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Reclaiming Health for Black Women and Girls: A Conversation with Dr. Jameta Nicole Barlow

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An Interview with Dr. Jameta Nicole Barlow

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The Journal of Critical Thought and Praxis has traditionally published interviews with individuals who have strong connections to our special issue topics. We believe that interviews are important ways to contribute to the conversation surrounding critical issues in social justice. This interview features Dr. Jameta N. Barlow, PhD, MPH, a native of Charlottesville, Virginia, a community health psychologist, and Assistant Professor of Women and Health in the Department of Women and Gender Studies at Towson University, Towson, Maryland.

Dr. Barlow employs a Black Feminist praxis and Womanist epistemology toward applied research, as informed by her eighteen years of transdisciplinary collaborations and work in the federal government, national nonprofits, and universities. Committed to #ReclaimingBGWH, she utilizes decolonizing methodologies to disrupt intergenerational trauma, chronic health diseases, and structural policies adversely affecting Black girls' and women's health.

Q. Can you to briefly introduce yourself to our readers? Inform them about what drives you to do this work surrounding Black women and girl's health, and why it's important to you?

Well, good morning my name is Dr. Jameta Nicole Barlow. I'm very intentional in saying my middle name, when I think about what feminists like Anna Julia Cooper who said their three names. Names are important in our communities. I'm a native of Charlottesville Virginia, born and raised. What really motivated me to do my research, particularly on Black girl's and women's health, is this idea that I've come from this long line of women who have done the work that they had to do.

Now, what do I mean by that? What I mean is that my grandmother, my paternal grandmother, lost her mom the day she was born due to maternal mortality. The story goes in my family that in 1924, my cousin went to where she was born in the dead of winter (February) in Virginia (not Charlottesville), but another city in Virginia, to get her because

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of a pact that her mother made with her sister-in-law that if anything happened to either one of them they would take care of each other's kids.
My cousin went and got four kids under the age of six and walked them back. So, when I think about these women in my family, they ended up joining a family of seven and they all grew up together. If it had not been for my extended family, my father wouldn't be here, I wouldn't be here. So, even though we had orphanages back then, unfortunately due to segregation they didn't care for Black families and Black children in the same way as they did white children. So Black people took in other people's families. I have a lot of cousins who I've learned later aren't my biological cousins.

We have a unique relationship with those particular families. So why do I do this work, because in 1924 maternal mortality affected my family. And years later, today in 2018, we're dealing with this same issue and we're screaming, 'we're dying,' and no one seems to care.

My life's work has been dedicated to finding what disciplines are best suited for dealing with these issues, but I'm particularly passionate about speaking for ourselves. Too often we've had people who come into our communities, don't understand our communities and speak for us. I don't make the statement that I know everything about all Black communities, but what I do know anecdotally from my family and the work that I've done in the various cities I've lived in, is that people know what's best for them, and I'm really passionate about working with communities and finding the best solution for them. So that's why I do this work.

Q. Are you a faculty member?

Currently I'm the Assistant Professor of Women and Health at Towson University, which is right outside of Baltimore, Maryland. But literally next month I'm starting a new position as Assistant Professor of Writing at George Washington University in Washington D.C. So, I'm excited about continuing this work, but my passion for writing underlies a lot of my work. I'm a trained psychologist, I also have a background in public health. I call myself a community health psychologist, and I use decolonizing methodologies to address Black women's health. That means, drawing upon Black Feminist principles and practices, as well as Womanist ideals and modalities to address Black women's health.

Q. The second question has to do with the recent article by both Barlow and Dill for the *Meridians: Feminism, Race and Transnationalism* called "Speaking for Ourselves, Reclaiming, Redesigning, and Reimagining Research On Black Women's Health." How has your lens as a feminist and womanist shaped how you approach Black women and Black girl's health?

The evolution of Black Feminism, even though it may not have been called Black Feminism throughout the world, as it originated here in the US when I think about everything from Phillis Wheatley to Zora Neale Hurston all of these women, including Anna Julia Cooper. So many people who've had an influence on the work that I do, they understood the unique double jeopardy that Black women experience in the US, rooted in

the histories of white supremacist policies that are influenced and influence the daily lived experience of our people. For Black women, being discriminated against because of their race, but also their gender ... the only place that I really felt anyone was speaking to that was Black Feminism and Womanism.

I discovered some of these writers when I was in middle school and high school. It really originated from this idea that when I was in middle school I had an eighth grade teacher tell me that she didn't celebrate, and we would not celebrate Black History Month because it didn't mean anything to her. So it was that day that my dad took me to get this anthology, “Eyes on the Prize” based on the documentary. It was from there that I discovered all these writers, and it started this life long love of these women writers and men writers who really take a Black Feminist stance, and a Womanist stance in their work.

And I found that they were articulating what I learned was a discipline, multiple disciplines, and sub disciplines and it really articulated to me the experiences of Black women. As we know when it comes to health, it is highly influenced by the social determinants of health and it's highly influenced about how people live every day. So my rationale was if you have disciplines who are focused on talking about how Black girls and women, Black people in general are living every day, why aren't they a critical part of the conversation on health?

So we begin to have this conversation and I know the paper speaks for itself, but my Spelman sister who I met my freshman year, her sophomore year and we have always kept in touch. When we connected at the 2016 National Women's Studies Association it was literally a day or two after the election, the 2016 election. We were in Montreal and we just had a conversation about Black girls and women’s health and it birthed a special issue. My lens is as a Black Feminist and Womanist, 'cause I don't really like categories, but I own both of those and there are arguments for either or, but I'd say that I take a Black feminist praxis or ontology, the way in which I know the world, but the way in which I intervene and do any type of change in the world is through Womanism, and that's shaped how I approach my work.

So, it means that I understand at all times I'm looking at race and gender, I'm foregrounding them. Other identities for sure, but particularly that intersection, but then Womanism I'm bringing in the environment, I'm bringing in spirituality, I'm calling upon the ancestors because that is our natural way of knowing, when it comes to Indigenous or African peoples.

Q. What types of action or community-based projects are you taking part in now?

Over the years, I've done research, I've worked on a colorectal research intervention where I help contributed to its implementation and evaluation, that was in North Carolina. I also did a project on obesity where it was more qualitative based, where we were really just doing that first step of asking questions about obesity in Black girls and women. It was this idea of doing it intergenerationally, and it was really inspired by the India Arie song (Better People) about one generation talking to the other generation...so that really introduced me

into this type of community-based action research and then from there my dissertation work, where I evaluated a heart healthy intervention. This was an intervention based on heart disease, the prevention of that among Black women in North Carolina. But my most recent work, I'd say in the last five years, has been focused on mental health. In doing those three major projects I looked at what the results were telling me, and it kept coming back to psycho-social issues. All of the women were talking about stress and how to manage stress and doing a lot resulting in role overload that women experience, particularly Black women. And I said, 'what if I just, you know, focused on mental health.' I am lover of popular culture and one of my favorite movies, is Brown Sugar. Brown Sugar is a movie that I based my current research on. In the movie, Sanaa Lathan's character plays an editor of a hip hop magazine, and it's a love story. But in this role as an editor she asks all the rappers that she interviews, 'when did you fall in love with hip hop?' And I've always been inspired that and thought what if we use a similar approach and do digital storytelling? Especially, since I also learned that Black women represent the most active users in social media, and I said, 'well what better way to reach women than through social media?' So, digital storytelling, but then I thought why don't we ask Black women, 'when did you fall in love with yourself?'

Because what I learned from my research and my dissertation is that Black women will do the work of exercising and working out if they're helping someone else, right? So, what if we help Black women by saying, 'why don't you do this video to help others?' It was a smaller project that lead to my current pilot intervention that we're evaluating where we're looking at writing as healing. It's not only the digital storytelling, but it's the personal narratives, helping people develop their written personal narratives. That's something that's very much explicit in Black Feminism, is the role of the personal narrative to create change. My current work is looking at how we can develop and engage African American literature as well as develop people's personal narratives to think about ways of practicing self-care and introducing this concept of mental health and wellness.

Q. While you're on that mental health note, you discussed a phrase in the article 'Intergenerational Gendered Racialized Trauma' in reference to Black women. Could you expound or explain that to readers?

Well yeah, that's I think what has emerged for me in my research is looking at talking to different generations of women, hearing the same thing with different contexts, but recognizing the relationship of gender and race, that intersection that Black women experience, gendered racialized issues. Now trauma I've been particularly fascinated with, because when you get at the root of what's going on, you know social determinants of health always wants to ask, 'what's the root of the issue?' Well, the root of the issue to me is that living in the US is traumatic for Black women. And I think if we say that ... for me, I've experienced it anecdotally, I love to travel, when I go to other countries and I'm in the majority as a Black woman ... through the African diaspora I notice a level of stress relief that's there that I cannot explain. I haven't done any research on that, but this concept emerges from my work ... is that there's something that Black women hold.

It's been talked about in different ways but I like to talk about it through this idea of trauma, and we now know that we can hand down trauma through generations. There's research on that and how that affects cortisol, how that perhaps has a heritable type of effect. I want to explore that more, and I really want to connect that to policy and understand how that's related so we can start making some headway in reversing the high rates of obesity, the misdiagnosis of certain mental health conditions, or the fact they are not even being diagnosed, and of really diminishing the effects of racism, of sexism and that intersection of it in our communities. When I think about intergenerational gendered racialized trauma I think about how does that all play a role in the current health status for Black girls and women. IGRT is defined as the "legacy of trauma within, among and throughout the generations; uniquely influenced by the construction of gender and race in the U.S.; the consequential intersectional experiences and associated lifestyle comorbidities; and, a direct result of colonialism."

Q. You made a statement about Black women's health that I would like you to unpack a bit. You said, 'Black women's health has too long been regulated to issues of sexual reproductive health, chronic health conditions such as mental health, obesity, diabetes, hypertension and breast cancer, yet our health encompasses so much more.' In your opinion what are we missing as health professionals? What other health topics should we be addressing in relationship to Black women's health?

So, I'm very much into a lot of traditional Chinese medicine, African and Indigenous medicines, and if you look at what's central to all of them, it's this idea of our health status being related to our emotions. So, if we don't address our emotions, it can manifest as disease. I think our Western approach is perhaps not the best, and it makes sense why if you understand how we practice health in this country kind of came about, I understand why we look at health in a very much regimented way, but for Black people with her/histories that are African, that are Indigenous, they may be European as well, we have this unique history and I think failure to take into account, as I mentioned earlier, trauma, but also to take into account ancestral history.

We must take into account emotions and response to issues and how it manifests in disease. I think we need to talk about that relationship. I rarely hear public health practitioners discuss the role of the ancestors when it comes to our health. Further, there isn't enough research about spirituality, rather spiritual health, outside of religion and how it may explain health status. Why is this important? Because too many times I hear people who have cancer, or had a heart attack and the doctors can't explain what happened but it was prayer and faith that may have contributed to that phenomena, right? It was the spiritual fortitude that contributed to that individual's healing. I think these are areas that we need to talk about because I think they're so central, and perhaps more important to our health. Now, typically when we talk about Black women's health, it first goes to the fact that everyone wants our uterus, right? Rather the discussion is about hysterectomies, fibroid tumors, abortions, STD's or STI's and then, almost as an afterthought, we'll get into some of the chronic diseases and conditions such as obesity and overweight, heart disease and mental health. It doesn't have to be either/or, it can be both/and. We need it to be both and.

My argument is that they are all connected and spiritual health, ancestral health and emotional health links them.

So let's be clear, there are healthy people who may be obese and overweight. We need to address what these measures are based upon. Are these the real measures? Do they work for Black women? Have they been validated in Black communities? And, within group? The Council on Black Health, previously organized as The African American Collaborative Obesity Research Network (AACORN) led by Doctor Shiriki Kumanyika, who's done some of this work. However, we need to open up the conversation of new ways of understanding health, and I argue that these ancient Indigenous African practices look at health, and when you address the emotion, you also address years of trauma and see a change in people's health.

Anecdotally if you think about people who have gone through traumatic experiences, for some people they may gain weight, for some people they lose weight, right? But what happens when their weight or their whole entire being becomes normalized, they're healthy. We know emotion plays a role, it's just understanding that and how to incorporate that into health interventions. I think it's a lot of different things but I think these are some of the major gaps, and I think that some of these other disciplines outside of health, for example women's studies and Black studies, can help us answer these questions.

Q. You mentioned that you were preparing to write about emotions and health, are other scholars talking about it?

That's actually why we convened this special issue, "Speaking for Ourselves: Reclaiming, Redesigning, and Reimagining Research on Black Women's Health," in the Women's and Gender Studies journal, Meridians: Feminism, Race, Transnationalism. We tried to highlight some of these scholars. These include the works of Dr. Camee Maddox-Wingfield who authored, "The Dance Chose Me: Womanist Reflections on Bèlè Performance in Contemporary Martinique," Dr. Cheryl Woods Giscombe who discussed her journey to create the Superwoman Schema and Dr. Shawn Arango Ricks, who describes Black women's trauma and healing as "normalized chaos." It is important to note is that for a lot of people who are trained for instance in these disciplines they're trained in a traditional way. So, to flip a traditional discipline in humanities and employ it in an applied fashion such as health, this is can be wrought with critique. I've experienced pushback from people I know, 'why are you bringing women's studies into a conversation about health?' Why would I bring religion into a conversation about health? These are things that other people are doing, I think there are people who have ideas. The question is are they publishing on topics? I'll be perfectly honest, it's a challenge to put these ideas out there, because some disciplines outright reject it. I think the only way we push forward is finding those spaces that will listen, that will create and make space for these conversations, just like *Meridians* did, and then that becomes normalized over time. I think it's also getting the research out there. So, getting my research out there and some of the other great scholars who've talked about this work.

That we walk through this world and we say we're okay, we're dealing with it, but we've normalized the chaos of our lives as Black women, and the health effects are literally killing people. So, what are we missing? We're missing Black women. We talk about them but we're not really paying attention to what's going on with Black women. In our special issue, President and CEO of Black Women's Health Imperative, Linda Goler Blount makes this argument to listen to Black women which, with respect to citation practices is consistent with the current movement to #CiteBlackWomen. When they're talking about their spirituality and bringing in their ancestors, we must stop thinking so categorical about health and understand this holistic prospective that we are spiritual, emotional, mental, physical, and collective beings, and if we don't address every aspect of that our health will falter.

Q. Being a Black professional in higher education and a health researcher, what could institutions of higher learning do better to support you in your health, or Black women scholars in general? I often read about Black women particularly at predominately white institutions in faculty positions that experience high levels of stress due to isolation, lack of mentorship as junior faculty, and lack of self-care that negatively affect health outcomes. How do you suggest institutions and departments address the lived experiences of Black women?

So first, I'll start personally, is that whenever I'm in a new institution. this is the third institution (Towson University) where I've taught. One thing I will say is, I create my community. It's kind of like, when you move, you find a hairdresser, you find a church, you find your favorite Chinese restaurant, whatever it is that's important to you, you have to find.

So personally, I found some Black women, who were in the same professional stage I was in. We make sure that we meet every two weeks at least just to check in. We also write together. I knew I needed that community, that was important for me. You have to know what works for you, okay? I need that accountability, I needed that community. I needed somebody where I could talk and they understood what I was saying at my institution. It's about five of us, it's a great way to enjoy each other and to give guidance and camaraderie and sisterhood to one another.

I'm also grateful that at least in my current institution and I hope at my new institution that there are some administrators that I can also have that type of relationship with. I have lunch with them (administrators) or dinner with them every so often. They check on me, and so I do appreciate that and I think that's made for a wonderful experience. I have an amazing chair at my current institution and I think an incoming great director where I'm headed to who's protected me from the typical "diversity service" that we know contributes negatively to Black faculty's success in the academy.

I had a chair who said, 'look, this is an invitation that came my way, you are welcome to say no, I don't think you should do it unless you absolutely want to do it.' And she would quarterback that for me, right? So, I wouldn't have to do a lot of saying, 'no,' she actually would do that for me. When it comes to assistant professor's, what should institutions do?

They need to protect their faculty and their time, and that means saying no but also letting them say yes if they want to, they need to make sure that there's community.

If you're hiring someone or you're interviewing someone it is important to reach out to the Black Studies Department or the African American Studies Department, or the Black Faculty and Staff Association that might be on campus, or other administrators and make sure that they have community. We know that, that's important in student performance, it's important for faculty to do well, to have that community. It's of course their right whether or not they want to reach out to those people but making those connections are vital to their success.

The other issue that I personally experienced is that a lot of students, for instance the institution I'm at has over 600 faculty now, of that less than maybe 32 are Black. So when you become a professor who gets popular just because they are there, the Black students gravitate towards you. My current institution, it's about 17 or 18 percent Black I believe? So, what I would do on my annual reviews, I would list how many students I mentored or visited regularly and their major to demonstrate that outside of my department I'm seeing and advising a lot of students. Just because they have no one else they can talk to about life or about their work. And what would also happen, is that everyone wants you to be their advisor for their organization or the new organization that they're starting.

I had to learn how to say, 'no, I can't do it, but I know somebody who'd be interested,' and I tapped into my network, saying no but recommending. Combined many of these issues play a major role when I think about how do we address the lived experience of Black women from a faculty perspective. When I think about graduate students, they should have access to these same resources a lot of times graduate students are asked to be on these committees for hiring people, but we have to pay attention about what grad students need. Luckily for me a lot of my mentors happened outside of my institutions, I had some inside, but I also I recommend Kerry Ann Rockquemore's work with The National Center of Faculty Diversity (NCFDD). She has a mentoring map that is very helpful in thinking through your network. I recommend her work 'cause she has this neat chart where she says, 'not every mentor's gonna serve every role.' Like I have a mentor, I like her work life balance, so I talk to her a lot about that, and all my friends and even Dr. LeConte Dill, my co-editor for the *Meridians* special issue, will say the same thing. I am very critical in my self-care practice everyone knows that. I take care of myself, it is critical that we do, our survival depends on that. The biggest threat in higher education and I think this country--and we're seeing it in this current political context---are healthy, strong Black women.

It's the biggest threat because we call out inequity and demand equity and that's a threat to the larger structure, this structure wasn't built of us, so when we are there in that presence it is a threat. When you have these supports for students, for faculty and for administrators as well, that there is an opportunity for success, but it's tapping into those communities and those resources and recognizing your mentors might serve a different role. I had a mentor who got me through my dissertation, I have a mentor with whom I talk to about publications ... about publishing. Sometimes they serve singular or multiple roles along the way. I think it's having mentors for different aspects of your life is how you succeed.

Q. So would you say if you're feeling those levels of isolation and stress in the department you have to seek community, relationships, and mentors outside of that space in order to be more successful?

Yeah, I had to do that. I'm very open, my first PhD program, I won't name the institution, but a little googling will help you find it (I can laugh about it all now) ... my first PHD program I did not have that. It was a horrible experience and I'm actually very open about it, I was kicked out of the program, but I tell my students that because I think that's motivation for them. That just because you're in a bad situation and everything's dire, it does not mean that, that's the end of your journey towards your goal. My academy journey is a testimony to being in an institution that is not a good fit and the path to finding one that is.

That just wasn't the path my journey was supposed to take. And so, what is important is that I learned from that experience that sometimes it's okay to walk away, right? In life, it's okay to walk away from things that aren't giving you what you need, that aren't serving you, and that helped contribute to my understanding of the importance of self-care. You have to take ownership and create these communities for yourself, you can't depend on others to do it for you. However, at the same time, if institutions value diversity and value having these types of people in their departments whether they're students or faculty, they need to facilitate the creation of these communities or at least opportunities for these communities to grow.

Q. Talk to us about your hashtag reclaiming Black girls and women's health (#ReclaimingBGWH). What inspired you to start it? How does this expression of solidarity help Black women reimagine their health?

I recently convened a symposium and workshop here in the Baltimore area at Towson University and it was called "Re-Imagining Black Girls and Women's Health." That same month we published the special issue. Too often, with special issues of journals, they simply sit on someone's desk, right? What I wanted to do with this special issue is to make it a living special issue. The special issue was supposed to come out two weeks before and it ended up coming out the week after the symposium and workshop. The symposium and workshop featured Sonia Sanchez, Poets Sonia Sanchez and Jessica Care Moore, the inimitable Black Feminist scholar Dr. Beverly Guy-Sheftall, and the stellar Womanist scholar Dr. Layli Maparyan.

What was great about this event is that we had nearly 200 Black girls and women from poets to activists to government officials to students to scholars, junior and senior, in the building discussing Black women's health and the role of women's studies, and the role of other humanistic and social science disciplines. To my knowledge, this has never happened. It was freeing to be in an environment where I didn't have to explain to a journal or to a reviewer why I'm using a Womanist approach or Black Feminist praxis, right? Those attending already knew why. We got it.

It was great. That actually was inspired because of the special issue. And from there what it's turned into is ... we used the hashtag for the symposium, I asked people what they wanted, we're developing an action plan, and we have a listserv that we started. We look forward to hearing from anyone who's interested they can just email us at reclaimingbgwh@gmail.com and they can join the listserv and we'll add them and share information. We look to do something similar again very soon, this time at my new institution, The George Washington University. I'm excited about this work. I think that too often, again Black women's health is articulated by people who aren't Black and who aren't girls or who aren't women, I really wanted to create space and I personally I want to create a pipeline of Black girls and women who get it and can reverse the negative trends that we're seeing in Black women's health. And you know, the hashtag is one way of doing it and spreading it that way, the listserv and all these other things we are working on, but I'm particularly interested in working in solidarity with Black women to reimagine our health.

I have to mention that we came up with that title prior to Auntie Maxine (Waters) talking about reclaiming her time, but I will say, when she came out with that it was very fitting, and it made sense and I knew that we were in sisterhood with her and this idea that we have to reclaim it (our health) in order to take ownership of it in a way ... and articulate what we need and how to change and create the life and the health that we need as Black girls and women.