



Seeing One Another: The Creation of the Sawubona Healing Circles

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Evan Auguste¹ , Tania Lodge², Niara Carrenard¹,
Jana Robina Onwong'a³, Ashley Zollicoffer⁴,
Dana Collins⁵, and Laneay London⁶ 

Abstract

In 2020, the Association of Black Psychologists (ABPsi) drew attention to the history of racism in the United States on the creation and exacerbation of extant medical racial inequities to the detriment of Black individuals. Recognizing that solutions based solely in Western frameworks cannot fully address the mental health needs of Black individuals, ABPsi devoted collaborative efforts to develop culturally grounding healing responses for the unique experiences of race-based invisibility and trauma. Additionally, amid the pandemic, individuals of African-descent experienced various mass racial traumas, including a wave of widely publicized police violence. Beginning with COVID-19, these intersecting pandemics of racism elucidated the need for healing, particularly culturally grounding healing. In consultation with the Black Family Summit, ABPsi developed a pilot investigation, the Sawubona Healing Circle (SHC) initiative, which are culturally grounding healing circles to

¹Department of Psychology, University of Massachusetts Boston, Boston, MA, USA

²Kindred Spirit Behavioral Health, Akron, OH, USA

³Department of Psychology, University of Missouri, Columbia, MO, USA

⁴Department of Psychology, University of Georgia, Athens, GA, USA

⁵Department of Psychiatry and Behavioral Sciences, Montefiore Medical Center, Bronx, NY, USA

⁶Serenity Village Developments, Los Angeles, CA, USA

Corresponding Author:

Evan Auguste, University of Massachusetts Boston, 100 Morrissey Blvd, M04-262, Boston, MA 02125, USA.

Email: evan.auguste@umb.edu

support Black first responders. Using an African-centered worldview, the circles recognize and validate the specific constellation of anti-Black traumas and stressors, equipping them with African-centered healing methods. This paper outlines the theory, development, implementation, and initial evaluation of the SHC intervention.

Keywords

African-centered psychology, racism, trauma, healing circle

Introduction

“Until you see me, I do not exist. It is as if, when you see me, you bring me into existence.” – Zulu

Among the Zulu people of southern Africa, an individual does not fully exist until they are seen. Consistent with adherence to the moral imperative of Ubuntu, broadly understood to represent the idea that being exists in relation to an individual’s community (Mangena, 2016), *Sawubona* is a greeting that acknowledges the existence, experiences, and divinity of individuals of African ancestry. *Sawubona*, which translates as “We see you,” represents the enactment of an individual coming into existence through the eyes of another individual (Caldwell & Atwijuka, 2018). According to Bishop via the *Global Oneness Projects* (2007), “Seeing is a dialogue” in which individuals can establish the phenomenon of another individual’s personhood. The response, either *Sikhona*, “I am here to be seen,” or *Yebo Sawubona*, “We see you too,” reciprocates this process. Through this interaction, individuals validate one another and affirm their reality.

Understanding this way of being was essential during the COVID-19 pandemic. At the height of the pandemic, many individuals found themselves isolated from their social support networks (Killgore et al., 2020), even as rates of mental health problems continued to rise (Xiong et al., 2020). According to the Association of Black Psychologists’ (ABPsi’s) COVID-19 needs assessment, 22% of Black respondents reported isolation as their largest source of stress ($n = 2480$; Randolph Cunningham et al., 2021). Furthermore, the COVID-19 pandemic revealed and reminded individuals how the personhood of individuals of African ancestry, among other ethnic and racial groups, has an extensive history that is often invalidated and erased (Myers, 2020). This finding is evident when examining the impact of endemic racism within the United States’ (US) healthcare systems and through community segregation during the pandemic. In a publicly issued statement, ABPsi drew attention to the history of racism in the US and the creation and exacerbation

of extant medical racial inequities to the detriment of Black individuals (ABPsi, 2020). In response to inadequate Western frameworks, which cannot fully address the mental health needs of Black individuals (Asante, 1980; Mokgobi, 2014), ABPsi devoted collaborative efforts to developing a specific culturally grounding and affirming healing strategy for the unique experiences of race-based invisibility and trauma (ABPsi, 2020).

ABPsi consulted and collaborated with the Black Family Summit, developing and piloting the Sawubona Healing Circle (SHC) initiative as a rapid response aimed at interrupting racial trauma reactions and culturally grounding and affirming individuals of African ancestry. Using an African-centered worldview (Myers, 1988), the SHCs were initially designed to recognize and validate the challenges of Black first responders, equipping them with African-centered healing strategies. The SHCs' focus eventually expanded to address the emotional and psychological responses to anti-Black violence, including the 2020 uprisings concerning police brutality, the extended presidential election process, and the eventual Capitol insurrection, among other racially driven events. Currently, SHCs provide healing support and validation of individuals of African ancestry who are navigating life while dealing with the stress and trauma of various manifestations of racism. The development of the SHC initiative represents an important case example in the effectiveness of leveraging African-centered philosophies and psychological theories towards collective healing during a time of immense racial trauma, including the threat of White supremacist violence and increased access and dissemination of videos of Black individuals murdered by police officers (Byman & Pitcavage, 2021; Campbell & Valera, 2020). This article highlights the impact of COVID-19, and other key moments in 2020, on the unique contribution to racial trauma among Black individuals, illuminates the necessity and effectiveness of African-centered healing strategies for Black individuals, and details the rapid response development, dissemination, and preliminary evaluation of the SHC initiative within its first year. Black individuals and African ancestry will be used interchangeably as an umbrella term to include individuals with heritage originating from Africa who experience anti-Black racism.

Racism and Healthcare as a Contributor to COVID-19 Incidences in Black Communities

Since the onset of the COVID-19 pandemic, racism continues to contribute to severe health inequities and is a public health concern. Public health pandemics take the greatest toll on vulnerable populations, similarly displayed by the COVID-19 pandemic (Sabatello, 2020). The COVID-19 pandemic's impact on Black communities is both well-documented and sobering. The Center for Disease Control (CDC) reported that, at the onset of the pandemic,

Black individuals were 1.8 times more likely to contract COVID-19, 3.7 times more likely to be hospitalized from COVID-19, and 2.8 times more likely to die from the COVID-19 virus compared to non-Hispanic White individuals (CDC, 2014). Data drawn from 14 US states show that although Black individuals constitute only 13% of the US population, they also represent approximately 30% of COVID-19 diagnoses (Poteat et al., 2020). Furthermore, the age-adjusted death toll among Black individuals is, on average, 5.6 times higher than White individuals (Ford et al., 2020).

Factors ranging from poorer access to quality care to cultural mistrust may partially explain why Black communities experience such staggering incidences of COVID-19 related illnesses and fatalities. Black patients, even when experiencing more serious illness than White patients, may be less likely to receive referrals to appropriate healthcare programs (Obermeyer et al., 2019). Black individuals are more likely to experience difficulties accessing routine, preventative, and high-quality healthcare compared to other non-White individuals (National Academies of Sciences Engineering and Medicine, 2017). According to ABPsi's needs assessment ($n = 2480$; 2021), 72% of Black respondents received no formal support (e.g., support from a primary care doctor or health care professional) during the COVID-19 pandemic. This finding is fractionally explained by research that Black neighborhoods are more likely to lack hospitals and other healthcare institutions, and available healthcare tends to offer low-quality services (Gaskin et al., 2012). Also, Black individuals are less likely to have health insurance (Berchick et al., 2019). Consequently, Black individuals experience poorer health outcomes and are more likely to have chronic and unmanaged conditions such as hypertension, diabetes, asthma, and other cardiovascular and pulmonary diseases compared to White individuals (CDC, 2017). These chronic and unmanaged conditions can increase the risk for COVID-19 morbidity, and ultimately, mortality (Garg et al., 2020; Halpin et al., 2020; Tai et al., 2020). As such, the largest worry for Black individuals at the onset of the pandemic was their loved ones with prior health conditions contracting the virus (Randolph Cunningham et al., 2021). Lastly, generations of poor treatment within healthcare and other institutions may contribute to Black individuals showing reluctance to seek healthcare (Alang, 2019). While the US's medical infrastructure is particularly inaccessible for individuals of African ancestry, this only slightly explains the increase in distress experienced by this population.

National Displays of Anti-blackness and Police Brutality

While Anti-Black racism is not a novel occurrence, its national displays during 2020 intersected with the devastation of the COVID-19 pandemic, leading to further outrage, trauma, and overwhelm in Black communities. As

the COVID-19 pandemic continued to worsen and illuminate racial disparities, the world was reminded of the viciousness of US policing as several Black individuals were killed by police officers within a matter of months, including Breonna Taylor and George Floyd. Hence, the disproportionate stressors of the COVID-19 pandemic were coupled with systemic anti-Blackness. Research demonstrates that racism, in general, is associated with poor mental and physical health outcomes (Parasidies et al., 2015; Pieterse et al., 2012). Specifically, police brutality is identified as a social determinant of health (Alang et al., 2017). Furthermore, there is growing evidence suggesting that being exposed to, or vicariously experiencing, police brutality may be associated with worse mental health and physical outcomes for Black individuals (Bor et al., 2018; Laurencin & Walker, 2020; McFarland et al., 2018; Tynes et al., 2019). These findings support concerns that watching police videos of Black individuals gunned down—videos that were played heavily and repeatedly on social and news media throughout the country—likely had widespread harmful impacts on Black viewers. All of these traumas together escalated the need to leverage theories and interventions developed to treat the mental health of individuals of African ancestry.

African-Centered Theory and Intervention

Due to the adverse psychological, cognitive, and behavioral impact of oppression and historical injuries, there is a need for culturally specific and relevant healing and mental health services. Within South Africa, the psychological concept of Continuous Traumatic Stress has been conceptualized to assert that, owing to the country's past and current struggles, South African society will likely continue to face 'continuous traumatic stress' for some time, and trauma will always be present (Williams & Erlank, 2019). The same may be said of Black communities in the US, given the many overlapping instances of anti-Black racism that they have historically experienced and continue to experience. Indeed, trauma is an ongoing current reality, rather than a discrete past experience. Thus, it is necessary for such healing interventions to acknowledge that the experience of trauma is continual. The idea of Western theories and therapies, which are considered evidence-based, often do not consider or capture the cultural context and experiences that are pivotal to understanding the psychological impact of individuals of African ancestry (Myers et al., 2022). Therefore, there is a need for psychological knowledge capable of examining, understanding, and explaining human development beyond Western psychology.

Black psychology is an evidence-informed approach, rooted in African spiritualities, philosophies, and histories. It aims to offer culturally relevant theories to understand the psychological, psychospiritual, and psychopolitical behaviors, beliefs, and needs of individuals of African ancestry because it

posits a culture-centered philosophy that provides a contextual framework consistent with the historical and current experiences of individuals of African ancestry (Ratele, 2017). The field of Black and African-centered psychology was conceptualized and developed to address the rampant harm and exploitation of African and African-descent individuals throughout the world (White, 1970; Wright, 1984; X (Clark) et al., 1975). While acknowledging the diversity of cultural, ethnic, and historical experiences among African-descendent individuals, Nobles (1991) noted several cultural similarities that tied distinct groups together through migration and cultural exchange. These cultural similarities, which Myers (1987) termed the deep structure of culture, became the theoretical foundation for Black and African-centered psychology. According to Grills (2006), Black and African-centered psychology "...represents an Africentric framework. The Africentric framework is a genre of thought and praxis rooted in the cultural image and interest of people of African ancestry" (p. 172). Also, scholars like Amos Wilson and Kobi Kambon, among others, formally integrated Black and African-centered psychology and liberation psychology by theorizing connections between political systems and collective well-being for Black individuals (Jamison, 2013). This connection was later built on by thinkers like Bryant-Davis and Moore-Lobban (2020) and French and colleagues (2020) who more fully integrated contemporary literature on Black feminist and womanist methodology to advance radical clinical praxis. While this movement was formalized in the US during a specific era of Black political struggle, many of these scholars drew clear ties to liberatory African-descendent scholars and activists like Franz Fanon and Marcus Garvey. Others, such as Myers (1987), Nobles (1991), and Hilliard (1998) conceptualized the study of the psyche and spirit traced back to specific ancient African civilizations, such as Nubia and Kemet, before expanding throughout much of the continent through Bantu migration (Fu-Kiau, 2001).

In addition to the existence of unifying principles and values that are considered African-centered, there are multiple African-centered therapeutic practices within African philosophical and Black psychological frameworks. Infusing African-centered theory and interventions into healing work is often culturally affirming and grounding for individuals of African ancestry (Myers et al., 2022). Interventions that infuse African-centered values carry a few common principles including the prominence of spirituality, interconnectedness, collectivism, and self-knowledge (Ebde-Ndi, 2016). In response to the persistent experiences of various forms of oppression and historical trauma that underlie current barriers to healthy living for individuals of African ancestry, African-centered healing strategies are critical. African-centered healing strategies promote cultural knowledge, self-appreciation, and positive racial identification that protects against internalizing negative views,

myths, and stereotypes that result in a pattern of coping responses that are self-deprecating (Grills et al., 2018; Myers et al., 2022).

ABPsi, founded in 1968, is the leading professional organization of mental health providers of African ancestry (Grills et al., 2018). The mission of ABPsi is the liberation of the African mind, empowerment of the African character, and enlivenment and illumination of the African spirit. ABPsi's core activities include promoting and advancing the profession of African psychology, influencing and affecting social change, and developing programs whereby psychologists of African ancestry can assist in solving problems of Black communities and other ethnic groups.

Central to the mission of ABPsi is the development of theory and practice of Black psychology rooted in unifying African principles, values, and traditions to resolve personal and social problems and to promote optimal functioning. Myers (1988), as previously noted, presents a theory and therapeutic approach grounded in African philosophy as an alternative to promoting healing of psychological distress. Optimal conceptual theory (OCT) is an evidence-informed holistic, integrative, multi-level therapeutic approach grounded in African-centered philosophy. In the OCT model, psychological distress is the result of various forms of oppression and maintaining a sub-optimal worldview. In order to facilitate movement from a suboptimal worldview (Eurocentric) to a more optimal worldview (African-centered), Myers developed Belief Systems Analysis (BSA), a psychotherapeutic approach derived from OCT.

BSA is an African-centered-based cognitive therapy, in which the client's worldview or belief system is explored and contrasted against the African-centered belief system. The goal of BSA is to move away from a suboptimal worldview to a more optimal worldview, more concerned about substance than form, and greater emphasis is placed on increased knowledge, wisdom, and understanding of self and others (Myers, 1988). BSA was created as a therapeutic strategy for restoring health and balance to individuals whose mental health is impaired by the psychological oppression of a worldview that is antithetical (Myers, 1988). A major goal of employing this strategy is to explore and understand the history of individuals of African ancestry and the impact that oppression has on health and wellness. BSA places emphasis on multiple African-centered principles, including spiritual development, intrinsic self-worth, extended self-identity, di-unital logic, self-knowledge, and a holistic worldview. These principles comprise the optimal conceptual system that Myers (1988) defines.

The optimal conceptual system and spirituality from an African-centered framework is shown to be protective against various psychological and physiological health problems, including depression (Neblett et al., 2010), high blood pressure (Neblett & Carter, 2012), and anxiety (Lassiter et al., 2023). Also, this framework is conceptualized to heal the cultural dimensions

of racial and historical trauma (ABPsi, 2014). Additionally, while early critiques of African-centered psychology highlighted a lack of nuance pertaining to gender and sexual orientation (e.g., Robinson, 2008), current work in African-centered psychology leverages core concepts, such as OCT, to conceptualize and treat clients across the spectrum of gender and sexual orientation (e.g., Vance et al., 2022). For this reason, therapeutic and healing work conceptualized from an African-centered lens broadly and within OCT specifically demonstrated increased rates of retention among Black clients (Mbilishaka, 2018; Myers et al., 2018; Owens et al., 2016). Furthermore, such conceptualization is shown to intervene on clients' engagement with their larger political reality. Indeed, work from an African-centered framework, which emerged in the US during a particular era of Black political struggle, serves to help clients with their vision for civic engagement (e.g., Chapman-Hilliard et al., 2022).

Within a variety of Bantu-Kongo influenced cultures such as the Zulu, ceremonial healing can take place within communal circles (Edwards, 2011). Participation in African religious practices that venerate ancestors and distinct spirits are conceptualized to address the distinct types of psychological and psychospiritual problems that arise in distinct African diasporic settings (e.g., Auguste, Beauliere et al., 2023). When specifically considering a psychospiritual approach to the anti-Blackness experienced by African-descendent individuals, the Community Healing Network's Emotional Emancipation Circle (EEC) represents the largest global healing movement. In addition to the EECs, a variety of healing circle interventions were created to address anti-Blackness in the decades since, such as Safe Black Space Circles and BEAM Heart Space Healing Circles. EECs developed by the Community Healing Network in collaboration with ABPsi are culturally affirming, evidence-informed, self-help groups grounded in African philosophy that were created in response to ongoing trauma of racism and oppression (Grills et al., 2016). The EECs represent a global movement in which individuals of African ancestry come together in sacred spaces to share collective knowledge and wisdom, heal from cultural trauma and the lie of Black inferiority, and gain self-knowledge by embracing the truth of their cultural heritage. EECs provide a safe and sacred space for individuals of African ancestry to engage in African-centered practices and rituals, share stories and experiences, which deepen the understanding of the impact of historical injuries, and how to reach back in history to gain wisdom and understanding on survival and healing. EECs promote learning value-based skills for reducing racial stress and trauma. An overview of the EECs' impact revealed, "EECs are transformative catalysts for reclaiming our human dignity as people of African ancestry" and "EECs are the most significant, tangible, and scalable development supporting the mental health of Black people in decades" (Grills et al., 2020). Despite these advances, prior to the pandemic, ABPsi had not developed a formal

virtual intervention that coupled this history of scholarship and healing practice.

Development of the Sawubona Healing Circles

The development of SHCs required multigenerational considerations and collaboration. The SHC committee, as appointed by ABPsi past-president Theopia Jackson, PhD (2019–2021), included early career professional psychologists and social workers with experience conducting and coordinating African-centered interventions and students who could provide insight into technological advancements and considerations for the roll-out of the intervention. Additionally, and consistent with African consensus structure (e.g., process of “Meeting Ma’at”), an elder in African-centered psychology was appointed to serve as the wisdom keeper, “To maintain the written records and philosophical traditions of a community group or gathering” (Horne, 2004, p. 135). ABPsi past-president Mawiyah Kambon, PhD (1999–2000) was appointed as the wisdom keeper and helped to guide conversation, conceptual development, and ensure fidelity to the principles of African-centered psychology. This development also used a community participatory approach with leaders of several Black professional organizations, through the Black Family Summit, relaying the pandemic-related concerns of members of the International Association of Black Professional Firefighters, the National Black Nurses Association, the Blacks in Law Enforcement for America, and the National Association for Black Veterans. After several discussions with community stakeholders, the SHC intervention goals were identified based on the needs of Black professionals and first responders on the frontline of the COVID-19 pandemic.

African-centered psychology provided a framework to actualize a rapid response intervention for anti-Black racial trauma. More specifically, the SHCs were created with Nobles’ (2020) Five Star Family Enhancement Plan as a guiding source for African-centered pandemic-related intervention for Black families to express within their home or the wider communities they engage within. The five Rs are: (1) Remember, (2) Remind, (3) Reframe, (4) Revitalize, and (5) Reward (Nobles, 2020). To this end, the SHCs sought to help attendees conceptualize the historical and current context of the experienced racial trauma, place attendees in community with others experiencing the racial trauma, validate the shared reality of attendees, and equip attendees with culturally grounding and affirming strategies for processing racial trauma. In considering how to adequately respond to the initial despair, at times termed a racial awakening (Neville & Cross, 2017), Nobles advanced the concept of *Zola*, a Kikongo term for communal love that is understood to activate self-healing, as a critical necessity (Nobles & Mkhize, 2020). In practice, he called for Black individuals to “Zola up on we” by remembering

the essence of African identity, reminding ourselves of our current socio-cultural context and the impact by White supremacy, reframing pandemic-related life adjustments as new ways of finding community, revitalizing the idea of family during the pandemic, and rewarding our efforts of collective preservation.

The SHC intervention, thus, adapted the framework established by the EECs. The immediate goals of the SHCs are for participants to: (1) reduce their social isolation, (2) confront immediate or long-standing personal and/or racial wounding, (3) share stories, (4) see themselves in the stories of others, (5) increase their awareness for fidelity to an African-centered framework, and (6) decrease race-related stress. More broadly, the long-term aims of the SHCs are to: (1) strengthen community-self-care and activate self-healing and empowerment in participants, (2) expand the local capacity of the mental wellness workforce to meet the unique needs of Black communities by addressing exposure to complex cultural trauma and racial stress while promoting optimal ethnic identity formation, and (3) increase functioning and cultural resilience.

Description of the Sawubona Healing Circle

The SHC is a rapid response program that provides sacred and safe spaces for individuals of African ancestry to openly share their thoughts, feelings, and reactions to racial trauma. The SHC is not therapy, yet it is a supportive healing opportunity to learn culturally grounding and affirming wellness strategies. SHC participants gain an African-centered grounding in self-healing and empowerment. They learn principles of cultural wisdom and protective factors to assist in coping with racial stress, forms of oppression and disenfranchisement, and gain access to a network of mental health professionals for follow-up services if warranted or desired. Trained circle leaders conduct virtual SHCs for members of the community impacted by societal stressors.

ABPsi provides training to community members who are interested in becoming trained circle leaders for the SHC initiative. Trained circle leaders should be members of the community who have existing relationships with the larger Black community. Trained circle leaders include, but are not limited to, mental health professionals, youth leaders, and representatives of formal and informal organizations. The circle leaders trained in the SHCs gain knowledge of an African-centered framework, including healing strategies and guidelines for leading healing circles. They receive training emphasizing the intentional use of African-centered language and rituals, and gain knowledge, insight, and skills in leading the healing circles via a virtual telecommunication platform.

SHCs rely on African-centered values systems that guide the life and behaviors of individuals of African ancestry. These guiding values and

principles inform healing strategies taught and experienced in the circles. For instance, one African-centered value system that is utilized is the *Nguzo Saba*. The *Nguzo Saba*, developed by Maulana Karenga (1996), includes seven values that are standards of personal and social excellence. The values are directed toward building and sustaining a moral community, and strengthening and maintaining the community's capacity to define, defend, and develop its interests in the most positive and productive sense. In addition to being standards of excellence, the *Nguzo Saba* values are categories of priorities and human possibilities that demonstrate a key set of views, values, and practices, which are important to the liberation and survival of individuals of African ancestry. The *Nguzo Saba* offers a set of principles, which encourage thought and practice that help define, develop, and enhance humanity in the context of community and the world. The Seven Principles are: (1) *Umoja* (Unity); (2) *Kujichagulia* (Self-Determination); (3) *Ujima* (Collective Work and Responsibility); (4) *Ujamaa* (Cooperative Economics); (5) *Nia* (Purpose); (6) *Kuumba* (Creativity); and (7) *Imani* (Faith). The *Nguzo Saba* values are the building blocks for community and also serve to reinforce and enhance community, and demonstrate clinical utility (Phillips, 1990).

The *virtues of Ma'at* are another value system that informs the healing strategies taught in SHCs. The virtues of *Ma'at* are a philosophical, spiritual, and cultural system that guides and reflects principles for living. The seven cardinal virtues and the 42 admonitions of *Ma'at* serve as lifelong guidelines for correct moral behavior. The Seven Cardinal Virtues of *Ma'at* are (1) Truth, (2) Justice, (3) Righteousness/Propriety, (4) Harmony, (5) Balance, (6) Order, and (7) Reciprocity. The basic principles of *Ma'at* are translated through the *Nguzo Saba*, and together these principles inform and serve as African-centered healing strategies that assist individuals, families, and communities in obtaining wisdom about self in connection to the spiritual and material realms of being (Graham, 2005). *Adinkra symbols*, African-centered rituals such as the pouring of libation, and African proverbs and affirmations are other healing strategies that are contextualized and made salient for attendees. The SHC format consists of an opening ritual, courageous dialogue, introduction of an African-centered healing strategy, and an experiential closing.

Current Study

The purpose of this study was to examine the self-reported experiences of the SHCs by attendees and leaders in the first year of the program. The primary method used to investigate, analyze, and describe the attendees' and leaders' realities was a phenomenological approach to inquiry (Creswell & Poth, 2016), a qualitative research method, which attempts to understand the lived experience from the attendees' perspective. In particular, the research team sought to leverage French and colleagues' (2020) psychological framework of

radical healing to frame the responses of attendees to focus on healing as opposed to the extent of racial harm. The purpose here, in a time of crisis, was to move away from a history of deficit in understanding healing among Black individuals and rather ask participants to focus on embracing the healing space and share the depth of that experience. This approach is consistent with culturalist methodologies of research (e.g., [Grills et al., 2022](#)).

Method

Participants

Participants were 99 attendees and 29 leaders who self-identified as Black and were pulled from a de-identified archive of post-SHC surveys maintained by ABPsi. In the initial dissemination of the SHC, other demographic variables were not assessed by ABPsi and as such are not available for analysis. All respondents to the post-circle surveys attended the SHC in the program's first year of service delivery.

Procedure

In their delivery, SHCs are virtual co-facilitated emotional support groups that last 60–90 minutes. SHC leaders are trained by ABPsi and must deliver SHCs under the supervision of the ABPsi SHC committee to ensure fidelity to the SHC format. As the SHCs are designed for participants to share and be seen in the stories of other participants of African ancestry, it is essential for these circles to be exclusive to individuals of African ancestry. The program manual includes direct guidelines for how allies, who do not identify with their African ancestry, can support without the direct facilitation or attendance of the SHC. As it is important that these circles are not seen as or understood as therapy, the sharing of these experiences in the circle are described as courageous healing conversations. These are dialogues that, in centering the concept of *Sawubona*, invite attendees to find solace in hearing and sharing experiences that may validate a shared reality.

While the SHC were initially developed to address the concerns of Black first responders to the COVID-19 pandemic, the focus of the SHC later expanded to the general population of African ancestry. To optimize the adaptability of the intervention, SHC leaders were invited to adapt the SHC healing strategies for the groups they wanted to work with and share their adaptations with the committee and with other leaders.

To assess and optimize the SHCs, ABPsi continued to leverage the community based responsiveness that helped to create the intervention. Following every SHC, leaders and attendees are asked to fill out post-circle surveys. For leaders, they are asked to detail the content of their circle, the

healing strategy employed, and any feedback given in the circle. Circle attendees are asked if the experience was helpful, if they would attend again, and for open-ended feedback regarding the SHC experience. In the SHC program's first year, 99 attendees completed the SHC post-circle questionnaire, 100% endorsed the experience as helpful, and 100% endorsed the desire to attend another circle. These responses are maintained in an ABPsi database for internal program evaluation.

Design

As noted by [Grills and colleagues \(2022\)](#),

“A culturalist methodological approach (CMA) proposes that the actions, protocols, and practices that guide everyday research processes are rooted in original instructions (i.e., ancient teachings), knowledge, worldviews, epistemologies, and cultural values that have been handed down across generations since time immemorial for each tribal and ethnic/racial population. The centering of culture in CMA also seeks to revitalize culturally based relational ways of being and worldviews through the research process. Moreover, it recognizes and honors cultural strengths, social norms, and processes within CoC's lived political, historical, and social context, privileging their voices, lives, and experiences” (pp. 6).

To this end, the surveys were designed with input from an elder and were designed to be quick, to not overly tax attendees who were seeking support in times of crisis.

Data were collected between September 2020 and October 2021. After each session, the SHC committee sent leaders and attendees a feedback survey to complete. The survey directed at trained SHC leaders asked the following questions:

1. What themes were discussed?
2. What culturally grounded healing strategy or activity was used?
3. What were the responses/reactions from the attendees?

The survey directed at SHC attendees asked the following questions:

1. Was this helpful?
2. Would you come back?
3. Do you have any recommendations or feedback?

Consequently, data analysis was guided by a thematic analysis approach. Thematic analysis is a method for identifying and analyzing patterns (themes)

within qualitative data (Braun & Clarke, 2006). Braun and Clarke (2006) note the six phases of thematic analysis:

1. Researchers must familiarize themselves with the data.
2. Develop initial codes.
3. Search for themes.
4. Review themes.
5. Define and name themes.
6. Produce the final report.

Data Analysis

Data consisted of 228 responses (53 from leaders and 175 from participants). Some leaders facilitated multiple SHCs and some attendees attended multiple SHC groups and thus filled out the survey multiple times. Attendee and leader data were gathered through separate surveys and were evaluated independent of one another.

The data analysis team was composed of two graduate level students and three doctoral-level clinicians, all of whom are knowledgeable of African-centered and Black psychology. The research team employed an inductive thematic analysis approach, meaning themes were linked to the data rather than being linked to prior overarching theoretical interests (Braun & Clarke, 2006). After individual coding, the team held group discussion to arrive at consensus regarding any conflicting codes. The team then used NVivo software to identify initial themes for further exploration and refinement.

Thereafter, the doctoral-level clinicians audited the themes as an additional checkpoint to ensure a more accurate understanding of the data. As a part of this audit, disagreement on themes was discussed and a consensus model was used to arrive at concordance across themes (Horne, 2004). The entire team met again to discuss salient points across the data and further narrow down the themes into overarching themes that are shared and discussed in the *Results and Discussion* section.

Results

Responses from Sawubona Healing Circle Leaders

SHC leaders were asked about the content of the healing circles, how they responded to attendee needs, and the leaders' own subjective interpretation of how attendees responded to the SHC. In response to the first question, "What themes were discussed?" leaders predominantly reported the following topics arising in their SHC discussions: anti-Black violence, community and community care, consciousness, coping strategies, healing and health, racial

battle fatigue, stress related to COVID-19, systemic injustice, racial trauma. The main themes discussed by participants, as reported by SHC leaders, were: (1) racial trauma, (2) systemic injustice, (3) community care, (4) strategies for coping and healing, (5) racial battle fatigue, (6) political uncertainty, and (7) self-care.

In response to the second question, “What culturally grounded healing strategy or activity was used?” responses were in alignment with many of the African-centered methods that leaders were trained to use, which can be found in the SHC program manual. For example, commencing with libations, leading a grounding or meditative practice, perhaps incorporating imagery, music, or movement, and concluding with a proverb, to list a few methods. Based on responses from SHC leaders, the most common culturally grounded strategies or activities that were used in sessions were: (1) meditation, (2) breathwork, (3) affirmations, (4) Sawubona, (5) proverbs, (6) libation, and (7) virtues of Ma’at.

The leaders responded to the third question, “What were the responses/reactions from the attendees?” with what attendees shared directly and/or their perception of how the attendees received their SHC experience. The overwhelming majority of leaders perceived that the attendees were vulnerable and reported that the attendees felt affirmed or validated, empowered, grateful, replenished, and uplifted. They also reported that attendees seemed connected, engaged, and excited. Through dialogue during the sessions, leaders gathered that some participants appreciated the circles as they were action-oriented in response to a critical need for supportive healing opportunities within the Black community that are culturally and racially affirming. The majority of participants expressed the following themes: (1) praise, (2) gratitude, (3) validation/affirming, (4) excitement, and (5) engaged. Overall, based on the responses and reactions attendees shared with the leaders, the SHCs are valuable and well-received. See [Table 1](#) for some of the themes for each question answered by SHC leaders and an example of a statement for each theme.

Themes “What themes were discussed?”

Racial Trauma and Racial Battle Fatigue. A common theme discussed amongst participants was racial trauma and navigating the feelings associated with this trauma. One leader shared what was discussed during their session. They stated:

The stress from Election Day was offered. However, in our small group discussion the theme was the heaviness of trying to meet the needs of the black community. The toll of racial trauma heightened during 2020, that reopened wounds, and the stress of trying to cope.

Table 1. Leaders Theme Categorization.

Theme	Description	Example Quote
"What themes were discussed?"		
Racial trauma	The toll of experiencing, witnessing, and discussing racism	"The pain of watching the trial of George Floyd's murderer and preferring not to watch it blow by blow"
Racial battle fatigue	Exhaustion related to racism and discussions of racism	"The stress from Election Day was offered. However, in our small group discussion, the theme was the heaviness of trying to meet the needs of the Black community. The toll of racial trauma heightened during 2020, that reopened wounds, and the stress of trying to cope"
Systemic injustice	Witnessing the murder of Black people and the unjust trial	"The Chauvin trial, individual choices on self-care, anger and pain on experiencing the murder of George Floyd, a strong desire to see Chauvin and the other officers convicted"
Political uncertainty	Mistrust of people after the election	"Not knowing who to trust after the election. Individual strategies for coping"
Community care	Ways to discuss racism with community members and care for one another	"Kwanzaa principle Ujima. Grief with loss of loved ones to COVID-19 yet gratitude. Commitment to community healing. Benefits and potential of healing circles"
Strategies for coping and healing	Ways to cope with racial stressors and heal from experiences	"Ways to manage media consumption and protect our energy. What things we are doing to maintain optimism"
Self-care	Identifying tools to care for yourself on a daily basis	"How do you/can you self-care on a daily basis; breakout room 1: What is water to you?"
"What culturally grounded healing strategy or activity was used?"		
Meditation	Guided, healing and group meditations	"Guided meditation with "joy" as the focus"

(continued)

Table I. (continued)

Theme	Description	Example Quote
Breathwork	Deep breathing; breath after participant's responses	"Orienting and deep breathing"
Affirmations	Positive self-talk and support	"Positive self-care/support, motivational healing reading, and continuous meaningful involvement with us Black folks together"
Sawubona	Sawubona principle of acknowledging and responding to one another	"Listening and responding to each other. Reminders that we are a people that lived in community and supported and valued each other"
Proverbs	African proverbs used to deliver messages of inspiration, celebration and advice	"Started with African proverb, day names, virtues of Ma'at, introduction to Sankofa, ended with virtues of Ma'at, and start and wrap group with meditation"
Libation	A way of giving homage to ancestors	"Libation, engaging dialogue"
Virtues of Ma'at	Discussion of the virtues of Ma'at (Truth, Justice, Harmony, Balance, Order, Reciprocity, and Propriety/ Righteousness)	"Exploring spirituality in our lives, Ma'at, and a different deep breathing skill"
"What were the responses/reactions from the attendees?"		
Praise	Feedback from participants about the sessions	"Positive - participants appreciated the space and the opportunity to speak about the significance of the day"
Gratitude	Gratefulness for the spaces provided	"Thankful for space, confirmation, excitement, and desire to utilize what was gained"
Validation/ affirming	Spaces were validating and affirming for participants	"Very positive; expressions of affirmation; and gratitude"

(continued)

Table 1. (continued)

Theme	Description	Example Quote
Engaged	The involvement and participation in the circles from attendees	"The participants were engaged, supportive of each other, and asked questions. They appreciated each other and the space. Stated they look forward to this time"
Excitement	Excitement for upcoming healing circles	"Participants want more healing circles. And a way to recruit the public"

Many leaders reported similar discussions surrounding the trauma of the presidential election and the toll of racially motivated events amongst participants. Specifically, the murder of George Floyd was a recurring discussion in these sessions. Two leaders shared that their discussions were based on:

- (1) The Chauvin trial, individual choices on self-care, anger and pain on experiencing the murder of George Floyd, a strong desire to see Chauvin and the other officers convicted.
- (2) Emotions surrounding repeated traumas and feelings of hopelessness.

This finding highlights the necessity of SHC as these events provide the safe space for Black individuals to express their feelings regarding these traumatic racial events.

Similarly, racial battle fatigue was another common topic reported by leaders. One discussion centered around the exhaustion related to having these conversations about racism. A leader shared:

- (1) Consciousness, navigating exhaustion related to conversations those who hold racist beliefs, values, ancestors, and being grounded in who we are.
- (2) Racial trauma, feeling like our lives do not matter, violence against Black men and women, code switching, apologizing for White fragility, feeling alone, and feeling tired.

Systemic Injustice and Political Uncertainty. Many leaders described the topic of systemic injustice being present. Participants discussed the pain they felt watching the trial of Derek Chauvin and the anger related to George Floyd's trial. One leader shared:

Anger from injustice of court trials system. Resident of Minneapolis afraid for aftereffects of verdict more violence on city and Black men. Yet a “divine” purpose for it and letting go of stressing over what we cannot control.

Another stated:

Most of the feedback focused on the George Floyd trial and personal concerns around this matter. The impact that the George Floyd murder had on Black individuals was profound. SHCs are needed to continue open and vulnerable conversations where Black individuals feel seen, heard, and validated.

Political uncertainty was also present in SHCs. Leaders described that after the election, many participants did not know who they could trust (e.g., neighbors and coworkers). They experienced a general mistrust for folks. One leader’s discussion was centered on mistrust. They stated:

Uncertainty where coworkers and neighbors stand and therefore who to trust. Feeling unsafe going out. Exhausted from countering ongoing attempts to stir up chaos. How to protect our children in now hostile PWI school environments. Younger participants asked how to have hope and what can they do proactively.

As noted by leaders, these conversations were needed for participants actively navigating these feelings. SHC provided the safe and culturally affirming space for participants to process the current racial events.

Community Care, Strategies for Coping and Healing, and Self-Care. Community care, strategies for coping, and self-care were all themes that continued to arise in various healing circles. Many leaders described participants wanting skills around community care in terms of caring for elders, caring for people with special needs, and caring for community members. Some of these discussions included:

- (1) Mixed feelings of finally recognition and celebration. Especially with white people’s annoyance or silence past couple of days of businesses being closed. The complexity of how to tell young adults about racism yet provides hope, protection, and support. Sons still could be targets heavy on mother’s hearts. So not free yet.
- (2) Kwanzaa principle Ujima. Grief with loss of loved ones to COVID-19 yet gratitude. Commitment to community healing. Benefits and potential of healing circles.

This specific theme further highlights the need for SHCs. Participants were interested in how to provide community care for other members of their communities. SHCs serve as a form of community care.

Leaders also described participants wanting specific strategies for coping, healing, and self-care. Some of these discussions looked like:

- (1) Self-care tools utilized or areas where more support were needed. Also discussed comfort with the process, especially breakout rooms.
- (2) How do you/can you self-care on a daily basis? Breakout room 1: What is water to you?
- (3) Racism, oppression of Black people, wellness, and coping.

SHC provided these tools and strategies.

“What culturally grounded healing strategy or activity was used?”

Meditation, Breathwork, and Affirmations. The majority of the leaders started and ended sessions with meditation, breathwork, and/or affirmations. Many responses included all three healing strategies. Some of the leaders stated what methods were used in their sessions. They said:

- (1) Healing meditation with deep breathing, stretching, and empowering validation to all groups.
- (2) On Monday and Wednesday, I did the Black Affirmations meditation as the Healing Activity. On Friday, another facilitator did a guided meditation as the Healing Activity.
- (3) Guided meditation with “Joy” as the focus.

Sawubona. The principle of listening, acknowledging, and responding to was used by many leaders across different sessions. Some reports from leaders included:

- (1) Sawubona principle of acknowledging and responding to, to make sure that each person in the small groups were seen, heard, and understood. Use of African proverb theme. Cleansing breaths exercise and prayer at end.
- (2) Listening and responding to each other. Reminders that we are a people that lived in community and supported and valued each other.
- (3) Sawubona—“an invitation to a deep witnessing and presence. This greeting forms an agreement to affirm and investigate the mutual potential and obligation that is present in a given moment.”

In the true essence of Sawubona we opened up the space and invited each participant to share their truth. Co-Leader Michael posed questions to the group and I encouraged responses by offering my experience as it related to the question.

This method was used to steer the discussion and allow all participants to feel acknowledged and heard by the group.

Proverbs, Libation, and Virtues of Ma'at. African proverbs, libations, and the virtues of Ma'at were used as both opening and closing rituals in the healing circles. For example, leaders stated:

- (1) Started with African proverb. Day names, Virtues of Ma'at. Introduction to SAnkofa. Ended with virtues of Ma'at. Start and wrap group with meditation.
- (2) Exploring spirituality in our lives, Ma'at, and a different deep breathing skill.

These measures allowed participants to embrace their real and raw feelings as well as explore the virtues of Ma'at in their lives, which was helpful and needed.

“What were the responses/reactions from the attendees?”

Praise and Gratitude. Leaders reported participants felt a sense of gratitude and praised the SHCs for providing the safe space that was needed. Some of this praise and gratitude, as described by leaders, looked like:

- (1) Participants expressed tears but verbalized gratitude at end for the healing circle as being what they needed. Everyone shared including participant who popped in and didn't know how she got there. Very powerful moving coordinated Sawubona Healing Circle tonight. Especially the timely focus on inner strength, guidance, and community.
- (2) Very positive. Requested takeaway healing strategy be emailed out.

Participants greatly expressed their satisfaction with the SHCs. The space was appreciated and participants were grateful to be a part of the SHCs. In addition, it is important to note that these SHCs were well-received by participants in different sessions.

Validation/Affirming. According to leaders, many participants described the circles as being validating and affirming. They said in their sessions:

- (1) It was well-received. Attendees in our breakout room felt heard and listened to as they were able to share their emotions in a warm environment.
- (2) Very positive; expressions of affirmation; and gratitude.

As the goal of the SHC is to be culturally affirming and a safe space for Black individuals, this feedback further emphasizes why SHCs are so important for the community.

Engaged and Excitement. Participants were also engaged and excited for circles across all sessions. Leaders reported:

- (1) The participants were engaged, supportive of each other, asked questions. They appreciated each other and the space. Stated they look forward to this time.
- (2) Participants were receptive to the format. They began answering questions and posing their own after approximately 1 hour. This session circle lasted approximately 2 hours.
- (3) Well-received. Discussed planning regular perhaps monthly healing circles. Some were participants for all 3 days.

Leaders perceived that participants were involved and felt appreciation for these spaces. Feedback from participants included reactions that were largely positive. Participants felt supported.

Responses from Sawubona Healing Circle Attendees

SHC attendees were simply asked whether they found the circle helpful and if they wanted to return, as well as if they could offer any feedback. In response to the first question, “Was [this Sawubona Healing Circle] helpful?” and the second question, “Would you come back [to a Sawubona Healing Circle]?” of the 99 attendees who completed the survey, all of them reported that attending the SHCs were helpful and all of them reported that they would join a SHC in the future.

In response to the third question, “Do you have any recommendations or feedback?” many attendees offered constructive recommendations or feedback and more than half of the attendees’ responses were thematically positive. Post-circle surveys revealed major themes relevant to the experiences of participants in the SHC and their overall feedback. These themes were generated in response to the open-ended question “Do you have any recommendations or feedback?” These themes regarding their experiences, recommendations and feedback were: (1) praise, (2) gratitude, (3) healing, (4) a desire for more time, (5) a desire for more circles, (6) a desire for more direction, (7) a desire for more solutions, and (8) a desire for advanced notice. See [Table 2](#) for some of the themes and an example of a statement for each theme.

Themes

Praise. Many participants expressed praise for the nature of the circle and for the space. 54 participants expressed praise for the healing circles. They shared that the SHC was great, so good, enjoyable, great conversation, amazing, helpful, and that these spaces should continue. One participant expressed praise for being able to be open with their Blackness. They stated:

I appreciate the opportunity to be a part of this experience. Being able to share and be open with my blackness in such a safe space is an opportunity I wish many more Black people had.

Another participant held similar sentiments surrounding the SHC being a space for Black people and shared:

I love how the space was only within the Black community and we were given the opportunity to express ourselves with no judgment. I would attend again.

A few participants shared that the space was welcoming because they were able to share their experiences and gain insight from others who shared similar experiences and who looked like them (Black):

This was a welcoming space where I was not only able to share my experiences and feelings, but to also gain some insight from others who share similar experiences, and more importantly who look like me. A genuine collective. Thank you.

Some responses highlighted the need for these circles by pointing out that the spaces were validating as well as safe. Two participants shared:

- (1) I really enjoyed being part of my tribe, my relatives where everyone seems to understand. I work in a company employee are from dominant culture and the time BIPOC brought about their feelings about the trial of Derek, we were faced with complete silence and I mean grave silence.” So I was finally able to feel validated and understood. With another shooting in Mn of Daunte Wright, I would like to see more groups. I guess grief does not stop while police brutality continues. But truly this need to STOP! Killing of our people need to stop.
- (2) It was a joy to be in safe, healthy family Black spaces with creative gifted people. If there be any light or blessing in this pandemic, it is surely the virtual environments that allow Black folks around the world to connect for healing, sharing, and planning for free or minimal fees. I see this as a turning point in history, if we stay the course. We

Table 2. Attendees Theme Categorization.

Theme	Description	Quote
Praise	Positive feedback about the overall experience of the circles	"The overall experience was refreshing and fulfilling"
	SHC is a necessity	"It was well organized and supportive. Thankful that I was aware and able to attend"
		"That the healing circles continue as long as possible they are very much needed"
Gratitude	Overall gratitude for the space and the session	"This was so good. Thank you"
Healing	Served as a healing space	"This was helpful and healing for me. As a Black man in America who serves as a psychologist, my spirit needed this - THANK YOU!"
A desire for more time	More time to connect and share experiences	"Maybe a bit longer sessions with additional aspects/prompts for discussion"
A desire for more circles	The want to attend more circles and continue these spaces	"Keep doing it...We have got to figure out how to get this to the masses"
A desire for more direction	The want for SHC to be more guided and provide more direction	"Having topics of discussion could be nice to change up what is being discussed"
A desire for more solutions	Suggestions for future sessions	"Overall, the rundown of the event was very well structured. I appreciate the fact that all of the participants felt welcome to cry and let out their emotions in a space of people who can relate to their experiences. I also liked the affirmation that everyone received, as well as the coping mechanisms that were discussed. Maybe for future, there can be a breathing exercise that's done at the end?"
A desire for advanced notice	Informed about a session prior to the session	"Send out advertisement sooner"

came through the doors of no return. Families were torn apart and scattered far and wide. We were forbidden to assemble....but the circle was unbroken! Thank you God and the Ancestors!♥ ...My appreciation for its power and benefit of Sawubona Healing Circles to people of African-descent across the globe!

Gratitude. Gratitude was expressed for the space and for SHCs. Nine participants endorsed the theme of gratitude. Many participants who expressed gratitude also expressed praise for these circles. One participant highlighted the need to create our own healing spaces. They said:

As always, the space was amazing. It is always healing to be in community with other Black sisters and brothers. As a healer, it is so important to create space for our own healing. I am grateful for the space. Thank you.

Another participant reported a great experience and appreciated being able to interact with Black individuals on this level. They said:

Happened upon this while helping my daughter as she considered grad programs a few wks back & forgot about it until I got the notification this evening. How thankful I am for that reminder though. This was a great experience...the opportunity to commune/interact w/other Black professionals on this level (mindfulness) is not something I've ever seen before as an Engineer so I feel blessed to have tripped into this session. Thanks for opening it up to everyone. Asé!

Other participants described the experience as being “Exactly what they needed.” A common statement of gratitude among participants was appreciation for the time and space to feel, share, and connect, further highlighting the need for SHCs.

Healing. The feeling that the SHC was healing and needed was described by participants (5) in various ways. One participant explicitly described how and why this space was so healing for them:

This was helpful and healing for me. As a Black man in America who serves as a Psychologist, my spirit needed this—THANK YOU!

Other participants shared that the circle was a great healing space to be in and that they felt more at peace after attending. Some of these statements included “This is healing for me,” and “It was a beautiful, healing, centering experience.”

A Desire for More Time. A recurring desire among participants was the desire for more time in the circles. Seven participants expressed needing more time to build rapport with circle leaders and other participants as well as needing more time to share and connect. One participant described the circle:

The time together was beautiful. More time for sharing and connecting is appreciated. It was good to honor [a recently transition elder], and please add [an elder] and any of the recently transitioned elders.

Another participant also expressed the need for more time as some of the attendees in their SHC did not get a chance to participate due to the time constraint. They said “Could have been 10 minutes longer due to the size of the group. Two attendees did not really get to speak as long and to receive support from the group.” Similarly, one participant expressed a desire for the circles to be longer sessions. They shared:

Wish it could be longer, but I understand haha. Great circle, loved [my leaders’s] meditation and the breakout!

A Desire for More Circles. Several participants (14) expressed wanting more circles and wanting to continue the SHC. One participant expressed, “That the healing circles continue as long as possible they are very much needed.” Another participant expressed that healing circles should be more frequent and recurring. They shared:

Healing circles are needed more frequently. Consider offering them weekly. Healing Circle Sundays or Healing Circle Mid Week...hint hint.

A sub-theme identified within this theme was a need to continue the circles. Some of the feedback included:

- (1) “Keep doing what you do.”
- (2) “More sessions for the Student Circle board, sessions for student circle members, and sessions for emerging adults in the Black community (e.g., cities and non-higher ed).”
- (3) “Outstanding! Thank you. Let’s do this again!”

These quotes highlight the benefit of the healing circles and support the idea that these safe spaces are necessary and should continue.

A Desire for More Direction. The results of the post-circle survey emphasized a greater need for direction and organization during the circles. Seven

participants noted that more structure would better serve participants in the circles. One participant shared:

It would be helpful to have the circle leader have Qs or prompts to get the small group going because my breakout group took a long time to warm up. It wasn't powerfully moving but I did learn about some ancestors I hadn't heard of before from one group member that I am looking forward to looking into. Sharing intentions around Ma'at was the best part—more interactive activities would have been nice to do as a small group too.

Other participants shared similar ideas, noting that SHC leaders having topics of discussion prepared and pre-designed and relevant questions would be helpful and a better use of time. Participants also shared that being provided with directions given prior to breakout sessions would be helpful and called for prompts for discussion. One participant expressed their confusion of not having specific points of discussion. They stated:

Not having a question or point of conversation is somewhat ???

Another participant sharing similar ideas expressed:

I think the healing circle was wonderful. Feedback - Perhaps more advertising for future healing circle events. And maybe have topics or a theme for the call and have that be on the flyer so folks can come prepared with their thoughts together. Great event.

A Desire for More Solutions. Two participants provided feedback and solutions to incorporate in future healing circles. One said:

When an attendee shares that they are having a problem with someone, or at work, home, or whatever the problem may be I think it would be helpful if the hosts would ask if that person if they would like any advice from the group and offer suggestions. I personally thought the hosts were going to offer ways to heal, not become depressed or fearful due to the racist trauma and drama that African-Americans are experiencing from our government, the pandemic, and law enforcement. I would like the hosts to research and share how racist stereotypes are created and why. My opinion: Non-black children are taught at an early age that they're superior to African-Americans. Since its inception, the media, print and broadcast, have always been racist. They cater to the rich and powerful who sponsor their shows because it's all about money, power, and self-promotion. Black America needs a black-owned news-only station that will tell the truth and hopefully dispel the centuries-old, worn-out, racist stereotypes that continue to perpetuate racism among those who refuse to believe the truth.

The other mentioned:

Overall, the rundown of the event was very well structured. I appreciate the fact that all of the participants felt welcome to cry and let out their emotions in a space of people who can relate to their experiences. I also liked the affirmation that everyone received, as well as the coping mechanisms that were discussed. Maybe for future there can be a breathing exercise that's done at the end?

Both responses provided suggestions for the structure of the circle. The first indicated that, perhaps, SHC leaders should inquire about further support from other participants for attendees who are sharing within the circle. The second suggests an exercise for the closing ritual. While these provide suggestions for improvement, they also express the enjoyment by both participants of the SHC.

A Desire for Advanced Notice. Lastly, four participants expressed wanting to be made aware of circles far in advance. It was expressed that more advertising with themes in advance would be helpful so participants can come prepared with their thoughts. One person explicitly stated this. They said:

I think the healing circle was wonderful. Feedback - Perhaps more advertising for future healing circle events. And maybe have topics or a theme for the call and have that be on the flyer so folks can come prepared with their thoughts together. Great event.

Another expressed that registration should be clearer prior to the SHC. They said:

Please make clear that after registering for the first time, you have to register again to receive the link. Otherwise, all went well and the participants were fabulous, ABPsi members and those we served.

Participants were happy with the SHC; however, this theme suggested that it would be helpful to provide attendees with information regarding the circles in advance, as many participants were eager to attend SHC.

Discussion

African-centered psychologists have historically argued and continue to maintain that tending to the lived experiences of people of African ancestry through African-centered frameworks is more conducive to wellness (e.g., Myers et al., 2018). An African-centered framework is based upon the interwoven cultural threads of African cultures throughout history (Grills, 2006). This includes maintaining a worldview that embraces collectivism, spirituality, interconnectedness, intrinsic self-worth, and a holistic view of the

world and self (Myers, 1988). There exists myriad evidence that this worldview serves as a protective factor and promotes healthy adjustment and coping with life stressors at the psychological, cultural, and physiological level (Lassiter et al., 2023; Neblett et al., 2010; Neblett & Carter, 2012). The aim of SHCs is to interrupt the racial trauma response of persistent anti-Blackness and aid the cultural grounding of individuals of African ancestry. This pilot study contributes to the literature by introducing a culturally grounding and affirming healing opportunity for individuals of African ancestry. The participants revealed the benefits and protective nature of relying on African-centered values and principles.

This contributes to and guides the larger trend of incorporating indigenous, including Afro-indigenous, psychologies to improve the efficacy of psychological healing (Myers et al., 2022). Indigenous psychology consists of the cultural views, theories, classifications, and assumptions along with the overarching social institutions that influence psychological topics in each respective culture. It advocates examining the knowledge, skills, and beliefs individuals have about themselves and studying them in their natural contexts. Indigenous cultures maintain their own emic explanations for their psychological concerns and suggest culturally specific ways of solving these concerns.

It is suggested that an African-centered approach is more conducive for understanding and addressing psychological disturbances in individuals of African ancestry (Nobles, 1991). Thus, African-centered scholars and psychologists are intentional about making an organized and sustained effort to change psychology to meet the mental health needs of individuals of African ancestry. The SHC initiative represents such an effort by tending to the experiences of individuals of African ancestry based on the philosophical principles of various African cultures. This approach serves as an alternative to Western approaches that can lead to negative consequences for individuals of African ancestry seeking psychological support (Auguste, Bowdring et al., 2023; Nobles, 1991).

As racial trauma continues to persist, the need for culturally affirming and grounding strategies becomes imperative. To address the continued marginalization of individuals of African ancestry, cultural healing strategies must be continuously examined and improved. Most of the research work to date is quantitatively measured, omitting the experiences and voices of participants who have experienced the benefit and impact of a culturally affirming and grounding intervention (Grills et al., 2022). This study addresses this by providing insight into the experiences and perceptions of participants including circle leaders who have participated in SHCs.

The current study used qualitative methods to highlight the experiences of participants in SHCs and the importance and need for SHCs. This study sought to explore and emphasize the need for culturally affirming spaces for

individuals of African ancestry by examining experiences after participating in a SHC. Based on the responses from both leaders and attendees, SHCs have demonstrated themselves to be a deeply meaningful part of the healing journey for community members. An analysis of the data revealed that there is a dire need for safe, culturally affirming spaces for individuals of African ancestry and that when these spaces are provided, people are validated, empowered, and express the desire for more.

Individuals of African ancestry are often viewed as inherently pathological, rather than understanding the relevance and impact of oppression to the development of personalities (Myers, 1987). An emic approach that acknowledges and considers the impact of oppression as a central factor in psychological functioning should inform healing strategies and approaches. SHCs create space for individuals of African ancestry to engage in courageous dialogue and attempts to provide a cultural context and framework to support emotional healing. It is likely that a natural and inherent process of self-development and raising consciousness occurs by participating in SHCs. This project speaks to developmental processes of the self and what Wilson (1999) called African-centered consciousness.

Future Directions

Moving forward, distinct types of inquiries are needed to comprehensively understand the impact of the circles. For example, future studies could leverage psychometric measurement developed from an African-centered framework, such as measures of optimal worldview and/or Africultural coping. In addition, similar analysis is needed as the SHCs expand internationally to assess the engagement and utility of these spaces.

As with many novel ventures, the program grappled with numerous challenges during its initial stages of implementation. In the first year, key challenges pertained to the development of comprehensive training materials and the establishment of phased infrastructural training. These issues were duly acknowledged and effectively addressed, demonstrating the resilience and adaptability of the program in its formative stages.

As we compare our observations with prior research, we notice that the struggles and triumphs of the SHCs align with common experiences in similar initiatives, such as the Community Healing Network's virtual Ubuntu Healing Circles. By addressing initial challenges and continuously adapting, the program exemplifies the importance of resilience in the face of adversity. It provides a meaningful contribution to our understanding of how such endeavors can effectively foster community engagement and personal growth.

As the program evolves, it aspires to extend beyond national borders and cater to diverse African and African diasporic populations. It is incumbent upon ABPsi's SHC to emphasize that a strategic evaluation of the program's

infrastructure is vital in this expansion phase. This process will ensure that the program maintains its effectiveness and can sustainably achieve its objectives.

Conclusion

“Many hands make light work.” ~ Haya (Tanzania) proverb.

As we celebrate three years of united healing, we understand the importance of continued efforts. With service to more than 1000 participants, both nationally and internationally, and training of over 150 community leaders since this pilot investigation, ABPsi suggests that the work of the SHC initiative can be a staple offering of the organization for the duration of its existence. This frontline offering can continue to be provided, in collaboration with institutions and community organizations across the diaspora. Indeed, this community-based offering, free for attendees, can serve to fortify the inadequate mental health infrastructure for Black individuals. Wherever the identification of racial stress arises, the SHC initiative can be ABPsi’s first response to the mental and emotional wellness of individuals of African ancestry.

The SHC experience can be the ABPsi community training and emotional support model for holistic wellness of Black communities around the nation. Through the collaborative efforts of mental health professionals and advocacy groups, the work of the SHC initiative can continue to create change in the advancement of African-centered healing practices. Moving forward, we anticipate the SHC initiative to evidence the potential of community-centered healing and the efficacy of indigenous healing practices throughout the African diaspora.

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ORCID iDs

Evan Auguste  <https://orcid.org/0000-0003-1526-6568>

Laneay London  <https://orcid.org/0000-0002-3807-3702>

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