

#WhenIFellInLoveWithMyself: Disrupting the Gaze and Loving Our Black Womanist Self As an Act of Political Warfare

Abstract

The resistance and reinforcement of structures of gender and race are central to a discussion on identity politics and intersectionality in mental health services research. The goal of the Saving Our Sisters' (SOS) digital archive project (www.savingoursistersproject.com) is to have a space where Black women can find healing in others' moments of clarity about self-love, self-care, mental health, and well-being. Inspired by bell hooks's discourse on the gaze and rooted in community psychological research with a Womanist approach, the S.O.S. Project builds upon intrinsic motivation as applied to the mental health and well-being for Black women. The impact of the S.O.S. digital archive project has implications for both public health and mental health policy and practice, but most importantly for Black women. By focusing on community members' perceptions of mental health and well-being, Black women begin to strengthen relational and shared experiences and promote agentic health behaviors as an act of social justice. Additionally, this essay includes a lesson plan outline that provides outcomes, strategies, and assessments for teachers to design a lesson plan that will teach their students how to write personal narratives and transform them into digital technologies for social engagement, innovation, and intervention. The goal of the lesson plan is to allow teachers to engage deeply with the essay and to then determine and develop the best strategies for helping their students enter into and fully engage with the topic.

What bell Taught Me (activism—starting at the place where you stand)

Several researchers have demonstrated that African American women (Carrington 2006) and other Black women in the African Diaspora (Edge 2013; Wafula and Snipes 2014) have been understudied, underserved, and misdiagnosed for depression. In fact, researchers suggest approximately 7.5 million African Americans have been diagnosed for a mental illness and up to an additional 7.5 million more are undiagnosed but may be affected. (Davis 2005; Immerman and Mackey 2003) According to the National Alliance on Mental Illness, only 12 percent of African American females seek help or treatment for this condition, yet researchers estimate rates of depression are as high as 35 percent. (National Alliance on Mental Illness, 2015) Black women have major commitments to family and community and are subjected to negative self-representations in the media. This can result in minimal self-care; unhealthy body images; and other co-morbidities such as excess weight, obesity, and heart disease. Further, the race paradox in mental health further problematizes this issue of measurement, resilience mechanisms, and coping strategies. (Mouzon 2013)

According to a recent Pew Research Study, African American women are the largest segment of the African American online community, heavy social media users and viewers of mobile video. (Duggan and Smith 2013) Digital technology and online social media represent an innovative way to engage with Black women around these complex health issues. This unique engagement has resulted in the emergence of agentic group social phenomena such as Black Twitter, Black Girls Run, and Girl Trek, focused on encouraging Black women to work out and monitoring the accurate representation of Black women in the media. An intersectional approach requires an examination of the individual in her environment, supported by social cognitive theory, and engages explorations of ongoing reflexivity, engaged subjectivity, and their impact on space and location. (Schulz et al. 2006)

In her 30 year career, bell hooks taught us “the practice of love is the most powerful antidote to the politics of domination...and concludes it is only love that transforms our personal relationships and heals the wounds of oppression.” (hooks 2016) This feminist praxis and Womanist

approach is consistent with the objectives of the Saving Our Sisters (S.O.S.) Project. The S.O.S. Project employs a Black Feminist praxis and Womanist epistemology to examine Black women's mental health and well-being; clarify individual, relational, and community relationships, all practices in community psychology; and explore Black women's negotiation of identity consciousness, oppositional gaze, "My Sisters' Keeper," and agency, all emergent themes from recent research suggested to be essential to their mental health. (Nelson and Prilleltensky 2005) The S.O.S. Project consisted of two phases. The first phase included a systematic review, while the second phase consisted of five focus groups and utilized digital storytelling. (DeMarco and Chan 2013; Banks 2011) This paper focuses on these women's digital-based stories, also known as #WhenIFellInLoveWithMyself, an emergent hashtag. Thus, this paper starts with love and Black women's personal narratives. That's what bell taught us.

Within-Group Oppositional Gaze

Borrowed from bell hooks's discourse on spaces of agency that exist for Black women to document representations of Black women in public and private spheres, the gaze, usually performed by "others," has often fostered stereotypes and reinforced structural policies based on stereotypes of Black women. (hooks 1992) For example, West described how stereotypes such as Mammy, Jezebel, and Sapphire are found in the media and have provided the rationale and justification for policies such as Head Start, welfare, and abortion. (West 2008) According to hooks, the "gaze" has been and is:

a site of resistance for colonized black people globally. Subordinates in relations of power learn experientially that there is a critical gaze, one that "looks" to document. In resistance struggle, the power of the dominated to assert agency by claiming and cultivating awareness politicizes "looking" relations—one learns to look a certain way in order to resist. (hooks 1992)

When Black women recognize the gaze in one another and the effects of life experience, what can flow from that experience is what hooks terms "the capacity of [B]lack women to construct ourselves as subjects in daily

life the extent to which [B]lack women feel devalued, objectified, [and] dehumanized in this society...those [B]lack women whose identities were constructed in resistance, by practices that oppose the dominant order, were most inclined to develop an oppositional gaze” (hooks 1992, 127) For those Black women who recognize the effects of daily stressors, as a result of intersectional discrimination, in other women, and for whom identities may be constructed in resistance, opposing the dominant order of the public image of African American women as not wanting to engage in physical activity may actually serve as a protective factor or indicator for increasing health promotion. Thus, the practice of an emergent construct, within-group oppositional gaze, and the self-evaluative perceptions of Black women may serve as a place of resistance and an act of liberation. (hooks 1992; West 2008)

My recent behavioral change and program evaluation research expands this descriptive concept of hooks’ oppositional gaze construct into a construct that explains behavior and has applied impact on Black women’s health. (hooks 1992) Within-group oppositional gaze is that operational construct and serves as a site of resistance in reclaiming the health of Black women. Participants described their experiences and perceptions of their intervention program. (Barlow 2014) Essentially, participants encountered discussions of images and perceptions of Black women by themselves and larger society. These discussions forced participants to self-evaluate with respect to their individual and public spheres and specifically about socio-environmental stressors such as lack of money, safe neighborhoods, and healthy foods in close proximity. Considerable social commentary occurred and specific discussions emerged around the dissonance between Black women’s education and health. It’s this acknowledged dissonance that resonated with participants and initiated a drive or interest to take ownership over their personal, relational and collective health. In short, this site of resistance became a motivational factor for behavioral change. (hooks 1992)

This intrinsic motivation and its articulation is best framed by a Black Feminist analysis, as this perception extends beyond this dissonance of being motivated to engage in physical activity for others and not necessarily for one’s self. Repeatedly, participants shared their observations of how daily life stressors appear on the faces of Black women and, as a result, they appear mean and depressed. One participant said:

“You know it was a good social interaction for African American woman. The one, I’m just going to say one more thing. Um, ever just a person on Earth, I often would walk and observe the expression on African American women’s faces. And we always look kind of tired, kind of mean, kind of down. And it concerns me when people don’t take time to look how they look. I was in Walmart, you see it in Walmart” (Barlow 2014)

While describing her experiences and perceptions of the behavioral change program, another participant exclaimed:

I don’t know anybody [that] knows her but she was an assistant professor who would come in, three- or four hundred pounds, and her health about took her out. And I just, you could even look at Congress and look at the African American women sitting in Congress, they overweight, you know, they’re big? Look at Dr. XX, she, uh, and so I’m thinking how could we be so educated, so informed, so survival mode and we’re not taking care of ourselves. (Barlow 2014)

These quotes demonstrate how Black women, knowingly or unknowingly, negotiate these intersecting identities around daily living and the socio-environmental stressors that directly or indirectly impact their health. This sense of reciprocal determinism influences Black women’s perspectives on the relationship between themselves, each other, and their environments, as well as their self-efficacy in changing health behavior(s). Because everything an individual experiences can have multiple influences, an agentic perspective is essential to Black women changing their personal, relational, and collective behaviors. (Bandura 2007)

Within-group oppositional gaze, as applied to health, allowed participants to engage in acts of liberation for themselves, others and their communities, simply by taking ownership of their health and participating in the program. (West 2008) Their awareness and consciousness of this process may be helpful in developing strategies for sustainable health programs and interventions. The intersections of oppositional gaze and Black female representation are often studied in media and communication studies. Nonetheless, Black women are rarely offered a space to construct and apply this construct of oppositional gaze to health promotion and prevention, or, rather, within-group oppositional gaze. (hooks 1992;

Barlow 2014) Participants recognize the connection between psychosocial health and physical health and well-being, but find it challenging to collectively do something about changing this phenomenon. For them, the program offered an opportunity to explore this issue while engaging in health-promoting behaviors; at program completion, they felt challenged and accomplished, thereby improving their self-efficacy and behavioral capability for changing behaviors. Suggestions for solutions to Black women's role strain as an effort to address the socio-environmental issues influencing their health include socio-political activity and individual self-care practices as a collective, all recommendations that are both consistent and congruent with Black Feminist Thought, Consciousness, Principles and Practices, as well as Womanist methodologies and modalities. (West 2008; Guy-Sheftall 1995; Collins 2002; hooks 2000; Taylor 2001; Maparyan 2011)

Disrupting the Gaze and Loving Ourselves via Oppositional Gaze

Research participants who consented to the digital-based storytelling phase of the S.O.S. project answered four questions related to their self-care and mental health and well-being: 1) When did you fall in love with yourself? 2) What does happiness mean to you? 3) How has your experience of living as a Black woman affected your overall health, but specifically your mental health and well-being? And 4) How can you honor yourself today and every day? The focus group data captured via both audiotape and also digital video, were uploaded to a website that would serve as a clearinghouse for these narratives. The goal was for their stories to become part of a larger media awareness campaign where Black women's stories about mental health and well-being are at the center. The digital representations of the participants' personal narratives demonstrate the political nature of personal, intersectional circumstances. Participants' videos were uploaded to YouTube and the project website, www.savingoursistersproject.com. Additionally, a Facebook page was created for the project, <https://www.facebook.com/savingoursisterssavingourselves>, where there are currently 341 likes.

bell hooks's (1993) construction and interrogation of oppositional gaze taught us to reject societal standards of beauty that did not include Black women and use this site of resistance to deconstruct these systems of oppression. hooks's life's work has several contributions to feminism and praxis. Perhaps the most healing is the acknowledgement that a full life requires loving ourselves first. The S.O.S. Project attempts to address this issue and asks women to negotiate that assertion of self-love and wellness. By asking what it means to love themselves, experience joy, and walk in this world as a Black woman, The S.O.S. Project is holistically engaging in individual, relational and community health and well-being. The women sharing their stories are disrupting and redefining the gaze, not only as inspiration to other women, but also as motivation for themselves. Love heals. For many Black women, unfortunately, love—and especially self-love—is viewed as a luxury. Until we name it, claim it, and devour it, the lack of love for our communities and ourselves will continue to remain the real silent killer. bell taught us to love...so we will love and heal one another while we heal ourselves.

ABOUT THE AUTHOR

Jameta Barlow, Ph.D., M.P.H., is a community health psychologist who applies a Black Feminist ontology and a Womanist epistemology toward social science and public health research. She has spent the last 16 years engaged in transdisciplinary collaborations with physicians, public health practitioners, researchers, policy administrators, activists, political appointees, and community members in diverse settings. These collaborative relationships have produced several publications, projects, oral presentations, and posters; management of a 10-site clinical research project; and successful implementation of federal initiatives and health education and communication campaigns that have resulted in two Department of Health and Human Services awards. Currently, Dr. Barlow is an Assistant Professor of Women and Health in the Department of Women and Gender Studies at Towson University, located just outside Baltimore, Maryland. Her research interests include understanding the production of health inequalities by race, class, gender, and geography. Specifically, Dr. Barlow is interested in the psychosocial and environmental stressors contributing to health inequities among

African American women, such as heart disease, obesity, and depression. Dr. Barlow utilizes decolonizing methodologies to disrupt historical and intergenerational trauma and engage African American women around happiness, self-care and well-being. A 2015 AcademyHealth/Aetna Foundation Scholar-in-Residence Fellowship Recipient enabled Dr. Barlow to develop the Saving Our Sisters Project investigating depression, mental health, and well-being among African American women. Learn more about her at www.jametabarlow.com

Lesson Plan: #WhenIFellInLoveWithMyself: Creating and Nurturing Feminist Spaces

Topic(s): Within-Group Oppositional Gaze

Time: Sixty to ninety minutes

REMIXING PERSONAL NARRATIVES: USE OF DIGITAL STORYTELLING TO
PROMOTE AWARENESS AND ENGAGE COMMUNITIES

I. Description of Content and Content Type

Recent technological phenomena are demarginalizing specific populations' experiences and expanding our notions of the utility of technologies. Digital technology has remixed the dynamic of resistance and uprooted conventional methods of community, leadership, and social justice; groups are now mobilizing and taking their grievances, ideas, and action to the digital streets. This lesson plan outline provides outcomes, strategies, and assessments for teachers to design a lesson plan that will prepare students/participants to transform personal narratives into digital technologies for social engagement, innovation, and intervention. Drawing heavily upon digital storytelling projects focused on intersectionality, STEM, and mental health and well-being, this lesson plan outline acts as a guide to help teachers develop strategies to introduce this topic into their classrooms.

II. Learning Outcomes (Objectives):

By combining the resources and the learning strategies outlined here, teachers will be able to:

- Design strategies for making the personal political using digital storytelling
- Provide opportunities for students to describe and develop strategies for social engagement, innovation, and intervention
- Model and observe student demonstrations in digital storytelling
- Assist students in applying their current knowledge of behavioral change theory, Black Feminist theory, and Womanist approaches toward hands-on engagement and application of the material using digital technologies

III. Learning Strategies

The following action-based and engaged learning approaches allow the students to develop skills in active listening and storytelling.

- Lecture/presentation
- PowerPoint slides
- Video clips
- Case illustrations/examples
- Demonstrations
- Student/participant breakout groups
- Student/participant discussion
- Question and answer

IV. Assessment Strategies (Methods for Obtaining Evidence of Learning)

- Pre-reflection journal on the digital storytelling experience
- Post-reflection journal on the digital storytelling experience
- Digital artifacts developed by students and participants

- Peer-review and feedback of students' and participants' digital artifact(s)

V. Resources

PRINT

- Banks, JoAnne. 2011. "Storytelling to Access Social Context and Advance Health Equity Research." *Preventive Medicine* 55, no. 5: 394–397.
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ELECTRONIC

StoryCenter:

<http://www.storycenter.org/>

The BBC Digital Storytelling Team:

https://twitter.com/bbc_dst

The Truth about Black Twitter:

<http://www.theatlantic.com/technology/archive/2015/04/the-truth-about-black-twitter/390120/>

How Twitter Is Reshaping the Future of Storytelling:

<http://www.fastcoexist.com/1682122/how-twitter-is-reshaping-the-future-of-storytelling>

The Huffington Post Digital Storytelling:

<http://www.huffingtonpost.com/news/digital-storytelling/>

Centre for Oral History and Digital Storytelling, Concordia University:

<http://storytelling.concordia.ca/resources/twitter>

Digital Storytelling Network:

<http://connect.iste.org/communities/community-home?CommunityKey=ce7051b6-2eao-4203-be71-89cd634c5445>

Digital Storytelling in the Classroom:

<http://edtechteacher.org/tools/multimedia/digital-storytelling/>

University of Houston's Educational Uses of Digital Storytelling:

<http://digitalstorytelling.coe.uh.edu/page.cfm?id=27&cid=27&sublinkid=30>

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