Introduction
Black Women Rising

We are Black women. We know the awesomeness of Black women, and we are proud to provide mental health support to Black women. We want colleagues in our profession to care about Black women's mental health and wellness. And we want Black women to care for themselves. These are our reasons for writing this book.

Black women in the United States are saying, "This is our time." This sentiment is powerful, restless, and exciting, and we feel it too. Black women's voices are rising in multiple spheres of life, including politics, law, business, community organizing, health care, media, the arts, and so much more. Black women are formal and informal leaders, outspoken and influential in every one of these fields and numerous more. They are tackling historical and contemporary oppressions that have remained unchanged in their industries for too long. The phenomenon of Black women's rising influence is not just happening in the United States. It is worldwide (Wingfield, 2019).

As Black women, we feel the same urgency that is coursing through the United States and diaspora to address the status quo, and our voices are also rising. We aim to influence our field, mental health care, in which we have proudly served our clients and have spent most of our professional lives. Our first call is for Black people to consider professional mental health support in holistic health and wellness plans. Specifically, we invite Black women to use psychotherapy to understand themselves, thrive, and engage in self-care as they give deeply to their families, communities, and countries. Our second call is for mental health care systems and practitioners to view Black female clients as a crucial population with unique strengths, resilience, and challenges. Black women's mental health needs deeply connect to their personal, social, ecological, and historical experiences. Black women want their personhood, their Blackness, and their womanhood as well as other identities to be respected and celebrated. Psychotherapy for Black women should frame their capacities and vulnerabilities in the context of historical, sociocultural, familial, and developmental circumstances. This type of psychotherapy for Black women is not yet a reality.

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The primary audience for this book is licensed mental health practitioners of all backgrounds who work with Black female clients. These professionals include counselors, social workers, psychologists, intimate relationship and family therapists, psychiatrists and psychiatric nurses; hereafter we call them counselors, therapists, or clinicians. We also invite instructors, students, and trainees in mental health fields to consider our ideas. Lay and religious counselors, health care providers, researchers, elementary and high school educators and scholars working with Black women may be interested in our framework and approaches. We also hope that Black women, as lay readers, may be interested in our ideas to advocate for what they need in mental health care.

I.1 Introducing Ourselves

Our ideas and strategies for working with Black female clients rest on several knowledge bases. First is our lived experiences as Black women in the United States and as clients of therapy ourselves. Second is our education and training as mental health practitioners and our clinical practices that include Black clients and other people of color. Third, we draw on experiences as clinical educators and supervisors in several graduate degree programs in mental health fields. In our professional roles, we support hundreds of Black and non-Black therapists-in-training to be multiculturally competent in mental health practice. Fourth, we have peer relationships with therapists of all backgrounds, with whom we have rich and meaningful cultural dialogues. Finally, we led a workshop series in the Chicago area titled Psychotherapy with Black Women, which is a foundation of this book.

The first author, Donna Baptiste, holds licenses in professional counseling, clinical psychology, and marriage and family therapy. She has been in practice for 25 years. Donna identifies as a cisgender, heterosexual Black–Caribbean American woman who is a first-generation immigrant from Trinidad and Tobago. Donna grew up in a blue-collar household with a mother who was a homemaker and a father who worked as a low-level administrator in the petroleum industry. Both parents did not complete high school, but Donna recalls them as deeply engaged in educating her and her siblings. Donna's love of mental health counseling may have come from her mother, who acted as a lay counselor to many in their family, community, and church.

Early and recent experiences have shaped Donna's understanding of racial-ethnic and gender identities. In Trinidad, she grew up in a household and community where traditional patriarchal values and male privilege were juxtaposed with feminist influence. Donna was familiar with the more muted racial conflict between Black political elites and South Asian Indians who held economic and wealth privilege. In addition, Donna recalls the experience of immigrating to the United States and facing Black-White racism, including a

powerful awareness of being Black and female for the first time. By the birth of her first child, Donna became sharply aware of the gendered racism embedded in her experience as a divorced Black woman raising a Black son in a predominantly White town. Donna's stint as associate director of a center for women and gender while at the University of Illinois at Chicago and her work as a Black female educational leader and therapist has dramatically increased her appreciation for the complex dynamics Black women face in the United States.

The second author, Adia Gooden, is a licensed clinical psychologist and has been in practice for 15 years. Adia grew up in Pasadena, California, with married parents. Adia's father is Black and from Jamaica. Though he grew up poor, his father (Adia's grandfather) attended seminary in Canada. Her father came to the United States for college and went on to receive his PhD in clinical psychology. Adia's mother, also a clinical psychologist, is African American and was born and raised in Washington, DC. Her parents (Adia's grandparents) were educators and attended college and graduate school. Having two parents who are Black clinical psychologists helped set the context for Adia's career and the privilege she has experienced in her life.

Adia comes to this work with a deep belief in the power of therapy and the importance of psychology that was seeded for her as she witnessed her parents' careers. Adia acknowledges the privilege of growing up in an upper-middle-class family where pursuing higher education was the norm, with financial resources and social capital available for these pursuits. Adia has also experienced the challenges of navigating racism and sexism in predominantly White institutions. Adia has advocated for diversity, equity, and inclusion in academic institutions and workplaces throughout her life. Her training as a community psychologist also influences her lens in working with Black women. She considers the context that Black women operate in and acknowledges the influence of community-level factors for clients. Together, Adia's personal and professional experiences shape her approach to working with Black women. Her focus is on holding diverging experiences together, acknowledging both the challenges and the opportunities Black female clients face. Adia believes in potential and possibilities and works to empower clients to fully actualize and live the lives they most desire.

I.2 "Black" as Our Preferred Term for Racial Identity

In the United States, women who identify as Black may describe themselves as African American, Black, or some other descriptor that amplifies their ethnic heritage (e.g., Nigerian American). We have done the same in various contexts. In this book, we use the term *Black*, racially, to describe women whose ancestors were forced into the United States during the transatlantic slave

trade. *Black* also refers racially to immigrant women or those whose parents immigrated from regions or countries in the African diaspora. The term *Black women*, in our writing, includes women claiming Black heritage and other heritage that intersects with race. Here we are thinking of Black Latinas who proudly acknowledge their national origin. We are aware that some multiracial women with "Black" heritage may not self-identify as Black but others may ascribe to them this racial category. We also hope the themes of this book resonate with such women.

Black women are diverse and embrace many unique and complex ethnicities. For example, Adia is Black and was born in the United States to parents of Jamaican and African American heritage. Donna is Black and a first-generation immigrant from Trinidad and Tobago, and a naturalized citizen of the United States. We encourage therapists to ask their Black female clients how they self-identify in terms of race and ethnicity. For example, some Black women may prefer the term *African American*, while others do not. Other Black women may amplify their biracial or multiracial heritage. Although this book may also apply to our multiracial (with Black heritage) sisters, we also firmly support their right to claim and live out the racial identities that feel most meaningful to them.

The ancestors of most Black women in the United States were part of the chattel slave trade (Hine & Thompson, 1999). However, some Black women's ancestors did not experience US slavery, and therapists should be aware of this difference. We believe that, directly and indirectly, all Black women in the United States experience oppressions connected to slavery. Further, privileged ideologies and hegemony affect Black people in countries where chattel slavery never existed. Worldwide, imperialism, colonialism, and apartheid structures, like slavery, create racial domination systems that affect Black people (Hine & Thompson, 1999). Although we focus on Black women in the United States, this reality leads us to hope that our ideas and strategies might prove helpful for Black women in other regions and countries.

I.3 Range of Black Women's Experiences and Identities

Black women as a group share many similarities based on race and gender, identity and expression. Black women are also not a monolith, and they may have as many differences as they have similarities. For example, women may share race and gender identities but have life experiences based on other social identities, such as social class, religion, age, or disability status. Women may also have personal, educational, and familial differences that determine their life experiences. Here we recognize the work of our colleagues (e.g., Crenshaw, 2017; Settles, 2006; Settles & Buchanan, 2014) who have highlighted and empirically examined intersectional frameworks that better explain

Black women in the United States. We support an intersectional lens in viewing Black women as they navigate being a Black person, Black, woman, Black woman, and more. We have tried to avoid overgeneralizations ("all Black women") as well as stereotyping. We have also tried, as much as possible, to discuss intragroup differences among Black women on selected topics. In discussing Black women's experiences, a point we make repeatedly is that the controlling images and stereotypes generated by dominant culture all shape the reality of Black women's everyday lives.

The book focuses on the experiences of cisgender Black women, who may identify as straight, queer, lesbian, gay, bisexual, pansexual, and other identities. We acknowledge the unique circumstances of Black transgender women, who are marginalized at higher rates than cisgender Black women. Black trans women and their therapists may also find this work of value, with the caveat that there are critical differences in the experiences of cisgender and transgender Black women. At the end of this chapter we have recommended two books about Black trans women.

I.4 Black Women Are Not Broken

Here we highlight an essential tension we wrestled with in describing Black women's experiences. Tamara Winfrey-Harris' book *The Sisters Are Alright: Changing the Broken Narrative of Black Women in America* (2015) captures one of our tensions in writing this book: the predominance of negative story lines about Black women's lives. We talked exhaustively about presenting Black women and our Black female clients' stories with the goal of expanding beyond one-dimensional story lines. These story lines are that Black women are broken or troubled, need fixing, or are inadequate because the weight of history has not been on their side. We do not believe that Black women are broken or troubled or in need of pity, and in fact, we believe the contrary.

Black women's contributions to American life are unsung. Their joy, resilience, and hardiness in the face of tremendous life burdens is a beautiful story line. Throughout the book, we capture the inspiring stories of Black women whose lives are vibrant. We show how these women's work contributes highly to understanding Black women's realities. We remind therapists that their Black female clients do not need pitying, rescuing, or fixing. In Winfrey-Harris' (2015) epilogue, she states this well: "Black women are not seeking special treatment. . . . We are hoping for relief from twisted images of ourselves . . . . If society will not give us this – if our communities will not demand this for us . . . Black women will still be alright" (p. 119; final ellipsis in original).

Indeed, protective factors buffer Black women against the stress that can destroy their health and mental health. For example, solid self-esteem buffers Black women against stress (Hamilton-Mason et al., 2009). Positive racial-identity and

socialization help black women to stay grounded in a world that negatively defines them (Thomas et al., 2011). Black women also tend to be religious and spiritual, which helps them articulate a clear meaning and purpose for their lives rooted in religious and spiritual values. Having a sense of purpose in life activates healthy coping in response to stress (Boyd-Franklin, 2010). Black women also draw on community connections and many build solid family relationships, friendship groups, and sister circles. These outlets can be joyful and fun for Black women and serve as buffers against stress. But there are other sides to Black women's lives.

Despite these buffers in self and community, we believe that in some periods of life, or for some during most of their life course, Black women are *not alright*. Black women struggle profoundly with circumstances that affect their internal world and how they function externally. Many of these women are our clients in therapy. Black women's lives have a duality that Mary-Frances Winters (2020), author of *Black Fatigue: How Racism Erodes the Mind, Body, and Spirit* , captures well. In a media interview about this work (Owens, 2021), Winters noted:

> Black women from different walks of life and the stories we share . . . carry the same threads. They are messages of pride and power often juxtaposed with deep . . . self-doubt and helplessness . . . stories of faith, strength, resilience, and hope, along with stories of neglect, abuse, and violence. They are stories of passion and "magic" against a backdrop of labels like angry and less innocent. Black women have amassed a treasure trove of wisdom from living with our identities but too often, our voices are silenced, ignored, or denied. We too are fatigued. (para. 17)

We do not believe that Black women are victims with little or no control over their lives. Neither do we think that Black women are psychologically unaffected by their experiences. We adopt a "both/and" view of Black women's experiences and encourage therapists to do the same, making room for the complexities and contractions in Black women's lives. A metaphor in Walt Whitman's poem *Song of Myself* explains these contractions. Whitman asks: "Do I contradict myself? Well then, I contradict myself; I am large, I contain multitudes" (Miller, 1964). Black women's lives contain multitudes of precious, uplifting and yet contradictory experiences that therapists, especially those not Black, might not understand. Our goal is to provide therapists with information and strategies to view Black women's experiences from multiple angles and support them well through tailored and culturally informed treatments.

I.5 The Awesomeness of Black Women

Black women have always been influencing, contributing to, organizing, and reshaping the cultural life of the United States, but with an invisibility that is as shocking as it is unjust. More recently, Black women's leadership and

influence are becoming more visible, and we celebrate this phenomenon. In discussing the awesomeness of Black women, we are not just referring to political leaders or celebrities who have large stages. Ordinary Black women also display personality traits, agency, authority, moral influence, power, and status in the face of need. Black women labor for their families, partners, children, grandchildren, extended family, and others. Black women also work in outreach, such as through religious ministries and volunteerism. Black women lead movements nationally, regionally, and locally to improve public education, provide economic assistance to poor families, and promote health initiatives. In many of these efforts, no one picks Black women to lead. Instead, they see a need; they organize, act, and grow in leadership as their movements grow (Davis & Chaney, 2013).

Black women's influence in organized collective actions and movements is made invisible. A powerful example is in the civil rights movement of the 1960s. Dr. Martin Luther King Jr. and Jesse Jackson are household names. But few know of women like Jo Ann Robinson, Ella Baker, and Fannie Lou Hamer (Collier-Thomas & Franklyn, 2001). Today, we celebrate how social media platforms like Twitter and Facebook are advancing Black women's contributions far more than Black women were recognized in the past. To illustrate, three Black queer women founded the Black Lives Matter movement to eradicate police brutality and white nationalism, similar conditions that also existed in the 1960s and 1970s. We know Alicia Garza, Opal Tometi, and Patrisse Cullors as Black Lives Matter founders because of modern technologies and communication. We can celebrate the awesomeness of these women. Tarana Burke, also a Black woman, started the hashtag #MeToo. This movement draws attention to sexual victimization and benefits all people. We also know Burke's name because of Twitter. Our point is that Black women's ordinary and everyday awesomeness has long been present. Social media strategies have pulled the invisible cloak off, and Black women's everyday contributions in significant twenty-first-century movements are on display.

I.6 Black Mental Health Needs

In the past few years, a perfect storm of conditions in the United States has negatively affected the mental health of Black people, who may be experiencing compounded trauma. Cultural scholars are documenting these experiences, and we are seeing the same conditions with our Black female clients. Indeed, the loss, stress, and anxiety of the COVID-19 pandemic are felt worldwide, with vulnerable groups bearing the brunt of failure and disease in many nations. In the United States, Black people's vulnerability to COVID-19 and how they have been uniquely affected by this virus are startling. Yet the pandemic's impact in driving increased disease and mortality among Black

people is not surprising, given the decades of Black people's health disparities in the United States (Gaines, 2020).

In tandem with COVID-19, the social and political restlessness gripping the nation have uniquely affected Black people. A mental health assessment of 2.5 million US citizens from January to September 2020 offers a sobering snapshot (Reinert & Gionfriddo, 2020). The report notes that although rates of anxiety and depression and suicide are increasing for all races, Black and African Americans, as well as Native Americans, had the highest average percentage increase in depression and anxiety over time. In *Black Fatigue: How Racism Erodes the Mind, Body, and Spirit*, Winters (2020) describes how the history of White supremacy and racism has led to integrational Black fatigue, which is now at an all-time high. Winters shows that in every aspect of life in the United States, racism may be killing Black people through its impact on their physiology and psychology. Winters' book sounds an alarm on the pervasiveness of exhaustion Black people are experiencing and we hear these same themes in our Black female clients. On a personal level, in our practices Black women are saying, "It's too much," or "I can't deal with one more thing," and herein is the danger we reference. If conditions in the United States maintain the current trajectory, the toll on Black women's health and well-being could be catastrophic.

I.7 Black Women's Mental Health

In an article for Prevention.com titled "Black Women Are Facing an Overwhelming Mental Health Crisis," Floyd (2020) chronicles the mental health status of Black women as a group in the United States. In May 2021, an NBC news report (Gaines, 2021) noted that Black psychotherapists are seeing a significant spike in therapy demand and are busier than ever. One therapist indicated, "From March of last year [2020] until now has been my most lucrative year … it's wonderful, but it's not wonderful" (para. 7). Overwhelmingly, therapy requests are from Black women, who are far more likely than Black men to seek professional mental health support (Lindsey & Marcell, 2012). This dynamic also explains a proliferation of websites, blogs, podcasts, and social media activities focused on Black women's mental health.

Black women intending to become clients may desire to work with practitioners of the same race. When Blacks reach out for therapy, they usually want a Black therapist who they believe understands their experiences. However, such requests are hard to fulfill, given the low numbers of Black mental health clinicians. In 2019, only about 3%–4% of psychologists in the US mental health workforce were Black (American Psychological Association, 2018). Black women are highly likely to be in mental health treatment with non-Black therapists (Harrell, 2017). This reality makes culturally responsive therapy vital.

Black women seeking psychotherapy have concerns about finding clinicians who understand them and their mental health needs. These concerns are valid. Therapists treating Black female clients may not appreciate how race and gender intersecting with other identities drive conditions that marginalize their Black female clients. Additionally, practitioners may lack knowledge and awareness of historical, socioeconomic, and cultural forces that impede Black women's equality, advancement, and wellness (Ashley, 2014; Whaley, 2001). Themes of being underappreciated and misinterpreted are common in popular literature and media narratives on Black women and their mental health. However, practitioners frequently overlook these issues in clinical settings (Whaley, 2001).

Traditional psychotherapy systems can be unwelcoming to Black female clients, at times not even returning their phone calls (Shin et al., 2016). When Black women engage in treatment, therapists may mislabel their mental and emotional symptoms (Spates, 2012). A classic scenario is one in which Black women appear to be functioning normally, even in the face of trauma. Therapists might focus on Black women as "strong" and overlook the detrimental impacts of mental and emotional weathering. Relatedly, some therapists may adopt a lens of deficit and damage in viewing Black women's lives, which drives them to want to save or rescue as therapeutic pursuits (Winfrey-Harris, 2015). These dynamics impact the quality of the alliances therapists forge with Black female clients, cause Black women to terminate treatment prematurely, and direct the interventions designed to help (Nelson, 2006). Black women who feel misunderstood and disconnected from their therapists may have reduced confidence in the usefulness of therapy. In this book, we recommend ideas and strategies in an approach that might increase Black women's interest in using psychotherapy as a resource.

I.8 Our Approach to Addressing Black Women's Mental Health

Our approach and strategies include several themes in working with Black female clients. First, from birth to death, Black women's lives are dramatically affected by an interplay of physical, environmental, and cultural factors that determine their health and wellness. For decades, psychological theories and scholarship have ignored Black women's reality. Eurocentric ideas shape current mental health theories and methods. These ideas prioritize the individual dimensions of clients' lives. However, therapists treating Black women must consider how intrapsychic and structural dynamics interplay define their experiences (Brown & Keith, 2003; Thomas, 2004).

Second, many therapists view Black women through a lens of damage and deficit, which is an aspect of their invisibility in the psychological and counseling literature. Earlier in this chapter, we discussed that Black women have a

multiplicity of experiences through which their tenacity, agency, and talents shine. Such experiences can also leave Black women scarred, wounded, and vulnerable. Therapists must reject a one-dimensional view of Black women only as broken and suffering, or extraordinarily strong in the face of adversity (Thomas, 2004; Winfrey-Harris, 2015). We make this point repeatedly in the ensuing chapters.

Third, a powerful aspect in Black women's lives is their experience of gendered racism. Black women experience intersecting and multiplied oppressions based on being *Black* simultaneously with being *female.* Black sociologist and feminist scholar Patricia Hill Collins offers a valuable framework to understand the unique and multiplied oppression of Black women through an intersectional understanding of their lives (Collins, 2000). As discussed further in Chapter 2, Black women encounter everyday experiences of gendered racism that shape how they live and move in the world. Approaches to treating Black women that do not integrate the interlocking nature of their identities and experiences are likely to fall short (Thomas, 2004).

Fourth, Black women must be viewed in the contexts of their unique experiences and not compared to the general Black population, White women, or Black men. Indeed, Black women share many common characteristics with other social and cultural groups yet occupy unique substrata of American society. Black women's complex history explains their motivations, attitudes, cognitions, emotions, and behaviors. Black women's belief systems, values, and attitudes are linked to the distant and present history of race, class, gender, and oppression (Crenshaw, 2017; Settles, 2006; Thomas, 2004). Therapists, especially those who are non-Black, represent privilege systems that have oppressed Black women. Black women seeking therapy from a non-Black clinician may feel guarded and hypervigilant about racial and cultural fit. Symbolically, to Black women, non-Black therapists may represent privileged systems of bias and oppression. Therapists must enter the experience of working with Black women with deep cultural self-awareness and a willingness to offer women positive alternatives to the images that drive their anxieties.

We invite therapists of all backgrounds to consider our ideas and strategies. This invitation includes Black female therapists, like us, who share race and gender identity characteristics with Black female clients. A warm alliance with clients of the same race and gender identity can offer early assets toward a strong partnership. Yet, some of our greatest mistakes have been taking racial and gender similarities for granted. Race and gender similarities only go so far with clients. This lesson became clear to us early in our practices when tensions with our Black female clients arose based on our personality or value differences.

The ideas and strategies in the book might be daunting for non-Black therapists. Non-Black, male, and other gender therapists may worry that they

can create a minefield of mistakes that might ruin a relationship with Black female clients. In our experience, while such fears are understandable, they do not have to occur in a therapy relationship with a Black female client. Black female clients may desire a Black therapist but also understand they may not get one. They are open to working with therapists of other racial/ethnic and gender backgrounds because they live and work in majority settings, where they interact daily with people of many backgrounds. We will discuss how therapists can draw on these experiences to build therapy relationships. In the initial phase of therapy, however, specific irritants can roil Black women's treatment experience, and we name some of them so that therapists can be aware of these considerations and approach them in an effective manner.

I.9 The Structure of the Book

This book has four parts, which group together chapters on related themes. In Part I: Black Women in Context, we discuss several predominant contexts that shape Black women's health and mental health experiences, drawing on historical, social, cultural, economic, and political histories. Black women's narratives are highly likely to contain themes reflected in this section.

In Chapter 1, "A Study of Black Women and Psychotherapy," is a foundation for our ideas, we report findings from a mixed-method study of the psychotherapy viewpoints and experiences of Black women. This research involved more than 200 Black women from across the United States who responded to our survey on psychotherapy. This chapter lays an empirical foundation for our work on improving the therapy experiences of Black women. In both the study and the chapter, we collaborate with two colleagues: Dorcas Matowe, PhD, LMFT, a mental health practitioner with significant experience in Black women's mental health, who helped design the study, and Sule F. Baptiste, MS, an experienced data scientist who assisted with data analysis.

In Chapter 2, "Social Determinants of Health and Mental Health for Black Women," we draw on public health and psychological research and scholarship to provide an overview of the historical, social, political, and economic experiences that impact the mental health and wellness of Black women in America. This chapter was coauthored with Uchechi Mitchell, PhD, MSPH, a tenured professor in the field of public health at the University of Illinois Chicago.

Chapter 3, "Black Girlhood: Developmental Experiences of Black Women," examines themes in Black women's childhood experiences. Our coauthor is Chisina Kapungu, PhD, a clinical psychologist with deep expertise in positive youth development domestically and internationally. We discuss the importance of sex and gender identity development and other dynamics that affect Black girls' self-concepts. We explore themes that surface when Black women's girlhood experiences are the primary reasons for seeking therapy.

Chapter 4, "Stereotypes of Black Women: Clinical Implications," reviews historical and contemporary stereotypes of US Black women. Histories of race, gender, and social class drive these stereotypes. We explore the mental health impacts of Black women's internalizing of stereotypes.

The final chapter of the first part, Chapter 5, "Black Women and Trauma," describes Black women's traumatic experiences, some of which may be unique. Candice Norcott, PhD, our chapter coauthor, is a licensed clinical psychologist, assistant professor of psychiatry and behavioral neuroscience at The University of Chicago, and expert in trauma in Black adults and youth.

In Part II: Therapy Contexts, we explore two foundational building blocks of effective therapy that therapists must master to work with Black women: building cultural self-awareness and establishing an effective therapy alliance.

This part begins with Chapter 6, "Therapists' Cultural Self-Awareness," which guides therapists to examine their social and cultural identities and their power and privilege as an essential part of becoming culturally competent therapists. Our chapter coauthor is Kesha Burch, PhD, LCPC, a faculty member at The Family Institute at Northwestern University, licensed professional counselor, and specialist in multiculturally informed clinical practice.

In Chapter 7, "Building Strong and Effective Alliances with Black Women," we review some challenges therapists can face in building therapeutic relationships with Black women. We discuss strategies to gain Black women's trust and send messages of acceptance, cultural humility, and curiosity to clients.

In Part III: Core Themes in Black Women's Stress and Distress, we address several areas of life that can cause Black women to feel unusually stressed or distressed: living within the Strong Black Woman persona, psychological shifting, caregiving, romantic and intimate relationships, and appearance bias.

Chapter 8, "Strong Black Woman Persona: Mental Health Impacts," discusses the everyday experience of Black women's penchant to be overcommitted and overburdened in caring for the needs of others. We discuss the historical, societal, and cultural forces that cause women to internalize Strong Black Woman identities.

In Chapter 9, "Shifting in Black Women: Clinical Implications," we discuss the concept of shifting and how Black women may shift in the context of their workplaces and their intimate and familial relationships. This chapter is coauthored with Kumea Shorter-Gooden, PhD, a licensed clinical psychologist who is also a diversity, equity, and inclusion consultant and the coauthor of *Shifting: The Double Lives of Black Women in America*.

Chapter 10, "Black Women's Mothering and Caregiving," explores Black women as parental and family caregivers and caregiving as a source of joy and yet burden in Black women's lives. We partner with Yolande Cooke, a

licensed clinical social worker who has extensive experience in school and community mental health practice with Black families.

In Chapter 11, "Black Women's Romantic and Intimate Relationships," we explore Black women's romantic and intimate relationships in both heterosexual and queer unions. We discuss the strengths of Black women's romantic unions and examine conditions that create stress and distress for Black women in marriage, cohabitation, and sexual and dating relationships.

In Chapter 12, "Appearance Prejudice and Discrimination Against Black Women," we discuss Black women's substantive experiences of discrimination based on their appearance. Our coauthor is Tonya Davis, PhD, LCPC, core faculty member and licensed professional counselor at The Family Institute at Northwestern University, who has expertise in appearance-based discrimination against Black women.

The next part of the book moves the focus to healing and recovery. In Part IV: Helping Black Women to Recover and Thrive, we emphasize several areas in which therapists can help advance Black women's wellness. These areas include inner healing or repair of Black women's self-image and an emphasis on Black women's spirituality.

In Chapter 13, "Improving Black Women's Physical Health and Wellness," we discuss Black women's disproportionate experience of chronic diseases, morbidity, and mortality. We coauthored this chapter with Kimlin Tam Ashing, PhD, a clinical psychologist, professor, and founding director of the Center of Community Alliance for Research & Education at City of Hope, a National Cancer Institute comprehensive cancer center. Research has connected Black women's health conditions to their experiences of aging and weathering.

In Chapter 14, "Black Women's Inner Healing and Resources for Thriving," we explore areas in which Black women can experience inner healing. We coauthored this chapter with Fangzhou Yu-Lewis, PhD, LCPC, a licensed counselor and core faculty member of the counseling program at The Family Institute at Northwestern University. We share strategies to guide Black female clients to heal their relationships with themselves and to create an inner world infused with self-compassion, unconditional self-worth, and self-validation.

In Chapter 15, "Black Women's Spiritual and Religious Coping," we discuss the role of religion and spirituality in Black women's lives and mental health. Our coauthor is Taheera Blount, PhD, NCC, HS-BCP, LCMHC, a professional counselor, assistant professor at North Carolina Central University, and specialist in Black women's religiosity and spirituality.

In the concluding chapter, "How Psychotherapy Helps Black Women," we emphasize how therapy can be a resource for Black women in their mental health and wellness goals, including personal growth and resilience, recovery, and reinvigoration. Our coauthor is Susan Branco, PhD, LPC (VA), LCPC-S

(MD), NCC, ACS, faculty member at The Family Institute at Northwestern University, a Latina therapist with extensive experience working with Black women on their mental health needs, and an expert on transracial adoption dynamics.

I.10 How to Use This Book

The mental health marketplace in the United States is poised for a massive influx of new clients seeking mental health support. Black women will number highly among those choosing psychotherapy as a resource. We encourage our colleagues of all backgrounds and therapy modalities to be ready to serve Black women well. In this work we offer several ideas, borne out of our experiences working with Black female clients, that we hope our readers will find helpful.

The book can be read chronologically, or readers may focus on a chapter or two of interest. We encourage all readers to review Part 1, which explains the social, cultural, and structural conditions that intermingle with and drive Black women's mental and emotional health and wellness. Therapists already in practice should pay close attention to Chapter 1, which outlines our study of what Black women say they want in psychotherapy. They should also read Chapters 6 and 7 to learn about the importance of cultural awareness and building alliances with Black female clients. School- and college-based educators practitioners may be interested in Chapter 3 to understand the developmental experiences of Black girls and Chapter 10 for insight on Black women's parenting and family contexts. Clinicians who work with families and couples might find Chapters 10 and 11 useful to understand how Black women navigate family and couple dynamics. Those focused on survivors of trauma and sexual violence may find the ideas in Chapters 2 and 5 useful to understand unique dimensions of Black women's trauma experiences and how such experiences might affect overall health. Pastoral and clergy counselors may be interested in Chapter 15, on Black women's spiritual and religious identities and coping. Our concluding chapter is one that therapists might provide to Black female clients, before or after the first session, to showcase the potential value of therapy, begin a discussion of what Black women may need in the therapy experience, and to invite radical openness and transparency in the relationship with regard to cultural opportunities and fit.

I.11 A Collaborative Effort

In the academy and publishing, resistance to collaborative scholarship is a traditional and seductive posture that can be at odds with feminist and

culturally responsive values. We originally considered authoring the publication just as a dyad. Yet we also wondered how other voices could add to our work, especially professionals of similar race and gender as the population we write about and professionals who are deeply familiar with the content and strategies covered in the book. We are proud to collaborate in chapter coauthorship with other mental health practitioners, researchers, and educators, many of them Black women and men, who added tremendously to our work. We have benefited especially from having other women of color who are mental health practitioners integrated into this work. Our colleagues are individuals of diverse ethnic identities who identify racially as Black, Biracial, Chinese, and Latina.

Our research assistants, all of whom are therapists-in-training working with clients, also collaborated in the work. Three of our research assistants are Black women (Sydney McClure, Jaunai Parsons-Moore, J'mi Worthen); one is a Biracial woman with Black ancestry (Lyrra Isanberg), one is a White woman (Katerine Gow); another is a White man (Grover Hollway) and one is a South Asian woman (Ayla Mian). The multiracial makeup of our collaborators and their enthusiasm for our ideas have dramatically energized our work. We owe all these colleagues a debt of gratitude and celebrate their voices in this book.

Therapist Reflection Questions

1. We contend that Black women's voices and influence are rising. How do you see this in your setting – locally, regionally, and nationally?
2. We mention the idea of "intersectionality of identities" in understanding Black women in the United States. How might this concept apply to you?
3. What is your understanding of the term *gendered racism* as applied to Black women? What do you notice Black women experiencing intersectional oppression in their lives?
4. What do you think and feel about Black people's mental health fatigue from racial oppression?
5. In your relationship Black people or your work with Black clients what stories have they shared about the fatigue of racism or other oppressions?
6. Which chapter or chapters in the book invoke your curiosity? Which ones speak to issues you experience in your work with Black clients?

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