Black Women’s Mental Health: Balancing Strength and Vulnerability centers the scholarship and lived experiences of Black women in the mental health field to reimagine strategies for “resist[ing] conventional thinking in order to strengthen and protect [Black women’s] mental health” (p. xii). Editors Stephanie Y. Evans, Kanika Bell, and Nsenga K. Burton assembled an interdisciplinary group of Black female scholars (from fields such as clinical psychology, criminology and mass communication and African American studies), who masterfully center culturally-relevant “holistic approaches to mental health [that are informed by] womanist praxis and Black feminist thought” (p. 8). Their theoretical approach is highlighted through the volume’s focus on critical consciousness, analyzing gender roles, resisting controlling images (e.g., the Mammy, Sapphire, Jezebel, StrongBlackWoman) and seeking self-definition.

The editors expertly propose and employ the BREATHE model as the organizational framework for the book, a tool that can (a) help Black women navigate their strengths and vulnerabilities through Balance, Reflection, Energy, Association, Transparency, Healing, and Empowerment and (b) simultaneously provide mental health practitioners with an “understanding of Black women’s mental health” (p. 4) in the context of their raced and gendered experiences in the twenty-first century.

Black Women’s Mental Health: Balancing Strength and Vulnerability is divided into four parts. Part One, “Balancing Vulnerability,” brings together scholars who discuss the dangerous mental health implications associated with embodying controlling images and stereotypes like the StrongBlackWoman, which is characterized by “emotional strength/regulation, caregiving, and independence (Walker-Barnes, 2017, p. 44). Although the image of the StrongBlackWoman was created to redefine images of Black women’s strength and resilience, attempting to live up to this stereotype can be detrimental for Black women’s mental and physical health. Most noteworthy about this section was its attention to the twenty-first century context, and how current televisions shows and social media can influence Black women’s mental health. For example, in “Representations of Black Women’s Mental Illness in HTGAWM and Being Mary Jane,” Burton illustrates that stereotypes about Black women can be both unintentionally perpetuated and challenged in media created by Black women (Brock Akil, Akil, & Union, 2014; Rhimes, Collins, & Bellomo, 2014). Further, in “Selfies, Subtweets and Suicide: Social Media as Mediator and Agitator of Mental Health for Black Women,” Harden Bradford elevates Facebook and Twitter as platforms of social support (“virtual sister circles”) for women of color, while also acknowledging that Black women are frequently harassed in digital spaces. Overall, Part One offers insight into finding inner peace, embodying stress associated with being a StrongBlackWoman, representations of Black women in television, and social media’s influence on mental health.

Part Two, “Balancing Strength,” highlight ways in which Black women have harnessed strength in spite of their vulnerabilities. This section includes “From Worthless to Wellness: Self-Worth, Power, and Creative Survival in Memoirs of Sexual Assault,” wherein Evans masterfully elevates, synthesizes, and analyzes the narratives of Black women as a tool for self-
help. Evans’ literature expertise is evident throughout the chapter. She provides readers with tangible lists of Black women’s memoir, poetry, and blogs (see Evans’ Africanamemoirs.net) while emphasizing that Black women are producers of counternarratives and capable of creating our own tools for balance and survival. Overall, the contributors in Part Two provide strategies for Black women to harness strength, whether through literature, journaling during solo travel, embracing self-love, or transcending in the face of violence and fear.

Part Three, “Strategies for Balance,” offers a call for mental health professionals to center cultural context in their mental health practice. In “Transformative Mental Health for African American Women: Healthy Policy Considerations,” Dawes and Holden conclude the edited volume with an explicit call for the creation of integrative, collaborative, culturally-relevant, and patient-centered approaches for mental health services, particularly when working with Black female clients. Part Three provides Black women the chance to “provide our own solutions” (p. xiv) to mental health issues, through the use of Black feminist therapy, seeking spirituality, social support, physical activities, contemplative practices, and mothers teaching their daughters to love themselves and others.

While Black Women’s Mental Health: Balancing Strength and Vulnerability is an exemplary portrayal of race and gender’s simultaneous influence on mental health, it has one shortcoming. The book does not consider the influence that sexual orientation, developmental stage/age, and economic resources may have on Black women’s mental health. For example, while two chapters highlight sexuality, and romantic relationships, those narratives center the narratives of heterosexual women and provide little insight into how the confluence of gendered racism and heterosexism could influence LBTQ Black women’s mental health (Szymanski & Meyer, 2008).

This book is unapologetically written “by, about, and for Black women” (p. 4). Policymakers and mental health professionals who want to better understand how to best serve Black female patients will also find this to be a useful read. The editors set out to create a collection of Black female scholars’ narratives, qualitative inquiry, and thought pieces with the goal of informing health policy and encouraging culturally competent counseling for Black women. Readers will walk away feeling confident with the toolkit of resources they have been provided.

REFERENCES


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