an illusion of strength that manifests itself in struggles that come with high expectations of strength in overcoming them. Black women can suffer greatly but cannot be seen as weak, “weakness in Black women is intolerable.”<sup>52</sup>

For many Black women faith leaders, Christ’s suffering on the cross symbolizes humanity’s suffering and example of His suffering offers a chance to experience hope and experience blessings in their own lives. Often the “scale and scope of suffering on earth” is seen as a means to get to heaven or a hereafter. However, many Womanist theologians offer a counter, noting that Jesus’ suffering does not save Black women. Rather, the theology of redemptive suffering and the glorification of Black women’s supposed unyielding resilience further diminishes our pain. As Womanist theologian Eboni Marshall Turman points out, “Black women carry enough crosses to know that there is no glory in suffering.”<sup>53</sup> Distinguished theologian and father of Black Theology James Cone also rejected a justification of Black suffering and used his theological gifts to emphasize a lived experience of blackness experienced as hope in the present moment.

Liberative wellness aligns with the belief of some scholars and humanists who push against and question some of the traditional ideas of “moral redemptive theodicy” and “the idea that a good God allows suffering in order to produce character and prove

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<sup>52</sup> Darkowaa, “Willow Weep for Me: Black Woman’s Journey Through Depression,” review of *Willow Weep for Me: Black Woman’s Journey Through Depression*, by Meri Nana-Ama Danquah, African Book Addict!, February 17, 1998, <https://africanbookaddict.com/2018/07/18/willow-weep-for-me-a-black-womans-journey-through-depression-by-meri-nana-ama-danquah/>.<https://africanbookaddict.com/2018/07/18/willow-weep-for-me-a-bladack-womans-journey-through-depression-by-meri-nana-ama-danquah/>.

<sup>53</sup> Eboni Marshall Turman, “Black Women’s Faith, Black Women’s Flourishing,” *The Christian Century*, February 28, 2019, <https://www.christiancentury.org/article/critical-essay/black-women-s-faith-black-women-s-flourishing>.

worthy the testimony of His followers.”<sup>54</sup> This reimagination of suffering as an identity may allow and inspire Black women clergy to take authority over their well-being and not leave it subject to the level and depth of their suffering. Black women may suffer greatly but we are not victims. Liberative wellness allows Black women to enact their agency in support of their individual lives and in promotion of their physical and mental wellbeing. Black women faith leaders should not be subject to a theology that suggests that our normal condition is suffering.

### **Conclusion**

Considering the intersections of race, gender, and poverty and the current crises of a global pandemic, and the ongoing problem of racial injustice, beneficial and liberative self-care practice for Black clergywomen must be created and instituted. Black women clergy are leading at high levels, officially and unofficially, in various areas of their lives - church, community, and family/extended family. Unfortunately, far too often their identities are constricted by long-standing tropes that leave little room to see beyond the burden of redemptive suffering. The benefits of a liberative wellness program undergirded by the critical lessons of Black and Womanist theology are to free and to center Black clergywomen’s wellness and health; and finally, to establish a Womanist practice and ethic of care that offers creative, holistic experiences in self *and* soul car

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<sup>54</sup> Kyle Boone, "A Theodicy of Redemptive Suffering in African-American Involvement Led by Absalom Jones and Richard Allen in the Philadelphia Yellow Fever Epidemic of 1793" (Undergraduate Senior Thesis, Olivet Nazarene University, 2013), 2, [https://digitalcommons.olivet.edu/hist\\_ugrd/2](https://digitalcommons.olivet.edu/hist_ugrd/2).

## CHAPTER TWO

### THE COLLAPSE AND THE RISE:

#### RECONSIDERING A WOMANIST ETHIC FOR WELLNESS

##### **WHERE DO WE GO TO COLLAPSE?**

Recently, I had an in-depth zoom conversation with my sister where we shared a mutual sense of exasperation and stress around previously guarded family experiences and other stresses in our lives. Within the conversation, we posed the question, “*Where do we go to collapse?*” Our conversation revealed that we had nowhere to collapse. With our parents’ high expectations of us and our family’s sense that strength is stoicism, our collapse is private or not at all. Often, there feels like there are no open arms to run toward and no place to be vulnerable and honest. The question is also profoundly resonant for me in thinking about the plight of Black women faith leaders. The question reveals additional layers, theological and practical questions for Black women faith leaders about where we, as faith leaders, can go to collapse? Where are we allowed to go? Who do we go to? Is it God alone? Where can African-American women offload their burdens, which include physical and mental health problems? In many cases, their communities may expect African-American clergywomen to receive the comfort and psychosocial support they need from the churches they serve. But, based on my experience, this is not an option, as many churches are also characterized by societal issues such as racism and gender conventions and are a microcosm of other culture wars and struggles that can exasperate their stress rather than relieve it. If it can be avoided, it can also be detrimental and career-ending, to emotionally collapse in some public way in one’s workplace. In addition, African-American clergywomen and faith leaders can

hardly find comfort in colleagues and friends often because even in those spaces they are held to a higher standard as clergy, having to remain strong and live up to often unreasonable expectations in those relationships too. At the same time, their physical and mental problems can hardly be addressed by the conventional healthcare system because African-American women, including clergywomen, seldom seek mental health services due to the “strong Black woman” (SBW) stereotype and general stigma around mental healthcare.

Many Black clergywomen find themselves being a moral authority and listening presence among friends, family, and acquaintances. During the last election, Black women were called the “soul of the nation” and those who “can save America.” I reject these notions because as a Black woman I believe that this kind of burden should never be ours, as Black women, alone. Very often, the burden of these superwoman stereotypes and the stigma surrounding mental health issues and therapy prevents Black women from seeking a therapist.<sup>1</sup> So even mental health options are not always practical. Black women then must be proactive about creating the environment for self and soul care by intentionally developing networks for care through peer-to-peer engagement and cultivation of personal wholeness. To my mind, Black women have to create their own spaces to collapse. And later – to be restored. But the restoration may be the last part of the process and for Black women clergy, it is better to be cautious and discerning; it may well be that self-care is the *collapse*. The act of allowing ourselves to collapse enables restoration and fosters continuous rising. Even Jesus felt the depths of collapse and

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<sup>1</sup> “About - Therapy For Black Girls,” About - Therapy for Black Girls, Therapy for Black Girls, last modified January 12, 2022, <https://therapyforBlackgirls.com/about/>.

wondered aloud on the cross if this [moment] was a place where God is not present? And in this experience of forsakenness recalling that, as Karen Baker-Fletcher, author of *Dancing With God: A Womanist Perspective on the Trinity* writes “even in the seeming absence of goodness and divinity, God is there. Even in the depths of hell (*Sheol* in more current translations, which in Hebrew understanding is simply the neutral concept of the place of the dead), God is there.”<sup>2</sup> In addition to Baker-Fletcher, womanist theologians are thinking about healing and the resurrecting spirit of God and the power that brings life out of death. Out of those depths, too, Black women do more than just suffer.

For this study, then, it is vital to name some significant stressors that are specific to black clergy women which I address in this chapter. What causes some of the stress and the suffering? One of the most meaningful parts of vocational work in the church is a call. Often the black clergywoman is educated (often beyond her peers), eager, and willing but feels the frustration and incompleteness of not being able to get or to hold on to a call. In part, this could be the unwillingness of churches to call a black woman as a senior pastor and a question of who is in the way of a black woman pastor thriving in leadership. This must include conversations about what is happening in black churches. In looking at black women’s leadership and glass ceilings in the Black Church, a survey done by the Barna Group showed that while congregations generally agreed that Black Clergywomen’s leadership was important and affirmed (78%), that percentage lowers (57%) when Black Church pastors (pastors here refers to majority male respondents since only 11% of those surveyed in the Barna Group survey are women) are asked if they can

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<sup>2</sup> Karen Baker Fletcher, *Dancing with God: The Trinity from a Womanist Perspective*, (St. Louis, Missouri: Chalice Press, 2006), 147.

“submit to a woman in spiritual authority or if they would challenge their denomination to express support for women in pastoral roles.”<sup>3</sup> On some level, it appears that popular support of black women’s leadership is theoretical or has some limits for Black Churches. On the part of the black clergywoman, this may lead to considerable stress, anxiety, and frustration. In a work where our vocational pull is seen as sacred, from God and toward serving, being rejected, ignored, or not given a chance can shatter confidence and psyches.

This chapter addresses the question of collapse and offer models of restoration or ways of rising. My engagement in this work is both personal and professional, which is why this research project feels so personal in its telling of my family story and self-care journey and its stories of Black clergywomen attempting to find their own wholeness and healing. Ultimately, I am engaged in this research because I want to highlight and learn from common narratives of challenge, resilience, and service in order that I might establish a liberative wellness framework for Black clergywoman, faith leaders, and caregivers. I have defined liberative wellness in my work and research as a holistic womanist ethic of care engaging self and soul care and undergirded by principles of Black liberation theologies, specifically womanist theology. It should also be noted that a distinctive characteristic of this type of womanist ethic of care includes the idea that a Black woman does not just try to save herself. In most cases, she cannot just save herself. The fine line between community care and self-care is difficult for Black clergywomen. Many times, caring for others is our obligation and it also feels good. This

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3 Barna Group, *Trends in the Black Church*, (The Barna Group, 2021), 117.



obligation to care for others is reminiscent of what black feminist<sup>4</sup> bell hooks describes as a “call for communion with the world beyond the self, the tribe, the race, the nation<sup>5</sup>” and that call allows for loving the enemy, trying to change the society that oppresses and choosing to believe in the possibility of freedom and justice existing for everyone. In fact, the only way for us to live in some harmony is to believe this is possible. This chapter contributes to these assertions by broadening the strategies of black to include wellness in the black experience as one of the ways of “deal[ing] with or resist[ing] difficult life-situations and death-dealing circumstances.”<sup>6</sup>

In the prior chapter, I described how Black clergy women are nurturers by commitment and by calling. In what follows, I will give a brief overview of racism in medical and mental health industries and in the mass market wellness industry, each of these various systems that are harmful to Black women. I have included this overview to reveal that there are gaps in these industries and that liberative wellness can fill these gaps by making use of some of the insightful and powerful ideas in womanist and black theology and using it toward a holistic wellness model. Throughout this chapter, I will engage primarily womanist theologians and will use scholarly journal articles and mainstream articles to highlight research statistics that describe African-American clergywomen, African-American woman, and look at ideas on health and race. In addition, I make use of the rich resources in African-American literature to focus attention on themes like multi-racial identity, racism, and trauma.

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<sup>4</sup> bell hooks identified as a black feminist and not a womanist. This engagement with her works reflects my resonance with her definition of a type of community care.

<sup>5</sup> bell hooks, *Outlaw Culture: Resisting Representations* (New York: Routledge, 1994), 250

<sup>6</sup> Delores Williams, *Sisters in the Wilderness*, (Maryknoll, NY: Orbis Books, 2013), 141.

## Who are Black Clergy Women?

In order to accurately fill out the picture of what African-American clergywomen are up against, we must also look at who constitutes African-American women clergy. For my research, this includes black women who are mixed, biracial, or multiracial and represent the key subtheme of multiracial identity. Though there is not substantial research on multiracial clergy specifically, even studies that are broad in nature offer some understanding.

Generally, the number of clergywomen continues to grow in the world, including in the United States (US). According to the U.S. Bureau of Labor Statistics in a 2014 report, there are about 433,000 clergymen and women in the US, which indicates a significant increase compared to a report that was released in 2002 when there were only 393,000 ministers in the country.<sup>7</sup> Interestingly, African-American clergywomen are the majority, especially when they are compared to their Asian and Hispanic counterparts. African-American clergywomen account for 8.3% of total ministers in the US compared to 6.9% and 7.5% of their Asian and Hispanic counterparts respectively.<sup>8</sup> Based on these statistics from the U.S. Bureau of Labor Statistics, it seems African-American clergywomen play a critical role in ministerial work and leadership in the US.

However, like many African-American people in the country, African-American clergywomen face a number of challenges that adversely affect their ministerial work, as well as their health. According to a study that was conducted by Proeschold-Bell, et al, a

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<sup>7</sup> Nelms Smarr, Kimberly Rachelle Disbennett-Lee, and Amy Cooper Hakim, "Gender and race in ministry leadership: Experiences of black clergywomen," *Religions* 9, no. 12 (2018): 1-13.

<sup>8</sup> Nelms Smarr, et al., 1-13.

significant number of ministers are coping with depression and anxiety. Specifically, the study found that the rate of depression among ministers is 8.7% compared to the national average of 5.5%. At the same time, 13.5% of ministers experience anxiety problems.<sup>9</sup> Also, the rate of burnout among ministers is high due to a number of factors, including what is termed ‘interrole conflict’<sup>10</sup> and the need to engage in stressful activities such as grief counseling, as well as the sense of guilt that comes with not meeting the expectation of congregants and the issue of contact presence and having to be *on*. The distinction from white ministers with families and work stresses, themselves, is that for Black women this all (anxiety, depression, burnout, stress) comes with the added burden of systems of oppression that do not affect white women, specifically, racism (power and privilege). Though it is not the focus of my current research, it is worth noting that many Black women are deeply affected by other systems of oppression, too, including sexism, heterosexism, classism, and ableism. Within my liberative wellness framework, I believe that the weight of racism and sexism is so heavy that comparing it to the experience of white women further alienates and marginalizes Black women’s experiences and the comparison continues to privilege white women. One study by law professor Kimberle Crenshaw puts it this way, “This focus on the most privileged group members marginalizes those who are multiply-burdened and obscures claims that cannot be

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<sup>9</sup> Proeschold-Bell Rae Jean et al., "Using effort-reward imbalance theory to understand high rates of depression and anxiety among clergy," *The Journal of Primary Prevention* 34, no. 6 (2013): 439.

<sup>10</sup> “Interrole Conflict,” American Psychological Association (APA) Dictionary of Psychology, accessed January 2022, <https://dictionary.apa.org/interrole-conflict>. Interrole conflict is the form of role conflict that occurs when individuals have multiple roles and the expectations and behaviors associated with one role are not consistent with the expectations and behaviors associated with another. In organizational settings, for example, a common interrole conflict is that between work and family, whereby the role pressures from each domain may be mutually incompatible.

understood as resulting from discrete sources of discrimination. This focus on otherwise-privileged group members creates a distorted analysis of racism and sexism because the operative conceptions of race and sex become grounded in experiences that actually represent only a subset of a much more complex phenomenon.”<sup>11</sup> In making this comparison between white women and black women, however, I do not mean to create a paradigm of competition over burdens *but* simply to reveal that even in revealing burdens, Black woman are second.

Some of the most affected people, however, are African-American clergywomen who face these ‘interrole conflicts.’ The family-work conflict is increasingly becoming one of the major challenges faced by African-American clergywomen and leaders.<sup>12</sup> As was previously mentioned, besides being a clergywoman and caregiver, I am also a Black woman, a mother, and a wife. The need to balance the conflicting roles is not only draining but can also result in health problems. In my experience, the work-life balance is difficult at best creating conflicts in trying to multitask, stay organized, and continuing to be present for my two sons. At worst, it has increased my anxiety and depression in substantial ways including problematic drinking and the need for a holistic approach to sobriety. Vocationally as a faith leader and as a head of schools wife, my work is nearly continuous.<sup>13</sup> And, of course, the roles of mother and wife are unceasing. Severely high

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<sup>11</sup> Kimberlee Crenshaw, “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics,” *University of Chicago Legal Forum*, Volume 1989 Issue 1 Article 8 140, <https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=ucf>.

<sup>12</sup> Dunbar Scott, Thomas Frederick, Yvonne Thai, and John Gill, "Calling, caring, and connecting: burnout in Christian ministry." *Mental Health, Religion & Culture* 23, no. 2 (2020): 4.

<sup>13</sup> Describing my role as a Head of School’s wife since my husband is the head of an independent school in Trenton, NJ.

expectations of working mothers are also at play as noted in the ‘interrole conflict’ term. There is an assumption that black women will be good or great in each of these roles, particularly as ministers, because what we have stake is not just our own reputations but that of our cultural, ethnic, and vocational communities, especially other black clergywomen and faith leaders.

Therefore, it is no surprise that a significant number of African-American clergywomen are suffering from psychological and mental health challenges. It is estimated that 7.5 million African-Americans have been diagnosed with mental illness with the majority being women.<sup>14</sup> The number includes a substantial percentage of African-American clergywomen. Unfortunately, even though many African-American women, clergywomen, and leaders are burdened by mental health problems, they hardly seek quality mental health treatment or services.<sup>15</sup> The perception that African-American women are superhuman and the stigma associated with having mental health issues is preventing them from seeking mental health treatment.<sup>16</sup> The problems facing African-American clergywomen and leaders are not only linked to mental and physical health but also socio-economic and cultural issues such as poverty, racism, and gender inequalities.

In most ways, my personal story exemplifies certain trends in the data however in other ways, I am an exception such as with issues of poverty which does allow me some flexibility in choosing from a variety of health, wellness, and self-care options. As well,

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<sup>14</sup> Ward Earlise and Susan Heidrich, "African American women's beliefs about mental illness, stigma, and preferred coping behaviors," *Research in Nursing & Health* 32, no. 5 (2009): 480

<sup>15</sup> Mary De Groot, "Depression and poverty among African American women at risk for type 2 diabetes," *Annals of Behavioral Medicine* 25, no. 3 (2003): 173.

<sup>16</sup> Earlise and Heidrich, "Depression and poverty among African American women at risk for type 2 diabetes," 481

my experience as a multiracial woman includes experiences of racial and intra-racial trauma that contributes unique aspects to my situation.

### **Medical Racism, the Wellness Industry, and their Effects on Black Clergy women**

Despite the breadth of wellness discourse, products (services), and language, the broad definitions and wellness practices do not account for the unique experiences and needs of African-American clergywomen. The distinct identities, expectations, and racial dynamics of the women who are called to serve marginalized congregational communities and their own families within an unjust, unforgiving, and oppressive system. Simply put, Black clergywomen serve and nurture in multiple if not every phase of their lives within a larger sociopolitical ecosystem that includes an array of unjust barriers and obstacles. Black women's personal wellness is not legitimized as a unique experience that demands its own analysis, language, and self-care practices. Historically, the medical field, mental health field, and mass-market wellness industry have typically considered general wellness to mean the wellness and physical health of white people and is laser-focused on whiteness. Much of the literature and research in these areas has not singled out Black women's health for research and recommendations but has mostly looked at disparities between African-Americans and Whites, using Black women as simply a sample group and not a focal point. But there is room and there should be room for a wider understanding and analysis of African-American women's holistic wellness with its unique characteristics. According to the editors of *Health Issues in the Black Community*,

Women of color, and Black women in particular, are faced with many challenges throughout their lives- during adolescence, adulthood, and senior years. Individual, familial, and community responsibilities and other stressors heighten this population's risk and vulnerability for health problems. Physiological,

psychological, sociocultural, interpersonal, and spiritual discord also contribute to Black women's challenges. There is a need to carefully scrutinize health issues from a holistic and contextual perspective; the goal should be to significantly improve awareness and understanding of the complexities behind optimal health for Black women and building stronger and healthier Black families.<sup>17</sup>

### *Medical Racism*

The number of Black women in the US has increased significantly. Currently, it is estimated that they account for about 7% of the total population of the US while at the same time they represent nearly 13.6% of all women in the country. Historically, the health care system has worked against Black women for many years. Specifically, the history of Black women's health care inequality can be traced back to the time of slavery. Slave owners largely perceived Black women as a source of economic income. Consequently, they were often sexually assaulted and their reproductive health was ignored. At the same time, they were forced to procreate without proper medical care. The health situation became worse for Black women after the introduction of gynecological medicine in the 1850s.<sup>18</sup> Even though significant steps have been made to improve the health of Black women, they are still the main victims of health inequality, particularly with regard to the existing health care system in the country.

According to the National Partnership for Women & Families in April 2019, a significant number of women are still not able to access health insurance coverage. Even with the introduction of the Affordable Care Act (ACA), about 14% of Black women are

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<sup>17</sup> Juanita Chinn, Iman K. Martin, and Nicole Redman, "Health Equity Among Black Women in the United States," *Health Issues in the Black Community*, (February 2021), 212-219: <https://www.liebertpub.com/doi/10.1089/jwh.2020.8868>.

<sup>18</sup> Keith Wailoo, "Historical Aspects of Race and Medicine: The Case of J. Marion Sims," *JAMA* 320, no. 15 (October 2018): 1529-1530, <https://doi:10.1001/jama.2018.11944>.

still not covered by health insurance. On the contrary, only 8% of White women are uninsured. It is estimated that about one in every five low-income Black women does not have health insurance compared to one out of six among white women. Also, according to the same fact sheet, only one out of four Black women is covered by Medicaid. Consequently, Okoro et al. (2020) noted that there is still a wide disparity in health insurance coverage, especially with regard to race or ethnicity. Like in the case of the fact sheet by the National Partnership for Women & Families, Okoro et al. (2020) found that only 86% of Black women have health insurance coverage compared to 92% of their White counterparts.

With limited health insurance coverage, a significant number of Black women are not able to access quality health care service, making them the main sufferers of a number of chronic diseases. For example, Black women are leading in a number of fatal diseases such as obesity, cardiovascular diseases, and bleeding and blood disorders. In addition, Black women are leading in maternal morbidity and mortality. For example, Black women are four times more likely to die due to pregnancy than their white counterparts. Additionally, Black women suffer more in the hands of health care service providers, preventing them from accessing timely quality health care services. Okoro, Hillman, and Cernasev (2020) found that the treatment of Black women in many health care facilities is largely based on racism and stereotypes. The stereotypes, such as Black women being more likely to use drugs and have STDs, negatively affect the quality of care services they receive from various health facilities.

The US healthcare system disproportionately works against Black women, especially when they are compared to their white counterparts. The health care system is



still structurally rooted in racism, making it hard for Black women to access quality healthcare services and ensuring that racial discrimination, oppression, and stereotypes adversely affect the health and wellbeing of Black women. This claim should not disregard the very real predicament of poor white woman who can also be disadvantaged in the healthcare quagmire, however, “black people simply are not receiving the same quality of health care that their white counterparts receive, and this second-rate health care is shortening their lives.”<sup>19</sup>

Racism is insidious at every level of human development and within institutions and systems. It is traumatic, physical, and somatic. Racism in medicine has been a pervasive and complicated problem for the entire trajectory of African-American people’s time in the United States. It has been a problem dating back over 2,500 years. According to *Race, Medicine, and Health Care in the United States: A Historical Survey*, “Black intellectual and biological inferiority has been an assumption in Western scientific and lay cultures for more than a thousand years.”<sup>20</sup> With that assumption has come a legacy of unethical and subversive medical practices including, broadly recognized white indifference to the African American health crisis’ and this includes medical professionals and research scientists, acceptance of devastating health status and outcomes for African-American patients, and discriminatory barriers of entrance for

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<sup>19</sup> Khiara M. Bridges, “Implicit Bias and Racial Disparities in Health Care,” *American Bar Association*, December 7, 2018, [https://www.americanbar.org/groups/crsj/publications/human\\_rights\\_magazine\\_home/the-state-of-healthcare-in-the-united-states/racial-disparities-in-health-care/](https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/racial-disparities-in-health-care/).

<sup>20</sup> W. Michael Byrd and Linda A. Clayton, “Race, medicine, and healthcare in the United States: a historical survey,” *Journal of the National Medical Association* vol. 93,3 Suppl (2001): 11S-34S.

Black health professions, among other obstacles.<sup>21</sup> In the *Journal of the National Medical Association*, writers W. Michael Byrd and Linda A. Clayton describe the need for change,

Until persistent institutional racism and racial discrimination in health policy, medical and health professions education, and health delivery are eradicated—all of which play significant roles in access, availability, and quality of care—African Americans will continue to experience poor health status and outcomes.<sup>22</sup>

Still today race and racism are defining factors in the US health system. While significant strides have been made over the span of the last several decades from the Civil Rights acts of 1964 and 1968 to today, there still remains “inequalities [which] contribute to gaps in health insurance coverage, uneven access to services, and poorer health outcomes among certain populations. African Americans bear the brunt of these health care challenges.”<sup>23</sup>

As medical humanities scholar Kirk Johnson emphasizes,

Discrimination imposes an unbearable amount of stress on African Americans. The history of racism in America has left African Americans in poor health for generations. Racism influences every facet of American society. For African Americans, racism contributes to health disparities. The psychosocial stress factor is significant in Black health. Stress affects every element of one’s being. The unchangeable marker of race becomes a constant stressor every day.<sup>24</sup>

Medical racism, including racial myths and racial bias, have prevented African-American patients not only from receiving equal and responsible care but it has also fostered

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<sup>21</sup> Ibid.

<sup>22</sup> Ibid, 255.

<sup>23</sup> Jamila Taylor, “Racism, Inequality, and Health Care for African Americans,” *The Century Foundation*, December 19, 2019, <https://tcf.org/content/report/racism-inequality-health-care-african-americans>.

<sup>24</sup> Johnson, *Medical Stigmata*, 103.

distrust and skepticism of the healthcare system. And though we could not be blamed for such healthy skepticism, the results are deadly.

Within research, medical studies, and clinical trials, the racist implications are just as stark. White patients are typically the focal point in any study that looks at a general sample of the population and any recommendation or guidelines that come from these studies are, of course, tailored to them. It was not so long ago that most clinical trials were done on white men alone, leaving out African-Americans, women, and other minorities.<sup>25</sup>

### *Racism in Mental Health*

The mental health challenges for African-American people are dramatic and visible as well. Though mental health conditions in African-American people occur “at about the same or less frequency,”<sup>26</sup> than in White Americans, it is important to consider the historical experience of the Black community which is characterized by experiencing “trauma and violence more than their White counterparts and impacts emotional and mental health of both youth and adults.”<sup>27</sup> Racial disparities with the mental health care system are widespread. Related to similar reasons laid out in the health care coverage summary, research shows that compared with people who are white, Black, indigenous and people of color (BIPOC) are:

- Less likely to have access to mental health services.

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<sup>25</sup> Rebecca Dresser, “Wanted Single, White Male for Medical Research,” *The Hastings Center Report* 22, no 1 (February 1992): <https://doi.org/10.2307/3562720>.

<sup>26</sup> “Black And African American Communities And Mental Health,” Mental Health America, accessed March 2022, <https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health>.

<sup>27</sup> *Ibid.*

- Less likely to seek out services
- Less likely to receive needed care
- More likely to receive poor quality of care
- More likely to end services prematurely.<sup>28</sup>

In an in-depth study of racial and ethnic differences in mental health and mental health care that was highlighted in *Medical Care* journal, four important sources are listed as the differences in mental health care use for racial and ethnic minorities, including African Americans.

The first source of differences in service use rates was differences in clinical need. The second was differences in access to health care services across racial groups. Differences in access result from differences in socioeconomic characteristics that influence the cost of care, such as health insurance coverage, and the proximity to and availability of providers. The third source was differences in the way that health care providers interact and treat individuals from different racial/ethnic groups. This source is especially relevant in the context of mental health care where diagnoses are made through patient interviews where cultural differences in the experience and expression of mental illness symptoms complicate diagnosis and treatment. The final source was differences in patient preferences, beliefs, and perceived stigma, which may influence perceived need for treatment and treatment seeking behavior.”<sup>29</sup>

This study looked at several reference groups, comparing African American, Native American, Asian, multiracial and other to the white reference group. African-Americans report that experiences of racism and discrimination are stressful as experienced in everything from the extreme, for example, hate crimes and other violence to the more subtle but nevertheless destructive common micro-aggressions, negative and stereotypical images, and racism within societal institutions. These stressful moments and

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<sup>28</sup> Tahmi Perzichilli, “The Historical Roots of Racial Disparities in the Mental Health System,” *Counseling Today*, May 7, 2020, <https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>.

<sup>29</sup> Katherine M. Harris, Mark J. Edlund, and Sharon Larson, “Racial and Ethnic Differences in the Mental Health Problems and Use of Mental Health Care.” *Medical Care*, vol. 43, no. 8, Lippincott Williams & Wilkins, 2005, pp. 775–84, <http://www.jstor.org/stable/3768295>, 783

events “can directly lead to psychological distress and physiological changes affecting mental health.”<sup>30</sup>

Mental health is still one of the major public health concerns in both developed and developing countries. For instance, in the US, it is estimated that 12 million women are suffering from mental illness compared to men’s 6 million in any given year. Thus, women suffer more from mental illnesses than men. The most affected are Black women. For instance, it is estimated that 13.1% of African-American women suffer from depression compared to 7% of their male counterparts.

As in the medical field more broadly (or something like this..), the high prevalence of mental illnesses among Black women is historically linked to structured racism and stereotypes, particularly with regard to the strong Black woman (SBW) perspective and trope. The perspective is based on the racial stereotypes and notion that Black women are strong, can assume multiple roles, and adequately take care of others. The perception of superhuman “strength” is a stereotypical character trait of Black women that can be traced back to slavery. The SBW perspective, however, is associated with the high rate of mental illnesses among Black women, as it leads to anxiety and stress-related health behaviors. Black women who have strongly internalized the SBW notion are likely to view their struggle as just a normative experience, making them associate mental problems such as anxiety and depression with personal weaknesses.<sup>31</sup>

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<sup>30</sup> David R. Williams, Ruth Williams-Morris, “Racism and mental health: the African American experience,” *Ethnicity and Health*. 2000 Aug-Nov;5(3-4):243-68. doi: 10.1080/713667453. PMID: 11105267.

<sup>31</sup> Tamara Nelson, Nayasha N. Shahid, and Esteban V. Cardemil (2020), “Do I really need to go and see somebody? Black women’s perceptions of help-seeking for depression.” *Journal of Black Psychology*, 46(4), 263-286.

Also, the perspective creates an environment in which Black women avoid seeking health services for their mental illnesses.<sup>32</sup>

Besides the SBW notion, racism against people of color, especially women, has also been linked to the high prevalence of mental illnesses among Black women. One analysis reveals that race-related stressors are some of the main factors that are facilitating the high rate of mental issues among Black women. For instance, it is estimated that 35% of African Americans, including Black women, have experienced discrimination that is linked to racism, leading to increased mental and psychological problems. Specifically, according to Williams, there is a positive relationship between racial discrimination and psychological distress. In addition, the study by Williams reveals that a number of studies have found a positive relationship between racial discrimination and psychological problems across the world, including the United States.

In addition to their experiences of racial discrimination in the health care system, many Black women have maternal mental health problems, leading to perinatal depression and anxiety. About 28% of Black women also experience perinatal depression. In addition, the attitudes of Black women towards mental illnesses are also contributing to other problems. For instance, a significant number of African American women strongly believe that they are susceptible to psychological problems such as depression. But they may also believe that only individuals with weak minds and poor health, as well as those possessed by the spirit, are suffering from mental health problems like depression and anxiety. At the same time, they believe that it is only people who lack self-love who suffer from mental diseases. As a result, with such attitudes towards mental

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<sup>32</sup> Ibid, 263-286

illnesses or problems, it is estimated that only 7% of Black women seek treatment for their mental health problems. Many Black women are secretly suffering from mental health problems without seeking relevant formal treatments.

Contributors to the mental health of Black women, therefore, mainly include racially-based perspectives like SBW and racial discrimination, which can lead to psychological problems like stress, anxiety, and depression. Also, Black women's attitudes toward mental illness can lead to making a significant number of them suffer without seeking treatment. Thus, mental illness among Black women is a complex health issue that should be addressed to improve the health and wellbeing of the population.

#### *Racism in the Self-Help Industry*

In many ways self-care and self-help has radical roots. Beginning in the 1950s, the American medical community began an idea centered around *patient-centered medicine*. The hope was that individual patients would have greater concern about their own healthcare. By the 1960's and during the Civil Rights Movement, self-care and community care spread from the medical community to the larger community and became part of a radical idea through which to fight systemic racism. The Black Panther Party promoted self-care especially in emotion and mental health and practiced it through their community-based programming. For the Black Panther's, self-care was community

care.<sup>33</sup>As the country shifted and during an American economic boom, self-care was redefined.<sup>34</sup>

One moment that is emblematic in the self-care and self-help movements occurred in 2006. This year is when Elizabeth Gilbert released the self-help memoir, *Eat Pray Love*. The book's release and spectacular reception offered a glimpse into the midlife crisis of a successful, white, woman writer. In it Gilbert, dissatisfied with her life, leaves her husband and travels the world on a path to self-discovery. It is the quintessential look at white women angst and its assumption that through her lens, all women can see themselves. In the movie with the same title, Julia Roberts plays Gilbert offering the ultimate experience in self-help and cultural experience. In the short history of the self-care movement, more recently African-American women have been almost nowhere to be seen and often are dealing with stress and pressure in isolation. The phenomenon of Gilbert's leaving her husband and her life, using her hundred-thousand-dollar book advance and traveling all around the world further showed class differences and showed the socioeconomic disparities and racism that can prevent African American women who are not wealthy from doing similarly and also from traveling as freely as Gilbert was able to travel. More than anything, this book and its movie illustrates vast racial and class differences.

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33 Janan P. Wyatt and Gifty G. Ampadu, "Reclaiming Self-care: Self-care as a Social Justice Tool for Black Wellness," *Community Mental Health J* 58 (September 2021), <https://doi.org/10.1007/s10597-021-00884-9>.

34 Olivia Groves, "The Powerful History of Self-Care & How to Honor It Today," *Silk + Sonder*, October 30, 2021, [www.silkandsonder.com/blogs/news/the-origin-of-self-care-the-fascination-history-and-3-huge-ways-it-can-help-right-now](http://www.silkandsonder.com/blogs/news/the-origin-of-self-care-the-fascination-history-and-3-huge-ways-it-can-help-right-now).



Today, the wellness industry is dominated by and geared toward wealthy white women. Again, I use this to illustrate differences in wellness from the Japanese healing technique Reiki to the traditional Chinese medical practice, acupuncture, to the ancient spiritual practice of yoga, the cultural appropriation of many of these global and historical activities and practices in pursuit of “white women wellness”<sup>35</sup> has been harmful and disrespectful. Hollywood movie star Gwyneth Paltrow oversees a multi-million-dollar wellness company and “modern lifestyle brand” that has taken full advantage of white women wellness in the mass market wellness industry.<sup>36</sup> She is another symbol of modern self-care brands void of any interest in African-American women. Her brand boasts the latest cutting edge wellness practices that are not new and that carelessly appropriate, commodify, and culturally disrespect communities of color while also excluding us.

Currently, there are a number of mass-market self-care products that are aimed at improving the health and wellbeing of people, especially aimed at women. In the medical field, self-care refers to products, as well as activities designed to help individuals enhance their overall health, including beings. A number of self-care products are targeting women. However, even though the products are produced for mass consumption of the market, they are largely tailor-made for White women and hold white women as the standard of beauty and health. Insensitivity to Black women’s needs in the mass-market self-care product can be traced to the 19<sup>th</sup> century when whiteness became

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<sup>35</sup> Kira Wang, “The Problem with ‘White Girl Wellness,’” *34<sup>th</sup> Street Magazine*, September 7, 2021, <https://www.34st.com/article/2021/09/wellness-yoga-gua-sha-beauty-smudging-cultural-appropriation>.

<sup>36</sup> “About Goop,” Goop, last accessed March 2022, <https://goop.com/about-goop/>.

the dominant culture in countries like the US. Even though the representation of Black women in the mass market started actively in the 20<sup>th</sup> century, it was characterized by stereotypes and racism. For instance, in the mass market, including mass media, Black women were depicted as maternal mummies, as well as mainstream matriarchs, mainly due to racial stereotypes that emerged in the mid-1960s.

The mass-market self-care products continue to be insensitive to the needs and preferences of many Black women. Many self-care producers and marketers think and imagine that all consumers are white.<sup>37</sup> For instance, a significant number of skincare products are designed and produced for white women. Also, Fetto (2019) argues that many skincare advertisements are dominated by white women. Duerksen et al. (2005), with regard to marketing or promoting self-care products or services, argue that Black women's images are mainly used to promote commodities that are linked to negative health impact. Negative health-related ads are mostly associated with Black women faces while positive health-related ads are linked to White women's images. In addition, self-care products that are targeting Black women are limited. This supports a view that many beauty products are largely produced for White women while Black women struggle to find their perfect match or preference. The cosmetic industry is a perfect example of this phenomenon. More recently, Black makeup companies have tried to retain a small share of the market and large cosmetic companies have begun to cater to this audience with foundation color matching and nude tones for the Black women's market. This is not to

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<sup>37</sup> Kimberly Wilson, "15 Black Owned Wellness Brands That Are Perfect For A Self-Care Day," *Essence*, November 4, 2020, <https://www.essence.com/lifestyle/health-wellness/black-owned-wellness-brands/>.

say that all black clergy women need or want to wear these kinds of make-up or cosmetic products but it is not an argument for the options that should be available in self-care for black clergywomen who do. General beauty holds a range of understandings and possibilities and there is room for beauty regimens that include mainstream, organic, and alternative products.

The main reason why the beauty industry is dominated by whiteness is that it is largely owned and operated by White companies and led by white men and women. Many companies exploring Black self-care are also led by white businesspeople. Companies assume that African-American women consumers will figure things out on their own from what is offered to the general population.

Very few Black women have been able to successfully venture into the mass market industry, especially with regard to self-care. Some of the notable Black women who have ventured into the industry include Oprah Winfrey, businesswoman Debra Lee, and business executive and radio personality, Catherine Hughes. More recently, biracial writer and self-help guru, Cleo Wade, has cornered a small market in affirmations and self-help poetry and has been called “Millennial Oprah.” The low representation of black content creators and businesswomen in this area also shows that there are limited spaces in mass market culture for Black clergywomen to seek advice or inspiration. Here again, they may be giving advice and inspiration to others, but not finding a vast array of offerings for their own motivation.

The mass-market self-care industry is still dominated by White companies while Black women are grossly misrepresented. Consequently, many Black women cannot get

self-care products that can address their specific health-related needs. As a result, they cannot effectively participate in self-care activities and processes. The trend is mainly influenced by mass media where many self-care products and services ads are dominated by White Women. Thus, the industry is not benefiting Black women as it ought to be because of the mismatched needs and preferences that largely favor White women at the expense of their Black counterparts. There needs to be a substantive change in mass market self-care products that align with the needs and values of black women.

Contrastingly, it is important to consider a wellness plan for clergywomen that may not involve purchasing products at all and may reject such commodification of wellness and self-care. Some Christians, especially liberationist theologians, might criticize capitalist mass market values that you are assuming as essential here. There is also considerable space for a radical liberationist Christian perspective that rejects or lessens the emphasis on the capitalist marketplace. One way, for example, could be a conscious decision to use black-founded and owned brands.

The medical and wellness fields continue to fail women of color, particularly Black women. Race-related health disparities are among the starkest and most resistant to progress. We have seen that being a Black female further amplifies these inequities, which is particularly troubling and ironic considering Black women are overrepresented in the demographics of healthcare workers. Since March 2019 the COVID-10 pandemic has brought these inequities into clearer focus. Our lives are threatened when we do not fight and sometimes cannot fight these systems. It threatens our lives and prevents us from healing. Liberative wellness, while considering racism, takes us away from the distraction of it and refocuses Black women on real healing.

### **Liberative Wellness as a Womanist Ethic**

A friend once beautifully described the complications of racism in terms of how a polaroid photograph reveals itself slowly, the film first divulges blurry images and understandings, before revealing a whole photo. Even in the end, the photo is not even actually what is visible to the naked eye. I imagine my Blackness feels similarly blurry until totally revealed. Especially for me, my Blackness has been complicated. Many times I have [wrongly] assumed that there is a singular Black experience that I have never been able to achieve and one that has never been fully authenticated. I've often given myself no self-compassion because I felt the condition of not being Black enough was my fault, ultimately revealing my acceptance of what has been projected onto me. It was the rejection and projection of my Blackness from my own people that left white racism in a distant second place. Both are excruciating. The complication and nuance of my situation came in a myriad of painful encounters and traumatic experiences through my childhood into adulthood. The stress and complications of my mixed-race identity and nuances of Blackness has pushed me to desire and practice self-care in my life.

As a person of mixed race and multicultural identities, my textured background has been a source of frustration and form of malady, many times in opposition to my own wellness and soul care. Novelist Danzy Senna wrote in her debut novel *Caucasia* in which she describes her main character, a young biracial girl as “incomplete—a gray blur, a body in motion, forever galloping toward completion—half a girl, half-caste, half-mast, and half-baked, not quite ready for consumption.”<sup>38</sup> I have felt those dualities viscerally. They are the bifurcations that are not unique but that my reactions to them feel

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<sup>38</sup> Danzy Senna, *Caucasia*, (New York: Riverhead Books, 1999), 136-137

so. It is DuBoisian but also feels very modern and still filled with the challenge of double, triple, and even quadruple consciousness.

But my Blackness has also been a resource and a sustenance, a reason to love all types of difference and to feel empathy as an inherent and established reality. I'm still finding a range of understandings of race and of my Blackness. Some of the more revelatory understandings have allowed me to recognize how "social constructions of 'whiteness' and 'Blackness' have shifted over time, revealing the fluidity and liminality of the concept of 'race' itself."<sup>39</sup> Social constructions of Blackness among my own Black peers have revealed a powerful shaping and reshaping of my own duty to my people; being Black is a gift and a calling that is related to my call to ministry. I experience my call to ministry as distinctly political. It means living in and giving voice to resistance. In her work, *The Allure of Blackness among Mixed Race Americans*, Ingrid Wimberly-Dineen examines a history of mixed-race people able to pass for white but who chose to identify as Black. In it she writes, "[W.E.B.] Du Bois linked Black identification with civic duty or obligation. The very act of reminding one's fellows of their racial duty to identify as Black suggests that other racial choices were available."<sup>40</sup> I am not in a position to pass nor do I think of Blackness as a duty or even a choice; rather for me it is a virtue and an honor. However, the linking of Black identity to larger principles and in service of my community carries weight and is a function of how I was raised, yet at the same time it is fraught with pain and erasure of part of my identity.

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<sup>39</sup> Elizabeth T. Kenney, "Blurring Boundaries: Race and Transatlantic Identities in Culture and Society," *Journal of Transatlantic Studies (Springer Nature)*, vol. 14, no. 2, June 2016, 119–125, EBSCOhost, doi:10.1080/14794012.2016.1169867. (120)

<sup>40</sup> Ingrid Dineen-Wimberly, *The Allure of Blackness Among Mixed Race Americans 1812-1916*, (Nebraska: Board of Regents of the University of Nebraska, 2019), 116.

In 1974 when my parents started their family, my African-American father and Indo-Guyanese mother, understood fully the racial condition in the United States. I would be raised as a Black child because I was one. It was very practical, realistic, and loving. Blackness could be a hindrance, would be in fact; but also a deep resource. My mother is my purest example of the intentional movement of an Indo-diasporic woman of color to a safe space of Black womanhood in American culture in order to thrive. These safe spaces are spaces that my mother and later I also believed would identify me as black but also protect me as black too: the Black Church(es), sororities, women's clubs, historically Black College and Universities (HBCU's) and even hair salons. It is toward these perceived safe spaces that I also ventured with mixed results and tough lessons. This complication of Blackness has become one of my major stressors. Often the spaces were not safe *for people like me* who did not match a singular Black experience that resonated with the majority of my peers or friends.

In her classic work on Black women and self-recovery entitled *Sisters of the Yam*, bell hooks writes,

In Black life, the church has been one of the few places that has encouraged Black folks to live truthful lives. Yet hypocrisy has come to be a central characteristic of the contemporary Black church. The old Black folks took the Biblical passage that declares 'the truth shall set you free' to heart. And, while the church might have changed, these words are still true. Their healing power can be felt in Black women's lives if we dare to look at ourselves, our lives, our experiences and then, without shame, name what we see.<sup>41</sup>

The interior truths of Black clergy women's joys and pains must be named and interrogated. Often the best and clearest understanding of the naming and interrogation

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<sup>41</sup> bell hooks, *Sisters of the Yam: Black Women and Self-Recovery* (Boston, MA: South End Press, 1993), 20.

on Black women's joys, pains, and voices comes through in Black literature, for example in Senna's *Caucasia*. In African-American novelist Toni Morrison's *The Bluest Eye*, Morrison tackles the themes of pain and trauma; the book's difficult subject matter has been the victim of controversy and even book banning.<sup>42</sup> In it, Morrison delves into not only racial oppression but also sexism, incest, molestation, psychological trauma and internalized racism (Pecola dreams of having blue eyes and being accepted). In her afterword, Morrison shares a reason why she did not dehumanize any of the characters in her book saying and actually naming the idea of *collapse* in her answer, "That is, I did not want to dehumanize the characters who trashed Pecola and contributed to her collapse."<sup>43</sup> In Pecola's world, she was never given a safe space to collapse *or* to live. In Pecola's life, themes of racism, racial self-loathing, incest, rape and molestation, and other sexual traumas are all present. In the lives of many Black women, one or more of these themes is also present and always, racism. My liberative wellness project aims to provide Black clergywomen with this needed space, the space Pecola never received, that is free from the social constraints put on them by the broader American society/culture.

In "To Heal the Wounded Spirit," the introduction of Emilie M. Townes book, *Breaking the Fine Rain of Death: African American Health Issues and a Womanist Ethic of Care*, Townes writes that through this study she aims to "paint a more accurate and encompassing picture of African-American life in order to set the backdrop of an ethic of

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<sup>42</sup> Laila Lalami, "On Beauty: Banning Toni Morrison's *The Bluest Eye*," *Pen America*, September 22, 2014, <https://pen.org/on-beauty-banning-toni-morrisons-the-bluest-eye/#:~:text=Every%20year%2C%20PEN%20America%20asks,that%20matter%20most%20to%20them.>

<sup>43</sup> Toni Morrison, *The Bluest Eye* (New York: Plume Book, 1994).



care that truly addresses the labyrinthine relationships that comprise any social group.”<sup>44</sup> Townes explores health, the health care system, and health issues but also considers lament, grief, caring, hope and “models of healing that are sensitive to social location and cultural context.”<sup>45</sup> She believes as I do, and that liberative wellness interprets, that health and wellness for Black people - for Black women- is not just preventative and “defined by the absence of disease,”<sup>46</sup> but is spiritual, mental and physical. And liberative wellness offers that it is also communal and in need of more formalized models of peer support and collegial accompaniment.

As such, my solution is liberative wellness is defined by the reshaping and reimagining of four ideas and shared values in womanist theology (with a nod to Black and liberation theology) and emerging ideas: self-love (identity, loves herself<sup>47</sup>), community in caregiving (collaboration and voice), redefining God-talk (theology/prayer) and dreaming wildly (radical selfcare/help/hope). Revisiting Alice Walker’s four-part definition of womanism which deeply informs womanist theology, the novelist and feminist cites the need for “radical subjectivity, traditional communalism, redemptive self-love, and critical engagement.”<sup>48</sup> In Walker’s definition, a number of characteristics emerge that are unique to African-American women’s virtues, such as a sense of community, a longing for justice, and a deep and personal love of oneself, of others, and

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<sup>44</sup> Emilie Townes, *Breaking the Fine Rain of Death* (Eugene Oregon: Wipf and Stock Publishers, 1998), 2-3.

<sup>45</sup> Ibid, 2.

<sup>46</sup> Ibid, 2.

<sup>47</sup> Alice Walker, womanist definition

<sup>48</sup> Alice Walker, womanist definition.

of the Spirit. Womanist scholar Stacy Floyd-Thomas expounds, “In Walker’s definition, a number of characteristics emerge, unique to African American women’s virtues, such as a sense of community, a longing for justice, and a deep and personal love of oneself, of others, and of the Spirit.”<sup>49</sup> For African-American clergywomen who are by vocation living out and articulating each of these characteristics, any multiracial dynamic simply adds to the yearning for wholeness. In establishing my own commitments or understandings of these characteristics, I feel the need to also prove my blackness.

The construction of a womanist care ethic starts with self-love. Just as this work strives to broaden our collective understanding of self-care as on par with personal hygiene and grooming (though the services included under this umbrella are necessary and often fun, frankly), self-love must continue to evolve into a multifaceted emotional expression. Self-love may start with self-compassion but it also opens wide its lens to understanding and to loving self with intention, forgiveness, and fearlessness. It takes courage for a Black woman to love herself and her person, her identity - her race, her skin, her hair, her sexuality, her body type, her frailties, her ideas, and her personality. Loving oneself when the world tells you otherwise is a revolutionary act. Loving oneself buffers us to be able to handle what life offers us though this should stop short of any suggestion that we should be able to handle whatever is thrown at us. This is unrealistic and the opposite of the notion of loving oneself because it is dishonest. It is only honest to say that sometimes life hands us more than we can bear. That is part of the collapse. We collapse because often life, actually, hands us too much.

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49 Stacey Floyd-Thomas and Anthony B. Pinn, eds., *Liberation Theologies in the United States: An Introduction* (New York University Press, 2010), 52.

In some religious communities, there is a harmful theology based on a passage from Paul in 1 Corinthians 10, “No testing has overtaken you that is not common to everyone. God is faithful, and he will not let you be tested beyond your strength, but with the testing, he will also provide the way out so that you may be able to endure it.” (*New Revised Standard Version*, 1 Corinthians 10:13). Taken out of its historical context as a warning to the Corinthians and a reminder to be faithful, it has been interpreted incorrectly as “God never gives us more than we can handle.” This phrase is often used by Black Christian women as a mantra to keep being strong and to keep being super-mom, wife, and minister.

The love language of caregivers and nurturers is taking care of others. That love takes a turn as the caregiver does not care for themselves or ask for help. African-American women must refine the precious skill of learning to ask for help and, in addition to this, to show other nurturers how to ask for help. African-American women are overtasked and are victims of overwhelmingly high expectations from home to the workplace that “threaten the well-being of African-American families, particularly women.”<sup>50</sup> African-American women must transform current caregiving challenges and define our own caregiving experiences with new responsibilities and answers. Key to this effort is *voice* and is described by social workers and scholars, Dr. Rhonda Wells-Wilbon and Gaynell Marie Simpson, as

the need for women to “voice” their concerns regarding the need for families to work together to redefine caregiving patterns. The importance of Black women’s “voice” has been clearly demonstrated in the literature on Black feminism, womanism, and Africana womanism. While distinct, these theoretical

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<sup>50</sup> Rhonda Wells-Wilbon, and Gaynell Marie Simpson. “Transitioning the Caregiving Role for the Next Generation: An African-Centered Womanist Perspective.” *Black Women, Gender + Families* 3, no. 2 (2009): 87–105. <https://www.jstor.org/stable/10.5406/blacwomegendfami.3.2.0087>.

frameworks all validate women's "voice." The authors see "voice" as a critical dynamic in women's capacity to promote the value of caregiving as central in the lives of people of African ancestry, while at the same time restoring the role to a healthy status.<sup>51</sup>

Asking for help is to voice a need and advocate for ourselves. It is a transformative step from suffering in silence to freeing ourselves with the full expression of our feelings and needs. This can be related to our caregiving roles as family and intergenerational caregivers but also our leadership roles: voicing what we need and accepting the help of others. We can also practice creating new relationships with our peers, clergy-friends and girlfriends. The ways in which we can heal the healers and minister to ministers in effective ways is also a goal of liberative wellness in the hope of shifting from, as brown asserts, "individual transactions of self-care to collective transformation."<sup>52</sup>

In liberative wellness, Black women can take care of ourselves *and* our communities in healthy ways. In her work, adrienne maree brown expands on writer Toni Cade Bambara's idea that "sister" is a verb. In creating more depth in our relationships we should be actively "sistering" but possibly in different ways, non-transactional ways. brown writes, "What is sistering? When is it happening? What is the freedom and accountability that accrues when "sister" is not just a static identity that you have but it something that you do and don't do, with consequences? What happens if we replace the roles patriarchy has scripted us into with the actions guided by what we want to create instead?"<sup>53</sup> The ease in which Black women (and I) say or write, sis or sister-friend or

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<sup>51</sup> Ibid, 92.

<sup>52</sup> adrienne maree brown, *Pleasure Activism*, 63

<sup>53</sup> adrienne maree brown, *Pleasure Activism*, 71

sawrah (a sorority sister's informal way of saying soror - creating even more intimacy), connotes intimacy and deep longing for connection with other African-American women from a brand new "sista" on the street to a sister who is familiar in our personal lives. We can mold our relationships in new ways by holding each other accountable.

Accountability may entail the tough conversations around intraracial trauma that we as black women inflict on each other. Sistas can also be the instigators of intraracial microaggressions and biases. As in my personal case, this has happened in the form of cruel actions that have excluded me because I was deemed not "black enough."

Within a wellness framework, "God-talk" brings to my mind, prayer - talking *to and listening for* God. "God-talk" is another possible response to the large questions being asked in Black women's lives and it makes the construction of such a theology accessible and meaningful.

In her construction of a Christian theology from the perspective of an African American woman, Christian theologian Delores S. Williams, an essential founding mother of the womanist movement and author of the seminal work, *Sisters in the Wilderness: The Challenge of Womanist God-talk*, writes about a "god-talk"<sup>54</sup> that is synonymous with theology. Theological studies focus on the nature of and relatedness among God, humanity, and the natural environment and asks questions and seeks answers about religious beliefs and communal practices. God-talk sounds more informal and intimate. It seems to cover a type of talking about God in everyday life and about everyday experiences different from theology that is done only in an academic or formal setting.

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<sup>54</sup> Delores Williams, *Sisters in the Wilderness: The Challenge of a Womanist God-talk*, 1

Thinking of hope as a practice makes perfect sense as we remember that a practice never leads to perfection, but they are constantly being refined - like other more common practices such as yoga or meditation. Womanist Christian ethics scholar Keri Day proposes and praises the virtue of Black women who underscore hope in their lives and sees this is broader way. In her book, *Religious Resistance to Neoliberalism: Womanist and Black Feminist Perspectives*, Day writes that “hope might be understood as a social practice,” and emerges at the site of mundane and ordinary lived experience.<sup>55</sup> Hope is a daily and embodied practice connecting “the material aspects of people’s lives with the spiritual”<sup>56</sup> and making them “able to experience, rather than simply think of, believe in, the reality of [her] [religious] world.”<sup>57</sup> The active nature of hope as *experiencing* something, not just thinking about it or imagining it, but hope as it is fulfilled through activity and inquiry; and as it is committed to transformation.<sup>58</sup> Material and restorative hope, in the midst of daily life, is a powerful strategy for healing. One theory of hope offers something beyond a gratitude journal model and toward a vibrant way experiencing hope itself: “hope as “the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways; hope as the function of: (a) goal orientation; (b) pathways thinking; and (c) agency and that both

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<sup>55</sup> Keri Day, *Religious Resistance to Neoliberalism: Womanist and Black Feminist Perspectives* (New York: Palgrave Macmillan, 2016), 131.

<sup>56</sup> Meredith B. McGuire, *Lived Religion: Faith and Practice in Everyday Life* (New York: Oxford University Press), 199, Kindle.

<sup>57</sup> *Ibid*, 188.

<sup>58</sup> Ana Luiza B. Smolka, "Social Practice and Social Change: Activity Theory in Perspective, " *Human Development* 44.6 (2001): 362-7, ProQuest, Web. 19 Feb. 2022.

pathways and agency are required for the future orientation of goal.”<sup>59</sup> Black clergywomen are geared toward hope in our communities, after all our work is a calling; but finding that hope in day to day living for ourselves is another important act.

In her chapter entitled, “*WomanistCare: Reshaping Image and Paradigms of Care*,” Christian practical theologian Stephanie Crumpton, outlines alternative and reimagined models of care. Crucial to these models are several criteria that resonate with the work of liberative wellness; these include encounters with other women friends for support; caring for others as a means of empowerment (taking care of others feels good<sup>60</sup>), and spiritual practices that honor their personal experience as Black clergywomen. Crumpton lifts up a “working image of WomanistCare”<sup>61</sup> that involves and frames women’s identities with a care (self-care) that responds to various oppressions. She writes plainly that “bodies and social identities matter.”<sup>62</sup> And insists that this matters in terms of “how we view ourselves and how we act in relation to others.”<sup>63</sup>

Bodies and social identities do matter. In my understanding of and argument for a liberative wellness for Black clergywomen, several social identities categories take precedence. They are race, class, religion, gender, ethnicity, socioeconomic status, sexual identity and culture. My social identity as a Black, multiracial, and multicultural woman

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<sup>59</sup> Stewart Collins, *Hope and Helping in Social Work. Practice: Social Work in Action*, 27(3), DOI: 10.1080/09503153.2015.1014335 (249).

<sup>60</sup> adrienne maree brown, *Pleasure Activism*, 13

<sup>61</sup> Stephanie M. Crumpton, *A Womanist Pastoral Theology Against Intimate and Cultural Violence*. (New York, NY: Palgrave Macmillan), 129.

<sup>62</sup> Ibid, 129.

<sup>63</sup> Ibid, 129.

has surfaced as a primary lens through which to analyze the angst and reasons why self-care is desperately needed. The lifelong challenge to my body and Blackness(es), from large swaths of people, has opened wide what I feel are resonant traumas that many Black women face in addition to other stressors and factors that are inherent in Black life. These identities shape who I am and who Black women are as clergywomen and undermine our confidence; affecting how we can function in ministerial capacities influencing many areas of preaching and pastoral leadership.

Womanist theologians and scholars acknowledge the uphill climb in bringing our stories and experiences to the forefront. Womanist theologian Yolanda Pierce stresses that white male theologians are not and should not be the “standard approach for understanding doctrine or theology.”<sup>64</sup> She argues that “all theology is contextual” and that the “source material of [Black women’s lives]”<sup>65</sup> must be examined for theological reflection. The context and experiences of Black women’s lives, as clergy, as lay leaders, and as other types of leaders and caregivers is ripe for study and understanding. We may find that a theology of liberative wellness, written by and for Black women with Black women as intentionally central, has an appeal beyond itself - with Black women centered. Wellness discourse that centers the experiences of Black women clergy can carve out and establish a new vision for wellness that deepens traditional forms of medical, therapeutic, and even mass-market self-care practices and services.

## **Conclusion**

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<sup>64</sup> Yolanda Pierce, *In My Grandmother’s House: Black Women, Faith, and the Stories We Inherit*, (Minneapolis: Broadleaf Books, 2021), 27.

<sup>65</sup> *Ibid*, 26.



The intent of this chapter is to articulate and examine the wellness practices and needs of Black clergywomen with an eye towards expanding critical questions and opportunities that may help Black clergywomen serve better and survive. My examination of the stresses of racism and constraints on the meanings of blackness have illuminated one of the major stressors for black women faith leaders in professional leadership and often, personal life. In addition, where there are gaps in the medical and mental health industries as well as the mainstream self-help market, liberative wellness seeks to help fill them by engaging African-American clergywomen in self and soul care. How do we center Black clergywomen's experiences in this womanist ethic of care? We do so with intentionality and spur our radical imaginations with self-love, community caregiving, redefining God-talk, and dreaming wildly.

## CHAPTER THREE

### AN EXPANSIVE DIAGNOSIS OF HARRIET TUBMAN SYNDROME:

#### **BLACK CLERGYWOMEN IN MINISTRY**

This theology of Liberative Wellness engages black women, significant stressors in this profession, and beliefs about the most beneficial self-care practices for African-American clergywomen. In my study, I have brought a womanist lens to my project while also leaning on major tenets of Black Theology. An essential and guiding question for this project on liberative wellness has been “where do we African-American clergywomen go to collapse?” Specific to my research interest, one of the major stressors has been the complications and nuances of blackness. As a black minister, I experience a number of stressors, including the realities of racism, colorism, sexism, and imposter syndrome, as well as current events like social unrest and the global pandemic. These stressors have happened from both within black communities as well as in the wider systemic and shared culture. My research interests lie in the ways that these stressors uniquely effect black clergywomen.

Thus, this work is a qualitative ethnographic study. This chapter describes the motivation for, design of, and function for my arguments in this thesis of the two focus groups and nine interviews with African-American clergywomen that I conducted. As well, it presents some of the major themes pulled from my interviews and conversations as part of the analysis of those themes. The participants in my research study were identified and recruited through the Black Theology and Leadership Institute (BTLI), an executive education leadership institute for African-American clergy and faith leaders that I founded in 2011 at Princeton Theological Seminary. I chose to study and interview

black women from BTLI because I knew that the women that I invited would be curious and active ministry leaders as well as being representative of a variety of ministry contexts.<sup>66</sup> The responses of these leaders contribute texture, nuance, and political meaning to self-care for black holistic wellness.

## **METHODOLOGY AND PROCESS**

I interviewed nine African-American ordained clergywomen, one of whom and one current seminarian by recording their sacred stories and incorporating my own sacred listening during two focus groups and nine interviews. Through these Zoom video recorded sessions, the women's vocational calls to leadership, self-care, and incorporating their own ideas about self-care for peers and others in a ministerial context was a focal point. I was profoundly interested, of course, in professional and personal narratives and how these women's stories and experiences influence their leadership. Their unique experiences and stories may also reflect the experiences of broader groups of women in similar circumstances. Similarly, these women's experiences and stories were informed by ideas and data gleaned from a broader look at data and stories specific to black clergywomen but also specific to black women in general as seen in some of the data in Chapter Two. Often the data and my learnings from the data informed each other. There are simply not a sufficient enough number of studies focused on African-American clergywoman as a population and even less on those women identifying as multiracial.

For my study a personal invitation was extended to thirteen African-American, black, and/or multiracial women in ministry, ten of whom accepted my invitation to participate in one focus group and one individual interview. Focus groups and individual

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<sup>66</sup> For summary of BTLI, see Appendix H.

interviews were pointedly chosen to capture intimate and narrative experiences of the interviewees and also to understand commonalities and differences among participants' understanding of holistic experiences of self and soul care. The women invited included ordained clergy, nonprofit leaders, chaplains, and seminarians/students. The criteria for my survey was to secure a diverse cross-section of African-American women clergy in a traditional or nontraditional ministry context. This cross-section of invited participants also included women who identify as LGBTQ however of the participants who accepted, all identify as cisgender, heterosexual women.

Each of the women had seminary training, including one woman currently in seminary. In addition, one was finishing her doctor of ministry and one was currently in a PhD program. All were professional women with the majority working as ordained or licensed ministers in parish and local church ministry, and included one Episcopal priest and rector and one retired ordained clergy. Other ministry contexts included: one woman working in a faith-based non-profit; one in higher education; one working as a worship leader and one in part-time ministry and stay-at-home motherhood<sup>67</sup>; there was no criteria for the length of time in ministry because I felt it was vital to hear from younger women in ministry and also even women new to ministry in a part-time or bivocational way to conceptualize current and recommended self-care practices. The denominations they represented included: the United Church of Christ, Methodist, Baptist, Episcopal, and PCUSA. Ages of the women ranged from 29 to 64. The women were born in the United States in areas spanning the midwest, south, and northeast. One woman was

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<sup>67</sup> Having worked with clergy and faith leaders for nearly 20 years, I know that part-time ministry as a term is a misnomer since it is never really part-time but this is just a way to explain an employment status.

bicontinental, residing also in West Africa. The marital status of the women included one widowed, two never married, two unmarried, and four currently married. Each of the interviewees identified as heterosexual. Four of the women were biological mothers while four were not but each acknowledged roles as caregivers and nurturers outside of their roles as ministry leaders and pastors.

In each of the two focus groups, my goal was to hear the women's stories and to listen and understand their informal analysis of those experiences. Also, the focus group offered the essential opportunity to see the women interact with each other. In doing so the women, who were strangers at the start of the focus group session, offered and engaged in challenge, empathy, support, and motivation. In each interview, I aimed to gain a deeper insight into each woman's ideas on wellness that they may not have shared in the focus group and that may have been easier to share individually. Depending on when the individual interview took place, I was also able to follow up on ideas presented in the focus group conversation.

The qualitative interview questions served the purpose of gaining insight into these African-American clergywomen's views on their wellness personally and professionally and to reveal if and how blackness been relevant to these experiences.

Briefly, what follows is an introduction of the nine research participants and share portions of their personal narratives through excerpts from the individual qualitative interviews. Short profiles of each participant follow with a clear understanding that each person interviewed identifies as a heterosexual African American or Black female. I mention and write about any multiracial heritage or identification with another culture. The following are the pseudonyms that I have to each participant to preserve their anonymity:

Dee, Kay, Etta, Elle, Leah, Rai, Thea, Shan, and Tori.<sup>68</sup>

**Dee** is a 64-year-old ordained clergywoman who serves fulltime in a suburban church in the Midwest. She is unmarried with no children and identifies as a proud black woman. Ethnically, she is of Caribbean heritage.

**Kay** is a 38-year-old married mother of one young child living in the South. She is an ordained minister currently not serving in a local church setting and focusing on spiritual leadership while she pursues motherhood.

**Etta** is a 52-year-old ordained clergy, married, and living in the deep South. She does not have biological children but, until recently, has been a caregiver to her mother. She is a senior pastor and public theologian.

**Elle** is a 67-year-old retired senior pastor currently living in the Midwest. She is widowed with no children. She has been a caregiver to her mother and father, both now diseased.

**Leah** is a 55-year-old chaplain and higher education administrator in the Central Atlantic region. She is a mother of one child and is committed to her campus community.

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<sup>68</sup> All names have been changed to protect the identity of participants in this research study. Additionally, identifying cities, institutions, and friends or relatives of participants have been omitted.

**Rai** is a 29-year-old seminarian, pastoral church musician and worship leader, and part-time retail worker in the Central Atlantic region. She is single, has no children, and is originally from the South.

**Thea** is a 64-year-old full-time Senior Pastor who has served for over 29 years in Eastern region. She has never been married and has no biological children. She was raised by her mother, grandmother, and aunties. Her grandmother was a licensed minister and Thea followed in her footsteps.

**Shan** is a 43-year-old ordained minister who currently works in senior leadership in a faith based non-profit. She lives in the East Coast, is partnered, and has no children. She does, however, serve a community of underrepresented youth.

**Tori** is a 51-year-old highly experienced chaplain, having served at more than five colleges and universities. She is in her second marriage and mother to one adult child. She is bicontinental, living in the US and Ghana, West Africa.

### **Exploration of Questions and Common Themes**

In asking these questions, it was my intention to stimulate reflective conversation and dialogue that would help gain insight into these black clergywomen's ideas about self-care, and their self-care practices in their roles as nurturers in both their personal and professional lives, and about how their experiences as black women (blackness) inform their wellness. In the following sections, I will offer brief explanations of the rationale for

the questions and the relevance to my study and share important themes from both focus groups and the individual interviews.

I designed two sets of questions for the focus groups and the individual interviews. Identifying six questions – three for the focus groups and three for the individual sessions – was a difficult and thoughtful learning experience. Individual interviews were planned to go more in depth on similar themes and ideas self-care, congregational and peer support of wellness, and complicated blackness from the focus group answers. These research questions sparked rich and profound dialogue and gave space for a variety of experiences and emotions to be uncovered. The dialogue among participants – each black women in a ministry context – offered nearly immediate bonding. As African-American women, we were fully conscious of the opportunity to practice womanist self-care in this communal act of reflection and conversation about matters of self-care and wellness. Because of COVID guidelines, our safe spaces for sharing were created over Zoom and we were intentional in making the spaces brave, restorative, and honest. What follows are my research questions and a compilation of noteworthy participant responses.

### **An All-Encompassing Blackness**

At the start of my interviews, I wanted to find out how each woman identified and described their blackness and sense of self. I was struck by how much meaning each women put into her answers. As black women, we all think about this often and it was clear that they had answers ready from years of contemplating the intricacies of race. The conversation could have stayed here for much longer and there was one of many collective sighs as we began.



As is the case in my personal journey, often the interviewees answers were complicated and included layers like personal preferences and family history. As many of the women also shared, I identify as a black woman. My journey has included finding the space to hold all of my cultural and ethnic selves in order to see how plurality relates to race; and yet still claim my blackness. Each of the interviewees also expressed a broader idea of being African-American and black.

*Dee* - She describes her family life and the pride in blackness as being “surrounded by positive images of black people, African people in particular. We had kings and queens of Africa posters on our walls.”<sup>69</sup>

*Kay* - She is of mixed ancestry including Cuban, Irish, and American Indian. She identifies as a black woman whose “blackness is all encompassing blackness is all encompassing, to the extent that it erases races, parts of me that would be identified as something else, right? Because it's not noticeably visible.”<sup>70</sup>

*Etta* - She describes her hesitation in naming “black” when first asked the question: I identify as black. And I think of it in the sense of, I wanted to say multiracial initially, when you were giving sort of, you know, like, is it this or is this and but when I when I really think about it, I identify as black. Part of, I think, the hesitation in saying that is because I've always been accused, if that's the right word I can, of not being black enough.”<sup>71</sup>

*Elle* - She identifies as a Black woman whose experiences around her Blackness have been positive in having mostly been around Black people in the urban center where she grew up, in the public schools that she attended and the Historically Black College and University (HBCU) that she attended. Her confidence in her Blackness stems from these early experiences.

*Leah* - She identifies as an African-American woman explaining “I do identify as an African-American woman, black woman of African descent. And my roots are deeply southern. My family comes from Alabama, and then to Northern Virginia by way of Chicago.”<sup>72</sup>

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<sup>69</sup> Excerpt from interview on 2/18/2022.

<sup>70</sup> Excerpt from interview on 2/10/2022.

<sup>71</sup> Excerpt from interview on 2/9/2022.

<sup>72</sup> Excerpt from focus group 1 on 2/5/2022.

*Rai* - She has strong reasons for how she identifies as African American, explaining that she identifies as “African American no hyphen. That may or may not be self-explanatory, but very, very connected to this land and very connected to African conceptual, like just myself my concept of myself as an African person. But for me, it's like this is my first and this is my name, this is all this is all the this is all the case. And it also does not subject my Africanness to my Americanness to me. It allows those things to to be informative of one another without being subjected to and I'm still pressing out how that affects my ministry.”<sup>73</sup>

*Thea* - She is matter-of-fact in her Blackness and describes it as “I am what I am. I'm not changing it. If there are any problems, take it up with the owner who created me. I'm not apologizing. If there are any problems with my melanin, the amount of melanin in my skin, they're yours, not mine.”<sup>74</sup>

*Shan* - In this way, she considers herself a black woman whose community of youth are her kids and shares this experience of her context: “I think it's also the black woman's way of nurturing, not just her own family, but community, right. And so you take this, it's like I have to, you're putting the whole community of kids on your back, right? And you're like, I mean, I think about when I first started at Concord, once I started growing that ministry, I had a program that ran every Wednesday night and some Wednesdays it would be a one to like 60 ratio with just me.”<sup>75</sup>

*Tori* - She considers herself, “to be a black woman of African descent.” And shares that, “I was also raised with my great grandmother till I was about six, and she was a Seminole Indian. She would have been raised on a reservation, so I lived with her and had that whole cultural experience.”<sup>76</sup>

These quotes reveal the expansive nature of blackness and community. Through life experience and grit, each black clergywomen have defined these ideas for themselves. In our modern world, where we are defining and redefining identity and establishing new norms, these women have been doing so for years (sometimes decades) as a part of their growth and sanity. For these women, the defining of who they are allows them to live

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<sup>73</sup> Excerpt from focus group 1 on 2/5/2022

<sup>74</sup> Excerpt from focus group 1 on 2/5/2022

<sup>75</sup> Excerpt from interview on 2/4/2022.

<sup>76</sup> Excerpt from focus group on 2/5/2022.

whole lives where all of who they can be allowed and nurtured. But as each acknowledged, this self-awareness is a process.

There is an unceasing nature to ministry that is needed when working with peoples spiritual and religious lives and in service to Christian communities. In determining that new and better self-care practices are needed, my interviewees talked about presence and the sense of being constantly “on” and fully engaged. The times are rare when these black clergywomen take a vacation or rest and are often beyond the straightforward self-care practices that others may consider.

*Etta* - I came to my position as senior pastor right before the pandemic hit. Literally February of 2020. And I came to a congregation that was mostly older saints or senior saints, as we like to call them. And so imagine coming into that position and immediately a pandemic hits and just what that looks like. So for me, self care went out the window. Like all of the things that I would normally do in terms of having some dedicated time of taking off and just my own personal spiritual practices of calling some of my friends and we'd go into you know, have our prayer time. I had to redefine self-care in a way that the church could understand it, and to be able to put some boundaries in place and to even introduce the word boundaries.<sup>77</sup>

*Rai* - For me, self care often begins with determining whether the extent to which, how much and who can give me some help. And it starts with that, do I need that? because sometimes is not top of mind. You could be you know, atlasing the world and just not even think about all of all of the access that I have to people who can help, you know, and that happened to me this week, actually. And when there's a rehearsal and a *self-care program* going on, and you're like in leadership on both, and no one's communicating. It's like wait a minute now you want me to be three people now I called the meeting and I thought that was the big girl thing to do. And then I realized that canceling the meeting was the biggest big girl thing I could have done. I was like I know I called you an hour ago and said we meet I can't meet sorry, I can't do it.<sup>78</sup>

*Kay* – [Self care looks like] Therapy, boundaries, internal, external, and truth telling in real time. As a southern raised woman, in many regards, I was told to bite my tongue, you know, to hold it. And then you go through these processes in

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<sup>77</sup> Excerpt from focus group 1 on 2/5/2022.

<sup>78</sup> Excerpt from focus group 1 on 2/5/2022.

terms of chaplaincies you learn well before you speak, interrogate yourself. What is it that I want to say? And I realized that my I would go into my clinical self in all of my relationships, which left a lot of stuff that needed to be said, unsaid. But now I'm finding a necessary balance in realizing people can handle the truth. As long as it's coming from a place of love, and a place of desired collaboration, I desire to collaborate with you, this is why I have to tell you the truth. [Also] creating helps me, that looks like many things. That looks like journaling, looks like writing for public engagement, it looks like painting, just all the ways and eating for my wellness. For a lot of years, I've eaten for my taste buds, but now I realized I need to eat to sustain my wellness to sustain my body as a means of coming home to my body and prioritizing myself.<sup>79</sup>

*Tori – (Reflecting on what self-care looks like on re-entering the United States ecosystem from living two years in Ghana).* I was there for almost two years. And I've just kind of re-entered this system, and I'm realizing that this is like too much. I'm like, oh, and I was thinking about freedom in terms of body take up space, you know, like how we used to just always, and we don't even realize it subconsciously. So I remember I was out to eat and this woman had a wig on, which is normative, you know, and she just took it off, and put it next to her. And they have little seats for that. But I was just like, oh, no, she did not just take off this wig. I realize that the level of policing in our bodies and our minds is just a whole nother level [here in the US]. I mean, just like people were swimming, they didn't have that lotion, they didn't have their hair was a mess. And their men were just as fine with it. [Laughter followed.]<sup>80</sup>

For each black clergywoman self-care is defined as everything from therapy and days for sabbath and relaxation to boundaries and relaxing in an awareness that we can take care of ourselves by saying 'no' and 'I am not able to do' whatever is being asked. As well, Tori shared a dramatic story of policing her own self and body to such an extent that she did not know what was happening until she lived outside of the United States.

Many congregations want to support their pastor's wellbeing in theory but often churches and organizations are not thinking about these types of support systems. The language of sabbath and self-care are not are always apart of a pastor's package or

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<sup>79</sup> Excerpt from focus group 2 on 2/5/2022.

<sup>80</sup> Excerpt from focus group 2 on 2/5/2022.

negotiations in accepting their call or appointment. Often, continuing education maybe included as a way of having additional coursework but self-care is an afterthought or, if the congregation or institution is thinking if it at all, something they assume is happening in the pastor's off hours.

*Etta* – [addressing her congregation] I've been saying to you, not only am I preaching on Sunday mornings, I'm running the Facebook live feed, and I'm also running the call in because we had members who did not know how to access the Facebook live feed, so they wanted to be able to call in, dial into a number so I literally would have my cell phone dialing in so that they could hear the sermon through the phone, as well as while I'm trying to engage the people on Facebook. And so when I said to them on last July, I was like we're coming up on July 4, what would it look like if the church decided collectively that we just needed to take a rest? Like we talk a lot about congregational care, which is important, but let's talk about pastoral care. And let's flip and reframe what pastoral care looks like. Not me providing care to you, but you providing care to me, because I need to be cared for as well because I'm trying to care for an entire congregation of people. And I've reached out and asked for help so much. And they said to me, Well, these are the kinds of conversations that you should be having with your husband or with your best friend about why you're tired. You shouldn't be saying this to us.<sup>81</sup>

*Rai* - [in response to Etta] I recently watch[ed] Beyond the Gatekeepers with Bishop Flunder and Carlton Pearson, Vanessa Brown, and they're talking about what it looks like to do womanist ecclesiology. Like to do church in a womanist way, in a way where black women are not only at the helm, but where ministry partnership between pastor and people is the norm, not just like a submission construct, but a partnership, whereby I'm being cared for, you being cared for everybody. [To me] that is not only a revolutionary concept, it's just what's needed for the community to progress and keep going.<sup>82</sup>

*Kay* - Even in chaplaincy, our well-being is not supported. In spiritual and our program that, I'm thinking in terms of CPE, they are not cultivated or constructed to support the well-being of interns, residents, and even staff chaplain. They are there to support the bottom line, right and I think, for me, having gone through, I did an internship of what was then the only trauma one hospital in the area at [REDACTED]. And then I went to the [REDACTED] system, and both systems were negligent in terms of creating an environment for rest, for renewal. It's one thing to have conversations with people but it's another thing for the system then to support

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<sup>81</sup> Excerpt from focus group 1 on 2/5/2022.

<sup>82</sup> Excerpt from focus group 1 on 2/5/2022.

that, and supporting that means ████████ you can't have me working 30 plus hours as an intern in the ER, in the summertime, where I'm getting six or seven pages of death. Like people literally dead from having to be involved in these pronouncements. And even in the Emory system, like how can we say you're focused on spiritual health, but there is no room set up for us to go and just be that's comfortable. If you need to lay out, lay out. If you need to worship, worship, and the chapel isn't that safe, because the chapel is part of the program I work in. I have to do chapel for the job. But there's no set space, even for, you know, spiritual health Chaplain people to be themselves. So you know, they don't support it. They don't.<sup>83</sup>

*Tori* - So I just figure out what I'm going to do. And in terms of taking care of myself, I have an Interfaith Chapel, that was, of course, historically Christian. But I've also realized that I have, I'm using that chapel for me, and I have a womanist circle for students. So I created retreat every week in there. So I've decided you know what I'm going to do. Because they could care less and they don't know what they're doing. So why don't I do what I know how to do. So instead of me worrying about them caring, I decided this is going to be a good place for me. So I'm also learning to use that space for myself. To go in there and do my meditation, I have pillows. I have the whole nine yards, my salt lamps, and nobody comes down there, so all, good. So I learned instead of saying, Hey, I'm looking for them to do something, I just do what I'm going to do.<sup>84</sup>

In reflecting on blackness and wellbeing, specifically if blackness was a hindrance or a help in self-care, each woman was incredibly candid and many answers were comprised of stories of guilt and responsibility; of essentially having generations of ancestors leaning on us and our consciences to keep going and to find success with the opportunities that had been stolen and not been afforded our grandparents and great-grandparents.

*Leah* - I'm going to say it's because of my family, which is black primarily, primarily black, that things that I would have considered, or that I consider now to be hindrances for self care, are those demands to always be always be on, always be presentable, always be accurate, always be well dressed and well quaffed and all of those self policing. And so then the hindrance would be that the way that I was raised is is antithetical to what my body might need. So the thing that would

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<sup>83</sup> Excerpt from focus group 2 on 2/5/2022.

<sup>84</sup> Excerpt from focus group 2 on 2/5/2022.

cause me not to fully embrace the self care that I might need or want would be those voices from the past that, you know, help to shape me.<sup>85</sup>

*Tori* - [on her having “Harriet Tubman syndrome”] I always feel like if Harriet Tubman could do it, I mean, she was, you know, unlearned and, and she did a whole bunch of stuff. And I think I always, I would literally think, oh I can't lay down now. And I was thinking about my friend who he committed suicide last week, I had shared this, but he was on a crisis team with the dean of students, a black male Dean of Students, a young man. And I know he had a similar syndrome. And I was saying, you know, I can't believe he took his life. And I felt the Holy Spirit saying, but are you taking yours [your own life] day by day? Because something has been driving me and I'm like, this is some kind of ancestral something. And so the scripture you know, talks about labor to enter into that rest, and that's what I'm realizing, and I'm realizing that it was spoken to the Hebrews, because they were never able to do it, because they were, they had that slave mentality, they were never able to really rest. And that's what I'm asking help with. So for me, that black narrative has hindered me in terms of my own self care. But perhaps the helpful piece is that I'm helping somebody. Well I think I mean, you know, the black woman helping the community and you know, how we do we take care of our communities. And I think that's the good thing. I mean, Harriet Tubman freed a lot of people, but at the same time, I mean, Harriet seemed to come out okay out of this because she was like 90 something so I'm like, well, Harriet's right on something, when she was like, and you know, she had boundaries cuz she'd shoot you in a minute.<sup>86</sup>

*Kay* - I sat here and I looked at myself and I thought, this is the first time where I'm actually conscious of how all encompassing my blackness is. One time my father said to me, back in my surreal, black nationalist rebel days, like you're the blackest person I know with the least amount of black in them. It was your blackness just takes over the fact that your of Cuban heritage, your of Irish heritage. It's like you never discussed all of who you are you just and I'm like, because when people see me, they don't see Cuban. They don't see Irish. They don't see white. Nor do they see American Indian, they see a black woman. So we gone focus on what is. I'm situated in blackness and it's all encompassing. And from that all encompassing blackness, I have to agree about the something within us, that I also believe is in our bodies. That's something that caused us to be raised with this consciousness of laziness. being lazy, to the point that even now at 38, I have to say to myself, *I'm not lazy*, I'm resting. Like I literally have to say it out loud. I'm not lazy, I'm resting. The hindrances I think, are more than, the helping comes when you reframe someone said something about reframing earlier, the help comes when you reframe the narrative, you do the work, and you keep

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<sup>85</sup> Excerpt from focus group 2 on 2/5/2022.

<sup>86</sup> Excerpt from focus group 2 on 2/5/2022.

reinforcing the work. Right, because you're talking back to centuries of oppression.<sup>87</sup>

### **Collapse and A Crisis of Expectation**

I consider collapse to be a full depressive or otherwise emotional disintegration or loss of force or worth. For me, it is a personal shutdown of enormous proportions that necessitates care, determination, and support for wellness and to rise. However, the question of collapse received the broadest range of answers and conversation from the clergywomen. The responses were surprising since I had a very specific way of thinking of collapse. While two or three were closer to my understanding of collapse, several reinterpreted it in quite different and compelling ways.

*Thea* – [Collapse is] to shut the computer, shut off the television. Shut off the telephone go upstairs put on a nice long. crawl into bed and go sleep. That is my shut off point. That is my collapse point. shut everything down.<sup>88</sup>

*Rai* - Oh, like this week? [It] really looks like all the appointments I missed. I was supposed to go to the symphony with my brother yesterday, did not happen. I missed a very important meeting for oh, I'm also like serving with the [REDACTED] Conference. [I] missed a very important music planning session with them this week. Um, and it just sheer and utter fatigue as well as just. Oh the question. um, um It looks like turning on myself, is what it looks like.<sup>89</sup>

*Tori* - Oh wow. Collapse? I think just being physically tired and emotionally tired and probably soul tired, I would say. Um, and I see like, you know, the triune being piece. I feel there's somewhat of a difference between my spirit, which I feel like my mind lives more in maybe the soul realm and my spirit I see that as very otherworldly. And I feel like I get strength from that. Sometimes that's the only thing that's giving me life to be quite honest.<sup>90</sup>

*Leah* - Okay, so me collapsing. Looks like, um, going to my bed and covering up and staying there until I feel I feel like I'm ready to get up. In the past the longest

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<sup>87</sup> Excerpt from focus group 2 on 2/5/2022.

<sup>88</sup> Excerpt from interview on 1/29/2022.

<sup>89</sup> Excerpt from interview on 2/16/2022.

<sup>90</sup> Excerpt from interview on 1/29/2022.



that I had stayed in bed or moved to my sofa and done the same thing would have been a month. A month. I did not leave the house. I got up to change pajamas. And I was absolutely completely wiped out and worn out and that's when I did that without there being necessarily a physical reason. Right. Not a physical illness that drove me to it but just an emotional weariness. Yeah. A total collapse. I can't help anybody.<sup>91</sup>

*Kay* - Oh my gosh, these days a collapse has meant well last year, a collapse has meant an ER visit like being completely just sick. just exhausted, tired, weakened immune system. ER visit. It's not COVID They don't know what's wrong. But I'm like ah, I know. I'm over extended. And I haven't had space for renewal. But when it's not the extreme, a collapse looks like this fatigue that won't go away. And just being exhausted being tired, pushing through but knowing I'm not doing my best right now. And this sense of I really need to rest.<sup>92</sup>

*Etta* - And so for me a collapse, then of just, just just being in that moment of just letting go of everything and finding a place where I feel like I can do that. And sometimes it literally is in the car. It's in the car. It's that sense of solitude, it's, it's crying. It's listening to music while that happens. Because for me that can also be soothing. It's, you know, I think what we see biblically lament, it's also lamenting. I remember, Dean Emilie Townes at Vanderbilt talked about lament, and that lamenting is prophetic and it's also biblical, and that we don't lament enough. And so for me, lament is part of that collapse is part of that sense of just saying, Okay, God, this is not what I envisioned.<sup>93</sup>

*Shan* - So collapsing is more like a severe level of fatigue, where it is not just physically, but mentally, emotionally and spiritually as well. So it's sort of like a, it's it's sort of like a rock bottom type of experience where, where nothing seems to be functioning in the way that it's supposed to. But you can't necessarily stop moving, if that makes it. So it's like, you're operating on E or [on] that little needle, right next to the E where it's like you have four miles until your car shuts off. So so to me, that's kind of what it looks like.<sup>94</sup>

*Elle* - When you say the word [collapse], of course, you think of the physical, like, I'm just so tired, I can't move but collapse, I would think, especially when I was practicing ministry was more so when you know, you're, it's like you're imploding in your head, you know, you can't seem to grasp anything that they make sense, you can't seem to make sense of how you feel what to do, you know, and you're just kind of overwhelmed and maybe frozen to a certain extent, you

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<sup>91</sup> Excerpt from interview on 2/11/2022.

<sup>92</sup> Excerpt from interview on 2/10/2022.

<sup>93</sup> Excerpt from interview on 2/9/2022.

<sup>94</sup> Excerpt from interview on 2/4/2022.

know, you can't even think your way out of what what you're feeling and experiencing right now. Exact kind of stagnancy, and there's a high level of anxiety, you know, because you kind of know what's happening to you. But I think a lot of times, when you're in the practice of ministry, you know, that you got this, this, this, this, this and this to do, you know, so it's kind of like, pushing yourself through all of that, when you know that you probably need to step aside and just totally let everything go. You know, it's like walking around, but almost kind of being turned off on the inside to me.<sup>95</sup>

*Dee* - I am because yeah, because I am I am thinking about collapsing in terms of um sort of like when one emerges into into a different way of being another way of being, and collapsing, like under the weight of what what's happening. And so, um, so I think I think for me, um I think one one mode of what it's like to collapse for me is has been, when I recognized oh my goodness, I am I am different, in some, some some seminal way, you know. I am I think one moment one of those moments was as I lived into my priesthood newly ordained, and recognizing, like, there's something different about me that I think we, we heard about, but never can't really put a word to it, but there there was a significant change and so I think so I think that's what it's been like for me when collapsing and becoming something even more of myself but different, if that makes sense. And I think the other the other way is just coming home, or maybe I'm going to use I'm going to use one one day this week that moved into the next day, when I've had seven hours of meetings, and I just make a sandwich because that's the fastest thing and I put on Jeopardy because I have to use a different part of my brain and I am just you know, I'm able to breathe. So, so that's the the that's the other way when I am collapsing is being able to exhale and breathe.<sup>96</sup>

*Shan* – (on what helps after the collapse) But for me, in my context, the *get better* sometimes comes from continuing to do the work in a type of engagement that I had. If that makes sense. So it's almost like, if you don't, if I don't ever encounter that thing that reminds me why I do the work, It's not going to seem worth it. But every once in a while I encounter maybe a young person that reminds me of why I need to keep going. Right. And so that's the kind of thing that sort of makes me feel better. It doesn't make me feel less exhausted. But it makes me feel better in the midst of the exhaustion.<sup>97</sup>

*Thea* - (on what helps after the collapse) Chocolate is critical. In fact, for my birthday, I have ordered my birthday cake, which is a German sweet chocolate

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<sup>95</sup> Excerpt from interview on 1/29/2022.

<sup>96</sup> Excerpt from interview on 2/18/2022.

<sup>97</sup> Excerpt from interview on 2/4/2022.

cake. And it is continuing a tradition that started in my family with my mother making me a German sweet chocolate cake for my birthday once a year.<sup>98</sup>

*Rai - (on what helps after the collapse)* Acceptance, that the situation is challenging. I literally I just say, this is hard. Like, I will pause myself and be like it is hard. So literally just stopping and saying this is really hard. Like this week. I was saying earlier, not long ago, in my [therapy] session, that I felt like I was like shouldering the weight of the world. And then I said, this is hard. And then the weight of the world suddenly just wasn't there anymore. Because I was honest about it with myself. So honesty, with myself helps me feel better.<sup>99</sup>

Peer support among friends, colleagues and others in their network proved to be a valuable and practical way of receiving and offering mentoring, reflective listening, and unofficial counseling. In my experience participating and leading various types of cohort and support groups, the strongest groups are among peers or affinity groups where there are commonalities like race, age, and gender. And of course, vocation was the major connection. In many of the strongest and most vibrant groups that the women discussed and participated in, many of these commonalities existed.

*Dee -* there are three of us, female, black female clergy, and we check in once a month with each other. And we talk about, you know, what's happening in our ministries. Are we thinking about advancing, like being on a diocesan staff or, you know, some other call and that. So there are three of us there. And then I'm in a preaching group. Well, there are, we started out with five of us, with the facilitator, and then four of us. But one, I don't, we think she dropped out. She didn't come back. Yeah, she. Yeah, so we're not quite sure. She didn't say I'm not coming back, but she kind of hasn't been there. Right. So we, one of us presents a sermon, and then we share about that, and then we look at the text for Sunday. So it's so that's coming from a different perspective.<sup>100</sup>

*Tori – (on clergy groups and a community care group in Ghana)* - I have a group here and one in Ghana. It's a sisters in spirit group, and it's about connecting, replenishing our spirits. And so the group here meets every other week, it's bi-weekly. And the group in Ghana, we would meet like every week there. So it's about checking in on our, you know, professionally and that, but then also getting

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<sup>98</sup> Excerpt from interview on 1/29/2022.

<sup>99</sup> Excerpt from interview on 2/16/2022.

<sup>100</sup> Excerpt from interview on 2/18/2022.

to, how are we doing, in every area, our minds, our emotions and our spirits and so, I created that group here because I didn't have anything like that.<sup>101</sup>

*Thea* - The last time a group of [us] African American women clergy got together and we would go out for for dinner or for something and just breathe, you know, laugh. Everything was, all topics were open, no judgment, safe place to just breathe. In fact, we had a meeting last night over zoom. Because now I've moved out of Rhode Island, about five or six of us that were part of that original group are in different parts of the country now. But we will still come together to to watch out for each other, to pray with each other. We had an amazing prayer session last night where we pray for each other. We pray for the children for our children and our grandchildren and so on and so forth.<sup>102</sup>

*Etta* - I had my covenant group, when I was still with the United Methodist Church, that we would get together. And then there was a women's clergy group. And then when I migrated away from there, then the group that I have now is really other clergy women, that I'm friends with, literally that around the country. And we get together, you know, once a month, and just do FaceTime. So we FaceTime each other and talk about what's happening. We text each other, you know, literally, three or four times a week, you know, just to look at all the just the just the threads of text and, you know, it could just be random stuff. You know, sometimes it's just funny things. Sometimes it's just, hey, here's what happened today, or, you know, did you hear about this. And then sometimes it can be Hey, can you pray for me because I'm going through this or that. So yeah, I do. I do have that group. And I'm grateful for that group.<sup>103</sup>

*Leah* - I'm meeting with black women students and encouraging them to do okay, whose schedule self care into their weeks. I know for them like to create some spaces for what works for them. But I also give them access to my office where they can come and just breathe, they can relax, they can get away from all the campus stuff. For other black women, I do, actually, talk with them. Some of them I coach. If you get a chance, I have a website out there. It's called serenity's waiting.<sup>104</sup>

The weight of race offers ample need and reminders for practicing self-care.

Systemic racism, colorism, challenges to our blackness, and one-dimensional

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<sup>101</sup> Excerpt from interview on 1/29/2022.

<sup>102</sup> Excerpt from interview on 1/29/2022.

<sup>103</sup> Excerpt from interview on 2/9/2022.

<sup>104</sup> Excerpt from interview on 2/11/2022.

understandings of blackness all conspire to through us off and create imbalance within ourselves and our inner souls/minds. The recent global outcry about the oppression and continued mistreatment of Black individuals and communities has propelled renewed conversations about self-care as a medium for coping with the detrimental medical and psychological effects of racial oppression and discrimination. I would add biracial and multiracial angst. Blackness, itself, has intersections. My black womanhood, for example, includes intersections of cultures, practices, power, class, and religious denomination. We need to care for ourselves to restore and resist.

*Tori* - When I'm in Ghana I'm not black. Because no one's black there. Everyone is their ethnic group. And so we [Americans] have, for both black and white, we've erased ethnicity and made it about color. And so people can't then express even their different ethnicities within a range of colors. They're black people with different nuances and different. You know, and even within those tribes, there's clans who have different systems within that, and even sub clans and then, you know, there's so many different ways of being black. And that was part of one of the freedoms that I enjoyed was that I could be a lot of different things in my blackness. Which was very freeing in that I didn't have this one narrative. And I think being black helps in this situation for us, and we've made it helpful, in that we've had to create some culture around this blackness because it's a color, right? It's not a culture. It's not an ethnic group. And so, because we've had to fit ourselves into that narrative, we've kind of switched it all in. And so even that is a layer because black people can be tiring themselves. And I think the reason why we can be tiring to one another, this is what I think is so important about our self care, because sometimes we can't get it in our black community because if our narrative doesn't fit the black narrative, you don't have anywhere to go.<sup>105</sup>

*Etta* - And I remember one Sunday morning, at the church, we had three worship services. I don't even know why we had three but whatever. We had three worship services every Sunday. And so one Sunday, I was walking down the hallway to go and greet people who were like at the coffee and donut donut section. This little foyer area. And there was this older white man and his wife that literally called out across the crowd to me. And I mean, it was you know, hustling and bustling so, you know, you got people calling you in here and there. But then he goes, *girl, you heard me talking to you*. And when he said that, it just it just took me back literally to like the movie *Roots*. And you know, and I just cringed inside and um I was like, oh my god, Yvette, you've got to get away. So I went to the bathroom,

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<sup>105</sup> Excerpt from interview on 2/9/2022.

and went to the bathroom and got stuck in the stall, I didn't have to use the bathroom, I just went to the bathroom to like decompress, and I got stuck in the stall, I closed the door, and something happened, I must have closed it too hard and literally I was in there stuck, I was like, Oh God, you got a sense of humor, you are keeping me in this bathroom stall, so I don't get out here and act a fool. So experiences like that, you know, these microaggressions that we go through just every day, knowing that there's going to be something I think, impacts what our self care looks like, because we, I think, are dealing with, you know, deep traumatizing kinds of things that other people don't understand, because it's not their experience. And so to go and have a massage, there's candles, and there's light music that's playing, and you know, there's cucumber water that you can have access to access to. That somebody else is tending to you because we spend so much time tending to other people. And we spend so much time struggling and struggle does not take a vacation. But we've got to find ways to take a vacation away from the struggle.<sup>106</sup>

*Shan* - I don't know that it does play a part in how I choose to engage in self care. It might play a part into my struggle. Because, you know, we have that strong black woman type of cape that we like to wear, well, we don't have to wear it. But we take it on, and we tie it on really tightly. And so it does impact our ability to engage in self care in a way that we need to and it's not until we're like, beat down broke down bent over that we're like, I can't do this anymore. And so it doesn't necessarily determine which things I choose to do, but I do think it is it impacts, like the um, I wouldn't call it like a workforce mentality but it's almost like this thing where you feel like you have to, you can't stop until it's fixed. It's not up to you to fix everything.<sup>107</sup>

The major themes of my interviews were boundaries, peer support, and generational pain and trauma. Prevalent in many of the answers was a severe crisis of expectation emphasized in images like the “superhero cape,” “Harriet Tubman Syndrome,” “the black women’s look” or “the black women’s no.” Each emphasized feelings about needing that she must be strong at all times within her family systems and congregations but also the vulnerability and frustration of not being heard. For example, the interviewees shared

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<sup>106</sup> Excerpt from interview on 2/9/2022.

<sup>107</sup> Excerpt from interview on 2/4/2022.

several stories of their congregations angst around requests to take sabbath or to make changes within church life, for example, committee changes or adjustments in worship.

### **Conclusion**

Following these conversations, I observed several emotions on the part of some participants who realized that thinking about their blackness as having a role in their self-care and wellness was a unique prospect and it was a question that gave several participants pause. While one person answered with an outright “no” to the question, others felt that over time they had, in significant ways, missed an opportunity to look specifically at their blackness as a separate lens in their health care. Some were confused over where to go with the question, others became more curious and some became excited to begin nurturing their full selves immediately, believing that it was never too late to gain this insight. The experience of a singular blackness has been an accepted practice for me and for other African American women. Even as our experiences varied, they did so in relationship to *a* black experience that several of us felt we were lacking. Unfortunately, there have been few practical models to introduce new information and practices; few new ways of understanding the vast language of the diaspora and of how our different cultures make up the black experience and inform wellbeing. The added burdens for many African-American clergywomen makes them vulnerable and susceptible to negative health outcomes. As we move toward more healthy ways of being, thinking, and healing, it will be important to identify powerful influences that shape our lives and understanding. We will continue to explore the challenges that African-American clergy women face in light of the stressors in their lives and vocations. Liberation theologies, like black theology and womanist theology (where I have focused the majority of my research) holds a partial roadmap in

how to infuse ideas and tools to impact who we are always meant to be and inspire us to serve God at our best and with our healthiest selves.



## CONCLUSION

### BLACK GIRL MAGIC: DETERMINED TO RISE

#### IDEAS AND IMPLICATIONS FOR FURTHER RESEARCH

#### **PRACTICING LIBERATIVE WELLNESS: MODELS**

I have a bespoke button that I wear on one of my favorite winter coats that reads, “black girl magic.” But I know that black girls are not magical. Black women, clergywomen included, do not have some superhuman strength or exceptional way of being – angry, overbearing, or otherwise. If there is any magic it is in our resolve but even that is not magical, it is an intentional act of trying to persevere. I cannot speak for all black women, but I can say that each of the women that I interviewed relied on their faith in God, their love of community, and their commitment to progressing despite the various stressors and odds.

In my estimation, liberative wellness is a holistic womanist ethic of care engaging self and soul care and undergirded by principles of Black liberation theologies, specifically womanist theology. In my work and research and what eventually bore out in my interviews are four ideas, shared values, and emerging ideas in womanist theology that were summarized in Chapter 2. They are: self-love (identity, loves herself), community in caregiving (collaboration and voice), redefining God-talk (theology/prayer) and dreaming wildly (radical self-care/help/hope); collectively these asked the central questions of where do black clergywomen, of all types and with all of our inherited racial/multiracial trauma and also unique types of discrimination, go to collapse? And what can help us rise? Specifically for my research, can liberative wellness help us to rise?

One of the most empowering points of discussion with the interviewees in my project was exploring networks of support. Often in our discussion, my thinking went to formal and informal ways of supporting ministry leaders. I define informal networks as those that are not courses or certificated-based and that may or may not meet regularly; and formal is defined as a course, intensive course, or certificate based network or program; and one that meets regularly. Formal may also include a cohort-based peer support system.

One of the most distinctive findings of my research showed that as black women we are thriving in finding and creating informal peer networks but need more help with more formal ways of supporting ourselves and other ministry leaders. Informal peer networks include sister circles; monthly meetings with themes dedicated to preaching; monthly meetings among graduate school friends and seminarians; several participate in regional and denominational meet-ups that are generally for women ministers (regardless of race) and one denominational network, the African American Women in Ministry (AAWIM). The AAWIM must be highlighted since it is so relevant to this research topic. AAWIM is described as “biennial conference is designed for women in all phases of ministry – ordained, licensed, in discernment and licensed in varied ministry settings within the United Church of Christ (UCC).”<sup>108</sup> It is also open to black women ministers not affiliated with the UCC. Founded in the early 1980’s by the Rev. Dr. Yvonne Delk (the first African-American woman to be ordained in the United Church of Christ) and

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<sup>108</sup> “African American Women Convene for Biennial Conference: ‘Sisters’ Lives Matter,” Southeast Conference United Church of Christ, last modified April 3, 2017, <https://www.secucc.org/2017/04/03/african-american-women-convene-biennial-conference-sisters-lives-matter/>.

The Rev. Dr. Bernice Powell Jackson, the AAWIM cites the “ongoing needs of African American women in ministry”<sup>109</sup> as motivation for the groups meetings and gatherings.<sup>110</sup> AAWIM is an example of a well-functioning and meaningful affinity group linked by a common vocation.

My research also included joining and participating in two more formal peer networks. The Cru, a peer network group which emphasizes supporting other woman through intention-setting and coaching. It also included taking and fulfilling the requirements of Daring Compassion/Faith Matter’s Network’s Movement Chaplaincy certificate.

In order to become a movement chaplain, I completed a 12-week training. Movement Chaplains offer spiritual, emotional and relational support to people engaged in social justice protests. They hail from all walks of life and many are ordained clergy and faith leaders. As a result of the training, I have learned very practical, spiritual ways to nurture and support leaders. Movement Chaplains are committed to integrating healing and wellness into social change work. My training has allowed me to center urgent support, respite in addition to helping to advance a shared commitment to liberation, care and life for all through the centering of those most impacted by oppression.

The Cru is an network of peer mentors who learn and teach intention and goal setting to achieve personal and professional goals like getting a new job or learning to practice self-care. The network is by application and requires an interview before the company matches you with likeminded women. My “Cru” consists of nine other women

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<sup>109</sup> Copy of an African American Women in Ministry (AAWI) brochure, March 9-11, 2016.

<sup>110</sup> The Rev. Dr. Bernice Powell Jackson is the professional mentor on this research project.

of various ages and races all discerning similar working mother dilemmas, challenges, and hopes. In accepting their offer to join, the women in my “Cru” and I commit to one virtual gathering a month for one year to fulfill our intentions as part of a paid annual or monthly membership.

I can envision a certificate or course in liberative wellness that brings theological, practical, and holistic perspectives whose emphasis is on black clergywomen and peer support in pursuit of a broad understanding and practice of self-care. Going forward, I would like to create such a practical application of liberative wellness.

The conversation of self-care and Black clergywomen’s health persists as a major concern because Black women continue to experience health challenges at alarming rates. Because the conversation continues, I will continue as an invested stakeholder and practitioner who understands their plight. Through this study, my goal is to stimulate awareness and interests among African-American clergywomen in what are underrepresented parts of the dialogue about our self and soul care. Those underrepresented parts are insights gained from what the body has to communicate, what medicine and psychology/psychiatry ignores in black women, and what womanist theology and practices may offer despite dominant attempts ignore this population of women. I have attempted, through this project, to shed light on contributing factors, especially the complications of blackness, that inform the problems facing African-American clergy women and the challenges linked to her manner of relating to her body and the associated behaviors that impact negative health outcomes. Throughout this narrative, I raised for consideration my personal story and a story of generational burdens to yield insights to help address these concerns. Our generational traumas, especially a

legacy of slavery and racism, and a crisis of expectations, including our duty to ancestors and elders who fought so hard, have created angst, a fight or flight reaction, and a need for wholeness and self-compassion. I suggest that a useful conceptual framework for care of African-American clergy women's bodies include elements and reparative measures drawn from Womanist Theology and in some part, black theology including formal and informal networks of support. Through ethnographic qualitative exploratory research these mediums were used to engage research participants and thus lay groundwork for what would be the building of a healthier wellness space for black clergywomen.

Implications for further research include opportunities to address demographics other than cisgender African-American clergywomen. Even within the demographic of African-American clergywomen, I imagine that a study of a wider swath of clergywomen as a sample would yield additional significant insights. This study could also be utilized with larger samples using these same questions for statistical purposes. Because womanist research is on the cutting edge of so many intersectional fields of study, the prospects for multilayers of scholarship and practical applications exist. It is a respected and inspirational field which holds relevance among a diverse groups of people. Research with LGBTQ persons, younger women, and specifically singling out multiracial and biracial women along with consideration of factors related to age, location, and family will yield a myriad of important factors and information that will significantly to the prospects of a liberative wellness program. If my research where to go further, my interest, in particular, would be follow-up or subsequent research related to participants and their use of a prescribed and practical liberative wellness model. My investigation

would this time explore correlation between use of the liberative wellness theology and model and health outcomes.

## **Conclusion**

Finally, in my research and inquiry, it also became clear what self-care is not. Self-care is not just a set of behaviors, strategies, or quick-fixes. Especially where there are multiple stressors like race, blackness, and oppression – there is no quick-fix or simple action steps. Self-care for black clergywomen, then, must be a conceptual, process-oriented, and theological model that expands not only what it is but who deserves it and how it is developed in our ministries and institutions and beyond our institutional lives. And for black clergywomen, self-care and soul-care must attend to racism and intraracial bias. As black clergywomen already know, self-care is also not just a focus on self. It is taking better care of each other and framing adversity as a collective problem that can be solved with communal coping strategies.<sup>111</sup> For black clergywomen, the lesson in returning to the *self* in self-care has been more elusive and will contribute to the rise.

The New Living Translation of Micah 7:8 reveals, "For though I fall, I will rise again. Though I sit in darkness, the LORD will be my light." There is a place for black clergywomen to rise. It is a place where we love and care for ourselves just as we are; where we love our communities and refuse to neglect ourselves, and where God is always with us, loving us, revealing truths and lessons through our collapses so that we might hold our faith as a steady anchor and hang on to God's unchanging hands.

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<sup>111</sup> Michelle A. Barton, "Stop Framing Wellness Programs Around Self-Care," Harvard Business Review, April 4, 2022, <https://hbr.org/2022/04/stop-framing-wellness-programs-around-self-care>.

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## APPENDIX

- (A) IRB Submission Instructions
- (B) Human Participants Research Review Form
- (C) Consent Form
- (D) Focus Group Questions
- (E) Individual Questions
- (F) Debriefing Form
- (G) Synopsis of BTLI program

DREW UNIVERSITY IRB SUBMISSION INSTRUCTIONS

All materials should be submitted electronically in a single file. All questions should be answered, and answers must appear on this form. Materials in an incorrect format (e.g., directing the committee to a different document, multiple documents) will be returned to the investigator without review. \*Please do not submit as a Google Document\*

Materials to be submitted:

- A completed copy of the Human Participants Research Review Form;
- A copy of your consent and debriefing forms;
- All surveys, interview protocols, instructions, stimuli, and tests.

If your research is being conducted at another institution (e.g., a school, a church, a medical facility), a letter of institutional approval should be submitted to the Drew IRB along with your other materials.

Only Drew faculty members may submit research for IRB review. If the principal investigator is a student, the faculty advisor should review and approve the student's work before submitting the research for IRB review.

<b>Projects Originating In:</b>	<b>Should Be Submitted To:</b>
College of Liberal Arts	Chris Medvecky, Associate Teaching Professor of Psychology, cmedvecky@drew.edu
Caspersen School of Graduate Study	Frances Bernstein, Associate Professor of History, fbernste@drew.edu
Doctor of Ministries Program or Theological School	Meredith Hoxie Schol, Director of Doctoral Studies, mhoxieschol@drew.edu



## Appendix B

## HUMAN PARTICIPANTS RESEARCH REVIEW FORM

1. Project Title: A Theology of Liberative Wellness for Black Women Clergy
2. Principal Investigator(s): Sushama Austin-Connor
3. If student research, name of faculty sponsor: Rev. Dr. Traci West, Professor of Christian Ethics and African American Studies, Drew University
4. Name of anyone else involved in the study administration/data collection:

Rev. Dr. Meredith Hoxie Schol, Director of Doctoral Studies, Drew University  
 Rev. Dr. Bernice Powell Jackson, Pastor, First United Church of Tampa United Church of Christ (UCC)

5. Email address of Principal Investigator(s): saustinconnor@drew.edu
6. Duration of the Project (approximate starting date and completion date of data collection):

The approximate starting date for data collection is January 17, 2022.  
 The approximate completion date for data collection is January 31, 2022.

7. Describe how the requirement to obtain training in the responsible conduct of research involving human subjects was met:
  - a. Completed the Basic RCR + Human Subjects modules and program course. (Appendix F)
  - b. Conversations with my advisor, Dr. Traci West, and Director of Doctoral Studies, Dr. Hoxie Schol
  - c. DMIN 977 - Research Module I (course content and class discussions)
8. Review the types of research listed on the IRB website. Check the box of the type of research you believe that you are conducting.

Exempt from further review

**Expedited**

Full Review

1. Electronic Signature(s):

Principal Investigator: Sushama Austin-Connor Date: 1/11/2022

Faculty Supervisor: Traci C. West Date: 1/11/2022

\*Complete Questions on Following Page

1. Provide a brief description of the purpose and goals of the proposed research, including in what form the research is potentially to be published (e.g. thesis, dissertation, article, book).

As a clergy person, I embody a wide range of caregiver identities, including mother/maternal figure, spouse/partner, daughter, sister, aunt, friend, faith leader, and clergywoman. As a black woman, I experience a number of stressors, including the realities of racism, colorism, sexism, and imposter syndrome, as well as current events like social unrest and the global pandemic. My intersecting identities inform my research project and have led me to examine the social pressure placed on Black female clergy and faith leaders through a womanist and black theological lens. Some of the deficits this project will explore are the need for stronger self-care and will develop a model and reframing for our wellness and health.

In my research, I will argue for and study the benefits of a womanist ethic of care that I am calling “liberative wellness.” Liberative wellness, undergirded by the critical lessons of Black and womanist theology frees and centers Black clergywomen’s wellness and health; and finally, establishes a womanist practice and ethic of care that offers creative, holistic experiences in self and soul care.

My research will highlight common narratives of challenge, resilience, and service and will not be viewed through a counseling or psychological lens. I will, however, emphasize professional and personal narratives and how these women’s stories and experiences influence their leadership.

2. Describe your participants. Indicate the total number of participants and whether any of the participants will be minors or will be from other protected populations (e.g., those whose decision-making ability is impaired or compromised in any way, prisoners, etc.)

The participants in my research are African-American clergywomen in the Black Theology and Leadership Institute (BTLI). BTLI is an executive education leadership institute that I founded in 2013 at Princeton Theological Seminary with a network of over 500 leaders around the country. I will recruit 10 black and multiracial women clergy from the BTLI leadership network and interview them in one focus group and individual one-on-one interviews. Each participant is of sound mind, able to make rational decisions, and not in a protected class. There will be no minors participating in this study.

3. HOW will participants be recruited (via a message, an advertisement, a phone call, face-to-face)? Are there any specific selection criteria? Will participants be compensated in any way for their participation? How will you ensure that participants do not feel coerced to participate?

Participants will be identified and recruited through the Black Theology and Leadership Institute network. I will ask the participants to be interviewed, sharing the details and nature of my research. They will not be compensated and participation will be on a voluntary basis.

Regarding coercion, my recruitment process will allocate sufficient time both to communicate a thorough explanation of the study and to give the prospective participants adequate time to consider the information before making a decision on participation. They may also decide that they do not want to participate at all or leave the interview(s) at any point.

4. How will you obtain consent from participants (or legal guardians, if minors are involved)?

The participants will be asked to review and sign an “Informed Consent Document.” (Appendix C) The participants will receive the form for review and signature before the day of the focus group and their individual interview and be given an opportunity to ask questions about everything before the interviews begin.

5. Describe the study’s procedures and all activities that participants will be asked to perform. Remember that copies of ALL materials should be submitted as part of this completed form.

This is a qualitative ethnographic study. All participants will be asked to complete the “Informed Consent Document” (Appendix C) describing the project, including the type of research being conducted, their role in the research, the expected outcomes, and the name and contact information of the researcher. Additionally, the consent form will advise participants of the confidential nature of the research, the importance of maintaining their anonymity, that their participation is completely voluntary, and that if at any time they feel uncomfortable, they may immediately terminate the focus group and/or individual interview.

Three questions will be asked of the participants as in their focus group (Appendix D). Clergy will also be asked three questions (Appendix E). Additional questions and/or follow-up questions may be asked of participants if further clarification is needed. The length of time for the focus group will be approximately 90 minutes and each individual interview will be approximately 30 minutes. Upon conclusion of each interview, participants will be provided a “Debriefing Form” (Appendix F), which describes the purpose of the study, its methodology, my contact information, and additional resources on the topic.

6. Where will this research be conducted?

This research will be conducted online in Zoom meetings.

7. Are any aspects of your research kept secret from participants? If yes, indicate what will be hidden and why it is necessary to hide this information.

There are no aspects of my research that are secretive. Any questions will be answered to the best of my ability and if requested, participants will be allowed to review the results of the completed research project.

8. Describe any potential benefits of your research to participants and/or society.

I believe the results of my research will inform other researchers in theology, ethics, and pastoral care as well as intercultural and black studies.

9. Consider the risks that your study may pose to participants, including physical, psychological, social, economic, or other types of risks or harms. Explain these risks even if minimal or routine to daily life.

There are no physical risks associated with this research. However, due to the subject matter, participants may feel uncomfortable or questioning may prompt difficult spiritual, emotional and/or psychological responses, memories, experiences during interviews. I do not anticipate deep emotional reactions, however, I will be aware of the possibility of them.

10. If applicable, explain the procedures that you will use to minimize the risks to participants that you identified in your answer to question 18.

As previously stated, there are no physical risks associated with this research and minimal other risks (including spiritual, emotional, or psychological). However, since there is some psychological or emotional risk, there will be a therapist/spiritual director available if needed. Additionally, counseling and mental health services and referrals will be given to each participant following the interview (Appendix F).

11. Discuss the procedures you will utilize to protect the anonymity or confidentiality of your participants and your data.

Only qualitative data will be collected. No identifying data will be requested from the participants nor gathered for use during the process. However, for research purposes, participants will be asked to disclose their age, race/ethnicity, education, income levels, and religious affiliation. Accordingly, pseudonyms will be used rather than actual names. Unless otherwise requested, I will not use the actual names of the clergy interviewed.

All files with my written notes from the interviews will be kept in a password-protected file on my local hard drive (not stored on the cloud) to which no one will have access except myself.

12. For the majority of research projects, participants should be provided with a debriefing form that contains further information about the study and contact information for the principal investigator(s). Will you provide a debriefing form? If not, indicate why.

Yes, participants will be provided with a debriefing form at the conclusion of the focus group and individual interviews. (Appendix F)

## **A Theology of Liberative Wellness for Black Women Clergy Consent Form**

### **1. SUMMARY and KEY INFORMATION**

My name is Sushama Austin-Connor and I am a student at Drew Theological School conducting an ethnographic research project for the completion of the Doctor of Ministry program. My Project Advisor is Dr. Traci West and her email address is [twest@drew.edu](mailto:twest@drew.edu). You may contact either of us at any time if you have questions about this study.

You are invited to participate in a research study about the benefits of a womanist ethic of care that I am calling “liberative wellness.” Your participation is voluntary. You were selected as a possible participant because of your lived experience and understanding of black womanhood and black clergy life.

The study that you are participating in is designed to reflect on your personal self-care practices *and* on a womanist practice and ethic of care that this researcher is calling “liberative wellness.” This womanist practice and ethic of care offer creative, holistic experiences in self and soul care, and reflect on those practices for the good of the clergywomen community. The research interviews will last approximately 90 minutes for the focus group and 30 minutes for the individual interview. As part of the study, you will be asked a series of questions on your self-care practices and how your life as a clergywoman informs these practices. As part of the study, you may experience minimal discomfort or anxiety as you discuss and reflect on life experiences. The benefits of participation are opening up a conversation with other black and multiracial clergywomen about self-care and looking at existing and alternative practices. The study is being conducted by Drew University’s Theological School as part of the Doctor of Ministry program on Courageous Leadership. Please note that this study will be recorded.

We ask that you read this document and ask any questions you may have before agreeing to be in the study.

### **2. BACKGROUND**

The purpose of this study is to inform and add to the research hypotheses of others interested in a burgeoning black leaders’ (religious and secular) self-care and wellness movement. I hope that highlighting and discussing common narratives of challenge, resilience, and service as women will open up a deeper conversation among clergywomen who hope to maintain their vocational and professional obligations but to have their own physical and mental well-being as a primary goal.

### 3. DURATION

The length of time you will be involved with this study is 90 minutes for a focus group and 30 minutes for an individual interview.

### 4. PROCEDURES

If you agree to be in this study, we will ask you to do the following things:

- Agree to be audio recorded and interviewed via zoom or similar platform (video camera can remain off if preferred).
- Sign consent forms.
- Answer prepared questions noting that all questions do not have to be answered. The prepared questions will cover Black clergywomen's health and wellness; and topics of self-care including principles and practices.
- Read debriefing form.
- Understand that you may end your participation at any time without consequence or penalty.

### 5. RISKS/BENEFITS

There are no physical risks associated with this research. However, due to the subject matter, participants may feel uncomfortable or questioning may prompt difficult spiritual, emotional and/or psychological responses, memories, experiences during interviews. However, since there is some psychological or emotional risk, there will be a therapist/spiritual director available if needed. Additionally, counseling and mental health services and referrals will be given to each participant following the interview.

The benefits of participation are opening up a conversation with other black and multiracial clergywomen about self-care and looking at existing and alternative practices.

### 6. CONFIDENTIALITY

Your name will be kept confidential in all of the reporting and/or writing related to this study. I will be the only person present for the interviews and the only person who listens to the recordings. When I write your story, I will use pseudonyms—made-up names—for all participants, unless you specify in writing that you wish to be identified by name. If you wish to choose your own pseudonym for the study, please indicate the first name you would like for me to use here:

\_\_\_\_\_.

All materials, whether recorded or written, will be saved securely and kept in my possession. The researcher has taken all reasonable measures to protect your identity and responses. For example, the data is SSL encrypted, it is stored on a password-

protected database, and IP addresses are not collected. However, e-mail and the internet are not fully secure, so it is also suggested that you clear the computer’s cache and browser history to protect your privacy.

Recordings of the interviews will be saved only until they can be transcribed after which the recordings will be deleted. Transcripts and other materials from the study (i.e. consent forms) will be maintained for a minimum of 3 years in accordance with federal regulations.

**7. VOLUNTARY NATURE OF THE STUDY**

Your decision whether or not to participate in this research will not affect your current or future relations with Drew University. If you decide to participate in this study, you are free to withdraw from the study at any time without affecting those relationships and without penalty. If you decide to withdraw, any responses already provided will not be preserved.

**8. CONTACTS AND QUESTIONS**

Participants will be debriefed following the interview and provided a debrief form (Appendix E).

The researcher conducting this study is Sushama Austin-Connor. You may ask any questions you have right now. If you have questions later, you may contact me at saustinconnor@drew.edu and/or 215-869-5152

If you have questions or concerns regarding this study and would like to speak with someone other than Sushama Austin-Connor, you may contact the current IRB chair, Dr. Chris Medvecky, at cmedvecky@drew.edu.

**9. STATEMENT OF CONSENT**

Please verify the following: The procedures of this study have been explained to me and my questions have been addressed. I understand that my participation is voluntary and that I may withdraw at any time without penalty. If I have any concerns about my experience in this study (e.g., that I was treated unfairly or felt unnecessarily threatened), I may contact the Chair of the Drew Institutional Review Board regarding my concerns.

Participant  
signature\_\_\_\_\_ Date\_\_\_\_\_



## Appendix D

**Focus Group Questions for Clergywomen**  
(Two focus groups of five women)

1. What do self-care practices look like in your professional and personal lives as religious leaders? Can you give some examples of what helps and/or hinders self-care in your professional and personal lives as religious leaders and caregivers?
2. How, if at all, does your congregations, institutions, or other workplace communities understand your vocation? How *do* they support your well-being in living out that vocation? How *can* they support your well-being in living out that vocation?
3. Describe and define how you identify racially? How have your experiences of race/ethnicity related to your blackness been a hindrance or help for your sense of wellbeing as a leader and caregiver?

## Appendix E

**Individual Research Questions for Clergywomen**

(30 min interviews with 8-10 women)

1. What does it look like for you to collapse? What makes you feel better? How do you find your way after collapsing?
2. How do you encourage others in your life and network to practice self-care?
3. Considering there is no singular black experience and speaking from your own experience, how do race and blackness play a part in the ways you approach self-care? In the reasons that you may need self-care?

## **A Theology of Liberative Wellness for Black Women Clergy Debriefing Form**

### **1. PURPOSE OF THE STUDY**

The study in which you just participated was designed to reflect on a womanist practice and ethic of care that this researcher is calling “liberative wellness,” to establish a womanist practice and ethic of care that offers creative, holistic experiences in self and soul care, and to reflect on those practices for the good of the clergywomen community.

### **2. METHODOLOGY**

In this study, you were asked to share your lived experience as a black or multiracial clergywoman by reflecting on and answering questions regarding clergy self-care. From this research, the researcher will write a written account of what is learned based on your responses together with the researcher’s own reading and historical research. This final summary and work will then be submitted to my Project Advisor. The researcher will present/share this research in various community forums with her colleagues at Princeton Seminary and in the Black Theology and Leadership Institute (BTLI) and later a wider group of faith leaders.

### **3. ADDITIONAL RESOURCES**

For more information on the topic of this research, the following books may provide broad overviews of liberation theology, black theology, and womanist theology as well as current research on self-care and healing. Of course, this is not an exhaustive list.

Cannon, Katie G. *The Womanist Theology Primer: Remembering What We Never Knew: The Epistemology of Womanist Theology*. Women's Ministries Program Area, National Ministries Division, Presbyterian Church, 2001.

Cone, James. *A Black Theology of Liberation: 50th Anniversary Edition*. New York: Orbis Books, 2020.

Jones, Kirk Byron. *Rest In The Storm: Self-Care Strategies for Clergy and Other Caregivers*. (20th Anniversary Edition). Valley Forge, PA: Judson Press, 2021.

Menakem, Resmaa. *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*. Las Vegas: Central Recovery Press, 2017.

Townes, Emilie. *Breaking the Fine Rain of Death: African American Health Issues and a Womanist Ethic of Care*. Eugene, Oregon: Wipf & Stock, 2006.

Townes, Emilie M. 2003. "Womanist Theology." *Union Seminary Quarterly Review* 57 (3-4): 159 - 76.  
<https://ir.vanderbilt.edu/bitstream/handle/1803/8226/Townes-WomanistTheology.pdf>

In the unlikely event that you feel a need to speak to a professional concerning any uncomfortable or anxiety-producing feelings arising as a result of your participation in this research, please contact a therapist in your region.

Access to reputable therapists and other counseling resources are also available online. Listed below are several top therapy services.

Talkspace - [talkspace.com](https://www.talkspace.com)

Betterhelp - [betterhelp.com](https://www.betterhelp.com)

7 Cups - [7cups.com](https://www.7cups.com)

Cerebral - [cerebral.com](https://www.cerebral.com)

Pride Counseling - [pridecounseling.com](https://www.pridecounseling.com) (Professional therapy for the LGBTQ community)

#### 4. CONTACT INFORMATION

If you are interested in learning more about the research being conducted, or the results of the research of which you were a part, please do not hesitate to contact Sushama Austin-Connor at [saustinconnor@drew.edu](mailto:saustinconnor@drew.edu) or my project advisor Dr. Traci West at [twest@drew.edu](mailto:twest@drew.edu).

Thank you for your help and participation in this study.

## Appendix G



## Appendix H

## SYNOPSIS – BLACK THEOLOGY AND LEADERSHIP INSTITUTE

The Black Theology and Leadership Institute includes a network of over 500 urban clergy and faith leaders (and some rural settings) who are leading across the nation and on the frontlines of the dual pandemics of COVID and of racial reckoning. To be clear, BTLI participants are on the frontlines of service, social justice leadership, and the enactment of practices that provide sanctuary and support for African Americans and our country's most marginalized communities. Recently, a participant in BTLI used the language of “COVID-19 and COVID-1619” to capture the intersection of the current health crises with the ongoing fight against the legacy of institutional racism and white supremacy. While all of this is happening, BTLI participants are courageous and steadfast; engaged in the work of transformational ministry despite deep a variety of challenges.

BTLI is an intensive continuing education fellowship for clergy and laity that includes training, worship, and fellowship. The institute is designed to help faith leaders deepen their thinking and preaching by learning from preeminent religion scholars and theologians. BTLI also prioritizes opportunities for nurture, self-care, and leadership skill-building. Each fellowship year has a theme relevant to topical interests in religion, theology, leadership, and current events. BTLI accepts fifty applicants a year for the weeklong intensive program happening during the third week of each July. Applicants may have seminary training, a master's of divinity (MDiv), or not and may come to the Institute with a combination of lived and nontraditional experiences. BTLI leadership honors the conversation and interaction of faith leaders across the spectrum of education, denomination, and theology. Their ministry roles can be broad including local church

ministry, lay leadership, and nonprofits among others. Requirements for applying include articulating why their participation in each year's carefully chosen theme is relevant to their work/ministry/vocation and how it can be impactful to the future of their ministries.

