

WON'T YOU BE MY NEIGHBOR: A critical reflection on the relationship between
science, theology and health care delivery using theological ethnography
and a womanist ethic of care

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To the Black women and men in my life who've never shared their concerns, allowed me to see their tears or hear their screams. You are not alone. Let our willingness to suffer as one bring us healing.

“Where you die, I will die—there will I be buried. May the Lord do thus and so to me, and more as well, if even death parts me from you!”

Ruth 1:17 NRSV

PREFACE

In a world where grief seems to exist in abundance and despair has become a normalized state of living, understanding how our psyche and our spiritual world are merged is essential. In this thesis, I challenge Christian theologies that refuse to engage in community action programs that seek to offer relief for others in the world. I offer a critique of the United States health care system and posit that a better relationship between the social sciences and theology could pave the way for better public health programs and services. My argument uses texts from ethnographic and womanist theologians like Christian Scharen and Emilie Townes as well as the work of scholars from the psychological sciences such as D.W. Winnicott. This critique will echo the work of other scholarship in religiously based approaches to healing in Black communities. The reflection I will offer creatively uses contemporary culture and specifically Black culture when possible to offer an unfeigned rally cry for the academy and Christian community. The rally cry calls for the community to join in a revival to revitalize Black health.

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CHAPTER I

GETTING IN THE SANDBOX: AN INTRODUCTION TO COMMUNION

A Bridge Over Troubled Waters

Communion will be used as a theoretical concept that describes one's willingness to acknowledge, affirm and share with other people in one's neighborhood, community, and abroad. The story I will share will show how my argument about communion when discussing Black health begins with everyday relationships. While serving as a mentor for pregnancy clients in Nashville I had the experience of hearing women's joys and concerns about delivery and raising their unborn child. On occasion our conversations would lead into pastoral moments that have helped shape my understanding of human life and intimacy and can serve as an example of human connectedness and communion outside of a congregational setting.

The description of Hannah's session is an exceptional example of being welcomed into communion.¹ The March heat was already unbearable and the worst of spring's humidity was barely on the horizon. I couldn't help but feel sympathy for my clients who journeyed across Nashville to Hope Clinic for Women to attend their BRIDGE² sessions as a part of the program's free pregnancy services. Most clients were over six months pregnant, wrestling with extreme back pain, and discomfort while sitting, but Hannah was different. Hannah was in her early 30s, a newlywed and although her slender frame appeared overwrought by her hardening belly, the

¹ The client's first name has been changed to protect anonymity.

² Hope Clinic for Women BRIDGE program offers counseling, mentorship and educational course as a free service to women and families who enroll in the expecting mother program. For more, see the Hope Clinic for Women website <https://www.hopeclinicforwomen.org/volunteer/?rq=bridge>.

genuine smile on her face while holding her belly showed she wore pregnancy like a badge of honor. She had recently moved to the United States from Ethiopia with her husband, who was American. The transition was sudden and brought on a dreaded and anxious separation from her family.

Although her need for services was due to her pregnancy being unexpected, this unborn child would be the gift she had needed. During counseling sessions Hannah was often overcome with emotion and deep frustration as she explained the sadness and loneliness she felt during her five months of pregnancy. She had not anticipated how the transition from her community and family in Ethiopia would leave her with a void in her new American life. For Hannah, living in the United States had become disturbing and filled with loneliness and a loss of community. Hannah described Nashville as a “loud place” where everyone works tirelessly only to go straight into their homes and rest, without speaking to their neighbor. The crackle in her despairing voice echoed the pain of being someplace new and having no one to share her joys and sorrows with or to call a friend.³ This was her experience of isolation in American life and to my surprise her words convicted me.

Hannah’s words questioned the value of an American dream without the American.⁴ She seemed to wonder what kind of life she could live in a country where families (immediate and

³ Individualistic ideologies have encouraged persons to be independent and interpret most forms of dependence as weakness. This understanding is evident throughout systems in society, especially services provided by the government. Sadly, churches have also begun to invoke strict criteria by which they relinquish services to those in need which contributes to the isolation and shaming of large groups of people within our community. Hannah didn’t share her theological beliefs, but her words led me to use scripture as another way to understand her feeling of loneliness, like the Israelites, and hear her devotion to familial relationships as Jesus’ words about love for one’s friend (Jn 15:13; Ps 137:4).

⁴ The concept of the “American dream” has driven many immigrants to seek out citizenship in the United States with the hope of being able to provide for a family or pursue a specific career

extended members) go days, weeks, and even months without speaking to one another. After several sessions with Hannah, I discovered that outside of her relationship with her husband she lacked meaningful and intimate connections. She had moved from a society where she was constantly surrounded by all living members of her family to one where she was more often alone and was now faced with the reality of having to grieve not only relationships but her native way of understanding and surviving the world. Hannah's experience, although unique, wasn't unusual, and invites the critique of culture studies, epistemological channels, ethics of care and how they influence human engagement. More specifically, Hannah's experience pushes me to consider how knowledge can be gleaned from communities and how we can glean knowledge while amid practice. To better explore this question concerning epistemology, I will use Christian Scharen's work in *Fieldwork in Theology*⁵ which demands the social sciences take up a more careful approach that's intentional in providing a social critique. Scharen's work along with Hannah's case and a couple of examples from contemporary culture, provide a few steps towards embracing local (communal) knowledge and offer a new way of discussing science and theology.⁶

or lifestyle. The pursuit of provisions or lifestyles creates an imagined world for immigrants and U.S. citizens who ultimately share in a sometimes fatal disillusionment. For Hannah, the family or people you take along on the journey are more important than the destination itself. Biblical scriptures warn believers about the cost of living an individualist and consumerist lifestyle (Mk 8:36).

⁵ Christian Scharen, *Fieldwork in Theology: Exploring the Social Context of God's Work in the World*, (Ada Township: Baker Academic, 2015).

⁶ Sections of this thesis have been adapted from an unpublished thesis. Sierra McKissick, "Won't You Be My Neighbor: A critical reflection on the relationship between science, theology using theological ethnography," (thesis for the Methods in Theology and Social Science course, Vanderbilt University, Nashville, Tennessee, December 2016).

In addition to this conversation, I intend to use my primary conclusion to offer a common social critique concerning care in the United States. I will use my thoughts on local knowledge to join in a conversation surrounding health issues within the Black community. In using Emilie Townes' text, *Breaking the Fine Rain of Death*,⁷ I will explore how communal lament coupled with my idea of communion with one's neighbor has the potential to continue providing healing in Black life and ignite a revival within Black communities of care. In uniting the two conversations, I hope to unearth the honeyed essence of Black culture that can be taken for granted. For a definition of culture, I will rely on the anthropological view of culture that embraces it as a dynamic and fluid lifeform. Later, I will discuss why I've intentionally chosen the term 'revival' and its significance to Black life, but before I explain revival's role in the Black community, I will outline my use of WomanistCare and the relationship between the social sciences and theology.

Womanist Ethic of Care

Womanist scholars employ various approaches when analyzing the Black woman's experience. Practical theologian and womanist Phillis Sheppard cites that the aim of womanist thought is "to name the cultural dislocation of black experience and black modes of social and personal transformation and healing."⁸ Carroll Watkins Ali, one of the earliest voices in pastoral theology, tackles the black woman's place within the Black experience, and other scholars like Jacquelyn Grant focus on particular branches of theology like Christology. The overall aim of

⁷ Emilie Townes, *Breaking the Fine Rain of Death: African American Health Issues and a Womanist Ethic of Care* (New York: Continuum Publishing Company, 1998).

⁸ Phillis Sheppard, *Self, Culture and Others in Womanist Practical Theology* (New York: Palgrave MacMillan, 2011), 42.

womanist scholarship is to address the dissonance felt by Black women socially, psychologically and spiritually within our society. The field emerged as a result of the lack of representation from Black women in scholarship and other fields. To correct this disparity Black women took on the responsibility of sharing their own narratives. More recently, another pastoral theologian Stephanie Crumpton argues that in the past Black women have taken on the responsibility of being agents in their own healing and find healing in everyday relationships and encounters. Being a responsible agent of healing for Black women quickly led to challenging unchecked systems and advocating for the acknowledgement of the particularities of Black women. This history has pushed many womanist pastoral theologians to define the field of pastoral care as an advocate role and “women’s uninstitutionalized strategies as a guide for womanist pastoral support.”⁹

The womanist pastoral caregiver’s role as advocate brings types of oppression that affect women such as racial, gendered, economic and sexual under scrutiny while “demonstrating care that responds to it.”¹⁰ The term *womanist* itself goes back to Alice Walker. Poet and novelist Alice Walker’s literary work is celebrated internationally and she remains a dominant voice for black people and a honored American author. She gives a four part definition of a womanist, to those unclear of why the term was coined, to represent an identity different from Feminist. Practical theologian and religious educator Evelyn L. Parker cites Walker’s definition, “a womanist is a ‘black feminist or feminist of color’ possessing a number of characteristics that include audacity, courage, willful behavior, a lover of women and/or men sexually and/or nonsexually, committed to the survival and thriving of all people, and a lover of many things

⁹ Stephanie M. Crumpton, *A Womanist Pastoral Theology against Intimate and Cultural Violence* (New York: Palgrave MacMillan, 2014), 127.

¹⁰ Ibid, 129.

including the Spirit, the folk, and herself.”¹¹ Therefore it is important to examine womanist models of care to ensure that the goals of womanist pastoral theology are being upheld and systems of oppression aren’t going unchecked. Among many goals of womanist pastoral theology is a declaration to address “the diverse ways Black women communicate with themselves, others and God.”¹² WomanistCare¹³ seeks to offer a safe and affirming space for addressing unrecognized traumatic transitions that occur in women’s lives. Ultimately, WomanistCare works toward understanding the lived experience and needs of Black women in three ways: psychological, social, and spiritual. I suggest that a revival has the potential to be a safe and affirming space that holds rituals of mourning and celebration.¹⁴ Marsha Foster Boyd mentions a five feature definition of WomanistCare is helpful to explore revival as a ceremony and will be discussed later in this thesis. The features are: (1) communication, (2) affirmation, (3) confrontation between and among African American women, (4) accountability and (5) healing by helping one another.¹⁵ This thesis assumes womanist scholarship efforts to expand methods of care by creating a space for Black women and situates womanist care in conversations with health care delivery in the United States. Although womanist thought focuses on the experience of Black women, as I continue to discuss it in this thesis I use the womanist perspective to offer

¹¹ Evelyn L. Parker, “Womanist Theory,” in *The Wiley Blackwell Companion to Practical Theology*, edited by Bonnie Miller-McLemore (Hoboken: Wiley-Blackwell, 2011), 205.

¹² Crumpton, *A Womanist Pastoral Theology against Intimate and Cultural Violence*, 136.

¹³ This term appears initially in Linda Hollies, ed., *WomanistCare: How to Tend the Souls of Women, Volume 1* (Evanston, IL: Women to Women Ministries, Inc., 1992).

¹⁴ Crumpton, *A Womanist Pastoral Theology against Intimate and Cultural Violence*, 137.

¹⁵ Marsha Foster Boyd, as cited by Sheppard, *Self, Culture and Others in Womanist Practical Theology*, 46-47. This essay appears initially in Emilie Townes, ed., *Embracing the Spirit: Womanist Perspectives on Hope, Salvation & Transformation* (Maryknoll: Orbis Books, 1997).

my own interpretation on psychological and health issues for Blacks in general. To begin my argument, I discuss the thorny relationship between science and theology.

Playing with the Social Sciences and Theology

Since I hope to use narrative therapy as a tool in my future pastoral work, my intention is to use Hannah's story and other works honorably as I toil through a critical reflection on the relationship between science and theology. I've chosen to use practical theologian Christian Scharen's work on theological ethnography to discuss how knowledge can be gleaned from communities. His work best supports my claim that accepts and demands the need for science and theology to prioritize and value the epistemologies used in local communities. His work argues for the importance of fieldwork in local communities. Fieldwork can be understood as another way to do theological ethnography, which requires intentional participation in a sociologically-informed, embodied practice of engaging human communities. In the text, Scharen constructs an interdisciplinary guide for creatively integrating theological reflection with qualitative methods in his primary discipline, ethics and sociology of religion. His passion for the worth of French theorists like Pierre Bourdieu is not hidden throughout his work. Scharen even manages to credit French theory for changes such as shifts in contextual theologies when dialogues were already moving toward a discourse concerning culture. Nonetheless, Scharen's work shows theological fieldwork has endless lessons to teach the church and social sciences about constructing meaning and therefore deserves to be considered a valid tool within the social sciences and theology. The social sciences and theology have the potential to go further. These

fields serve as informing agents within society and hold a persuasive influence that offers a “social critique in service of social action for transformation of oppressive social policies.”¹⁶

When considering the relationship between science and theology, it’s helpful to consider the context of each word carefully. Theology is used to express the faith practices and spiritual knowledge inhabited and embodied by persons and communities. Science is used to describe the existence of persons and communities interrogated and interpreted by disciplines in the social sciences. Together and in isolation, science and theology have informed universal norms that are brought to the table to ask the question, ‘have we considered every approach?’ Texts from practical theology would suggest the answer is ‘no,’ and to believe that the answer could ever be ‘yes’ fails to consider the voices that have been oppressed and silenced during the development of norms. The tension that arises in this dynamic is whether we can hold both science and theology, the spiritual and the secular, in the same cup and drink.¹⁷ Hannah’s case study shares why local epistemology has meaning for our approach to living in the world. Hannah’s experience is an example of how different epistemologies collide in everyday life. She’s faced with having to adopt the American way of living (overshadowed by consumerism) that will allow her to assimilate. Or cling to her native concept of life and community (grounded in cordiality) and attempt to replicate it within her American family. Both choices may push her to leverage her faith or culture over American life. Hannah’s dilemma can be compared to the tug-of-war between science and theology.

¹⁶ Scharen, *Fieldwork in Theology*, 29.

¹⁷ Jesus, in the face of death, takes the time to share in communion with those among him who believed and struggled to believe. Had some of them fallen victim to the secular? Jesus extended an invitation to everyone present and declared that the body and blood were poured out for many (Mt 26:27).

Science and theology's tense relationship may be best explored using pediatrician and object relations theorist D.W. Winnicott's concept of play. In his definition of play, one is engaged in creating a bridge between the individual self and the environment which Winnicott describes as the 'potential space.'¹⁸ For Winnicott, the ability for one to play is the basis for experiential existence. In the potential space one is personally present, experiencing meaningful communication and life is lively.¹⁹ The existence of science and theology require an agreement that includes both fields and teaches lessons in appreciation or playing nice in communities of faith and knowledge. Science and theology must develop a playful relationship where they can learn to be good neighbors. This lesson in play requires justly living and reciprocity, and it's imperative that the handlers of science and theology observe the need for bridging the two fields and locating conversations within the potential space the two fields create through play. For a better understanding, I turn to a trusted neighbor and local theologian, Mister Rogers.

Mister Rogers' Neighborhood was a hit children's television show that began airing in 1963 on CBC television.²⁰ Fred McFeely Rogers was a trained musician and theologian ordained under the United Presbyterian Church in the United States of American. His faith commitments likely influenced his displeased attitude with the way television addressed children and made an effort to change behaviors. To combat what seemed to be the dominant perception on television he began a show that carefully focused on building relational bonds, self-development, and artistic appreciation. Mister Rogers used the Neighborhood of Make-Believe

¹⁸ Madeleine Davis and David Wallbridge, *Boundary and Space: An Introduction to the work of D.W. Winnicott*, (New York: Brunner/Mazel, 1981), 61-65.

¹⁹ Ibid.

²⁰ "Mister Rogers' Neighborhood," En.Wikipedia.Org. accessed February 28, 2017. https://en.wikipedia.org/wiki/Mister_Rogers%27_Neighborhood.

as a community of potential for viewers to discover and value for its willingness to embrace communal accountability and authenticity. Mister Rogers' mission is very clear as he sends explicit and subtle messages to the viewers, encouraging individuality and what we now refer to as embodiment. One of the most obvious ways he delivers this message is through his opening song, "Won't You Be My Neighbor?"

It's a beautiful day in this neighborhood.
A beautiful day for a neighbor.
Would you be mine? Could you be mine?
It's a neighborly day in this beauty-wood.
A neighborly day for a beauty.
Would you be mine? Could you be mine?
I have always wanted to have a neighbor just like you.
I have always wanted to live in a neighborhood with you so,
let's make the most of this beautiful day.
Since we're together you might as well say
would you be mine? Could you be mine? My neighbor.
Won't you please? Please, won't you be my neighbor?
Hello, neighbor.

This song could be compared to a Psalm where the writer transitions between celebration, lament, petition, and thanksgiving. Mister Rogers shares the joy for the new day while extending an invitation for companionship to the neighbor. He offers a moment of vulnerability to the neighbor in saying he has always wanted a neighbor and identifies this specific neighbor as the one he wishes to be in a relationship with. In turn, his persuasion assumes that the neighbor has agreed to the pairing and wishes to join him in the neighborhood. Together the neighbor and Mister Rogers venture into the Neighborhood of Make-Believe where they meet a diverse group of people and creatures who share their concerns for each other and their neighborhood.

Although the optimistic and progressive construction of the neighborhood is intentional, the Neighborhood of Make-Believe couldn't be further from a utopia. Within the neighborhood, there are conflicts that the citizens, King Friday and the Mayor of Westwood, Maggie, must

handle that often sends the neighborhood into a panic.²¹ However, when faced with a disaster or conflict the neighborhood responsibly provides a response that is doused with peace and love. The Neighborhood of Make-Believe embodies an ethical code that holds care, justice and love as valuable concepts. Much like theological concepts, their values are embedded in the way the community relates and responds to not only conflict but everyday encounters with one another as neighbors. The Neighborhood of Make-Believe has discovered that their survival as a community is dependent upon their ability to honestly embrace every neighbor, and do so with peace and love. Despite its imaginary existence, this community has much to teach theology and science about existing in relation to something (or someone) that is different. In addition to Mr. Rogers' intention behind creating this show, he implicitly highlights debates in anthropology and cultural studies concerning communities. Mister Rogers' creation of the Neighborhood of Make-Believe critiques prior ways of evaluating civilizations and challenges viewers to consider ways of being different from their own orientation. Brian Howell and Jenell Williams Paris address the use of 'higher' and 'lower' scales by anthropologists to determine the cultural development and the lack of appreciation the measurements held for diverse communities.²² Howell and Paris suggest that measurements previously used by anthropologist that categorized communities based on their level of cultural knowledge—like having rarified tastes—offer little help in understanding peoples. The Neighborhood of Make-Believe could have assessed that those who were new or simply passing through the neighborhood were unwelcomed and banished them. Instead, the neighborhood sought to have a diverse community and allow the new neighbor to

²¹ "Mister Rogers' Neighborhood Growing Full Episode," YouTube, accessed February 28, 2017. <https://www.youtube.com/watch?v=9VxiTepsjyw>.

²² Brian Howell and Jenell Williams Paris, *Introducing Cultural Anthropology: A Christian Perspective* (Grand Rapids: Baker Academic, 2011), 28.

become a part of the neighborhood. Scharen's theory of fieldwork in theology enables us to locate and appreciate customs within communities, like the Neighborhood of Make-Believe, and gather better ways of knowing and understanding peoples and communities.

Understanding Theological Ethnography

In *Fieldwork in Theology*, Scharen traces a thread of French history and maintains a pointed conversation with his theory and other scholars' work. Scharen references Rowan Williams' definition of mission as a 'dispossession' to construct an idea of a community in which its members work to form a community that strives to serve. Pierre Bourdieu's scientific work is grounded in his personal experience with fieldwork. In Bourdieu's description of being in the field he uses *habitus* and field to "understand not the formal logic of the structure of mythic belief and ritual action but the actual practical mastery of it by those who inhabit the practices."²³ When doing fieldwork, the researcher or parishioner takes on life in the field (a particular social context) and forms a *habitus* (the practices that inform behaviors). It's necessary for the researcher to take on life in the habitus and bear witness to the raw negotiation of community and faith. Scharen challenges the reader to critique not only epistemologies but disciplines to take up a "more careful social science" that "will be a more powerful social critique in service of social action for the transformation of oppressive social policies."²⁴ Scharen's mention of social action is linked to the researchers experience within oppressed communities. While exploring communities researchers witness the devastation and scarcity of resources and become potential agents for change. Researchers' appreciation for communities doesn't

²³ Ibid, 75.

²⁴ Ibid, 29.

eradicate the disparities present nor does it offer a critique of oppressive systems. Although Scharen doesn't share in detail his efforts to transform oppressive policies, he reiterates that his ultimate interest is to convince theologians of the worth and force of ethnographic fieldwork in understanding human life. He explains that theological ethnography requires intentional participation in a sociologically-informed, embodied practice of engaging human communities. To make his case, Scharen organizes each chapter to include three moves: an example from contemporary culture, an examination of theories in sociology or theology, and a case study or example of fieldwork.

Most convincing about this brief monograph are the implications drawn at the book's conclusion. Scharen suggests incorporating fieldwork, practiced thusly, into theological method, especially in relation to the study of congregations: "a posture of love leaning over toward the other and seeking to listen, hear, and understand the experience of the other."²⁵ The fact that congregants live within a specific social structure should encourage parishioners to pursue cultural investigations more deeply. More than that, Scharen's work presents an opportunity for a spiritual practice of listening meaningfully to the others both inside and outside the church. Scharen highlights Gaston Bachelard and his "non-Cartesian epistemology and the three key components of his approach to scientific knowledge: obstacles, breaks, and couples."²⁶ One of Scharen's points that are less of a major key, but are extremely important are epistemological obstacles. Scharen spends a brief section within the second chapter laying out the need to be conscious of "obstacles standing in the way of a new or better understanding of reality."²⁷ These

²⁵ Ibid, 109.

²⁶ Ibid, 35.

²⁷ Ibid, 37.

obstacles interfere with our ability to embrace differences in knowing and must be intercepted by epistemological breaks that challenge norms and therefore, present an opportunity for the social context to be open to critique and a thoughtful response. Also, in chapter two Scharen briefly takes up the body as a topic worth more thoughtful consideration and posits that bodies are a context for research, and much of our understanding comes through embodied practices.

Entering a better understanding of embodied practices through fieldwork can “claim knowledge of divine action and aid communities in discerning an appropriate human response.”²⁸ He ends this chapter by discussing Ada Maria Isasi-Diaz’s concept of “invisible invisibility” within the community of Latina women.²⁹ Scharen uses the scholars’ work to further his argument concerning fieldwork’s ability to learn *and* be taught by people instead of treating communities simply as an environment for data collection.

Many theological ethnographers make similar claims about everyday theologies. Natalie Wigg-Stevenson argues that theological knowledge is “inherent within and produced by practices of belonging” and is therefore located in communities where the practice of this bodily knowledge is sacred.³⁰ She cautions academic theologians who enter this sacred space to be aware that they are socially embedded in the field and are able to participate in “producing forms of theological knowledge that are communal yet fragmented, local yet humble.”³¹ It’s evident that there is something that can be gleaned from communities, but it’s our (the researchers’,

²⁸ Ibid, 5.

²⁹ Ibid, 44.

³⁰ Natalie Wigg-Stevenson, *Ethnographic Theology: An Inquiry into the Production of Theological Knowledge* (Basingstoke: Palgrave Macmillan Ltd., 2014), 2.

³¹ Ibid, 11.

parishioners', etc.) responsibility to encounter each community's suffering and celebration with respect for their bodily knowledge. All of this can be done once one accepts the invitation to open one's eyes to "new ways of being human."³² Theological fieldwork becomes an experience where the researcher or parishioner enters a moment of communion where everyone is not only welcome to attend, but everyone is welcome to drink from the same cup.

Perhaps this is the encounter through camaraderie Mister Rogers intended, and his words, "I have always wanted to have a neighbor just like you/ I have always wanted to live in a neighborhood with you," invite the neighbor to bring her true self to the community. She brings herself in the hope that Mister Rogers gains a better understanding of the world around him and other neighbors, those on the show and viewers, can share in the beautiful day and authentic relationship. Mister Rogers' philosophy of co-existing relies on love and peace which can be aligned with a theological concept of doing justice. The relationship between science and theology as mentioned earlier seeks to determine *how* life should be lived and interpreted. Scharen's work pushes for the academy to practice an openness to understanding human nature considering all means available. It could be said that Scharen uses the social sciences as a resource for choosing a method and theology as a source for making practical claims about reality. His work would lead me to believe that in drinking from the cup holding both disciplines we are given a framework that helps us draw meaning from our experiences, and yet, we still must seek out fieldwork as a means of also understanding that which seems alien. Pastoral theologian Mary Moschella has also done work on ethnography as a pastoral practice. Her work

³² David G. Kirchhoffer, "Turtles All the Way Down? Pressing Questions for Theological Anthropology in The Twenty-First Century," in *Questioning the Human: Toward A Theological Anthropology for The Twenty-First Century*, edited by Lieven Boeve, Yves De Maeseneer, and Ellen Van Stichel (New York: Fordham University Press, 2017), 183-193.

shares in this outlook as she urges scholars to better understand pastoral ethnography as a practice that questions “theology-in-action” and how scholarship and congregations can “respond in more faithful and prophetic ways to the living human web of life both within and beyond the local community.”³³ Although the book’s organization is similar to a manual she manages to unite social analysis and theology and offer a critique of congregational care. For her, ethnographic work seeks to consider the whole “flock” and considers the *habits* as well as what is at stake for congregants when undergoing changes and transitions. Pastoral ethnography examines the ways in which people practice their faith, foster social transformation and tend to communal life. Together, disciplines and fieldwork generate a way of understanding knowledge and doing social justice in a way that enables us to see God’s work in the world and God’s work in the world is evident in our willingness to ask, “won’t you be my neighbor?”

In brief, I’d like to return to Hannah’s story before transitioning to discuss Black health care in the United States. The previous section shared Hannah’s decisions concerning her transition into American society. Either adopt the American way of living despite its isolation or attempt to create a family environment influenced by Ethiopian customs within the American society. After several more sessions, Hannah and I discussed how she could incorporate Ethiopian core customs of living into her day-to-day American routine that would help her adjust to a new life without leaving her powerless. Although I agreed with her observations on American life, I now realize I may not have offered much of a critique. During a visit to New Orleans that I realized what Hannah’s desire to be seen and acknowledged signaled, and I was faced with my hesitation to engage in everyday communion. In New Orleans, people sit on their front porch well after the sun has gone down to enjoy the view, talk to their loved ones, or

³³ Mary Clark Moschella, *Ethnography as a Pastoral Practice: An Introduction* (Cleveland: Pilgrim Press, 2008), 5.

simply just take in the night air. The "why" concerning them sitting outside isn't as important as the practice itself. While walking back to my friend's car, she kept interrupting our conversation to say "goodnight." The first time she spoke I thought she was mumbling something back to me. Then I noticed that I had been more focused on the conversation and where I was walking that I hadn't paid close attention to the houses we were passing. It was night and I assumed that people were inside, but the more we walked I realized that behind the shadow of French rooftops and pillars were people sitting on the porch. My friend was exchanging greetings with them as we walked back to her car. Although it was a simple, "goodnight," it meant so much more to me. It was a willingness to see someone without there being something to gain in return. The next night I was prepared. I smiled and said goodnight to everyone I saw on the street and sitting on porches.

To engage in fieldwork, and take on *habitus* honestly and justly, we must admit to ourselves that we are selfish and self-consumed. Individualism is the ultimate obstacle that prevents us from receiving the gift of knowledge, companionship, and love we share with peoples and communities. Hannah would have been overjoyed to accept Mister Rogers invitation, and yet, there wasn't a Mister Rogers in her neighborhood. After many failed attempts to engage in community and congregational customs in the U.S., she was despairing and unable to see God's work in the world. Considering Scharen's work and Hannah's experience, I've been awakened to consider how knowledge can be gleaned from communities and how we can glean knowledge while amid practice. Retelling Hannah's story has shown me a fragmented space within the theological understanding of communion that the church has yet to adequately address and provide a caring response. As a counselor, I couldn't travel into Hannah's community every week, but I believe every week Hannah brought who she was, as an Ethiopian woman, wife, an

expecting mother, lover of art and American citizen to our sessions and invited me to drink from her cup as her neighbor.

Imagery is a helpful tool for exploring relationships, and I agree that the relationship between science and theology is best expressed by pouring two substances of the same density into one cup. That mixture is a relationship which creates ‘something else’ and thus for the sake of our survival, science and theology must be willing to unceasingly come together as something else. Sharing the narrative has helped me put together an argument that challenges the current relationship between the social sciences and theology and asks that they become joined as comrades or companions seeking to transform communities and offer social reform. A relationship like the one I describe where social sciences and theology are in communion with one another could pave the way for better public health programming and services, specifically in the Black community. Therefore, I take on the invitation to consider communion more deeply in order to further interrogate another factor in Hannah’s narrative that I didn’t explore, the health care system. My approach to critiquing the health care system is a form of resistance and attempts to challenge the injustice and social misery health agencies have allowed to go unchecked at the expense of the Black community. My comments concerning Hannah’s experience with health care systems in the United States are personal speculations and were not confirmed with her during our sessions. It’s with her narrative and my commentary that I endeavor to practice Cornel West’s theory of prophetic criticism and take on the role of a critical organic catalyst whose purpose is to act as a prophetic critic.³⁴ The intent behind the following chapter is to show my fight to keep alive potent traditions of critique and resistance.

³⁴ Cornel West, *Keeping Faith: Philosophy and Race in America* (Abingdon: Routledge, 1994), 138-139.

CHAPTER II

CRANES IN THE SKY

Ethiopian Black in 'Merica [sic]

One component of Hannah's relocation that she didn't express as a concern during our sessions was the possible racial tension she experienced in the United States. In addition to her adjustment to American culture, I secretly questioned how she identified herself and if she felt other people and agencies, like Hope Clinic, held a different perspective. Hope Clinic for Women's client assessments express a limited perspective on race. Their attempt to address racial differences often seemed like they overlooked the major factors. For example, a majority of clients receiving services identify as Black and reside in North Nashville. Hope Clinic for Women is located on Hayes Street, parallel to West End and doesn't offer transportation options for pregnancy clients. Feedback forms frequently expressed clients' concerns about being able to attend their appointments due to the lack of transportation. As a BRIDGE mentor, I can recall several times my clients missed sessions or arrived late due to transportation troubles.³⁵

This example was most concerning since a significant amount of funding for Hope Clinic comes from local churches in the Nashville area. It would seem practical for the clinic to allocate funds to service a local church bus or van, have funding parties donate a vehicle, or purchase their own. A counter argument to my proposition would question the level of responsibility the Clinic is obligated to when providing services for clients. This unfortunate response further calls

³⁵Townes, *Breaking the Fine Rain of Death*, 125. "These factors are referred to as "sociomas"—social problems that range from not having a ride to the doctor's office, to drug addiction, to homelessness, to despair."

into question health-care delivery systems and the mission or principal reason behind the services being extended. If clients are unable to access care because of interrupting factors, the goal should be to eliminate the interruption. Eliminating the interruption would be a response based on health-care *need*. In her practical theological study of women's poverty, Pamela Couture argued for public policy to adopt the concept of interdependence and shared responsibility to meet the minimum economic needs of families and establish psychological and economic security.³⁶ To construct these concepts Couture includes Lutheran and Wesleyan ethics of care. She explains how self-sufficiency replaced interdependence and our need for interpersonal relationships. In using interdependence as a context she argues that an "ethic of care through shared responsibility allows room for the psychic empowerment of self-sufficiency" and can present itself as one caring for one's neighbor.³⁷ The same argument concerning health care access can be made against care services that place unrealistic responsibilities on care seekers. To my knowledge, Hope Clinic has yet to offer transportation options for clients. I offer this complaint as one of the many ways care services can consciously and unconsciously overlook pertinent matters concerning race and socioeconomic status that end in perfunctory or fragmented services being extended to those in need.

The same could be said when racially identifying one's self while registering for care services. To incorporate interdisciplinary dialogue into my practice, I often discuss my concerns with health care programs while in the company of public health researchers and practitioners who remind me that having several racial options for individuals to choose from can complicate data collection. Asking minorities to choose from the standard options: Asian, Hispanic or

³⁶ Pamela D. Couture, *Blessed Are the Poor? Women's Poverty, Family Policy, and Practical Theology* (Nashville: Abingdon Press, 1991), 169-174.

³⁷ *Ibid*, 169.

Latino, Black or African American (non-Hispanic), Native Hawaiian or Other Pacific Islander helps researchers assess the population without creating several subgroups.³⁸ Unfortunately, these categories don't always best represent the population or allow individuals to be identified accurately. Hannah's move to the United States concealed her identity as an Ethiopian and inducted her into the Black community. Although Hannah is very much an Ethiopian woman, she will not be spared the fight of being a Black woman in the United States. She will be subjected to the imposed and authored realities the label "Black" has in the United States.³⁹

In 2016 songstress Solange Knowles released an album entitled *Seat at the Table* which included her hit single "Cranes in the Sky."⁴⁰ The album sent a tidal wave through the Black community especially for Black women who sympathized with her lyrics. Her songs addressed cultural appropriation, the political climate and racially offensive behaviors like touching a Black woman's hair without her permission. One of the album's most celebrated songs, "Cranes in the Sky" describes Solange's attempt to avoid painful feelings, likely those resulting from a lost love, the dissonance, and rejection experienced as a Black woman in America. Her lyrics about mental and emotional health can be felt by most listeners who've felt a similar frustration as a result of various life circumstances. The lyrics describe numerous attempts to suppress frustration like abusing alcohol and drugs and even giving into consumerism to fill an emotional void. She sings,

³⁸ For more on this, see the National Institutes of Health revision to the racial and ethnic category. <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-089.html>

³⁹ The slash through the word "Ethiopian" symbolizes Hannah's removal from Ethiopian culture and her identity as a black woman in the United States.

⁴⁰ Solange Knowles, *Seat at the Table*, "Cranes in the Sky" (New York: Columbia Records, 2016), <http://www.solangemusic.com>.

I tried to drink it away
I tried to put one in the air
I tried to dance it away
I tried to change it with my hair
I ran my credit card bill up
Thought a new dress would make it better
I tried to work it away
But that just made me even sadder
I tried to keep myself busy
I ran around in circles
Think I made myself dizzy
I slept it away, I sexed it away
I read it away
Away⁴¹

Each attempt to change her perspective and mood failed, causing her to become more hopeless. Although Solange's motivations behind writing this song differ from Hannah's transition to the United States and the emotional response of millions of listeners who purchased the album, the song manages to describe a context that many people have or will inhabit at some point in life. The song's ability to speak to the embodied suffering of groups of people gives it the right to be taken up as an authentic source to drawing meaning. The album continues with other songs that address racism, the possibility of a better future and Black resilience. Track nineteen entitled, "Pedestals" describes rapper Master P's journey during the beginning of his career and his opinion on the differences of Black life. In the fifty-eight second track, Master P explains how he never cried about the difficulty in his life, so the vocal sounds in his songs were his "war cry." He also offers a critique of medical services within the Black community in response to drug use. Master P argued, "a lot of their kids [whites] are dying from drug overdose. Think about it. Black kids have to figure it out. We don't have rehabs to go to. (snickers) You better rehab-yourself.

⁴¹ Ibid.

But for us, you can't pull the plug on us and tell us it's over. Not me.”⁴² His critique of rehabilitation facilities implicitly suggests the lack of access Black people have to facilities most likely due to the cost and lack of medical coverage. Well-known centers often cost up to \$20,000 for a 30-day program. For those requiring 60- or 90-day programs, the total average of costs could range anywhere from \$12,000 to \$60,000.⁴³ The cost of rehabilitation is likely to take most of the yearly income of the average middle-class Black family, making the use of services highly unlikely. Unfortunately, the lack of rehabilitation in the Black community has continued to increase substance abuse. I've questioned research including Black Baby Boomers when many of them were denied adequate government support and health care services.⁴⁴ This reality accounts for what I perceive as a decline in health and life expectancy among Black Baby Boomers. I will further explore this aspect of health in the following section. In addition to Solange's riveting master piece of an album, she manages to engage a popular Black male rapper in a conversation concerning behavioral health. In the short interlude, Master P admits that he needed help, but instead used music as a therapeutic tool to cope with his frustrations.

Hannah's experience, Solange's lyrics, and Master P's words offer three unique examples of people in the Black community who need care. Their experiences are an accurate reflection of

⁴² Solange Knowles, *Seat at the Table*, “Interlude: Pedestals” (New York: Columbia Records, 2016), <http://www.solangemusic.com>.

⁴³ “Cost of Rehab - Paying for Addiction Treatment,” *Addiction Center*, accessed February 28, 2017, <https://www.addictioncenter.com/rehab-questions/cost-of-drug-and-alcohol-treatment/>.

⁴⁴ For more on this, see Beverly Mahone, “When Will African American Baby Boomers Be Counted,” *Huffington Post*, accessed February 28, 2017, http://www.huffingtonpost.com/beverly-mahone/Black-baby-boomer-health_b_1793662.html. AARP, “African American Baby Boomers: Changing the Paradigms on Aging,” accessed February 28, 2017, <http://www.prnewswire.com/news-releases/african-american-baby-boomers-changing-the-paradigms-on-aging-55890967.html>.

the ways in which people attempt to cope with trauma and suffering. To enter a space where care can be extended and accepted within the Black community, we must revisit conversations on the Black health crisis. The invitation of communion requires an ethic of care that will do justice to the lives and experiences of Black people. Before offering my interpretation of the health needs of Black communities, I offer this summary of models and practices already at work in the Black community in the next section.

Black Jesus is Out of Office

The health of Blacks in the United States has always been fragile when placed in the hands of medical models constructed without knowledge of the Black body. The federal government's goal to eliminate racial disparities by 2010 was an ambitious goal and one that we have yet to see materialize. Some scholars have argued that one major factor is racial discrimination done by physicians, insurance and other medical companies who see black people as liabilities. It's no secret that racism remains a common factor in the caring professions despite efforts to foster diversity among practitioners and provide care to all persons in need. Health care policies are tools that remind us of the racial hierarchy in the United States and our current health care system will undoubtedly reflect this unsettling reality in the near future. Religion scholar Charles Long's research suggests that Black bodies have always fallen victim of "ramifications of political, economic, and social import."⁴⁵ With the awareness that racism could separate Blacks from the care they need, many community-based organizations took on the responsibility of caring for the Black community. The use of organizational language doesn't exclude more

⁴⁵ Charles H. Long, "Bodies in Time and the Healing of Spaces," in *Faith, Health, and Healing in African American Life*, ed. Stephanie Y. Mitchem and Emilie M. Townes (Westport: Praeger, 2008), 36.

informal practices like the Native “medicine man” and Hoodoo practices. Any discussion of Black life should be grounded in the history of our ancestors. Thus, I begin by offering a family healing tradition of my own and return to slave culture.

Living in Saginaw, Michigan was always home, but conversations about southern living and summer trips to Mississippi made the South seem like home. My Granny was born and raised in Greenville, Mississippi, affectionately known as the Delta and wore her roots like a badge of honor. She was slightly stubborn, at times brutally honest, but she loved her family. Her sister, Aunt Alice, was her last living blood-relative and the ordained healer in our family. Every summer Granny traveled to visit Aunt Alice and stayed for two weeks. I wouldn't dare ask her to bring anything back for me, but I always hoped she would. She never did. At least she never brought back what I hoped she would. When Granny returned from visiting Aunt Alice she always brought each family a Vaseline container that had been filled with Aunt Alice's cream. Exciting! As a kid I couldn't care less, but welcomed her home and said thank you. I wouldn't become grateful for that old Vaseline jar until the next time I scraped my knee or had a scratch I needed to heal. In our family, Aunt Alice cream was used to heal any and every ailment on the body from a knife cut to stubborn dark spots. The thick white cream could be applied anywhere, but the face to avoid dark scarring. It was quite literally a miracle cream. For years family members would try to get my great aunt to give up the secret ingredients, but she never would. They'd sit around yelling out various household items to see if she'd respond, but the only ingredients they could guess were included were Crisco shortening and sulfur.

Once I reached my teenage years we were running low on cream and Granny wasn't making trips to Greenville anymore. I became desperate to know what was in the miracle cream and thought I could trick Granny into telling me. Unfortunately, she didn't know but I did learn

where the cream got its healing power. Back in Greenville, Mississippi my great Aunt Alice had 20 children who loved her and she loved them back. While one of my cousins was playing outside he cut his leg deep, but not to the extent that needed stitching. After avoiding treatment for a week or so it became infected. Aunt Alice prayed that God would show her what she could do to help it heal and save his leg from the infection. God responded instructing her to make a cream for the family using her hands only. It was then that Aunt Alice began making the cream for the whole family to use as a medicinal ointment. God had anointed her to make a cream that has healed various pains for three generations. Stories like this are common throughout black households and are passed on through generations like recipes. My family's rich Native American and deep South practices continue to invite us to interrogate our embodied beliefs and practices in the hope of piecing together our family narrative. It's likely that our journey of discovery has only just begun.

While visiting New Orleans, Louisiana I observed many practices and witnessed the lushness of New Orleans culture. Hoodoo is a practice derived from African slaves and African descendants and is practiced today by some Blacks. During my time in New Orleans, I went to a local healing store and was fortunate to engage with a man who shared with me his family history and various charms. Dominant health research has overlooked Hoodoo as a legitimate source for healing; however, scholarship dedicated to understanding Black health practices acknowledges this tradition and its value to our medical history. Womanist scholar Yvonne Chireau writes that Hoodoo first appeared in the 1800s and sought to "manipulate invisible forces so as to influence the human condition for purposes of empowerment and protection, as

well as to commit acts of aggression and self-defense.”⁴⁶ Hoodoo’s lure was that it gave slaves a sense of agency to regulate the poorly distributed power during enslavement. Slaves’ claim, “I hoodoo you” allowed them to act on their own behalf, as a *bondsperson*,⁴⁷ in ways that healed and protected one’s self or loved ones.

Hoodoo continues to provide alternative ways of healing that are unique to Black life and needs. Healing practitioners in families and communities offer care when external systems fail to do so or are inaccessible for various reasons. These folk practices offered a response that was connected to the spirit even when the spirit seemed unavailable. Currently, Hoodoo is practiced by individuals who aren't descendants of African American ancestry. One of Chireau’s concerns questions the implications this has for concepts of community and how its use continues to interpret and address affliction. Black theology builds on the empowerment found in the history of healing in Black communities. Theologians like Theophus Smith continue to challenge Black theology to move beyond the theme of liberation from economic, social and political oppression and embrace the “magic” that is Black religion.⁴⁸ Embracing Black religion means embodying a beautiful and raging power. Womanist scholar Emilie Townes describes womanist spirituality as “not only a way of living, it is a style of witness that seeks to cross the yawning chasm of hatred

⁴⁶ Yvonne Chireau, “Natural and Supernatural: African American Hoodoo Narratives of Sickness and Healing” in *Faith, Health and Healing in African American Life* ed. Stephanie Y. Mitchem and Emilie M. Townes (Westport: Praeger, 2008), 4. For more on this, see Yvonne Chireau, *Black Magic: Religion and the African American Conjuring Tradition* (California: University of California Press, 2006).

⁴⁷ Long, “Bodies in Time and the Healing of Spaces,” 43.

⁴⁸ Theophus Smith, cited by Frederick L. Ware, *Methodologies of Black Theology* (Cleveland: The Pilgrim Press, 2002), 123-124.

and prejudice and oppression into a deeper and richer love of God as we experience Jesus in our lives.”⁴⁹

To my knowledge, my Aunt Alice didn't practice Hoodoo, but like other bondspersons she called on the supernatural power she believed in to help her create a healing treatment to heal her people. Long argues that conjuring is not only a technique of healing, but a form of epistemology and remembering the past of Black bodies. Long's argument draws connections between conjuring practices and African tribalism and how each serves as a memory of community while in Africa and North America. Conjuring was used for healing and protection, but it also worked as a deciphering system that revealed instructions as well as meaning for irrational suffering. Medical societies remain one of the most difficult fields for Blacks to enter.⁵⁰ And to further complicate the system, fewer physicians were previously being trained during the 1980s when health-care analysts still agreed with arguments claiming the United States produces more doctors than it needs.⁵¹ With this in mind, Long pushes for African American communities to begin to understand the nature of modernity on their own terms. Long suggest that Blacks come to terms with never being a part of history as "authentic human beings" while simultaneously being a part of history because of this exclusion. It would seem this is the challenge we have faced while attempting to strengthen our communities. Perhaps African Americans seeking to make meaning of the past should consider the words of Nelson Mandela

⁴⁹ Emilie M. Townes, *In a Blaze of Glory: Womanist Spirituality as Social Witness* (Nashville: Abingdon Press, 1995), 11.

⁵⁰ “10 Medical Schools with the Most African-American”, *U.S. News*, Delece Smith Barrow July 26, 2016, accessed February 28, 2017, <https://www.usnews.com/education/best-graduate-schools/top-medical-schools/slideshows/10-medical-schools-with-the-most-african-american-students?slide=12>.

⁵¹ Townes, *Breaking the Fine Rain of Death*, 45.

and understand that although history is a rich resource that has the potential to be empowering "it doesn't dictate our choices. We should look back at the past and select what is good, and leave behind what is bad."⁵² While accepting periods of strife and celebration, attention should be paid to the trauma present during periods of celebration and be used to construct "a new interpretation of the traumatic experience that affirms the dignity and value of the survivor[s]."⁵³ French philosopher Michel Foucault writes, "He is seen, but does not see; he is the object of information, never a subject in communication."⁵⁴ Using theological ethnography to mine personal narratives may help us learn how to draw meaning for communities in need of care.

Hannah, Solange and Master P all have different points of departure and various periods in time where they may have felt God left them to fight for themselves. Accepting the invitation to be in communion with one's neighbor will repair communal relationships within the Black community that in turn leads us to repair our relationship with God. The reparation of our relationships may help us to learn that God is not "out of office" and our messages have reached God. Once harmony with ourselves, our neighbor and our God is achieved, the community can enter into a potential space when collectively neighbors can productively address and respond to health care issues.

Black Health Issues

This section concerning Black health issues explores education, diet and exercise as well as political and cultural ways Black health disparities are addressed. In high school, physical

⁵² Nelson Mandela, *Nelson Mandela: Speeches 1990* (New York: Pathfinder, 1990), 31-39.

⁵³ Judith Herman, *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror* (New York: Basic Books, 1997), 178-179.

⁵⁴ Townes, *Breaking the Fine Rain of Death*, 121.

education was a class that most students wanted to take because it required little to no effort at all and most of the class period was spent on the track, in the gym or pool, and of course the weight room. Students who despised sweating, like me, avoided this class like the plague and instead chose two semesters of health education. Unfortunately, taking two semesters of physical education wasn't an option and in the spring all the student athletes and male students—too cool to try out for the team but enjoyed playing—poured into one of the smallest classrooms in the school. When the instructor asked students what they thought the planned topics were for the semester, she received a dry answer that usually involved drug use and eating from all food groups which at that time was represented by the food pyramid. What I recall most is how dry the presentation of being healthy and living a healthy lifestyle was conveyed. Little to no attention was paid to the differences in culture, biology or access. It was only on rare occasions that students enthusiastically engaged in the conversation.

Needless to say, health care delivery is important at every stage of learning, and yet, the presentation of health education is rarely compelling. The average public high school classroom is an excellent context to engage in meaningful dialogues. Educators are privy to a unique and ripe environment that welcomes ways for students to become involved with their health. For example, in this space, the instructor could ask the students if there's a meal that their caregiver prepares that makes them want to vomit. If I'd been asked this question I wouldn't have blinked before compulsively yelling out: green beans, white rice and baked chicken breast. This was a staple meal in my family, and although it was on the healthier side of our traditional menu, there weren't many ways to make baked chicken breast exciting after the third or fourth try. I'm pleased to say that my palate has grown, though I only eat baked chicken breast roughly three times a year to avoid it becoming a habit. In asking these simple and silly questions we're able to

hear more than an answer in our conversations and invite others to share narratives about the past, present and future.

Then we move from hearing narratives to being able to interrogate our lifestyles and tease out practices and other concerns that need to be addressed. If the instructor asked students to write why they believed their caregiver prepared the meal, she would challenge the students to consider their own context and access their cultural, educational and economic background. Some students might believe a meal was the only meal their grandparent knew how to prepare. Other students might attempt to explain that their family only receives Supplemental Nutrition Assistance Program (SNAP) benefits at the beginning of the month and by the end of the month the family is usually required to eat leftovers. If I would have been invited to share my thoughts, I probably would have said that chicken breast was my mother's attempt to appease my sisters' preferences. She typically cooked a whole chicken because it was more affordable when cooking for a house of six and sometimes seven people. However, once my sisters became vocal about what part of the chicken they wanted, she realized that buying a whole chicken instead of breast would lead to four of the five girls complaining. Although buying chicken breast was more expensive, she began shopping at Gordon's Food Service and buying a five-pound bag of chicken breast that would feed the whole family at least one time if the breast were big enough.

Some Black youth remain unaware of the implications poverty has on various areas of life while others have a hypersensitivity to the reality poverty imposes on Black life. Conversations about health education should not happen with the exclusion of race, gender and class. Without these theoretical tools informing our thought, we're discussing a superficial reality. Emilie Townes discusses poverty as a social reality that has been moralized with

stigma.⁵⁵ Knowledge of this stigma leads people who are in desperate need of assistance to be reluctant in using government funded aids such as Medicaid and SNAP benefits also known as food stamps. Townes offers an example of a white family that was only able to secure partial health coverage and debated whether or not they'd apply for Medicaid or allow their nine-month-old son to be uninsured. The parents eventually decided to enroll in the program, but the mother was adamant about it being a temporary precaution. In Townes' analysis of health coverage, she outlines the increase in commercial insurers and the disparities between health care coverage for Black families. Earlier I briefly discussed discrimination against Black families especially those with a history of illness. Townes explains the shift in rates and coverages from being averaged within groups "so that those with more expensive medical problems were included with those with minor to no medical problems."⁵⁶ Now individuals and families with expensive medical problems fall into higher experience ratings and are likely to pay higher premiums. Townes is careful to keep the conversation of universal care on the table as she shares data about other countries health care systems that are failing those in need while also fostering a spirit of hope and a possibility to get it right. Germany is one of the countries she uses as an example for communities who want to change fragmented health delivery results.

Germany has 1,100 sickness funds, which are private, nonprofit insurance providers affiliated with doctors' associations. These funds provide coverage for all low-income workers and their dependents and for all employers who, by law, must join them. Insurance cost is equally divided between workers and employers with the unemployed and retirees covered by a separate arrangement.⁵⁷

⁵⁵ Ibid, 31.

⁵⁶ Ibid, 32.

⁵⁷ Ibid, 47.

In this country's coverage plan it's clear that the ultimate concern isn't making a profit, but attempting to offer a better quality of care. There are resistance programs in the United States like the physician directed network (PDN) that work toward creating doctor owned and managed plans, but these independent networks are short term fixes to a chronic problem. This patchy attempt to correct health care delivery problems further uncovers how health care systems have struggled to offer relevant ways of caring for the Black community in areas other than health care coverage.

In 1994, Marlon Riggs released "Black is...Black Ain't"⁵⁸ which defied and reformed the perception of Blackness for Blacks and other races with harming perceptions of Black life.⁵⁹ He uses gumbo as a metaphor to describe the diversity of Blackness (a tapestried reality⁶⁰) and its unique construction within a society where white Americans have typecast Black life. We are, as Riggs suggests, combating rigid definitions of Blackness that African Americans impose on each other.⁶¹ Sadly, these definitions have also been devastating not only for those who personally identify as Black but immigrants (e.g., African, Caribbean, Haitian, etc.) who have Black identities imposed on them. The film invites one to consider, is there an essential Black identity? Is there a litmus test defining the real Black man and true Black woman? Language, class,

⁵⁸ Marlon Riggs, Angela Davis, bell hooks, and Cornel West. "Black is...Black Ain't," DVD, Directed by Marlon Riggs and Christiane Badgley (Oakland: Unknown Distributor, 1994).

⁵⁹ For more, see resources created to foster dialogue about the film like the California Newsreel lesson guide <http://newsreel.org/guides/Blackgui.htm>.

⁶⁰ Townes, *Breaking the Fine Rain of Death*, 50.

⁶¹ Ethicist Victor Anderson writes about restrictive cultural politics of black identity and the need for a broader human scale. Victor Anderson, *Beyond Ontological Blackness: An Essay on African American Religious and Cultural Criticism* (New York: Continuum Publishing Group, 1995).

gender, regional background and sexual orientation are concepts that can be used to join people and just as easily separate nations sending them to their demise. bell hooks appeared in the film and described a “flattening of difference” among Black folk trying to show unity instead of a “union through communion.”⁶² hooks argued that by taking up this understanding, Blacks could unleash a power like never before. Her use of communion pushes Blacks to consider a more desirable goal: a coming together of different-thinking, different-sounding individuals. hooks suggestion to alter our cultural concept of unity flows into my argument for communion with one’s neighbor. Riggs also reopened conversations concerning HIV/AIDS in the film and revealed his personal battle with the disease to the nation.

Townes offers an interesting point while addressing the Black community’s stigmas and hesitation to engage in programming concerning HIV/AIDS. She notes that the same strategies used by Public Health Service (PHS) to recruit and retain participants during the Tuskegee Study are used for HIV education and AIDS risk-reduction programs.⁶³ Knowledge of the same structures being present in Black communities is likely to reopen wounds that never healed correctly and bring reminders of pain that were never affirmed and given language. Many of the conversations I’ve heard or engaged in concerning HIV/AIDS involve most Black people admitting their ignorance by saying, “I don’t know nothing about that” while at the same time closing the door to understanding. I believe it’s possible for the Black community to enter into a space where we accept fear and rage, “along with the physical and spiritual manifestations of

⁶² Riggs, “Black Is...Black Ain’t.”

⁶³ Townes, *Breaking the Fine Rain of Death*, 126.

disease.”⁶⁴ If the Black community is given the opportunity to feel affirmed and have language for the trauma endured not only as victims of oppression but horizontal violence as well, we can become agents of our own care in a way that brings healing to the entire community. Riggs’ film exposes who we’ve been and urges us to consider who we can become once we understand that “our unity is our defense, and the unmaking of our oppressors.”⁶⁵

I’d like to end the discussion on Black health with more thoughts on the decline in health and life expectancy in the Black community. I mentioned Black Baby Boomers as a group within the Black community, but a group that is rarely discussed in depth outside of education, retirement and wealth. Townes begins a discussion about the poor quality of life one can have while living a longer life. “The poor live shorter, unhealthier, and more disabled lives. The realities of mental illness, poor educational systems, crime, inadequate housing, environmental racism, limited income, and drug use create a deadly conundrum.”⁶⁶ Her observations can speak to Baby Boomers as they reach their later years. With the fate of social security constantly being called into question, Black Baby Boomers vow to work until they're unable to in order to save as much money as they can.⁶⁷ Unfortunately, this means they continue to work while having illnesses, sometimes chronic, and consequently do more damage to their bodies than good. Barbara Dixon draws a connection between poverty and health problems and posits that poverty

⁶⁴ Kathleen O’Connor, *Lamentations and the Tears of the World* (Ossining: Orbis Books, 2004), xiii.

⁶⁵ Mandela, *Nelson Mandela*, 34.

⁶⁶ Townes, *Breaking the Fine Rain of Death*, 39.

⁶⁷ Sheiresa Ngo, "AARP Releases Survey of African American Baby Boomers," Black Enterprise, June 11, 2014, accessed February 14, 2017, <http://www.blackenterprise.com/money/aarp-releases-survey-of-african-american-baby-boomers/>.

is at the base of most Black health issues. Townes offers a response to Dixon and her words are sobering as she works to explain the difference between conditions of poverty that foster disease and having a genetic predisposition to disease. Baby Boomers' commitment to build wealth and obtain financial security is their attempt to break cycles of generational poverty. At the same time, preventive care is rarely extended to impoverished communities and Black communities are unlikely to be the first priority. The result of these pathways concludes with Baby Boomers over working their bodies without taking appropriate health measures like monitoring their diet and exercising, having medical exams and discussing their mental health with a professional. The Baby Boomer generations' efforts to secure wealth and enjoy living while paying little attention to their health has resulted in later generations, like Millennials', overall oblivious attitude concerning the need for (un)health awareness.

My observation is that most Millennials' interest in having a healthy diet and exercising is less about having health practices and a better quality of life and more about being "snatched" and sexy. Popular culture continues to feed the self-serving *id* of youth and adults who want to have the latest trends. Reality television takes this to the extreme with shows like the *Bachelor*, *Love and Hip Hop* and a recent 'health' focused show, *Revenge Body*. *Revenge Body* host, Khloe Kardashian, presents the show as a way for individuals to have a better lifestyle and make their past lovers, friends and enemies regret their days of shaming.⁶⁸ The slogan, "looking great is always the best revenge" is often used on the show and participants make it a point to share their past body shaming stories with the world. On the surface, this show appears to be focused on empowering individuals to claim who they are and feel comfortable in their skin. After watching

⁶⁸ Khloe Kardashian, *Revenge Body*, Television show, Rogue Atlas Productions, Lionsgate Television and KhloMoney Productions, Inc., 2017, accessed February 28, 2017 <http://www.eonline.com/now/revenge-body-with-khloe-kardashian>.

a few episodes, I gathered that Khloe might have bitten off more than she could chew. Some participants on the show have done the emotional and mental work it takes to overcome trauma, while other participants search for a quick fix that is gratifying. Khloe offers the participants makeovers that include them receiving help from a personal trainer, dietician and stylist (glam squad). It would seem in some cases *being* healthy and happy has been replaced with *looking* healthy and happy and perverted some individuals desire to live a fulfilled life. Television shows and fitness programs walk a fine line between advocating or educating the public about a psychological and physical health and glorifying one's appearance. A desire to be happy cannot substitute a need to find peace and harmony in one's lived life. Although Khloe's intention isn't to mask psychological trauma or contribute to participant's fragmentation, she is a silent partner in the consumerist market of trauma. Instead of pursuing pathways that lead to flourishing, well-meaning intentions are held captive by schemes and plots to 'best' someone else. Instead of trauma being treated it is magnified and commodified in ways that push people to *self-delusion*⁶⁹ and phony substitution. Individuals and communities achieve flourishing by understanding the nature of our conditions, illnesses or otherwise, and knowing the options of treatment available. With this independence and knowledge, we become advocates for our own care and aren't blindsided by conditions such as hypertension, menopause, various cancers, and depression. We learn that health recovery is dependent on a change in practice *and* thinking. One without the other leaves us with an emptiness as we watch the doorway of our lives for 'something' that will never come.

⁶⁹ Chris Hedges, *Empire of Illusion: The End of Literacy and the Triumph of Spectacle* (New York: Nation Books, 2009).

CHAPTER III

MOURNING GRACE

Womanist Ethic of Care

Still our eyes yearned for help in vain.
We were watching eagerly for a nation that did not save.
- Lamentations 4:17

As a Black woman, I can recall several experiences in the past decade that have left me amazed at the level of disregard for humanity. Our society has demonstrated a blatant disregard for children, the poor, pregnant women, women and men in general and animals. The level of trauma experienced and witnessed, leaves many people pleading for a change of course. Acts of violence against humanity reflect moral failures that have changed the lives of people across the United States. As a result, these failures bring about real socially-political consequences that have changed the climate of our nation. What some call hate and others call despair, Cornel West describes as “murky waters of dread and despair that now flood the streets of Black America” as *nihilism*.⁷⁰ Even while in the state of despair, there’s a final hope that the community’s suffering will finally abate. The mantra “if you want something you've never had you must be willing to do something you've never done” isn’t attributed to any figure or movement, but I think it offers a prophetic message for the current state of Black health in the United States. The list of health and disease pattern present in the Black community runs long and includes everything from diabetes, stroke, sickle cell anemia and infant mortality to obesity, chemical dependence and

⁷⁰ Cornel West, *Keeping Faith: Philosophy and Race in America* (Abingdon: Routledge, 1994), 24.

HIV/AIDS. We have tried to care for communities using various health promotion models such as social ecology which accounts for social and cultural influences on health behaviors, PRECEDE-PROCEED which offers program planners a step-by-step outline for planning, implementing and evaluating health promotion programs, and the PEN-3 model which provides a framework that utilizes a practical approach to ensuring the cultural relevance (ecological validity and cultural sensitivity) of a health promotion intervention.⁷¹ However, correcting the inequalities in health care alone will not solve the health problem of the Black community. The change Black health needs must involve altering practice and thinking. As a community, Black people must welcome a change in Black lifestyles. It's possible that talking about changing our living will beckon Blacks back to the ways of our ancestors who survived using unintended dietary supplements like the iron consumed from preparing food in a cast-iron skillet. Health researchers Goldman and Cook analyzed the decline in ischemic heart disease between 1968 and 1976 and found that changes in lifestyle saved more lives than did all medical interventions combined.⁷² Conversations concerning a change in lifestyle must be inclusive and attend to particularities within black life.

⁷¹ Communal lament assumes the health action process approach which relies on the involvement of all community members and includes the members in developing the program. The health action process approach can be used to examine the behavioral change within the Black community's health practices and offer a guideline for replicating the approach in other communities using accountability as the motivation behind behavioral changes and preventive actions. For more, see C. James Frankish, Chris Y. Lovato, and Iraj Poureslami, "Models, Theories, and Principles of Health Promotion: Revisiting Their Use with Multicultural Populations," in *Health Promotion in Multicultural Populations: A Handbook for Practitioners and Students* edited by Michael V. Kline and Robert M. Huff (Los Angeles: Sage Publications, 2008), 65-77.

⁷² Goldman and Cook, cited by Joyce W. Hopp and Patti Herring. "Promoting Health Among Black American Populations: An Overview," in *Health Promotion in Multicultural Populations: A Handbook for Practitioners and Students* edited by Michael V. Kline and Robert M. Huff (Los Angeles: Sage Publications, 2008), 305.

A womanist framework is befitting for this task because it involves a social understanding that accounts for the various needs of Black life. Emilie Townes offers a womanist ethic of care as a beginning solution because it uses a womanist methodology that accounts for race, gender, and class as necessary theoretical tools for developing a relevant ethic of care. Townes executes her argument using an interdisciplinary approach that joins the social sciences and theology in communion.

We are in need of a communal lament, and we have forgotten how to cry out against the plague of locusts that visits us hourly... We, as people of faith, must recapture the spirit of community and profess that we believe in the worth of all creation. Just as the whole community of Judah must lament, so all of us are in this together.⁷³

Townes' call for the whole community to come together begins with her offering of communal lament as ways to deeper engage health within the Black community. We need a moment to grieve what has been lost, misunderstood, abused, broken, and what was never there. She suggests Collins Airhihenbuwa's approach to health promotion using the cultural-empowerment method best suits her theoretical framework. Airhihenbuwa uses the PEN-3 model which consist of three dimensions of health beliefs and behaviors: health education, the educational diagnosis of health behavior and the cultural appropriateness of health behavior. Each dimension is interrelated and interdependent and provides a practical approach to ensuing the cultural relevance of a health promotion intervention.⁷⁴ Its broad framework is a culturally competent approach that incorporates the values, practices, and needs of the community. Even with paying attention to the cultural dynamics of the Black

⁷³ Townes, *Breaking the Fine Rain of Death*, 151.

⁷⁴ Frankish, Lovato, and Poureslami. "Models, Theories, and Principles of Health Promotion: Revisiting Their Use with Multicultural Populations," 77.

community, practitioners will need to be aware of the differences in how illness, such as depression, manifest themselves differently. Townes references former president of the National Association of Black Psychologists, Thomas Parham's instruction for models to be aware of depressed African Americans who show an increase in activity—the proverbial "laughing to keep from crying—as a different manifestation of depression."⁷⁵ "African American humor has long been recognized for its emotional flexibility—the ability to speak to the absurdities and humiliations of racial discrimination and to reveal those abasements as essentially ludicrous (albeit often painful)."⁷⁶ Joking gives Black people room to be in the world just as much as dancing and music.

Knowing Blacks' unique way of being in the world ushers in an attempt to understand the salvation we seek. Townes's exploration of eschatological notes on caring challenges individualism and describes a community that God has lovingly touched. Through God's touch we open ourselves up to all "God's salvation and healing to shower us with transforming power such that we can and do seek to form a world that holds the opportunity for each of us to live into health and wholeness—it is social and political."⁷⁷ The participation and inclusion of everyone in the community are particularly important. This also means sharing and understanding the emotional and social experiences of others and showing empathy when coming to see the world as a neighbor might. Townes suggests moving in the direction of a commitment to deepen our understanding and respect for one

⁷⁵ Townes, *Breaking the Fine Rain of Death*, 55.

⁷⁶ Harding and Harding, "Hospitality, Haints, and Healing: A Southern African American Meaning of Religion," 109.

⁷⁷ Townes, *Breaking the Fine Rain of Death*, 172.

another in our uniqueness and in our commonality. The Neighborhood of Make-Believe is a perfect example of a community where this commitment is being carried out. Communal lament calls the individual to accountability that is personal *and* communal. Fostering a sense of accountability includes a mutuality that seeks healthiness for all humanity and calls into questions practices that threaten to disrupt movements towards change.

The social environment is a powerful factor in health and health care. Townes' portrayal of communal lament is a call to "faithfulness as we live in the present to live into the future" and reverence for the future being "conditioned on the present and the past."⁷⁸ Advocating for Black health does not exclude the need for improvement in health care delivery for other minorities. My argument for the Black community considers the history of Black movements in creating change for all minorities. The present realities need to be lamented by all of us, peoples of color and white. Together we can combat despair and victimization, which are the enemies of hope. In Townes' final words she explains that "our task is to take the challenge a lament that dares to hope gives us—the joy along with the disappointment—and work with God until our lives begin to pulse with something vaster and greater than anything we have known before."⁷⁹ To complete this work with God, we must plan a course of action that includes God and the voices of our people. Therefore, we need a revival.

⁷⁸ Ibid, 176.

⁷⁹ Ibid, 181.

Black Revival

Ministers in the Baptist tradition referred to revivals as a 'second portion' or 'the overflow,' and the overall expectation was that God would show up. As a child, I remember dreading revivals at our inner-city Baptist church because it meant I would have to sit in a metal folding chair or on an uncomfortable pew for hours. Like most children who spend much of their time in church services, I lacked an appreciation for what had become painfully familiar. My lower back muscles still contract at the thought of being slouched down in a pew while choirs sing selections and the church mothers share their testimony. However uncomfortable the physical setting of the revival was, it didn't distract me from recognizing that something happened during revivals that didn't occur at Sunday church services. I anxiously remained vigilant, despite my discomfort, waiting to see what God did differently. While I was still wrestling with my understanding of spirituality, I was wise enough to know whatever I was looking for wouldn't be easy to parse out. It wasn't as easy as God appearing wearing a new coat. Although at the time I wouldn't have been able to describe the scene, I took the spiritual temperature of the revival to find that the people present not only believed God would show up, but that God would also offer a response to their suffering.

Truth is I'm weak.
No strength to fight.
No tears to cry,
even if I tried.
But still my soul
refuses to die.
One touch-will change-my life.

Truth is it's time
to stop playing these games.
We need a word
for the people's pain.
So lord speak right now.
Let it fall like rain.

We're desperate.
We're chasing after you.⁸⁰

In 2012, Kirk Franklin, a world-renowned Gospel artist, composed the song “Take Me to the King” for songstress Tamela Mann's commanding voice. Mann's voice is praised for its distinct range, but in this song her sound and performance invites listeners into a space for celebration and mourning. The lyrics in the song affirm the frustration, brokenness and vexed state one experiences in life and at the same time a desire to have hope. For the Black community, it explored being Black as an identity that allows one to show emotional and physical weakness from the endless struggle against oppression, disease, etc. while simultaneously having strength in one's faith. The demand for God to acknowledge what was needed, accept the possibility for change and in turn provide an answer empowered Christians to have input on when deliverance can occur. I believe the same thing happens when we call a revival. A revival becomes our creative expression of love, anger and desire. In revival the spiritual, physical, and emotional come together intimately in our expression that celebrates lament and acknowledges that we are desperate for God's touch. Even the title suggests an identity or injustice that has been unremarked and needs to be corrected. This song is significant for some people in the Black community because it serves as a contemporary cry of Israel and shares the pain and voice of the people.⁸¹ The song calls into question the kind of change the community is in search for and their collective posture while demanding that it occur immediately.

Using the word revival to describe the command science and theology have is intentional and uncovers the need for both science and theology to combat injustice. I offer the concept of

⁸⁰ Tamela Mann, *Best Days*, “Take Me to the King” (Tillymann Music Group, 2012), http://www.tillymannmusic.com/music.html?dd_id=5.

revival as a communal ritual in a congregational setting in the hope that it creates a hospitable space for Black people that is familiar and caters to their needs or to what Rosemarie and Rachel Harding call the distinct *orientation of being*.⁸² In this space, Black people will feel safe and affirmed while maintaining a connection with God, self and others. The affirmation of suffering, expression of adoration, frustration and anger as well as the co-authoring of new narratives that takes place in revivals creates space for transformation. In this context, creating a space for revival has the potential to motivate people to change and rethink how they take preventive action. During revival, we honestly address what has caused our suffering and admit that our homes need revival. Our churches need revival. Our schools need revival. This nation and the world need revival. In accepting the need for revival, we can shape it to become a community-based initiative that works to address challenges found in Black health care. Thus, revival serves as a pastoral care moment. Bonnie Miller-McLemore describes pastoral care as an activity that “disturbs as well as comforts, provokes as well as guides.”⁸³ A revival breaks silences and calls for radical truth telling; it names shame and guilt, calls for confession and repentance, and moves vigilantly toward forgiveness and reconciliation, knowing that both are even more difficult to effect than people have hoped.⁸⁴ The community joins in the pastoral moment as caregivers and advocates who agree that the goal for Black health is to articulate suffering, respond with a plan and arrive at hope. Foster Boyd’s five feature definition of WomanistCare provides the outline

⁸² Rosemarie Freeney Harding and Rachel Elizabeth Harding, “Hospitality, Haints, and Healing: A Southern African American Meaning of Religion” in *Deeper Shades of Purple: Womanism in Religion and Society*, edited by Stacey M. Floyd-Thomas (New York: New York University Press, 2006), 101.

⁸³ Bonnie Miller-McLemore, “Feminist Theory in Pastoral Theology,” in *Feminist and Womanist Pastoral Theology*, edited by Bonnie Miller-McLemore and Brita Gill Austern, (Nashville: Abingdon Press, 1999), 80.

⁸⁴ *Ibid*, 81.

for the revival: *communicate* what has affected Black health and unhealthy practices, it *affirms* rage towards external factors that have contributed to Blacks' unhealthy behaviors and caused the deaths of innocent women, men and children, it *confronts* systems and individuals who pose a threat against changes in Black health, it *holds accountable* members of the community and *offer healing* by helping one another. Reviving the meaning behind our living and being reminds us of God's saving grace and our need for salvation. Revival allows us to join under one roof and cry out to God saying,

Revive us again;
Fill each heart with Thy love;
May each soul be rekindled
With fire from above.
Hallelujah! Thine the glory.
Hallelujah! Amen.
Hallelujah! Thine the glory.
Revive us again.

Mourn for Me

If today I follow death,
go down its trackless wastes,
salt my tongue on hardened tears
for my precious dear time's waste
race
along that promised cave in a headlong
deadlong
haste,
Will you
have
the
grace
to mourn for
me?⁸⁵ – Maya Angelou

⁸⁵ Maya Angelou, *Poems* (New York: Bantam Book, 1986), 21.

Although prayers often begin with a plea for healing, as a Christian and more importantly a behavioral health professional, it was important for me to in some way address the existence of our mortality. In the preface, I mentioned my inclination to write about death and dying but its inability to convey what I wanted to say about our living moments of life. My desire to return to death still leads me to speak about life for it was in Jesus' death that we found life. "He died for everyone so that those who receive his new life will no longer live for themselves" (2 Corinthians 5:15). "He himself bore our sins in His body on the tree, so that we might die to sin and live righteous" (1 Peter 2:24). We are bonded to death and life and instead of viewing conversations as morbid, we should allow them to serve as a reminder of why we come together and give thanks. "In the same way, after supper he took the cup, saying, "This cup is the new covenant in my blood; do this, whenever you drink it, in remembrance of me" (1 Corinthians 11:25).

My goal in this final section is to address the reality that the improvement of health care and health delivery will not immediately eradicate the onset of all chronic illness within the black community and prepare practitioners who have been inspired to join in communion to say goodbye. Our hope is that our efforts to create change will save the lives of present and future generations of Black people. However, we cannot afford to become blinded by our personal agendas. We must take heed of Jesus' words that the poor will always be with us and prepare our community to move forward in hope even while letting go. Rosemarie and Rachel Harding share a personal narrative that gently explains the difficulty present in balancing one's own grief while encouraging a dying person to leave.⁸⁶ In sharing my personal experience with letting go, I hope it encourages others to engage in honest relationships with people in their neighborhood,

⁸⁶ Harding and Harding, "Hospitality, Haints, and Healing: A Southern African American Meaning of Religion," 108.

surrounding community, city and abroad. I hope others choose to seek out opportunities to speak to their neighbors, like walking down the streets of New Orleans and saying, “goodnight.” Our choice to receive the narratives of others can bring healing and grant peace to a troubled mind and heart.

My earliest experience with death was early on around the age of three or four. Our family journeyed outside of Saginaw, Michigan to bury my Aunt Rozie. I have vague memories of sitting on the couch and watching people pass in and out of the kitchen to eat and greet other family members. There’s a picture of me sitting on a couch beside my mother and her head is lowered as if she is crying. Obviously, at the time I didn't know my Aunt Rozie, but I knew how losing her felt. Years later I found the obituary of my paternal grandfather and learned that he died forty-five days before I was born. My paternal grandmother died my freshman year of high school, and only a year later my first cousin ended his battle with cancer after his daughter survived several rounds of chemotherapy. In 2007, my grandfather died from congestive heart failure, and in October of 2008, my freshman year of college, my father ended his battle with cancer. In 2012, a week before my undergraduate graduation, my grandmother died from congestive heart failure. As I prepare to celebrate another graduation without many of my loved ones, I'm overcome with emotion. I know what it is like to say goodbye and sometimes not get to say goodbye at all. I've shared my experience with saying goodbye to show that my life hasn't been spared the grief and heartache that many of us experience well before our expected time. It is painful to have moments of grief and suffering be your earliest memories of the essence of human existence; however, it also plants an at times overwhelming desire to create and have hope. In saying goodbye, we lean into our grief and begin a process that in time can lead to our sadness being replaced with tender memories that make us smile and our hurt is replaced with a

desire to be better than what we've witnessed or who we've been. Emilie Townes writes, "to live with and through grieving to get to lament, we need something to hold onto that is more than so-called facts of health. This something lets us know that although we may not be able to see the light at the end of the tunnel, it is possible to take the weight from around our hearts and minds. For me, that something is hope."⁸⁷

Communal lament is for those who are suffering as well as those whose suffering has been ended. In acknowledging the grief I feel for my loved ones, I am also able to assess their quality of life, access to care, social context and practices as factors that impacted their health and hope to be different. Although some of their deaths weren't due to a chronic illness that their lifestyles helped create, others, like my father, increased their chances of health problems by having unhealthy habits like smoking, poor diet, alcoholism, etc. Signs that death is coming presented itself in different ways for everyone. Some shared stories about their lives and regrets repeatedly while others refused medical care and asked to return home. All their responses required a different type of care for the end of life and taught a valuable lesson in how to "accompany people in death."⁸⁸ Providing comfort and encouragement or simply listening to the repetitive stories gives space for the individual to just *be*. Together they create and bear witness to their experiences and legacies. Lament also allows us space for "grace and grief" to celebrate our love for them and exchange memories that have the potential to provide hope and impact our

⁸⁷ Emilie M. Townes, "Just Awaiting and Aweeping: Grief, Lament, and Hope as We Face the End of Life," in *Faith, Health, And Healing in African American Life*, edited by Stephanie Y. Mitchem, and Emilie M. Townes (Westport: Praeger, 2008), 89.

⁸⁸ Harding and Harding, "Hospitality, Haints, and Healing: A Southern African American Meaning of Religion," 107.

plans for the present and future.⁸⁹ Hannah's search for communion, Solange's need for peace, Master P's need for space to grieve and the healing I needed to move forward have met in an unexpected and serene way. Together these experiences offer numerous areas for exploration on a journey to improve Black health, live in communion with one another and be able to say goodbye.

In this thesis, I have appropriated a womanist ethic of care to address the inner transformation that can occur from a critical reflection on the relationship between science, theology and health care delivery within the Black community. Hannah's need for communion allowed it to serve as a theological ethnographic case study that uncovered the need for further investigation into ethics of care and how they function within health care delivery. Health care systems and churches attempting to practice wholistic care should consider the local knowledge and method of care the community is currently practicing before instituting reform programs. In doing so, practitioners may find that the community has values, rituals, and symbols unique to their own orientation of being in the world and use them to suggest the necessary changes in practices. The theological suggestion this thesis offers for communities of faith is to resume the role of caregiver within the Black community and utilize external health resources that can assist in providing adequate care. Ministerial staff can receive training on how to practice responsive care for the all dimensions of health (spiritual, psychological and physical) and be able to affirm the care seekers experience. Together communities of faith and health care systems can sufficiently deliver care services to the Black community and answer the call to revive Black health.

⁸⁹ Townes, "Just Awaiting and Aweeping: Grief, Lament, and Hope as We Face the End of Life," 89.

Although this thesis does not exhaust all the scholarship available in the fields mentioned it does provide a canon that will continue to grow as I strengthen my call to living as a Christian social ethicist. My dedication to considering social context and discerning the right action that attends to the particularities of a community stems from my current work with health care services and fuels my desire to transition into full-time practice. The scholarship I've explored concerning theological ethnography has deepened my desire to use narrative as a point of departure for forming research questions. In addition to forming a research question, the narratives also uncover other commonalities among groups when faith beliefs differ. This allows us to build bridges that help us communicate and advocate for changes our communities. More importantly, this thesis has helped me continue mining for language that helps me articulate not only my own experiences and suffering, but the experience and suffering of people around me. Finally, in finishing this thesis I'm certain of three things: I'm a woman, I'm Black, and I'm a Christian called to be in communion with other people in the world as a neighbor.

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