Community Healing and Resistance Through Storytelling: A Framework to Address Racial Trauma in Africana Communities

Nkechinyelum A. Chioneso[1] ⬤,
Carla D. Hunter[2] ⬤**, Robyn L. Gobin[2],**
Shardé McNeil Smith[2] ⬤**, Ruby Mendenhall[2],**
and Helen A. Neville[2]

Abstract

Racial trauma, an ongoing consequence of historical trauma, has deleterious effects on the well-being of Africana communities. The psychological literature primarily reflects individual processes in the relationship between racial trauma and healing. Going beyond individualistic approaches, we present a community healing framework informed by multidisciplinary scholarship: Community Healing and Resistance Through Storytelling (*C-HeARTS*). Three major components of the framework are delineated: (a) justice as both a condition of and an outcome of community healing; (b) culturally syntonic processes (i.e., storytelling and resistance) that direct the renarrating of trauma and act as conduits for transformation; and (c) psychological dimensions (i.e., connectedness, collective memory, and critical consciousness) that promote justice-informed outcomes. In the

[1]Florida A&M University, Tallahassee, FL, USA
[2]University of Illinois at Urbana-Champaign, Champaign, IL, USA

Corresponding Author:
Nkechinyelum A. Chioneso, Department of Psychology, Florida A&M University, 501 Orr Drive, Tallahassee, FL 32307, USA.
Email: n.chioneso@famu.edu

C-HeARTS framework, community is advanced as an agent of change while centering justice and the important role of cultural practices to facilitate community healing.

Keywords
African Americans, community healing, justice, racial trauma, storytelling

Systems of oppression, rooted in *historical trauma*—massive violence with the intent to impair and/or kill a group of people that cumulatively manifests as chronic psychological wounding across surviving generations—undermine the well-being of Africana communities (Burkett, 2017; Karlsen et al., 2005; Pieterse et al., 2012; Reitz & Banerjee, 2007). An ongoing consequence of historical trauma is racial trauma, which has deleterious effects on its victims. *Racial trauma* is defined as real and perceived danger, threats, witnessing harm, or humiliating and shaming events to ethnoracial individuals similar to the self that may be sudden, beyond their control, and emotionally overwhelming (Comas-Díaz et al., 2019). Racial trauma may emerge in response to racism (e.g., racial discrimination and microaggressions) that evoke stress and trauma reactions (Anderson & Stevenson, 2019; Carter, 2007; Nadal, 2018; Pieterse et al., 2010); and may be recurring, systemic, and intergenerational (Comas-Díaz et al., 2019). Thus, racial trauma encompasses cumulative experiences of racism and has detrimental effects on psychological well-being (Helms et al., 2010; Williams et al., 2018). Among people of African ancestry living in the United States, racial trauma has contributed to poor physical health (Kaholokula, 2016; Kendall-Tackett, 2009) and psychological distress (Polanco-Roman et al., 2016). Additionally, the psychosocial impacts of racial trauma may include the devaluation of the self (Graham et al., 2016; Williams et al., 2018), erosion of family ties (Anderson & Stevenson, 2019), and weakened community relationships (Riina et al., 2013).

Increasing numbers of clinical models identify the impact of racial trauma on individual well-being and suggest personal healing strategies (e.g., Bryant-Davis & Ocampo, 2006; Carter, 2007; Comas-Díaz, 2016). Both family and community-oriented scholarship that focus on racial trauma recognize not only the importance of personal healing strategies but also advocate for collective healing processes (Anderson et al., 2018; Chavez-Dueñas et al., 2019; French et al., 2019). Taking community-oriented scholarship a step further, we recommend partnering with communities in ways that focus on community strengths and address community challenges to restore a healthy balance within persons and among individuals (Grills et al., 2018; Myers et al., 2018; Somé, 1993).

Thus, we propose a culturally syntonic community healing framework pertaining to racial trauma that highlights justice-informed outcomes demonstrated in psychology and health literatures. In so doing, the Community Healing and Resistance Through Storytelling (C-HeARTS) framework is delineated. Our framework synthesizes the existing scholarship on racial trauma and healing strategies to reflect the multiple processes associated with community healing. To establish a common language within the racial trauma scholarship, community healing is first defined. Next, justice as a foundational concept is discussed before we elaborate on the roles of two proposed culturally syntonic mechanisms: storytelling and resistance. Finally, we review and synthesize the literature on trauma and healing to illustrate three psychological dimensions and accompanying collective interventions that together inform processes that promote community healing. Ultimately, our goal is to advance community as an agent of change while centering justice and the important role of cultural practices to facilitate community healing.

Community Healing

Community and *healing* are often separate concepts in scholarly discourse, whereas *community healing* is rarely discussed in psychological literature. Although *community* has multiple meanings, community as locality (e.g., neighborhood) and community as a relational group without place restrictions (e.g., membership in a labor union) are two salient distinctions made in the social sciences (Bradford, 2017; Kloos et al., 2012). Irrespective of disciplinary lens, most concepts of community reflect a sense of connectedness—through geography, shared history, culture, a sense of belonging, influence, the fulfillment of needs, and effective mediums of communication (Farwell & Cole, 2002; McMillan & Chavis, 1986). What is also emphasized here is that community is a collective change agent, a "unit of solution in society" through which people can proactively address trauma-related problems within their locality and relational groups (Checkoway, 1995, p. 3).

Like the term community, *healing* is a positively described term that lacks an easily recognizable definition. Some healing definitions emphasize spirituality. In Latino ethnic psychology, healing and *sabiduría* are interlinked. Sabiduría is to perceive illness as a spiritual development opportunity that requires personal evolvement and connectedness with others (Comas-Díaz, 2006). While healing is more readily understood as physiological and behavioral improvements, healing is often perceived as an individual journey toward wellness that involves the personal transcendence of suffering (Egnew, 2005). However, other definitions of healing rooted in trauma scholarship indicate that creating a collective memory is a key aspect of healing trauma that

involves transitioning an individual's private pain to the public domain (Puvimanasinghe & Price, 2016; Stepakoff et al., 2006). When personal healing is embedded within a communal framework, we argue that a greater transformational process will be facilitated by a shared collective memory, which can help shift bodies, minds, and spirits from a status of suffering to repair and create opportunities to evolve (Myers, 2013; Somé, 1993).

Given the importance ascribed to the terms community and healing, the existence of *community healing* scholarship is a reasonable expectation. To date, a body of literature that promotes communal practices, and increasing critical consciousness has been unfolding for over 20 years within Indigenous (Brave Heart & DeBruyn, 1998; Duran et al., 2008; Kowanko et al., 2009; Warry, 1998) and African-centered scholarship (Akbar et al., 1980; Grills & Rowe, 1998; Kambon, 1992; Myers, 1993). Identifying links between prevalent psychosocial diseases (e.g., suicidality) among North American Indigenous peoples and macrostructures (e.g., colonialism) resulted in the coining of the term "historical trauma" and the development of the Historical Trauma and Unresolved Grief (HTUG) Intervention for American Indians (Brave Heart, 2003; Brave Heart & DeBruyn, 1998).

Using the HTUG model, Brave Heart and DeBruyn (1998) described American Indian participants' community healing as occurring through facilitated communal grief rituals that incorporate traditional practices (e.g., storytelling) and involve extended kin networks. Engaging in these processes had a positive impact on participants' identity formation, a sense of belonging, recognition of a shared history, and future survival of the group (Brave Heart & DeBruyn, 1998). A major outcome of their community healing engagement processes was the Takini Network, a Lakota Nation holocaust survivors' association that provides historical trauma training to human service providers (Brave Heart & DeBruyn, 1998). Other structural-focused community healing approaches used by North American Indigenous communities have included the following: (a) designing culturally appropriate health care initiatives such as the People Awakening Team, an Alaska Native people's project that records life stories in narrative format to identify protective variables that prevent alcohol abuse (Duran et al., 2008); and (b) restoring cultural values, language, and traditions by establishing a Sagamok First Nation controlled school (Warry, 1998).

From an African-centered perspective, healing is a community endeavor that involves maintaining a harmonious balance between the spiritual realm and physical world (Jackson-Lowman, 2004; Mariette, 2013; Somé, 1993). This holistic perspective regards animate life forms and inanimate objects as divine sources of energy within an African metaphysical hierarchy: God, gods, spirits, ancestors, and then humans (Omonzejele, 2008). God is considered the

supreme source of healing from which all sources of healing are derived. Special deities (e.g., *Osanyin* and *Agwu*, Yoruba and Igbo deities, respectively) and spirits are guardians who guide the curative use of nature's vast healing energies (Opoku, 1978; Washington, 2010). (Re)establishing spiritual harmony with one's ancestors is a healing prerequisite that allows for access to special cures (Omonzejele, 2008). To meet human needs, the interdependency of a community creates opportunities to achieve what is difficult to achieve alone when the following commitments are upheld: unity, trust, openness, love and caring, uplifting elders who are the collective memory of the community, respect for nature's medicinal wisdom, and honoring the ancestors (Somé, 1993). Cultural healing practices may include specific rituals, drumming, dancing, singing, and storytelling (Monteiro & Wall, 2011; Somé, 1993; Stepakoff et al., 2006). While African concepts of wellness generally characterize a person's health status as a communal affair, it also characterizes human knowledge as limited: incapable of explaining all that exists on Earth and beyond (Fu-Kiau, 1991). Therefore, healing is predicated on the maintenance of positive relations between humans and the spiritual realm, nature, and among fellow human beings (Jackson-Lowman, 2004; Omonzejele, 2008; Opoku, 1978).

Mental and physical pain represents a soul seeking realignment with the spiritual world, restoration of inner power, and the opportunity to grow (Fu-Kiau, 1991; Somé, 1993). Operating from an African-centered worldview, the Community Healing Network and the Association of Black Psychologists sought to heal soul wounds within Africana communities. They jointly developed Emotional Emancipation Circles (EECs) to expose historical trauma and overturn "the pernicious lies of Black inferiority [narratives that] fall under the broader rubric of racism" (Grills et al., 2016, p. 337). EECs are designed to be safe cultural spaces for people of African ancestry to share their stories and engage in critical community reflection through a facilitated group process. While engendering self-determination and cultural integrity, the sign of an effective EEC is the development of civically engaged participants organizing community actions that reduce systemic violence in Africana communities (Grills et al., 2016).

Racial trauma occurs within an oppressive sociopolitical context (Comas-Díaz et al., 2019). Treatment models that promote a client's resistance strategies (e.g., filing charges against racist perpetrators and lobbying for antiracist policies; Bryant-Davis & Ocampo, 2006); social action (e.g., framing racism as a form of ethnoviolence while advocating for racial equality; Comas-Díaz, 2016); and connections among individuals, families, and communities to their collective cultural strengths (Chavez-Dueñas et al., 2019) highlight the importance of critical consciousness in the healing process. The need for clinical solutions is important but limited without community healing interventions
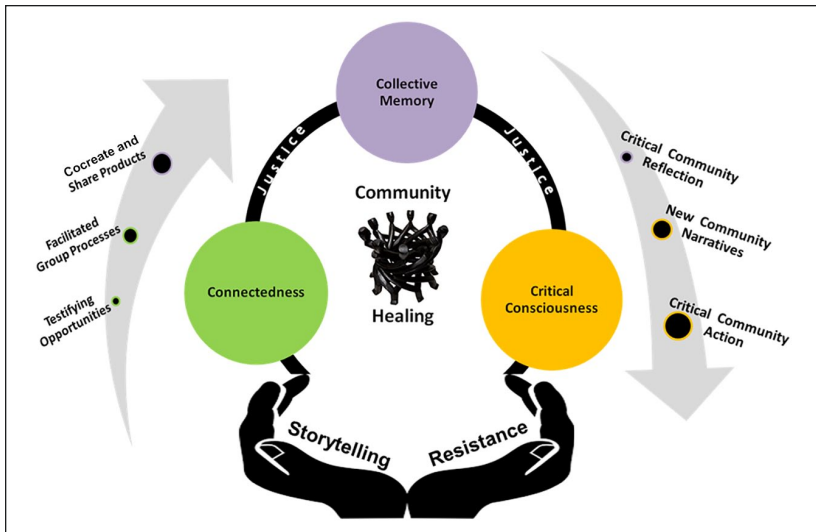
Figure 1. C-HeARTS framework.

that develop collective critical discourse and actions to dismantle systems of oppression (Grills et al., 2016; Hartmann et al., 2019). Therefore, the community healing concept emphasizes collective responsibility and advances a critical consciousness that resists disempowerment using culturally restorative practices to enable self-determined realities, which should be understood as justice (Fanon, 2018; McCaslin, 2005).

Based on our review of community healing scholarship, we argue that community healing is a multilevel process that is composed of three components as illustrated in Figure 1. First, at the core of community healing is justice; a guiding principle that is both a condition of and outcome of community healing (Myers et al., 2018; Prilleltensky, 2012). Second, culturally syntonic processes working in tandem, such as storytelling and resistance, may facilitate the renarrating of trauma and serve as motivating factors that bring behaviors into focus and ideas into action (Burkett, 2017; Harrell, 2015; Myers, 2013). Finally, community healing consists of three key psychological dimensions: connectedness, collective memory, and critical consciousness. We integrate these various perspectives to define community healing as *an ongoing multilevel process whereby oppressed groups strengthen their connectedness and collective memory through culturally syntonic processes in ways that promote critical consciousness to achieve optimal states of justice.*

C-HeARTS Framework

Justice

If "justice is what love looks like in public" (West, 2014), then justice in the United States is obscure, at best, for significant numbers of African descent people (Alexander, 2012). When examining racial trauma within Africana communities, the meaning of mental health and well-being within an oppressive context cannot be ignored (Anderson & Stevenson, 2019; Myers & Speight, 2010). For example, with the overpolicing of predominately Africana communities, research indicates that a disproportionate number of Black women are incarcerated (approximately 19%) or under correctional surveillance and experience high rates of depression (Malcolme et al., 2019). Black males have greater dire encounters with the police (e.g., increased negative perceptions of their personhood) and are twice as likely to be killed by the police before the age of 21 years compared with their White male counterparts (Harris & Amutah-Onukagha, 2019). Thus, conceptualized as a moral ideal in the C-HeARTS framework, *justice* is a commitment to right interrelationships between the spiritual realm, nature, and among humans; it encompasses ethical behaviors such as seeking truth, harmony, balance, and reciprocity (Karenga, 2004).

By centralizing justice as a guiding principle within healing, a community's status will more profoundly shift from suffering to thriving when justice-informed outcomes are promoted at multiple psychosocial levels (Myers et al., 2018; Prilleltensky, 2012; Watts et al., 2011). Centralizing justice requires assessing, what Prilleltensky (2012) described as, objective well-being (e.g., access to food, nonabusive relationships, adequate pay, and a clean environment) and subjective well-being (e.g., perceptions of life satisfaction, emotional support, positive working climate, and freedom to express political opinions). Objective and subjective indicators of well-being occur within three spheres of life: (a) personal sphere (e.g., feeling safe and accepted; more access to social capital); (b) interpersonal sphere (e.g., making decisions; fair sharing of obligations and privileges); and (c) organizational sphere (e.g., reward and effort are aligned; systems in place to promote fairness). When both indicators of well-being are promoted in each sphere of life, then realizing justice-informed outcomes are experienced at higher levels of thriving (Prilleltensky, 2012). Centralizing justice will also call public attention to the fact that "soul wounds—the cumulative psychological wounds that result from historical traumatic experiences, such as colonization, genocide, slavery, dislocation, and other related trauma"—are as detrimental as bodily wounds (Comas-Díaz et al., 2019, p. 2).

Equally important, justice is incomplete without embodying cultural integrity. For example, *Moving to the Beat*, a 4-year social action research project used hip hop as a language of social change to generate a "social therapeutic space" between youth in Sierra Leone and the United States seeking positive collective identities that "encompasses the trauma, ideals, hopes and losses born of their common and differing histories" (Haaken et al., 2012, p. 64). Similarly, African American youth residing in violent and underresourced neighborhoods reported that the development of urban dance cultures (e.g., Krumping) cultivated sacred community healing spaces that allowed them to make statements, construct collective identities, elevate the importance of their lives, and reconnect to their spirit (Monteiro & Wall, 2011). In other words, achieving justice requires a community to proactively engage its cultural systems to experience justice as healing (McCaslin, 2005).

Culturally Syntonic Processes: The Roles of Storytelling and Resistance

Culturally syntonic processes in the C-HeARTS framework are understood to be "historical, socio-politically-situated, and organizing . . . patterns of being, believing, bonding, belonging, behaving, and becoming" that are evident, for example, in communication styles and healing practices among a group of people with shared identities or defining experiences (Harrell, 2015, p. 19). For a community to function optimally (i.e., justly), culturally syntonic processes that involve storytelling and resistance will likely nurture community bonds (Banks-Wallace, 2002) and direct the development of a community action plan grounded in cultural wisdom (Armah, 2010; Mariette, 2013; Myers & Speight, 2010; Woods, 2009). Thus, storytelling in tandem with resistance are proposed culturally syntonic processes deemed appropriate for Africana communities to support the renarrating of trauma and act as conduits for transformation (Denham, 2008).

Storytelling. Although not unique to Africana communities, storytelling is a rich oral tradition found to be an effective healing intervention (Brave Heart & DeBruyn, 1998; Bryant-Davis & Ocampo, 2006; Carter, 2007; Comas-Díaz, 2007). Narrative therapy and testimonio, as two examples, involve the process of sharing one's personal stories with others to facilitate reprocessing and reframing negative cognitions to positive cognitions (Comas-Díaz, 2016; Parks, 2007). A *story* is an umbrella term that includes a *personal story* (i.e., idiosyncratic cognitive representations of events) and a *narrative* (i.e., communal representations of commonly experienced events;

Mankowski & Rappaport, 2000). Two distinct narrative subtypes exist. A *community narrative* is a common story about the group itself in a particular setting, consisting of personal and paralleling stories among group members; whereas a *dominant cultural narrative* is an overlearned (positive or negative) story communicated by major socializing institutions, often controlled by powerful people in a society, that impact the identities, beliefs, and values of the populace (Mankowski & Rappaport, 2000).

Increasingly, among racial trauma survivors, the legacy of historical trauma in presenting symptomology is being acknowledged (Comas-Díaz, 2016; Duran et al., 2008; Jernigan & Daniel, 2011). Storytelling not only facilitates an understanding of human behavior, it also functions as a tool for resisting oppression (Comas-Díaz, 2016; Denham, 2008), fostering healing (Sunwolf, 2005), and promoting spiritual communion (Banks-Wallace, 1998; 2002). In community settings, storytelling has contributed to restoring cultural identities (Lawson-Te Aho, 2014), building a sense of community (Mankowski & Rappaport, 2000), and serving as counterhegemonic stories to refute negative stories about oppressed groups (Bell, 2003; Haaken et al., 2012). Therefore, as a response to racial trauma, storytelling approaches (e.g., testimony therapy, sociotherapy, and digital storytelling) have been incorporated into treatment plans (Bryant-Davis & Ocampo, 2006; Carter, 2007; Comas-Díaz, 2007) and community healing practices (Grills et al., 2016).

Resistance. A critical understanding of the sociopolitical movements of Africana communities (e.g., antilynching, Pan African, and Black Power) reveals an ongoing struggle for community healing, whereby resistance coupled with cultural tools and liberatory practices nurture organized collective demands for justice (Myers et al., 2018). Resistance is conceptualized as the dynamic interplay between self-determination and defiance. *Self-determination* is the process of choosing thoughts and behaviors that positively shapes one's destiny; it drives the fulfillment of human needs and is a desired end state (Bulhan, 1985). Historically through social movements, Africana communities equated self-determination with freedom, and therefore pursued ideas and experiences that defied the status quo. *Defiance* allowed for intentional planning to achieve more adaptive conditions that may ensure the realization of (individual and collective) self-determined goals (Gordon, 2004). The review of the literature on culturally syntonic processes, considered together, has demonstrated that storytelling about and resistance to obstructive or destructive systems of oppression is a healthy response that cultivates opportunities for community healing (Burkett, 2017).

Three Psychological Dimensions

The overview of the literature thus far highlights key factors necessary to promote community healing within the C-HeARTS framework. Synthesizing research on storytelling, resistance, and justice, we now demonstrate the specific ways that three psychological dimensions—connectedness, collective memory, and critical consciousness—may contribute to community healing processes. As summarized in Table 1, we propose that community healing is advanced when collective interventions and liberatory practices are used to promote justice-informed outcomes that can be assessed using objective and subjective indicators of well-being within three spheres of life (i.e., personal, interpersonal, and organizational). To lend credibility to our proposal, we review the literature on each psychological dimension emphasizing the role of storytelling and resistance in community healing. Then, we succinctly review relevant psychological and health related literature to provide suggested collective interventions and accompanying justice-informed outcomes.

Dimension I: Connectedness. A multidimensional concept consisting of mutual interdependence, a shared identity, and a sense of belonging, connectedness includes relationships between the mental, physical, emotional, and spiritual realms of people and their environments (Hill, 2006; Nobles, 1991; Schiele, 1996). A sense of connectedness may result in fostering a heightened sense of comfort or wellness, and reducing anxiety (Hagerty et al., 1993), while increasing access to social support and the ability to effectively engage in daily functioning among traumatized individuals (Stepakoff et al., 2006). Within a personal sphere of life, connectedness can be fostered through understanding, validating, and nurturing individual experiences. Storytelling and resistance have been found to provide opportunities for tellers to self-reflect on their experiences, and witnesses to gain insight into their own lives when they understand how others have overcome similar challenges (East et al., 2010). Listening attentively and avoiding judgmental feedback encourages the teller to halt self-rejecting thoughts and negative emotions, which serves to validate shared trauma (Comas-Díaz, 2016; Richters et al., 2008). Such validation nurtures connections with both the self and the collective because there is a refocusing on the teller's strengths and redeemable qualities (Banks-Wallace, 1998). Given that promoting and maintaining connectedness is vital for community healing (Schultz et al., 2016), we propose that collective interventions, such as testifying opportunities and facilitating group processes, help participants experience connectedness, thereby, making justice-informed outcomes possible.

Table 1. C-HeARTS Framework: Psychological Dimensions, Culturally Syntonic Processes, Collective Intervention Examples, and Justice-Informed Outcomes.

Three psychological dimensions and key components	Culturally syntonic processes	Collective intervention examples	Spheres of life	Justice-informed outcomes		
				Objective indicators of well-being	Subjective indicators of well-being
Dimension I: Connectedness					
Understand	Storytelling promotes understanding, validates shared trauma, and nurtures community bonds; while resistance diminishes psychological states of indifference, devaluation of the self and others, and ruptured community ties.	Testifying opportunities	Personal	Reduced symptoms of depression, more smiling, less crying	Feeling safe, accepted, respected
Validate		Facilitated group processes		More access to social bonding and social capital	Life satisfaction evaluations, perceived sense of control
Nurture					
Dimension II: Collective memory					
Trust	Storytelling promotes trust in the group processes, recall of historical traumas and triumphs, and psychological decolonization; while resistance disrupts interpersonal distrust, historical amnesia, and inaccurate personal stories and distorted community narratives.	Cocreate and share products	Interpersonal	Exercise voice and choice, growth in relationship	Feeling heard, sense of growth as person and unit, making decisions
Remember		Critical community reflection		Fair sharing of obligations and privileges	Feeling valued and respected, not taken for granted, free of stereotypes
Decolonize					
Dimension III: Critical consciousness					
Empower	Storytelling promotes personal empowerment, collective organizing, and advocacy for community needs; while resistance helps reduce disempowering thought patterns, inertia, and systemic inequities.	New community narratives	Organizational	Opportunities to express opinions, exercise control, and to build and display strengths	Feeling that reward and effort are aligned, control and demands are aligned, satisfaction with competency level
Organize		Critical community action		Policies, procedures, and practices that respect all individuals equally, systems in place to promote fairness	Being treated with fairness and respect, perceiving collaborators as fair and equitable
Advocate					

Collective intervention examples and justice-informed outcomes. Testifying opportunities, like testimony therapy or *"testimonio"* invite survivors and community members to resist internalizing blame through first-person testimonio accounts. With the community bearing witness, first-person accounts include pre-trauma experiences that can provide emotional release, validate and document the storyteller's lived experience, and facilitate posttraumatic meaning making (Akinyela, 2005; Aron, 1992; Cienfuegos & Monelli, 1983). Testimonials in the form of collaborative poems that depicted trauma and memory cloths that connected recent history with personal tragedies enabled West African survivors of torture and civil war to step outside their pain and bear witness to an ethnopolitical phenomenon (Stepakoff et al., 2006). These public truth telling experiences contributed to reduced depression and traumatic stress, while it increased access to social bonding and social capital: objective indicators of well-being (Stepakoff et al., 2006). Testifying opportunities for war-affected Mayan children in Guatemala were designed as a creative workshop that encouraged participants to engage in cultural activities (e.g., making masks, weaving, and storytelling; Farwell & Cole, 2002). Subjective indicators of well-being were noted when the workshops not only helped children and their parents to better understand their collective trauma but also inspired their feelings of safety, acceptance, and respect in ways that allowed them to actively nurture their social bonds.

The revolutionary psychiatrist Frantz Fanon recognized the link between oppression and mental health among colonized communities in Africa. He advocated for the use of sociotherapy, a communal healing strategy, to support social bonding and rebuilding communities among patients in psychiatric institutions (Fanon, 2018). Sociotherapy is a facilitated group process that addresses mental health and well-being, and has been found to be particularly effective in the aftermath of war and political violence (Richters et al., 2008). Characterized as the "community acting as a doctor," sociotherapy groups are comprised of phases (e.g., safety, care, and respect) and guiding principles (e.g., democracy, nondirectivity, and a focus on reality) that inform core procedural rules (e.g., two-way communication, shared decision making, and collaborative leadership; Richters et al., 2008).

In 2005, sociotherapy groups were implemented in Rwanda to address ethnopolitical trauma. Groups included 10 to 12 individuals who lived in the same community and met for 2 to 3 hours weekly at a local venue for approximately 15 weeks, and each group was facilitated by trained group leaders, who were community residents (Richters et al., 2008). As social bonding and commitments to aid each other's well-being increased among participants, objective indicators of well-being were evident when participants gained greater access to social capital that could be leveraged for self and community needs. In a subsequent study, subjective indicators of well-being were

demonstrated. Selected from 10 sociotherapy groups, 100 Rwandan participants completed presurveys and postsurveys, in addition to an 8-month follow-up questionnaire, used to screen for common mental health disorders (Scholte et al., 2011). Compared with a demographically similar control group who did not participate in a sociotherapy intervention, experimental group participants reported better mental health; that is, greater perceived sense of control and higher levels of life satisfaction.

Dimension II: Collective memory. Collective memory, a group's shared understanding of the recent or distant past, is at the heart of psychological health (Zaromb et al., 2014). It aids in the healing process by unearthing the lived experiences of those whose histories have been hidden or erased from public record (Ainslie, 2013). Simultaneously, the exploration of a community's collective memory may limit the internalization of oppression by outlining how racial trauma is systemically embedded and institutionally perpetuated (Burkett, 2017; Grills et al., 2016; Myers et al., 2018).

To trust, remember, and decolonize minds help foster collective memory at the interpersonal sphere of life. Storytelling in a safe environment builds trust within group processes as community members resist interpersonal distrust that is tied to denigrating dominant cultural narratives (Case & Hunter, 2012; Farwell & Cole, 2002). With greater trust, opportunities to resist the perpetuation of historical amnesia can develop, allowing personal stories and community narratives that highlight traumas and triumphs to be actively remembered (Comas-Díaz, 2016; Rappaport, 2000). By helping community members interrogate their potentially inaccurate personal stories and distorted community narratives, storytelling and resistance may enhance their psychological decolonization process (Ainslie, 2013; Banks-Wallace, 1998; Comas-Díaz, 2016; Lawson-Te Aho, 2014). The goal is to promote movement from internalized oppression and self-blame to restoring self-worth, reestablishing a sense of competency, and grieving what has been lost due to historical trauma (Bulhan, 1985; David & Okazaki, 2006; Lawson-Te Aho, 2014). Thus, we propose that cocreating and sharing products such as digital stories (Rolón-Dow, 2011), memory cloths (Stepakoff et al., 2006), documentary films (Haaken et al., 2012), and dramatizations (Farwell & Cole, 2002), and using these products to aid critical community reflection, support the construction of a collective memory that may challenge dominant cultural narratives and give voice to pursuing justice-informed outcomes.

Collective intervention examples and justice-informed outcomes. Interventions that involve cocreating and sharing products, such as digital storytelling methods, are integral to reaching populations traditionally underserved in health research. With digital storytelling approaches, participants have

control over both the development and dissemination of their stories. They typically attend a group workshop to collaboratively tell a short story by learning how to produce a final (2- to 4-minute) digital product that incorporates multimedia (Briant et al., 2016). Briant et al. (2016), for example, interviewed Latinx cancer patients who created digital stories focused on cancer and found that their digital storytelling experience promoted the exercise of voice and choice, objective indicators of well-being (Prilleltensky, 2012). This exercise subsequently contributed to growth in their interpersonal relationships with family members who gained a deeper understanding of cancer as an illness. The digital storytellers also experienced subjective indicators of well-being such as, a sense of growth as a person and feeling heard regarding their illness. Tellers' heightened subjective well-being contributed to their ability to make more appropriate health-related decisions (e.g., eating healthier foods) with the support of their loved ones.

Opportunities for critical community reflection are important for naming, reengaging, and diminishing anger associated with historical trauma, and opening possibilities for developing a collective memory (Ainslie, 2013; Freire, 2000). An example of this can be found in relation to a long-standing historical trauma in a Texas community involving the "Sam Schwarz School," a segregated school for African American residents. The Sam Schwarz School was destroyed without the consent and despite the historical significance the school held for African American residents. Although the local school district had no official account of the school or its closing, decades later, a new building renamed the "Sam Schwarz Campus" was resurrected at the same site for students with academic/behavioral problems; and memories of positive community contributions were erased and became associated with deficiencies (Ainslie, 2013). Three interventions to promote community healing were developed: testimonial opportunities, a documentary film, and a public critical community reflection event. During the third intervention, African American alumni shared their educational successes and community narratives with all community members as witnesses. Several subjective indicators of well-being for the alumni emerged, such as feeling valued, not taken for granted, and disproving stereotypes. Important changes were also made by White school administrators that illustrated objective indicators of well-being, primarily, a fair sharing of obligations and privileges. For example, the academic/behavioral problems program was removed from the Sam Schwarz Campus, and a permanent display of African American alumni photographs and memorabilia were erected at the school district's office (Ainslie, 2013). Through critical community reflection, dominant cultural narratives were interrogated, which prompted actions to construct a more authentic collective memory that increased the visibility and significance of African American history in the community's collective memory.

Dimension III: Critical consciousness. Referring to the social, political, and economic forces shaping lived experiences and community well-being, critical consciousness is a process predicated on a person's belief in their ability to engage in actions that will produce change (i.e., political efficacy; Freire, 2000). Emerging data support key tenets of critical consciousness among Africana communities (Hope & Jagers, 2014). Specifically, among youth of African ancestry, data suggest that civic related actions contribute to both youth development (Sherrod et al., 2010) and the development of their communities (Watts & Flanagan, 2007). Data also suggest that an activism-oriented humanities curriculum that supports the development of particular character strengths (e.g., critical thinking about racial oppression as interpersonal, institutional, and internalized oppression) foster critical consciousness among youth to challenge oppressive systems (Seider et al., 2017). The crux of critical consciousness, thus, demands increasing the abilities of community members to address commonly identified concerns and taking action to challenge oppressive forces.

At the organizational sphere of life, vast opportunities for individuals to empower themselves, organize, and advocate for community needs through storytelling and collective acts of resistance are essential to critical consciousness. Telling counternarratives can empower storytellers because it creates occasions for them to name and debunk the larger dominant racial narrative, which is often hidden or denied. Additionally, storytellers are able to educate witnesses about an important social issue (Bell, 2016; Benmayor, 2008). Sharing stories using multimedia (e.g., flyers, web-videos, and blogs) may inform and galvanize others to organize. In the case of #BlackLivesMatter, people share video stories to stimulate critical awareness about long-standing state violence (e.g., police brutality) directed against people of African descent to encourage local communities to organize and demand changes (e.g., improve police-community relations, policies, and practices; Canella, 2017). Advocating for community needs can occur in multiple ways, whereby storytelling and resistance can reduce disempowering thought patterns, inertia, and systemic inequities that exclude oppressed communities (Hoffman & Mitchell, 2016; Kimball et al., 2016). Eleven-year-old student activist Naomi Walder (2018), for example, advocated for females of African descent who are omitted in dominant cultural narratives about gun violence in the United States. At *March for Our Lives* (a student antigun violence demonstration held in Washington, DC, on March 24, 2018), she issued a call to action: "I represent the African American girls [and women who are victims of gun violence but] whose stories don't make the front page of every national newspaper" because they "have been just numbers. . . . [H]elp me write the narrative for this world to understand so that these girls and women are never forgotten" (Walder, 2018). Because storytelling and acts of resistance reveal

injustices that have been silenced or ignored (Rappaport, 2000), we emphasize the role of liberatory practices, such as developing new community narratives and engaging in critical community action to develop critical consciousness (i.e., awareness, efficacy, and action).

Collective intervention examples and justice-informed outcomes. The community narratives and acts of resistance among Africana communities and other oppressed groups often get lost in dominant tropes of pathology (e.g., Black inferiority and criminality; Alexander, 2012; Grills et al., 2016). Hence, revealing the disempowering role of community narratives is a crucial step toward constructing liberatory narratives that cultivate community healing (Rappaport, 2000). Developing new community narratives played a pivotal role in the achievement of justice-informed outcomes for an oppressed group of non-English speaking Latinx immigrant parents who became grassroots organizers (Balcazar et al., 2012). A local nonprofit agency, the Hispanic Center (HC, a pseudonym provided by Balcazar et al., 2012), was tasked with serving the Latinx community's needs. Parents who have children with disabilities reported multiple challenges during interactions with HC. An ongoing challenge was that their requests for advanced American Sign Language classes were ignored; and when they persisted, HC representatives threatened to report parents' undocumented status to government officials. While grappling with these and other oppressive experiences, 10 to 15 parents were also participating in a community-university partnership, a facilitated group process that consisted of advocacy skills training (Balcazar et al., 2012). Once parents developed a new community narrative (e.g., critical awareness about their disadvantages, strengths, and actions that could transform their circumstances), they began advocating for themselves and created a grassroots organization that led to several objective indicators of well-being: expressing their opinions, exercising control, and displaying their strengths. Subjective indicators of well-being were also apparent: feeling that reward and efforts were aligned (e.g., receiving child care assistance when a family provided transportation); and experiencing a greater alignment between having control of resources and being able to meet demands (e.g., securing funding to offer American Sign Language classes and providing translation services). In stark contrast to their interactions with HC, parents' community narrative no longer depicted their community as victims of externally controlled circumstances, but rather increasingly competent change agents capable of addressing their families' needs and transforming their social realities.

Expanding possibilities for new community narratives that foster community healing is "impossible without a commitment to transform, and there is

no transformation without [critical community] action" (Freire, 2000, p. 87). As one example, 13 identified leaders narrated audio and video recorded stories about the evolution of *Movimiento Autonomo de Mujeres* (Autonomous Women's Movement; Grabe & Dutt, 2015). Despite women's active participation in the Nicaraguan Revolution as supporters, combatants, and appointees to high-ranking ministerial positions in the newly established *Frente Sandinsta de Liberación Nacional* (Sandinista National Liberation Front) government in 1979, women's gender counternarratives remained marginalized (Grabe & Dutt, 2015). Seeking political autonomy, women organized and constructed new community narratives that promoted inclusive attitudes toward human rights; their new narratives led to critical community action, such as the national "United in Diversity" meeting held in 1992 to establish the political platform of the newly formed *Movimiento Autonomo de Mujeres*. Comprising 150 independent women's groups representing 38 locations across Nicaragua, Movimiento was designed as a diverse multisector organization that implemented policies, procedures, and practices which respect all members equally (e.g., historically marginalized Afro-Nicaraguan communities), and enabled systems to be put in place that promoted fairness. These objective indicators of well-being were coupled with subjective indicators of well-being, such as feeling valued, as well as perceiving one's role as meaningful and collaborations as equitable. Over 20 years of critical community actions resulted in the passage of two important laws: the 1996 Law Against Domestic Violence and the 2012 Integral Law Against Violence Toward Women (Grabe & Dutt, 2015).

Summary of C-HeARTS Framework

Community healing is propelled by culturally syntonic processes coupled with liberatory practices that influence three psychological dimensions to promote justice-informed outcomes. Establishing connectedness involves storytelling to foster understanding, validate shared trauma, and nurture community bonds; while resistance diminishes psychological states of indifference, devaluation of the self and others, and ruptured community ties. At the personal sphere of life, testimonies have helped to make private pain a community issue anchored within a sociopolitical context; and through collaboration, a more comprehensive understanding of reality has been generated among testifying participants that served to validate their experiences (Farwell & Cole, 2002). Similarly, sociotherapy groups are beneficial and generate healing through the interplay of communal principles and practices that encourage group members to care for each other and resolve their challenges (Fanon, 2018; Richters et al., 2010).

Collective memory provides a cognitive map to reexamine (former) ways of being and behavioral patterns that can guide community healing (Stepakoff et al., 2006). At the interpersonal sphere of life, developing collective memory is enhanced when storytelling is used to promote trust in the group process, recall of historical traumas and triumphs, and psychological decolonization; while resistance disrupts interpersonal distrust, historical amnesia, and both inaccurate personal stories and distorted community narratives. Cocreating products enhances a sense of personal growth and a deeper understanding of shared journeys; and disseminating cocreated products is important for those who may feel their voices are ignored, undervalued, or simply denied (Briant et al., 2016). Furthermore, engaging in critical community reflection where cocreated products are used to interrogate dominant cultural narratives is a liberatory practice that may help authenticate collective memory (Ainslie, 2013).

Critical consciousness prepares community members to become civically engaged to address concerns directly affecting their communities (Watts et al., 2011). Fostering critical consciousness may be attained through storytelling to promote personal empowerment, collective organizing, and advocacy for community needs; while resistance helps to reduce disempowering thought patterns, inertia, and systemic inequities. At the organizational sphere of life, critical consciousness involves the development of new community narratives and partaking in critical community action. The importance of new community narratives are twofold: sources of racial trauma can be better understood, that is, more clearly connected to larger structural and historical issues (Bell, 2016); and the specific ways in which communities map out paths of resistance can be articulated. Meanwhile, progressing from discussing to envisioning and then implementing transformation requires critical community action to bring justice-informed outcomes into fruition (Bell, 2010).

Next Steps in the C-HeARTS Framework

Through the integration and review of multidisciplinary theory, research, and practice, we developed the C-HeARTS framework to advance an understanding of community healing. The theoretical underpinnings have been explicated and empirical research is now required to test the sequence of the proposed processes. As currently conceptualized, C-HeARTS has a number of limitations. The framework delineates multiple processes that contribute to community healing. However, the framework does not include an exhaustive review of all processes that potentially contribute to community healing nor does it outline how these processes operate beyond the personal,

interpersonal, and organizational spheres of life (Bronfenbrenner & Morris, 2006; Prilleltensky, 2012). Numerous scholars have suggested that storytelling and resistance are culturally syntonic mechanisms, but how (or if) they work together to support movement through the psychological dimensions have not been explored. Case studies could assess the presence and perceived function of storytelling and resistance within healing groups. Within the C-HeARTS framework, within group differences in motivations for, engagement in, and outcomes of community healing were not explored. To date, the published literature includes examples of community healing when communities share identities (e.g., ethnicity) and trauma experiences (e.g., survivors of torture and war). Additional racial trauma research is needed to understand the intersection of within group differences (e.g., gender, religiosity, and worldview) and community healing. A further limitation is lack of clarity as to whether the proposed processes operate similarly depending on the characteristics of the community. A longitudinal study design and the use of mixed methods could assess (a) whether more or less psychological dimensions exist, (b) whether the sequencing of the proposed psychological dimensions occur in a particular direction, and (c) whether both the proposed psychological dimensions and the sequencing of dimensions are necessary to achieve justice-informed outcomes. It is important to note that community healing may not occur without costs, which are being conceptualized and explored in the extant literature as professional burnout, compassion fatigue, activism burnout, and vicarious trauma (Hernandez-Wolfe et al., 2015; Vaccaro & Mena, 2011). Additional research is necessary to understand the various challenges of the community healing process. Despite these limitations, the C-HeARTS framework may serve to guide how new and existing groups engaging in healing processes progress toward their goals; assess what outcomes are prevalent; and identify if objective and subjective indicators of well-being occur within the three spheres of life, while documenting the nature and quality of well-being indicators.

Enhancing transformative healing possibilities requires a framework that helps agents of change proactively shift their oppressed group's status from victims to victors by promoting justice-informed outcomes within three fundamental spheres of life. The solution to racial trauma is not to effectively integrate oppressed groups into oppressive systems that maintain them as "beings for others" rather than "beings for themselves" (Freire, 2000, p. 74). Of utmost importance is healing approaches should enable oppressed groups to transform oppressive systems. To this end, we offer the C-HeARTS framework as one approach for Africana communities and other oppressed groups to become beings for themselves that acknowledges historical trauma and the importance of sociocultural resources to facilitate community healing.

ORCID iDs

Nkechinyelum A. Chioneso [ID] https://orcid.org/0000-0003-4129-5469
Carla D. Hunter [ID] https://orcid.org/0000-0001-9660-2898
Shardé McNeil Smith [ID] https://orcid.org/0000-0002-9310-2369

References

Ainslie, R. C. (2013). Intervention strategies for addressing collective trauma: Healing communities ravaged by racial strife. *Psychoanalysis, Culture & Society*, *18*(2), 140-152. https://doi.org/10.1057/pcs.2013.3

Akbar, N., Saafir, R. K., & Granberry-Stewart, D. (1980). Readings for mental health and human service workers in the Black community. In The Community Clinical Psychology Project of the Southern Regional Educational Board (Ed.), *Community psychology and systems interventions* (pp. 97-147). Southern Regional Educational Board.

Akinyela, M. K. (2005). Testimony of hope: African centered praxis for therapeutic ends. *Journal of Systemic Therapies*, *24*(1), 5-18. https://doi.org/10.1521/jsyt.2005.24.1.5

Alexander, M. (2012). *The new Jim Crow: Mass incarceration in the age of colorblindness*. New Press.

Anderson, R. E., McKenny, M., Mitchell, A., Koku, L., & Stevenson, H. C. (2018). EMBRacing racial stress and trauma: Preliminary feasibility and coping responses of a racial socialization intervention. *Journal of Black Psychology*, *44*(1), 25-46. https://doi.org/10.1177/0095798417732930

Anderson, R. E., & Stevenson, H. C. (2019). RECASTing racial stress and trauma: Theorizing the healing potential of racial socialization in families. *American Psychologist*, *74*(1), 63-75. https://doi.org/10.1037/amp0000392

Armah, A. K. (2010). *Remembering the dismembered continent*. Per Ankh.

Aron, A. (1992). Testimonio, a bridge between psychotherapy and sociotherapy. *Women & Therapy*, *13*(3), 173-189. https://doi.org/10.1300/J015V13N03_01

Balcazar, F. E., Suarez-Balcazar, Y., Adames, S. B., Keys, C. B., García-Ramírez, M., & Paloma, V. (2012). A case study of liberation among Latino immigrant families who have children with disabilities. *American Journal of Community Psychology*, *49*(1-2), 283-293. https://doi.org/10.1007/s10464-011-9447-9

Banks-Wallace, J. (1998). Emancipatory potential of storytelling in a group. *Journal of Nursing Scholarship*, *30*(1), 17-21. https://doi.org/10.1111/j.1547-5069.1998.tb01230.x

Banks-Wallace, J. (2002). Talk that talk: Storytelling and analysis rooted in African American oral tradition. *Qualitative Health Research*, *12*(3), 410-426. https://doi.org/10.1177/104973202129119892

Bell, L. A. (2003). Telling tales: What stories can teach us about racism. *Race, Ethnicity and Education*, *6*(1), 3-28. https://doi.org/10.1080/1361332032000044567

Bell, L. A. (2010). *Storytelling for social justice: Connecting narrative and the arts in antiracist teaching*. Routledge.

Bell, L. A. (2016). Telling on racism: Developing a race-conscious agenda. In H. A. Neville, M. Gallardo, & D. W. Sue (Eds.), *The myth of racial color blindness: Manifestations, dynamics, and impact* (pp. 105-122). American Psychological Association.

Benmayor, R. (2008). Digital storytelling as a signature pedagogy for the new humanities. *Arts and Humanities in Higher Education*, *7*(2), 188-204. https://doi.org/10.1177/1474022208088648

Bradford, J. H. (2017). Selfies, subtweets, and suicide: Social media as mediator and agitator of mental health for Black women. In S. Y. Evans, K. Bell, & N. K. Burton (Eds.), *Black women's mental health: Balancing strength and vulnerability* (pp. 75-86). SUNY Press.

Brave Heart, M. Y. H. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, *35*(1), 7-13. https://doi.org/10.1080/02791072.2003.10399988

Brave Heart, M. Y. H., & DeBruyn, L. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, *8*(2), 60-82. https://doi.org/10.5820/aian.0802.1998.60

Briant, K. J., Halter, A., Marchello, N., Escareno, M., & Thompson, B. (2016). The power of digital storytelling as a culturally relevant health promotion tool. *Health Promotion Practice*, *17*(6), 773-801. https://doi.org/10.1037/1099-9809.12.1.1

Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology: Vol. 1. Theoretical models of human development* (6th ed., pp. 793-828). John Wiley.

Bryant-Davis, T., & Ocampo, C. (2006). A therapeutic approach to the treatment of racist-incident-based trauma. *Journal of Emotional Abuse*, *6*(4), 1-22. https://doi.org/10.1300/J135v06n04_01

Bulhan, H. A. (1985). *Frantz Fanon and the psychology of oppression*. Plenum Press.

Burkett, C. A. (2017). Obstructed use: Reconceptualizing the mental health (help-seeking) experiences of Black Americans. *Journal of Black Psychology*, *43*(8), 813-835. https://doi.org/10.1177/0095798417691381

Canella, G. (2017). Social movement documentary practices: Digital storytelling, social media and organizing. *Digital Creativity*, *28*(1), 24-37. https://doi.org/10.1080/14626268.2017.1289227

Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, *35*(1), 13-105. https://doi.org/10.1177/0011000006292033

Case, A. D., & Hunter, C. D. (2012). Counterspaces: A unit of analysis for understanding the role of settings in marginalized individuals' adaptive responses to

oppression. *American Journal of Community Psychology*, *50*(1-2), 257-270. https://doi.org/10.1007/s10464-012-9497-7

Chavez-Dueñas, N. Y., Adames, H. Y., Perez-Chavez, J. G., & Salas, S. P. (2019). Healing ethno-racial trauma in Latinx immigrant communities: Cultivating hope, resistance, and action. *American Psychologist*, *74*(1), 49-52. https://doi.org/10.1037/amp0000289

Checkoway, B. (1995). Six strategies of community change. *Community Development Journal*, *30*(1), 2-20. https://doi.org/10.1093/cdj/30.1.2

Cienfuegos, A. J., & Monelli, C. (1983). The testimony of political repression as a therapeutic instrument. *American Journal of Orthopsychiatry*, *53*(1), 43-51. https://doi.org/10.1111/j.1939-0025.1983.tb03348.x

Comas-Díaz, L. (2006). Latino healing: The integration of ethnic psychology into psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, *43*(4), 436-453. https://doi.org/10.1037/0033-3204.43.4.436

Comas-Díaz, L. (2007). Ethnopolitical psychology: Healing and transformation. In E. Aladrondo (Ed.), *Advancing social justice through clinical practice* (pp. 91-118). Lawrence Erlbaum.

Comas-Díaz, L. (2016). Racial trauma recovery: A race-informed therapeutic approach to racial wounds. In A. N. Alvarez, C. T. H. Liang, & H. A. Neville (Eds.), *The cost of racism to people of color: Contextualizing experiences of discrimination* (pp. 341-375). American Psychological Association.

Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. *American Psychologist*, *74*(1), 1-5. https://doi.org/10.1037/amp0000442

David, E. J. R., & Okazaki, S. (2006). Colonial mentality: A review and recommendations for Filipino American Psychology. *Cultural Diversity and Ethnic Minority Psychology*, *12*(1), 1-16. https://doi.org/10.1037/1099-9809.12.1.1

Denham, A. R. (2008). Rethinking historical trauma: Narratives of resilience. *Transcultural Psychiatry*, *45*(3), 391-414. https://doi.org/10.1177/1363461508094673

Duran, E., Firehammer, J., & Gonzalez, J. (2008). Liberation psychology as the path toward healing cultural soul wounds. *Journal of Counseling & Development*, *86*(3), 288-295. https://doi.org/10.1002/j.1556-6678.2008.tb00511.x

East, L., Jackson, D., O'Brien, L., & Peters, K. (2010). Storytelling: An approach that can help to develop resilience. *Nurse Researcher*, *17*(3), 17-25. https://doi.org/10.7748/nr2010.04.17.3.17.c7742

Egnew, T. R. (2005). The meaning of healing: Transcending suffering. *Annals of Family Medicine*, *3*(3), 255-262. https://doi.org/10.1370/afm.313

Fanon, F. (2018). *Alienation and freedom*. Bloomsbury Academic.

Farwell, N., & Cole, J. B. (2002). Community as a context of healing: Psychosocial recovery of children affected by war and political violence. *International Journal of Mental Health*, *30*(4), 19-41. https://doi.org/10.1080/00207411.2001.11449530

Freire, P. (2000). *Pedagogy of the oppressed* (30th anniversary ed.). Continuum.

French, B. H., Lewis, J. A., Mosley, D., Adames, H. Y., Chavez- Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2019). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, *48*(1), 14-46. https://doi.org/10.1177/0011000019843506

Fu-Kiau, K. K. B. (1991). *Self-healing power and therapy: Old teachings from Africa*. Black Classic Press.

Gordon, E. W. (2004). Defiance: Variation on the theme of resilience. In R. L. Jones (Ed.), *Black psychology* (4th ed., pp. 117-127). Cobb & Henry.

Grabe, S., & Dutt, A. (2015). Counter narratives, the psychology of liberation, and the evolution of a women's social movement in Nicaragua. *Peace and Conflict: Journal of Peace Psychology*, *21*(1), 89-105. https://doi.org/10.1037/pac0000080

Graham, J. R., West, L. M., Martinez, J., & Roemer, L. (2016). The mediating role of internalized racism in the relationship between racist experiences and anxiety symptoms in a Black American sample. *Cultural Diversity and Ethnic Minority Psychology*, *22*(3), 369-376. https://doi.org/10.1037/cdp0000073

Grills, C., Aird, E., & Rowe, D. (2016). Breathe, baby, breathe: Clearing the way for the emotional emancipation of Black people. *Cultural Studies Critical Methodologies*, *16*(3), 333-343. https://doi.org/10.1177/1532708616634839

Grills, C., Nobles, W., & Hill, C. (2018). African, Black, neither or both? Models and strategies developed and implemented by the Association of Black Psychologists. *Journal of Black Psychology*, *44*(8), 791-826. https://doi.org/10.1177/0095798418813660

Grills, C., & Rowe, D. (1998). African traditional medicine: Implications for African-centered approaches to healing. In R. L. Jones (Ed.), *African American mental health: Theory, research, and intervention* (pp. 71-100). Cobb & Henry.

Haaken, J., Wallin-Ruschman, J., & Patange, S. (2012). Global hip-hop identities: Black youth, psychoanalytic action research, and the *Moving to the Beat* project. *Journal of Community & Applied Social Psychology*, *22*(1), 63-74. https://doi.org/10.1002/casp.1097

Hagerty, B., Lynch-Sauer, J., Patusky, K., & Bouwsema, M. (1993). An emerging theory of human relatedness. *Journal of Nursing Scholarship*, *25*(4), 291-296. https://doi.org/10.1111/j.1547-5069.1993.tb00262.x

Harrell, S. P. (2015). Culture, wellness, and world "PEaCE": An introduction to person-environment-and-culture-emergence theory. *Community Psychology in Global Perspective*, *1*(1), 16-49. https://doi.org/10.1285/i24212113v1i1p16

Harris, A., & Amutah-Onukagha, N. (2019). Under the radar: Strategies used by Black mothers to prepare their sons for potential police interactions. *Journal of Black Psychology*, *45*(6-7), 439-453. https://doi.org/10.1177/0095798419887069

Hartmann, W. E., Wendt, D. C., Burrage, R. L., Pomerville, A., & Gone, J. P. (2019). American Indian historical trauma: Anticolonial prescriptions for healing, resilience, and survivance. *American Psychologist*, *74*(1), 6-19. https://doi.org/10.1037/amp0000326

Helms, J. E., Nicolas, G., & Green, C. E. (2010). Racism and ethnoviolence as trauma: Enhancing professional training. *Traumatology*, *16*(1), 53-62. https://doi.org/10.1177/1534765610389595

Hernandez-Wolfe, P., Killian, K., Engstrom, D., & Gangsei, D. (2015). Vicarious resilience, vicarious trauma, and awareness of equity in trauma work. *Journal of Humanistic Psychology*, *55*(2), 153-172. https://doi.org/10.1177/0022167814534322

Hill, D. L. (2006). Sense of belonging as connectedness, American Indian worldview, and mental health. *Archives of Psychiatric Nursing*, *20*(5), 210-216. https://doi.org/10.1016/j.apnu.2006.04.003

Hoffman, G. D., & Mitchell, T. D. (2016). Making diversity "everyone's business": A discourse analysis of institutional responses to student activism for equity and inclusion. *Journal of Diversity in Higher Education*, *9*(3), 277-289. https://doi.org/10.1037/dhe0000037

Hope, E. C., & Jagers, R. J. (2014). The role of sociopolitical attitudes and civic education in the civic engagement of Black youth. *Journal of Research on Adolescence*, *24*(3), 460-470. https://doi.org/10.1111/jora.12117

Jackson-Lowman, H. (2004). Perspectives on Afrikan American mental health: Lessons from Afrikan systems. In R. L. Jones (Ed.), *Black psychology* (4th ed., pp. 599-628). Cobb & Henry.

Jernigan, M. M., & Daniel, J. H. (2011). Racial trauma in the lives of Black children and adolescents: Challenges and clinical implications. *Journal of Child & Adolescent Trauma*, *4*(2), 123-141. https://doi.org/10.1080/19361521.2011.574678

Kaholokula, J. K. A. (2016). Racism and physical health disparities. In A. N. Alvarez, C. T. H. Liang, & H. A. Neville (Eds.), *The cost of racism for people of color: Contextualizing experiences of discrimination* (pp. 163-188). American Psychological Association.

Kambon, K. K. K. (1992). *The African personality in America: An African-centered framework*. Nubian Nation.

Karenga, M. (2004). *Maat, The moral ideal in ancient Egypt: A study in classical African ethics*. Routledge.

Karlsen, S., Nazroo, J. Y., McKenzie, K., Bhui, K., & Weich, S. (2005). Racism, psychosis and common mental disorder among ethnic minority groups in England. *Psychological Medicine*, *35*(12), 1795-1803. https://doi.org/10.1017/S0033291705005830

Kendall-Tackett, K. (2009). Psychological trauma and physical health: A psychoneuroimmunology approach to etiology of negative health effects and possible interventions. *Psychological Trauma: Research, Practice, and Policy*, *1*(1), 35-48. https://doi.org/10.1037/a0015128

Kimball, E. W., Moore, A., Vaccaro, A., Troiana, P. F., & Newman, B. M. (2016). College students with disabilities redefine activism: Self-advocacy, storytelling, and collective action. *Journal of Diversity in Higher Education*, *9*(3), 245-260. https://doi.org/10.1037/dhe0000031

Kloos, B., Hill, J., Thomas, E., Wandersman, A., Elias, M., & Dalton, J. (2012). *Community psychology: Linking individuals and communities*. Cengage Learning.

Kowanko, I., Stewart, T., Power, C., Fraser, R., Love, I., & Bromley, T. (2009). An aboriginal family and community healing program in metropolitan Adelaide: Description and evaluation. *Australian Indigenous Health Bulletin*, *9*(4), 1-12. http://hdl.handle.net/2328/26334

Lawson-Te Aho, K. (2014). The healing is in the pain: Revisiting and re-narrating trauma histories as a starting point for healing. *Psychology and Developing Societies*, *26*(2), 181-212. https://doi.org/10.1177/0971333614549139

Malcolme, M. L. D., Fedock, G., Garthe, R. C., Golder, S., Higgins, G., & Logan, T. K. (2019). Weathering probation and parole: The protective role of social support on Black women's recent stressful events and depressive symptoms. *Journal of Black Psychology*, *45*(8), 661-688. https://doi:10.1177/0095798419889755

Mankowski, E. S., & Rappaport, J. (2000). Narrative concepts and analysis in spiritually-based communities. *Journal of Community Psychology*, *28*(5), 479-493. https://doi.org/10.1002/1520-6629

Mariette, G. C. (2013). International healing and collaboration structures. *Journal of Black Psychology, 39*(3), 261-268. https://doi.org/10.1177/0095798413478077

McCaslin, W. (2005). *Justice as healing: Indigenous ways*. Living Justice Press.

McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology*, *14*(1), 6-23. https://doi.org/10.1002/1520-6629(198601)14:1%3C6::AID-JCOP2290140103%3E3.0.CO;2-I

Monteiro, N. M., & Wall, D. J. (2011). African dance as healing modality throughout the diaspora: The use of ritual and movement to work through trauma. *Journal of Pan African Studies*, *4*(6), 234-252.

Myers, L. J. (1993). *Understanding an Afrocentric world view: Introduction to an optimal psychology* (2nd ed.). Kendall/Hunt.

Myers, L. J. (2013). Restoration of spirit: An African-centered communal health model. *Journal of Black Psychology*, *39*(3), 257-260. https://doi.org/10.1177/0095798413478080

Myers, L. J., Anderson, M., Lodge, T., Speight, S., & Queener, J. E. (2018). Optimal theory's contributions to understanding and surmounting global challenges to humanity. *Journal of Black Psychology*, *44*(8), 747-771. https://doi.org/10.1177/0095798418813240

Myers, L. J., & Speight, S. (2010). Reframing mental health and psychological well-being among persons of African descent: Africana/Black psychology meeting the challenges of fractured social and cultural realities. *Journal of Pan African Studies*, *3*(8), 66-82.

Nadal, K. L. (2018). Racial microaggressions and trauma. In K. L Nadal (Ed.), *Concise guides on trauma care series: Microaggressions and traumatic stress: Theory, research, and clinical treatment* (pp. 53-70). American Psychological Association. https://doi.org/10.1037/0000073-004

Nobles, W. (1991). Extended self: Rethinking the so-called Negro self-concept. In R. Jones (Ed.), *Black psychology* (3rd ed., pp. 295-305). Cobb & Henry.

Omonzejele, P. (2008). African concepts of health, disease, and treatment: An ethical inquiry. *Explore*, *4*(2), 120-126. https://doi.org/10.1016/j.explore.2007.12.001

Opoku, K. A. (1978). *West African traditional religion*. FEP International.

Parks., F. M. (2007). Working with narratives: Coping strategies in African American folk beliefs and traditional healing practices. *Journal of Human Behavior in the Social Environment*, *15*(1), 135-147. https://doi.org/10.1300/J137v15n01_07

Pieterse, A. L., Carter, R. T., Evans, S. A., & Walter, R. (2010). An exploratory examination of the associations among racial and ethnic discrimination, racial climate, and trauma-related symptoms in a college student population. *Journal of Counseling Psychology*, *57*(3), 255-263. https://doi.org/10.1037/a0020040

Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology*, *59*(1), 1-9. https://doi.org/10.1037/a0026208

Polanco-Roman, L., Danies, A., & Anglin, D. M. (2016). Racial discrimination as race-based trauma, coping strategies, and dissociative symptoms among emerging adults. *Psychological Trauma: Theory, Research, Practice, and Policy*, *8*(5), 609-617. http://dx.doi.org/10.1037/tra0000125

Prilleltensky, I. (2012). Wellness as fairness. *American Journal of Community Psychology*, *49*(1-2), 1-21. https://doi.org/10.1007/s10464-011-9448-8

Puvimanasinghe, T. S., & Price, I. R. (2016). Healing through giving testimony: An empirical study with Sri Lankan torture survivors. *Transcultural Psychiatry*, *53*(5), 531-550. https://doi.org/10.1177/1363461516651361

Rappaport, J. (2000). Community narratives: Tales of terror and joy. *American Journal of Community Psychology*, *28*(1), 1-24. https://doi.org/10.1023/A:1005161528817

Reitz, J., & Banerjee, R. (2007). Racial inequality, social cohesion and policy issues in Canada. In K. Banting, T. Courchene, & F. Seidle (Eds.), *Belonging? Diversity, recognition and shared citizenship in Canada* (pp. 489-545). McGill-Queen's University Press.

Richters, A., Dekker, C., & Scholte, W. F. (2008). Community based sociotherapy in Byumba, Rwanda. *Intervention*, *6*(2), 100-116. https://doi.org/10.1097/WTF.0b013e328307ed33

Richters, A., Rutayisire, T., Sewimfura, T., & Ngendahayo, E. (2010). Psychotrauma, healing and reconciliation in Rwanda: The contribution of community-based sociotherapy. *African Journal of Traumatic Stress*, *1*(2), 55-63.

Riina, E. M., Martin, A., Gardner, M., & Brooks-Gunn, J. (2013). Context matters: Links between neighborhood discrimination, neighborhood cohesion and African American adolescents' adjustment. *Journal of Youth and Adolescence*, *42*(1), 136-146. https://doi.org/10.1007/s10964-012-9804-5

Rolón-Dow, R. (2011). Race(ing) stories: Digital storytelling as a tool for critical race scholarship. *Race Ethnicity and Education*, *14*(2), 159-173. https://doi.org/10.1080/13613324.2010.519975

Schiele, J. H. (1996). Afrocentricity: An emerging paradigm in social work practice. *Social Work*, *41*(3), 284-294. https://doi.org/10.1093/sw/41.3.284

Scholte, W. F., Verduin, F., Kamperman, A. M., Rutayisire, T., Zwinderman, A. H., & Stronks, K. (2011). The effect on mental health of a large scale psychosocial intervention for survivors of mass violence: A quasi-experimental study in Rwanda. *PLOS ONE*, *6*(8), Article e21819. https://doi.org/10.1371/journal.pone.0021819

Schultz, K., Cattaneo, L. B., Sabina, C., Brunner, L., Jackson, S., & Serrata, J. V. (2016). Key roles of community connectedness in healing from trauma. *Psychology of Violence*, *6*(1), 42-48. https://doi.org/10.1037/vio0000025

Seider, S., Tamerat, J., Clark, S., & Soutter, M. (2017). Investigating adolescents' critical consciousness development through a character framework. *Journal of Youth and Adolescence*, *46*(6), 1162-1178. https://doi.org/10.1007/s10964-017-0641-4

Sherrod, L. R., Torney-Purta, J., & Flanagan, C. A. (2010). *Handbook of research on civic engagement in youth*. John Wiley.

Somé, M. P. (1993). *Ritual: Power, healing, and community*. Penguin Group.

Stepakoff, S., Hubbard, J., Katoh, M., Falk, E., Mikulu, J.-B., Nkhoma, P., & Omagwa, Y. (2006). Trauma healing in refugee camps in Guinea: A psychosocial program for Liberian and Sierra Leonean survivors of torture and war. *American Psychologist*, *61*(8), 921-932. https://doi.org/10.1037/0003-066X.61.8.921

Sunwolf. (2005). R$_x$ storysharing, prn: Stories as medicine. *Storytelling Self Society*, *1*(2), 1-10. https://doi.org/10.1080/15505340509490262

Vaccaro, A., & Mena, J. A. (2011). It's not burnout, it's more: Queer college activists of color and mental health. *Journal of Gay, & Lesbian Mental Health*, *15*(4), 339-367. https://doi.org/10.1080/19359705.2011.600656

Walder, N. (2018, March 24). *Speech at march for our lives*. https://www.youtube.com/watch?v=KiQaIaI9xmk

Warry, W. (1998). *Unfinished dreams: Community healing and the reality of Aboriginal self-government*. University of Toronto Press.

Washington, K. (2010). Zulu traditional healing, Afrikan worldview and the practice of Ubuntu: Deep thought for Afrikan/Black Psychology. *Journal of Pan African Studies*, *3*(8), 24-39.

Watts, R. J., Diemer, M. A., & Voight, A. M. (2011). Critical consciousness: Current status and future directions. *New Directions for Child and Adolescent Development*, *2011*(134), 43-57. https://doi.org/10.1002/cd.310

Watts, R. J., & Flanagan, C. (2007). Pushing the envelope on youth civic engagement: A developmental and liberation psychology perspective. *Journal of Community Psychology*, *35*(6), 779-792. https://doi.org/10.1002/jcop.20178

West, C. (2014, February, 24). *Cornel West talks to David Shuster: Al Jazeera America*. http://america.aljazeera.com/watch/shows/talk-to-al-jazeera/interviews-and-more/2014/2/24/cornel-west-talkstodavidshuster.html

Williams, M. T., Metzger, I. W., Leins, C., & DeLapp, C. (2018). Assessing racial trauma within a DSM-5 framework: The UConn racial/ethnic stress and trauma survey. *Practice Innovations*, *3*(3), 242-260. https://doi:10.1037/pri0000076

Woods, V. D. (2009). African American health initiative planning project: A social ecological approach utilizing community-based participatory research methods. *Journal of Black Psychology*, *35*(2), 247-270. https://doi.org/10.1177/0095798409333589

Zaromb, F., Butler, A. C., Agarwal, P. K., & Roediger, H. L. (2014). Collective memories of three wars in United States history in younger and older adults. *Memory & Cognition*, *42*(3), 383-399. https://doi.org/10.3758/s13421-013-0369-7