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For Colored Girls Who Have Attempted Suicide: A Pastoral Theology

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For Colored Girls Who Have Attempted Suicide:
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MBA, Washington University in St. Louis, 2016

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An abstract of
A dissertation submitted to the Faculty of the James T. Laney School of Graduate Studies of
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Abstract

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By Jessie Washington

This dissertation presents a study of Black women suicide attempt survivors to better understand the reasons Black women attempt suicide and the appropriate loci for suicide prevention and care. Through interviews and a digital storytelling project, 15 Black women tell their stories of suicidal ideation and attempts and recovery. I argue that Black women attempt suicide because of *existential exhaustion*, caused by not having safe spaces in which to share and process the traumatic events and life challenges that cause psychological, emotional, and spiritual distress. I then suggest opportunities for the Black church to respond to the important revelations made by research participants. One such opportunity is to create safer spaces for the Black women and girls in its congregations. Such work includes transitioning from a culture of performance to a culture of communal care.

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Dedication

I dedicate this dissertation to my beloved nephew, Kaicito. You are the joy of my life and my primary reason for living. Everything I do is in service of being a good auntie and eventual ancestor to you. May you always have safe spaces in which to share your deepest truths. I love you.

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Chapter 1: Introduction

This is a story about stories.

This is above all a story about a community of Black women in Atlanta who welcomed me into their lives and invited me to glimpse their experience with mental health challenges, trauma, suicidal ideation, and suicide attempts. From March 2023 to April 2024, I walked alongside these women, all of whom had attempted suicide at least once, as a researcher, friend, and “empowered cojourner.”¹ Together, we engaged in the difficult but rewarding work of unpacking and examining their personal histories so that we might better understand what led them to attempt suicide and what has both aided and thwarted their recovery. We uncovered what led these women to believe it would be better to end their lives than to continue to live them. We also began to develop a deeper understanding of what makes life worth living for these women and where they find resources for living.

I sought out these women’s stories to study the phenomenon of suicide among Black women in a more in-depth way than it had previously been studied. Though suicide has long been considered “a White thing,” there have always been Black people who have died by suicide in the United States, and today the phenomenon occurs with ever-increasing regularity.² Yet, the reasons suicide occurs among Black women remain largely a mystery. This is because, though the realities of suicide and suicidality among Black women are well documented, they are often overlooked from a suicide prevention standpoint, as every other demographic of Americans save Hispanic women dies by suicide at higher rates than Black women.³ The cultural and research emphasis on suicide among White people, particularly White men, who die by suicide in the highest numbers, obscures the reality that suicide and suicidality also occur among Black women and girls.⁴ This lack of research means that we do not have an explanation for why, for example, between 2018 and 2021, the suicide rate increased among non-Hispanic Black people by 19.2%

yet decreased among non-Hispanic White people by 3.9%.⁵ Because too few stories about Black women and suicide have been told, there have been too few suicide prevention efforts designed specifically with Black women in mind. This work attempts to remedy this gap by placing its focus squarely on “colored girls” who have attempted suicide.

The title of this dissertation is a nod to Ntozake Shange’s 1977 choreopoem, *for colored girls who have considered suicide / when the rainbow is enuf*, which testifies to the joys and challenges, trauma and triumph of being a Black woman in the US.⁶ While *for colored girls* highlights how Black women overcome life’s challenges and maintain a will to live, the struggle to maintain that will is alluded to at various times in the choreopoem. Stanzas such as ‘I wanted to jump up outta my bones & be done with myself’ speak to the reality of suicidal ideation among Black women, regardless of cultural notions that suggest that Black women are too “strong” to consider, attempt, or die by suicide.⁷

This work pays homage to Shange’s creative and sensitive handling of Black women’s stories but differs from the original in three important ways. First, it highlights the experiences of women who have attempted – and not just considered – suicide, as a testament to the existence of Black women who do indeed make intentional efforts to end their lives. Second, it presents the stories not of fictional characters but of real women recounting their lived experience in their own words. Third, it is not content to merely recount Black women’s stories about surviving suicide attempts but goes further to consider how those who bear witness to the stories might play a role in helping to prevent suicide among Black women. The audience of witnesses I am most concerned with includes predominantly Black churches, as all the women I encountered were raised in Black churches and many of them tried to find relief from their suffering and answers to their questions there only to be left empty-handed.⁸

In the pages that follow, readers will have the opportunity to get to know most of the women I encountered intimately, as I tell the story of our time together using a narrative format akin to memoir. Following Lieblich and Josselson (1997), this dissertation adopts a “narrative study of lives approach” because of the ways in which such a methodology seeks to “uncover, describe, and interpret the meaning of experience.”⁹ This work is concerned with what attempting suicide meant for the women I encountered. Readers will discover that for most of the research participants, death by suicide meant freedom from a lifetime of trauma, suffering, and abuse. At the end of the day, I discovered that these women attempted suicide because they were tired. But not just any kind of tired. They experienced what I call *existential exhaustion*, the result of many years of bearing the burden of traumatic life experiences, which are unfortunately more common for Black women than for others.¹⁰ I conceive of existential exhaustion as the psychological, emotional, and spiritual counterpart to *weathering*, which is the premature wearing down of Black women’s biological resources as a result of chronic stress due to racism, sexism, and poverty.¹¹ Likewise, existential exhaustion is the wearing down of psychological, spiritual, and emotional resources for coping due to the impacts of issues like racism, sexism, and poverty. For most of the women I encountered during this study, their story included childhood trauma and usually multiple instances of harm or loss. The psychological and emotional challenges that resulted from trauma compounded over time and worsened in the absence of safe spaces to feel and process the many difficult emotions and thoughts that were a natural result of experiencing traumatic events. For many of these women, Black churches played a role making them feel it was unsafe to speak up about what happened to them and to feel or express the full range of emotions they might have had about it. Indeed, Black church culture helped perpetuate the shame and stigma that many of them carried about their trauma, mental health challenges, and suicidality.

Because individual stories are always interwoven with the stories of other people, places, and societies, I cannot tell these women's stories about living and trying to die in America without also gesturing toward the larger story of Black women's ongoing struggle to survive and thrive in a nation deeply impacted by White supremacy, heteropatriarchy, capitalism, and ableism. I cannot tell these stories without also noting how, as Malcolm X stated in a 1962 speech, "The most disrespected person in America is the Black woman. The most unprotected person in America is the Black woman. The most neglected person in America is the Black woman."¹² I recount these Black women's stories "in the wake" of centuries of chattel slavery, in a country built by unpaid Black labor and bolstered by violence against Black bodies.¹³ I tell these stories also in the wake of the 2024 US presidential election which, for many Black women, was confirmation that we do indeed continue to live in hostile territory, rife with "misogynoir."¹⁴

The time during which these women's stories were told plays a significant role in how they were told. When the research took place in 2023 and 2024, the US was just beginning to emerge from the bombshell that was 2020, which brought the simultaneous arrival of the Covid-19 pandemic in March and a long-overdue racial reckoning after the brutal police killing of George Floyd in May. Initially, Covid-19 disproportionately impacted people of color, many of whom had pre-existing medical conditions that exacerbated the severity of the disease.¹⁵ Black people were disproportionately exposed to the disease at first as many were considered "essential workers" and could not stop going to work in person, while others, many of whom were White and well-educated, could shelter-in-place safely at home. These figures eventually shifted as Covid-19 vaccines became widespread, but the staggering number of Black lives lost to Covid-19 in the early days left the lasting impression that even in the case of a rare global pandemic, Black people were more vulnerable than others.

Similarly, the gruesome and highly publicized murder of George Floyd in Minneapolis, Minnesota by a police officer was a deeply traumatizing event for many Black people. It served as evidence of just how far the US was from achieving its stated goals of “liberty and justice for all.” Perhaps it was because of the relative stillness of the world due to Covid-19 restrictions that the cellphone footage of Floyd’s murder spread like wildfire online. Or perhaps it was the sheer brutality of watching one man kneel on another man’s neck for almost nine minutes while the life slowly seeped out of him that inspired such a swift and strong public reaction. Whatever the case, millions of people around the globe took to the streets, many in Covid-19-safe facemasks, to protest Floyd’s murder and other similar acts of racialized violence.¹⁶ For these reasons, the research for this dissertation was conducted during a complicated and tender time, which comes through clearly in the stories that emerged.

In addition to noting how the stories of Black women’s suicide attempts recounted here interweave with the larger story of longstanding American/Western racism and the Covid-19 crisis, I must also note how they interweave with the stories of three American/Western institutions – medicine, Protestant Christian theology, and the Black Church. These American/Western institutions are represented here by the three Atlanta institutions that played the largest role in shaping my encounter with the research participants: Grady Memorial Hospital, Emory University, and Ebenezer Baptist Church.

Medicine created the context for my encounter with the research participants. I met them all through The Nia Project, which operates under the auspices of Emory University School of Medicine’s Department of Psychiatry and Behavioral Sciences and is housed in the Grady Memorial Hospital complex. Grady, the tenth largest public hospital in the United States, provides care for Atlanta’s medically underserved. Over 50% of its patients are on Medicare or Medicaid and 17% are uninsured.¹⁷ Since the closing of Wellstar Atlanta Medical Center in

2022, it is also now the only Level 1 trauma hospital remaining in the City of Atlanta.¹⁸ The Nia Project, known by those close to it simply as Nia, is led by Grady's Chief Psychologist and Professor of Psychology at Emory University School of Medicine, Dr. Nadine Kaslow. Alternately conceived of as a research engine, a clinical training placement, and a family, Nia was founded in 1993 by Dr. Kaslow and named after the Swahili word for "purpose." It is the leading producer of psychological research on Black women, suicidality, intimate partner violence (IPV), and adverse childhood events (ACEs).

Nia began as a CDC-funded research initiative to understand the relationship between IPV and suicidality among Black women. In response to a request by some of the first research participants to be offered resources in return for their contribution to the research, Nia began providing free group therapy. While Nia has broadened its research and clinical scope to include people of all genders and races, over 90% of its participants remain Black women, most of whom live below the poverty line. Over the years, Nia has grown to include a host of free clinical services, including over 20 weekly support groups, individual and family counseling, and community events, which include holiday parties with food and toy giveaways. Nia also has a free clothing closet for its members and has offered participants emergency financial assistance in special cases. Unless a participant begins to experience severe psychosis, which is outside of the expertise of the clinicians-in-training, she can remain a part of the Nia community for as long as she'd like. The availability of nearly unlimited free resources and the unlimited amount of time that a person can participate in Nia make it feel more like an organic community than a research initiative or an intensive outpatient program based on a medical model.

Nia is financially supported by both Grady and Emory as well as by national research institutions, such as the CDC and the NIH. It also hosts an annual fundraiser in the spring to support its efforts. The program recruits participants through Grady's emergency room and

through other behavioral health urgent care clinics throughout metropolitan Atlanta. A team comprised of psychologists in postdoctoral clinical training, master's and PhD-level graduate students in clinical and counseling psychology, medical students completing rotations in psychiatry, and undergraduate research assistants conduct research and provide therapy. These trainees are supervised by Dr. Kaslow and psychologist Dr. Sarah Dunn, who serves as the clinical lead for Nia. Notably, Dr. Kaslow and Dr. Dunn are both White women, as are many of the clinicians who are trained at Nia. While Nia's training curriculum does emphasize the importance of cultural humility, there remains a vast chasm between the life experience of most of the clinicians and the people they serve. This chasm, due not only to differences in race between clinicians and participants but to other important differences like social class, education level, and disability status inevitably produces complications and misunderstandings when it comes to the delivery of care at Nia.

Nia's story is connected to the larger story of American/Western medicine, which has heretofore dictated the way we understand suicide, practice suicide prevention, and care for people who struggle with suicidal ideation and attempts. Though sociologists founded the field of suicidology and still make important contributions to it, modern research on suicidality has almost exclusively been generated by psychologists, which has led to a myopic understanding of the phenomenon for two primary reasons.¹⁹ The first reason is an issue of study design. Psychological studies of suicidality, such as the ones Nia produces, tend to employ quantitative survey instruments. While these studies capture important statistical information, their methodological and study design limitations make it such that they can offer only "thin descriptions" of suicidality.²⁰ Study participants often do not have the opportunity to describe in their own words what it is like to experience suicidal ideation or what it was, specifically, that drove them to contemplate and attempt suicide, and thus researchers and readers are left to their

own devices to surmise how cultural and social context might impact in an individual's responses. For that reason, qualitative research, through which we learn from participants what their experience has been like in their own words, becomes critically important. In particular, qualitative research which does not hold the scientific method – in which a hypothesis is laid out and either proven or disproven – as the standard for methodological rigor and holds art and aesthetics in just as high regard as empiricism.²¹

The second reason our understanding of suicidality has been stunted by its confinement to the field of psychology is related to that discipline's assumptions about the ideal locus of intervention when it comes to preventing suicide. Psychology is largely focused on understanding and treating pathology at the individual level, which often does not adequately attend to the many social, political, economic, and cultural reasons that a person might experience psychological, emotional, or spiritual distress. This work attempts to balance a focus on individual Black women's suicidality with one that accounts for the environmental factors, often outside of individual control, that enhance or hinder the "livability" of life.²² In this way, this study takes a "social determinants of public health" approach to the problem of suicidality among Black women. Not only does it look at more traditional social determinants, like socioeconomic status, that have been the interest of public health researchers for decades, but it also considers the importance of lesser-discussed social determinants such as religion as a factor in suicidality among Black women.²³ It further suggests that Black churches have an important role to play as "religious health assets" in the communities in which Black women live and sometimes attempt to die.²⁴

It is important for studies of suicidality to emerge from fields other than health sciences like psychology because different methodological and theoretical perspectives allow for a more fulsome understanding of a phenomenon. Our current understanding of suicide suggests that it is

primarily a mental health problem that must be treated with mental health-focused techniques, like therapy and medication. But some have argued that looking at suicide as a mental health problem exclusively limits the prevention and treatment resources we have at our disposal.²⁵ Using a singular disciplinary lens through which to address the problem of suicide often means we miss important environmental, cultural, and social factors that also influence whether or not an individual attempts or dies by suicide.

Suicide is what psychologist Craig J. Bryan (2021) calls a “wicked problem” that extends far beyond the realm of psychology.²⁶ It is a complex, multidimensional issue that perplexes even the most seasoned clinicians and researchers. Approaches to suicide prevention that do not account for suicide’s complexity will ultimately fail. Therefore, a contention of this dissertation is that more robust understandings of suicide and more effective means of suicide prevention can be developed through a more holistic understanding of the lived experience of being a suicidal person than psychologically oriented studies can provide. It further suggests that to understand and prevent suicide among Black women, rich first-person accounts by Black women who have attempted suicide should form the core of the data collected and analyzed.

Concerns about the limitations of a strictly medical approach to understanding suicidality among Black women lead me to consider a second American/Western institution whose story must be told alongside the research participants’: Protestant Christian theology, specifically, pastoral theology, represented here by Emory University. In addition to being a leader in the field of medicine, Emory University has long had a deep connection to pastoral theology, most notably through its Candler School of Theology. Both Candler and Emory’s Graduate Division of Religion have played a significant role in the development of pastoral theology, which is concerned with the ways in which people of faith provide care for persons and communities.

Candler is located in the leafy and affluent Druid Hills neighborhood of Atlanta, several miles northeast of Grady's gritty environment.

Like most theological fields, the parameters of pastoral theology – and, by extension, pastoral care – were originally shaped by White Christian men. These men were proponents of the “shepherding perspective,” which limited the domain of pastoral caregiving to “representative Christian persons,” especially pastors.²⁷ The predominant model of pastoral care mirrored the medical model, as trained and licensed religious professionals were considered the ideal mediators of spiritual care. Not until the late 20th century did pastoral theologians start to conceptualize pastoral care outside of a representative Christian person “administering” care to a person in need. In recent years, the field has begun to move away from that perspective and embrace more communal care models, a trend largely influenced by the pastoral theologians of African descent that have begun to enter and re-shape the field.²⁸ However, pastoral theology is still sorely lacking in research and reflection on suicide and suicidality among Black women. While there have been a few texts dedicated to adjacent or complementary subjects, there have been no pastoral theological texts focused exclusively on Black women's suicidality until now.²⁹

Pastoral theology is a field which values research methods that attempt to enter into the lives, minds, and hearts of research participants. It has embraced ethnography, the undergirding methodology for this study, as an appropriate way in which to both live out and develop pastoral theology and care. Anthropologist Ruth Behar writes that ethnography is “the most fascinating, bizarre, disturbing, and necessary form of witnessing left to us.”³⁰ It is observation and writing with a purpose, which is to “motivate listeners to participate in the struggle against injustice.” The idea of witnessing also has explicitly theological connotations, as Christians are called to be witnesses to the presence and work of God and to the coming of the Kingdom of God through Jesus Christ.³¹ Thus, the role of the theological ethnographer can be seen as bearing witness both

to the lives and stories of research participants and to the presence of God at work in human experience. Theological ethnographers Scharen and Vigen affirm,

Ethnographic witnessing on the part of both ethnographer and collaborator/informant can take on a normative quality in the sense that witnessing to human struggles can implicitly or explicitly carry an imperative to transform suffering into healing and well-being.³²

In recent years, there has been rigorous debate about theologians using ethnography as a tool with which to construct theology versus doing ethnography as embodied theology itself. This project aims to do both. I suggest that my role as witness to the lives and stories of the women with whom I conducted research, *is* an act of pastoral theology that precedes the text generated after fieldwork has ended.³³ The assumption undergirding this assertion is that creating a safe-enough space for the Black women suicide attempt survivors I encountered provided an opportunity for psychological, emotional, and spiritual healing that might not otherwise have taken place if that space had not been created. That was the first act of pastoral theology. The second-order business of using the data gathered during fieldwork to develop pastoral theology for the academy and church comes after.

This dissertation also enthusiastically embraces the turn toward participatory and arts-based research methods in pastoral theology.³⁴ In addition to the traditional ethnographic methods of participant-observation and interviewing, and in line with a “narrative study of lives” approach, data collection for this project entailed employing digital storytelling, a participatory arts-based research method to collect the stories of Black women suicide attempt survivors. Digital storytelling was an ideal research method to employ with this population because it foregrounds the agency of research participants by inviting them to tell their own stories, as opposed to having their stories mediated by the researcher. In addition to its utility as a research method that foregrounds agency, I was interested in digital storytelling because of the ways in

which multimodal media can capture important sensory details such as movement and embodiment in ways that the written word or still photography alone cannot.

Digital storytelling was valued for the ways in which it combines multiple senses – vision and hearing – along with spoken word and music to evoke depth and meaning in ways that a written memoir, oral history, or photo voice project alone might not capture. This project adopted the digital storytelling method developed by Joe Lambert of StoryCenter.³⁵ Lambert pioneered digital storytelling as a research method in 1994 and has since developed a seven-step approach to storytelling that is well suited to the aims of my research. StoryCenter digital stories: 1) are self-revelatory, 2) use the first-person voice, 3) are experiential, 4) are photo-based (as opposed to video-based), 5) use a soundtrack of music or ambient sound, 6) are under five minutes long (2-3 minutes is the preferred length), and 7) “[privilege] self-expression and self-awareness over concerns of publication and audience.”³⁶ Digital storytelling as a research method has already been employed in public health research, but to my knowledge, this is the first instance of digital storytelling being used in pastoral theology.³⁷

In addition to this being a story about medicine and pastoral theology, this is also a story about the Black church, specifically the ways in which it has contributed to the *un*-livability of life for Black women. By using the term “the Black church,” I am walking into contested territory. For generations, scholars across the disciplinary spectrum have struggled to wrap their arms around what constitutes the Black church and have even gone so far as to declare, as historian Barbara Diane Savage has, that

There is no such thing as “the black church.” It is an illusion and a metaphor that has taken on a life of its own, implying to existence of a powerful entity with organized power, but the promise of that also leaves it vulnerable to unrealistic expectations. The term...symbolizes unity and homogeneity while masking the enormous diversity and independence among African American religious institutions and believers.³⁸

The diversity to which Savage refers includes regional, socio-economic, theological, and political differences, as well as differences in form and size. Black churches range from 40-member storefronts in large northeastern cities to mega-churches in the south with over 50,000 members. They include international television- and internet-based ministries just as well as they do hyper-local community-focused ones. They include holiness theologies and ecstatic forms of worship just as well as they do liberation theologies and conservative, even contemplative forms of worship.

Regardless of their diversity, churches that serve predominantly Black congregations do have one thing in common, which is that they serve a historically oppressed population that continues to experience ongoing oppression and marginalization, regardless of region, education, or income. Black churches, regardless of their size, denominational affiliation, or theological orientation, carry the burden of tending to the material needs of their congregants far beyond the spiritual realm in ways other churches do not because of the ways in which other institutions and American society at large fails to care for Black people. For this reason, it makes sense to consider the role of the Black church writ large when discussing suicidality among Black women, and particularly most Black churches have not made addressing suicidality or other mental health-related issues a priority in their ministerial efforts.³⁹

The Black church is represented in this dissertation by Ebenezer Baptist Church. Ebenezer, founded in 1886, is located just east of Grady, separated from the hospital by the roaring I-75/85 interstate highway, which cuts a massive fissure through the heart of the city. The church became a part of the Progressive National Baptist Convention under the leadership of Rev. Martin Luther King, Sr. in 1961. Civil rights leader Rev. Dr. Martin Luther King, Jr. became the co-pastor of the church in 1960 and was funeralized there after his assassination in 1968. Because of its close ties to arguably the most important figure of the Civil Rights

Movement, Ebenezer bills itself as “America’s Freedom Church.” Today, Ebenezer’s Horizon Sanctuary, completed in 1999, sits across Auburn Avenue from the Historic Sanctuary, where the Reverends King preached. Together, both buildings anchor the Martin Luther King, Jr. National Historic Park, which includes a mausoleum with both Dr. & Mrs. Coretta Scott King’s remains, Dr. King’s birth home, and The King Center. Though Ebenezer is located in the rapidly gentrifying Sweet Auburn neighborhood, people experiencing houselessness and addiction can be found intermingling with the tourists that visit its campus daily.

Walking into Ebenezer’s sanctuary can sometimes feel like walking into a living museum, and not only because it is located at the heart of a National Park. It operates at times like a monument not only to the Civil Rights Movement but to the ways in which some predominant narratives of Black Christianity are linked to political power and social justice.⁴⁰ Every Sunday, several pews toward the back of the sanctuary are filled with mostly White tourists, who visit the church as a stop on Civil Rights bus tours. They come seeking a glimpse of the King magic that so significantly changed the arc of America’s history. Since 2005, Ebenezer has been pastored by Rev. Dr. Raphael Warnock, only its fifth senior pastor in its over-130-year history. In 2021, Rev. Warnock became the first Black U.S. Senator from the state of Georgia, which has only served to enhance Ebenezer’s prestige and connection to Black civic life. Because of the Kings’ – and now Warnock’s – political power, every election season, local and national politicians are found visiting the church and are sometimes even offered the pulpit to preach. These visits cement Ebenezer’s, and by extension, the Black church’s, ongoing role in galvanizing Black political power by bringing “souls to the polls.”

Though the political power held by the Black church remains impressive, the attainment of that power has come at a significant cost. That cost is due to the weight of “respectability politics,” which both men and women have been involved in creating and upholding.⁴¹ This

dissertation argues that respectability politics have failed Black women both inside and outside the church by reifying patriarchal norms and by relegating women's voices, issues, and work to the background. While Ebenezer ordains Black women, has Black women clergy on its staff, and frequently features Black women guest preachers, it remains tethered to the same patriarchal logics that keep women's issues on the sidelines. Many Black churches are deeply patriarchal institutions that in some cases will not ordain women as clergy, yet they benefit from the labor and investment of Black women who give generously of their time, talents, and finances to the church. Women are the backbone of the Black church, yet because their leadership and contributions are often taken for granted, so are their concerns.

Many Black churches like Ebenezer have also historically been middle-class, elitist institutions that have created and upheld ideals of Black womanhood that, in their very attempt to override racist narratives about Black women created by White people, succumb to the logics of White supremacist capitalist patriarchy.⁴² The ideal of Black womanhood upheld by the church often has not allowed for Black women to be anything but strong, responsible, chaste, and involved in community uplift. Therefore, any personal suffering that Black women experience often goes unmentioned – or is experienced only as wails at the altar or shouts from the pews. Not often do Black women get the opportunity to dig deeper, in religious spaces, into the ways in which their suffering has caused them not only to lean on God but to question and doubt God. Even less often do Black women have the opportunity to discuss issues of trauma, suicidality, and mental health in church.

While not all the women who participated in the research for this project identified as Christian at the time of our encounter, every one of them had been raised in Christian households and had attended predominantly Black congregations as children. They therefore understood the central role that the church continues to play in Black American culture as one of the only

institutions that Black Americans have retained control over for centuries. While membership in mainline Black denominations is dwindling, following the overarching trends of church membership, the Black church still wields an enormous amount of power in shaping Black America's priorities and culture.⁴³ The women I worked with were keenly aware of the ways in which the Black church has often missed the mark when it comes to mental health and suicide – not only sidelining the issue but also framing health concerns like depression and anxiety as spiritual issues that could be righted with enough faith or prayer. They found this type of “spiritual bypassing” not only laughable but harmful, and many expressed a desire for Black churches to take mental health issues and suicide more seriously.⁴⁴ Therefore, when presented with the opportunity to have their digital stories screened at Ebenezer, most of the Storytellers were extremely excited. Having the digital story screening at one of the most prominent and storied churches in metropolitan Atlanta could be a significant win for visibility around an issue that was so meaningful to them. Yet, many of the women expressed concern about how they would be treated by the church folk there. As we were to discover, their concerns were not entirely unfounded.

I would be remiss if I did not also mention the ways in which the stories of the Black women suicide attempt survivors I encountered for this study are also interwoven with my own story. I am a Black American woman who was raised at the intersection of religion and health with a father who is an African American United Methodist pastor and a mother who is a Danish-Ghanaian obstetrician-gynecologist. In some ways, this attempt to understand how the Black church can better attend to the issue of Black women's suicidality is an inheritance from my parents. However, my specific variation on the theme of religion and health is attributed to my personal history of having lived with depression and episodic suicidal ideation since the age of 14 and having attempted suicide at the age of 23. My experience as a mental health patient led

me initially to pursue a Master of Social Work and an MBA so that I could play a role in improving the systems and institutions impacting Black women's mental health. Ultimately, I pursued a PhD in Religion as I understood the Black church to be one of the institutions with the most important role to play when it came to preventing suicide among Black women, as it in a very organic way touches millions of Black women across the life span – from cradle to grave – and still plays an important role in Black women's understandings of life and of themselves, community connections, and resources for coping with both the inevitable challenges of life and those challenges which are the result of structural sin, such as white supremacy, patriarchy, and heterosexism.

Having spent a lifetime attending predominantly Black churches – and nearly a lifetime dealing with my own mental health challenges – I have been personally impacted by the glaring absence of conversation, effort, and energy given to matters related to mental health, trauma, or suicide within them. The silence around suicide in particular has made me feel marginalized and distanced from the Black church, especially when other health issues affecting Black women like diabetes and breast cancer receive so much attention and investment. Thus, I am brought to this encounter by both personal and professional concerns that have led me to not only want to develop a more fulsome understanding of the experience of Black women suicide attempt survivors than has previously been discovered, but with this newfound knowledge, empower Black churches to better meet the needs of the people who comprise a significant majority of their congregations.

Because of the overlaps in identity and experience between myself and the women with whom I conducted my research at Nia, I consider myself a “native” ethnographer.⁴⁵ Being a native ethnographer carries with it a special set of risks and challenges, which include over-identifying with research participants, making false assumptions about their experiences, and

drawing conclusions that are more reflective of my experience than theirs. I attempted to avoid some of these pitfalls by bringing a heightened sense of self-awareness and reflexivity to the work. I tried to remain vigilant about areas in which my personal characteristics and history might inhibit my ability to see the women I worked with clearly. To mitigate some of the interpretive pitfalls of being so close to the subject, I conducted individual digital story interpretation conversations with each Storyteller and a “read-back” session akin to a focus group to create opportunities for research participants to weigh in on my interpretations, analysis, and recommendations for practice. These feedback opportunities helped ensure that the interpretations and conclusions presented in this dissertation aligned with what the research participants themselves intended to communicate about their experience with suicidality. While even those efforts do not guarantee I have entirely avoided the risks of having such a close personal relationship to the topic of study, I have tried my hardest to keep the lifeworld of the women I worked with central throughout this endeavor.

A benefit of having some shared experiences with my research participants was that I was hyper-conscious of the need for sensitivity and empathy when interacting with them. I took great care in every instance of connection because of my personal experience with the challenges of being in recovery from a suicide attempt, of facing day-to-day concerns with the burden of mental health challenges, of being at the mercy of medical, mental health, and research professionals, and of being misunderstood and marginalized by family and religious community alike. The participants and I have all experienced significant vulnerability, and we found common ground through our shared vulnerability. However, I remained conscious about how certain privileges I hold, such as socioeconomic status, level of education, and access to powerful institutions, created areas of ignorance for me and power imbalances in the relationships I had with the research participants.

Asking suicide attempt survivors to recount the experiences that contributed to their suicidality raises significant ethical concerns, chiefly because such an endeavor carries with it the risk of re-traumatization if it is not undertaken with care. It was therefore necessary to conduct the research in as trauma-informed a way as possible, always keeping the safety and wellbeing of the research participants a priority. To mitigate some of the risk of re-traumatization, involvement in Nia was a requirement for participation in the research. Through Nia, all research participants had access to regular individual therapy and a variety of support groups in which they could process any challenging memories, thoughts, or emotions that arose during the research process. I also incorporated somatic techniques such as breathing and movement exercises into interviews and DSP sessions to help mitigate any emotional or nervous system dysregulation that might have occurred because of our work together.⁴⁶ Participants were also able to withdraw from the research at any time if they felt being involved in the study was causing harm to their emotional, psychological, or spiritual wellbeing.

Before I engaged in any research activities, I secured approval of my study design and methods from the Emory University IRB. I also received IRB approval to use the real first names of research participants if they preferred not to use a pseudonym. The standard research practice of anonymizing research participants aims to protect their privacy but also effectively rescinds some of the agency they claimed by volunteering to tell their stories in the first place. Giving research participants the choice to use their own names helped mitigate the ethical concern that forced anonymization would remove the ability for research participants to fully claim agency and ownership of their own stories. Research participants who did decide to use a pseudonym chose them themselves.

I also took care to account for the possibility of experiencing vicarious traumatization because of this project.⁴⁷ I saw a therapist weekly throughout fieldwork and writing. She and I

worked together to process my thoughts and emotions about what I experienced in the field and to minimize the impact that exposure to research participants' trauma and suicide stories had on my own wellbeing. Admittedly, there were times I had to step away from the work because it came too close for comfort. Taking space from the dissertation became particularly important when I experienced a relapse of my own suicidality in 2024. It was difficult and discouraging to have to stop writing for extended periods of time to care for myself, but ultimately my wellbeing took precedence over the desire to adhere to a predetermined production timeline. Similarly, as we embark on this storytelling journey together, I encourage readers to do whatever they need to, to take care of themselves, including stepping away from the text.

In telling the story of my time with the women of Nia, my goal is not only to contribute to what is known about Black women and suicide, but also to reveal “how the sausage is made” in qualitative research. Thus, this is also a story about what it is like to be a researcher, navigating power dynamics within the complex systems of academic, religious, and medical institutions, and overcoming the numerous challenges involved in a process that often leaves the researcher at the mercy of institutional gatekeepers with the power to enhance or inhibit the research's progress. I also make efforts to reveal how challenging conducting empirical research with humans can be for an introverted perfectionist who requires plenty of silence and solitude for optimal health.

In Chapter 2, I recount my introduction to Nia and how my first few months there helped develop my values-based methodological approach to conducting research. Chapter 2 also introduces the research methods used, each of the thirteen Storytellers who participated in the Digital Storytelling Project (DSP), and the concept of *existential exhaustion* discovered during interviews. Chapters 3 and 4 chronicle the process of creating the digital stories and getting to the DSP Premiere, the first time the Storytellers presented their completed digital stories to each

other. Chapter 5 describes working with Ebenezer Baptist Church to host *Voices Restored*, an event in which the digital stories were unveiled for the first time to the public. Chapter 6 presents a description and analysis of the completed digital stories and theorizes the process of healing from suicide attempts for Black women. Chapter 7 concludes with several proposals for how the Black church might most effectively respond to what this study reveals about Black women's experience with suicidal ideation and attempts.

¹ In the field of pastoral theology, Henri Nouwen's term "wounded healer" has often been used to describe the role of the pastoral caregiver. I use the term "empowered cojourner" instead, following Marcia Foster Boyd (1997), who rejects the concept of "wounded healer" for Black female pastoral caregivers. Instead, Foster Boyd offers the image of the "empowered cojourner" as a corrective that refutes notions of Black women as debilitated and disempowered.

² This is a reference to suicide being associated with whiteness for Black people by sociologists Early (1997) and Spates (2015). But as this dissertation aims to demonstrate, suicide is indeed a threat for people of all races and genders. However, the fact does remain that ideas about mental health challenges in general and suicide in particular being anathema to Black identity have long been a barrier to help-seeking among Black people. So much so that mental health organizations with names like "Black People Die by Suicide, Too," now exist, which suggests that awareness is still being raised about the fact that suicide is an issue that impacts Black people. Though this dissertation focuses on Black suicide within the United States, many would be surprised to discover that according to the WHO, the continent of Africa has the highest suicide rates in the world. The WHO attributes suicide among Africans, particularly African men, to structural issues like poverty and unemployment. See WHO information on suicide in Africa: https://files.who.int/afahobckpcontainer/production/files/iAHO_Suicide_Regional_Fact_sheet_August2022.pdf

³ See Stone et al. (2021) for recent changes in US suicide statistics: <https://www.cdc.gov/mmwr/volumes/72/wr/mm7206a4.htm>

⁴ Though white men die by suicide in the largest numbers, American Indians/Alaska Natives, both men and women, die at the highest rates. For more information, visit the National Institute of Mental Health website: <https://www.nimh.nih.gov/health/statistics/suicide>.

⁵ For CDC statistics by race, visit: <https://www.cdc.gov/suicide/disparities/index.html#:~:text=Suicide%20rates%20vary%20by%20race,34%20is%2082.1%20per%20100%2C000>.

⁶ Shange (2003).

⁷ Psychologist and pastoral theologian Chanequa Walker-Barnes offers a compelling historical-cultural exploration of "StrongBlackWoman syndrome" in her 2014 book, *Too Heavy A Yoke*. Walker-Barnes describes it as a "burden of strength" related to the need to combat negative cultural tropes about Black women, such as the Mammy and the Jezebel. Black women have often felt pressured to counteract these stereotypes by presenting as morally and intellectually upright, engaged in social and cultural "uplift," and capable of withstanding and overcoming any challenges they face. This burden has created unrealistic expectations of Black women and has

robbed them of opportunities to enjoy the fullness of the human experience, including weakness, rest, and play.

⁸ Though Lincoln and Mamiya's (1990) definition of the Black church as the seven major Black denominations that account for 80% of Black Christians is perhaps best-known, the definition I use is more expansive than theirs. It also includes predominantly Black congregations in largely white denominations, such as the United Methodist Church, the Presbyterian Church, and the United Church of Christ. It also includes predominantly Black non-denominational congregations.

⁹ Amia Lieblich and Ruthellen Josselson (eds.), *The Narrative Study of Lives: Vol. 5*, (Sage: 1997), p. xi.

¹⁰ Meghna Ravi et al Intersections of Oppression: Examining the Interactive Effect of Racial Discrimination and Neighborhood Poverty on PTSD Symptoms in Black Women. *Journal of Psychopathology and Clinical Science*, 2023.

¹¹ Arlene T. Geronimus. The Weathering Hypothesis and the Health of African-American Women and Infants: Evidence and Speculations. *Ethnicity & Disease*: 1992.

¹² Malcolm X, speech, May 22, 1962. For the full speech:

<https://speakola.com/political/malcolm-x-speech-to-black-women-1962>

¹³ I am gesturing here to the work of Black feminist cultural critic Christina Sharpe (2016) who suggests that Black lives are “always swept up in the wake produced and determined, though not absolutely, by the afterlives of slavery” (p. 8). Such afterlives constitute a nearly all-consuming atmosphere of death, trauma, and violence.

¹⁴ The term “misogynoir” was coined in 2010 by queer Black feminist scholar, Moya Bailey. It gestures to the ways antiblackness and misogyny intersect to shape cultural discourse about Black women. For more, see Bailey (2021).

¹⁵ COVID-19 Cases and Deaths by Race/Ethnicity: Current Data and Changes Over Time. Kaiser Family Foundation. See: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/>

¹⁶ Justice for George Floyd: A Year of Global Activism for Black Lives and Against Police Violence. Amnesty International. See: <https://www.amnesty.org/en/latest/campaigns/2021/05/justice-for-george-floyd-a-year-of-global-activism-for-black-lives-and-against-police-violence/>

¹⁷ Fast Facts 2023. Grady. See: <https://www.gradyhealth.org/about-us/fast-facts/>

¹⁸ Atlanta's health care system is strained by major hospital's closing, doctors and patients say. NBC News. See: <https://www.nbcnews.com/news/us-news/hospitals-strained-atlanta-medical-center-closing-doctors-rcna137451>

¹⁹ The founding sociologist I am referring to is Emile Durkheim, whose seminal volume *Suicide* (1879) opened the field of suicidology. Other important sociologists in the field include Early and Spates, whom I have previously noted.

²⁰ I am referring here to the distinction anthropologist Clifford Geertz (1973) makes between “thin” and “thick” description. Whereas “thin” description captures observable behavior, it does not dive deeper into social, cultural, and symbolic context the way “thick” description does. Through adopting a different methodological approach than most studies of suicide, this dissertation aims for “thick” description.

²¹ I am thinking in particular about “portraiture,” developed by Sarah Lawrence Lightfoot, which intentionally blends art and science to capture the complexity, dimension, and dynamism of the

subjects of her research. For more information on the portraiture methodology, see Lawrence-Lightfoot and Davis (1997).

²² I am referring here to Lindsey (2022), who suggests that many Black women's lives in the US constitute "unlivable living," which is "is a death-bound condition resulting from multi-system harm...most emphatically felt at the intersection of poverty and economic deprivation" (p. 9).

²³ For an in-depth discussion of religion as a social determinant of public health, see Idler (2014).

²⁴ A "religious health asset" is a resource – like a congregation – that possesses both tangible and intangible goods that have the potential to influence the health outcomes of the community or population within that asset's network. For more information on religious health assets, see Gunderson and Cochrane (2012).

²⁵ Bryan (2021).

²⁶ Ibid.

²⁷ See Clebsch and Jaekle (1964).

²⁸ I am thinking specifically here about Watkins Ali (1999) who writes about the importance of about communal holism in pastoral care.

²⁹ Sanders (2021) treats suicide among LGBTQ+ people thoroughly, but the text lacks a specific focus on Black women. Crumpton (2014) takes up the impacts of violence and trauma in Black women's lives without a specific focus on how those things contribute to suicidality among Black women. Thomas (2020) deals with the challenges of caring pastorally for women of color with mental illness but again lacks a focus on suicidality specifically. Additionally, Swinton (2020) discusses the spiritual lives of Christians with mental health challenges without a focus on suicidality.

³⁰ Behar, 1997, p. 5.

³¹ I use the term "Kin-dom of God" instead of the more traditional "Kingdom of God" to claim an eschatological vision that values inclusion, belonging, solidarity, and communalism above hierarchy, dominion, and oppression. The language of "Kin-dom" is a nod to mujerista theologian Isasi-Díaz (1996) who writes, "the unfolding of the kin-dom of God happens when instead of working to become part of structures of exclusion, we struggle to do away with such structures" (p. 66).

³² Scharen and Vigen (2011).

³³ The works of Moschella (2008) and Swinton and Mowat (2016) further support this claim.

³⁴ For an in-depth look at the turn toward arts-based research in pastoral care, see Boursier (2021).

³⁵ For more information about the digital storytelling approach used for this research, see Lambert and Hessler (2020).

³⁶ Lambert and Hessler, 2020, p 41.

³⁷ For examples of digital storytelling used in public health research, see Matthews and Sunderland (2017).

³⁸ Savage, 2008, p. 9.

³⁹ Though this dissertation highlights the ways in which the Black church has failed to meet the needs of the suicidal Black women in Atlanta I worked with for this research, I would be remiss if I did not mention that there are some Black mega-churches that not only have thriving mental health ministries but operate free-standing mental health clinics. Such instances include churches like The Potter's House in Dallas, Texas and West Angeles Church of God in Christ in Los Angeles, California. Though these churches do incredibly important work, they are such

significant outliers due to congregation size and operating budget that they are not ideal exemplars for Black-church-based work in suicide prevention.

⁴⁰ For an analysis of the Black church's relationship to social justice, see Warnock (2014).

⁴¹ The term "politics of respectability" was coined by Evelyn Brooks Higginbotham (1994). It is defined as "the process by which privileged members of marginalized groups comply with dominant social norms to advance their group's condition" (Dazey, 2021).

⁴² Walker-Barnes (2014).

⁴³ For a current understanding of the role of the Black church in the African American experience today, see the Pew Research Center report, *Faith Among Black Americans*, found here: https://www.pewresearch.org/wp-content/uploads/sites/20/2021/02/PF_02.16.21_Black.religion.report.pdf.

⁴⁴ According to Masters (2010), spiritual bypassing occurs when people employ "spiritual beliefs to avoid dealing in significant depth with our pain and developmental needs" (p. 9).

⁴⁵ A "native" ethnographer is one who studies their own culture. For a detailed discussion of positionality in ethnography, see Abu-Lughod (1996).

⁴⁶ Trauma researchers such as Bessel Van der Kolk (2014) suggest that because trauma is both physiological and psychological – meaning it has embodied, physical dimensions – it is most effectively treated through a combination of traditional talk therapy and somatic practices.

⁴⁷ "Vicarious traumatization" is defined as the psychological and emotional harm that can be caused to a listener by encountering stories of a traumatic event or events that has/have happened to someone else. For more, see McCann and Pearlman (1990).

Chapter 2: Approaching Nia

I first encountered Nia in January 2021 in a seminar on the sociology of health during my second year of PhD coursework. The task for our end-of-semester project was to conduct a scoping review of literature on a topic of our choosing. Because I was beginning to consider what I might want to research for my dissertation, I elected to review literature from the past decade on Black women, suicidality, and spirituality. What I discovered in my search was that much of the research on the topic was produced by a de-identified program at a “hospital in a large Southeastern US city.” It did not take much digging to discover that the unnamed hospital in the unnamed city was Grady Memorial Hospital in Atlanta, Georgia. It took even less work to determine that the team behind the research was The Nia Project, led by Dr. Nadine Kaslow of Emory University School of Medicine. Nia was responsible for eight of the 10 articles I ultimately included in my scoping review.

I was delighted to discover that I had chosen to attend a PhD program in the very city that much of the recent literature in my area of interest was conducted at the very university that the woman leading the charge in this work taught. In a meeting with the course’s professor, I shared my excitement about discovering Nia, and I told her I was considering reaching out to Dr. Kaslow to ask her about conducting my dissertation research there. Though my professor offered to make the initial connection, I decided to email Dr. Kaslow on my own. To my surprise, she emailed me back immediately and set up a 30-minute Zoom call within the week.

I told Dr. Kaslow on our first call that I was a PhD student in Religion interested in understanding the phenomenon of suicidality among Black women. I told her I was considering using ethnographic research methods to better understand their experience. Dr. Kaslow made it clear that to do this work well would require a significant investment of my time. I could not simply show up at Nia and start asking participants about their experiences with suicide on Day One, because many of them had significant trauma histories related to childhood physical and

sexual abuse or physical and sexual abuse from intimate partners in adulthood. These trauma histories made it difficult to establish an inner sense of safety and trust, let alone relationships of safety and trust with new people. Thus, if I intended to eventually be able to ask questions about some of the most emotionally intense periods in their lives, I had to first become known and trusted within the Nia community. Dr. Kaslow invited me to participate as a group helper in a therapy group of my choosing, so I could start to become acclimated to the Nia culture and its participants. Group helpers attended weekly groups and assisted group co-facilitators with administrative tasks, like taking attendance and getting medical record numbers and other identifying information for new participants. I would be a non-traditional group helper, as they were typically undergraduate psychology majors at least a decade younger than I was, but it was the best way to get my foot in the door at Nia.

In February 2021, I became a group helper in two groups: the co-ed Suicide Support Group and Spirituality Group. I also started attending Nia Team meetings, which took place every Tuesday afternoon for an hour. At these meetings, I would encounter the other students and professionals that support Nia's clinical and research efforts. Since the official acknowledgement of the Covid-19 pandemic in March 2020, Nia had stopped operating out of its offices on the 13th floor of Grady. Individual and group therapy, team meetings, and community events all took place on Zoom. It would be almost two years before I met Dr. Kaslow or anyone else at Nia in person.

Because I joined Nia in the middle of the academic year, I did not have the benefit of participating in the program's orientation, which happens every August when the new crop of trainees arrives. As a February arrival, I was thrown into the work midstream. Without the benefit of an orientation to the culture of the organization and the expectations of a group helper, I floundered. I didn't know where I fit in or what my responsibilities were. Outside of taking

group attendance and getting demographic information for new patients, I didn't know how much I was expected to speak in groups – if I was allowed to offer verbal support in the way that the co-facilitators did, or if I was supposed to just be a fly on the wall. I struggled to find my footing. Those struggles were exacerbated by my over-confidence that I would have an easy time relating to participants because of my identity. I imagined that as a Black woman with a history of trauma, mental health challenges, and suicidality, and a familiarity with the role that spirituality often plays in Black women's lives, I would have so much in common with the participants that it would be easy for them to relate to me and that they would find my presence in groups helpful. I was sorely mistaken on at least two occasions.

Because I was first introduced to Nia through its research, I made incorrect assumptions about how significant of a role research played at Nia as compared to its clinical services. I also had no idea of the relationship between clinical and research spaces. I did not understand that research and clinical work were largely separate at Nia, with clinical spaces like therapy groups protected from the questioning eyes, ears, and notepads of researchers. That lack of understanding led to my first major misstep. My first day as a group helper in Suicide Support Group, I introduced myself in a way that I thought would make sense to the group participant.

“Hi, everyone!” I said, cheerfully. “I’m Jessie Washington. I’m a PhD student at Emory, and I have joined Nia as a group helper and researcher.”

After my introduction, one participant who had initially been on camera wrote in the chat that she felt uncomfortable with my presence there. She didn't want a researcher in that space. She then logged out of the Zoom room and never returned. Her swift exit came as an upsetting shock. I couldn't understand why introducing myself as a researcher would have been such a turn-off to her, especially because I could see that she was a Black woman about my age. What I failed to consider was just how severe a sense of distrust some Nia participants had around

researchers, particularly within medical spaces. Many of these women had had negative experiences researchers, and clinical groups at Nia were meant to be free from that type of trauma. By bringing my identity as a researcher into a group room, I had broken a rule that I had not yet been made aware of.

That would be the first and last time I mentioned anything about my intention to conduct research with Nia participants for almost two years. What I eventually came to recognize was that although I arrived at Nia with the desire to conduct research, I could not lead with that. In groups, I would instead have to show up to the best of my ability as a clinician-adjacent helper focused on providing trauma-informed care. That shift in posture helped me prioritize the establishment of safety and trust with the participants before anything like research could happen. So, I continued showing up week after week as a familiar smiling face among the Zoom tiles. Eventually, the participant who left the first day began to warm up to me.

Not long after I survived that initial blunder in Suicide Support Group, I made another in Spirituality Group. Because most of the group participants came from Christian backgrounds, I assumed it would be acceptable for me to draw from Christian tradition and offer concrete examples that might be able to support them when responding to participants' particularly Christian-based spiritual concerns. In group one morning, one participant spoke about how uncomfortable she was complaining about her life. She felt like she didn't have a right to question God or be upset with God. In her concerns, I recognized a common theological misconception which posits that because God is almighty, all-knowing, and infallible, we are to simply accept challenging life circumstances as a part of God's plan.

I sensed that this misconception was causing her suffering and decided to share the Biblical example of Job, who complained mightily about his lot in life, and examples from Psalms, which is replete with frustration, disappointment, and anger with God. I was hopeful that

these examples of expressing less-than-desirable emotions toward God might free the participant to be more honest with herself, with her spiritual community, and with God about how she felt. When I finished my remarks, the participant nodded and smiled, as did the other group members and co-facilitators, who seemed to receive them well. I mentally patted myself on the back for a job well done, glad that I could prove myself useful so early on!

My self-congratulations would be short-lived. I learned a week later that an unidentified Spirituality Group participant had complained to her therapist that I was giving advice that was “too Christian.” To her mind, I was promoting Christianity in a group that was meant to allow members a place to explore spirituality and its relationship to their mental health free from the influence of any particular religion. I could not understand how my intentions could be so deeply misunderstood, especially when they were to provide support to a participant from her specific religious tradition. I had thought I was helping, and I had been proud of myself for helping. But when I learned from our group supervisor that I had ultimately done more harm than good, I was devastated. I cried about it when processing it with her. I cried again when I met with Dr. Kaslow about it later. I had expected that using all the resources that I had available to me as a scholar of religion would be welcomed and even celebrated by the participants. Yet, I once again had to cross the wide chasm between expectations and reality.

In a private Zoom meeting about the ordeal, Dr. Kaslow surprisingly did not chastise or condemn me. She did not remove me from my post as the Spirituality Group helper, which I was afraid would happen. Instead, she simply acknowledged, “These things happen.” She also told me to be kind to myself, to learn from my mistake, and move on. Unfortunately, because my ego had been so sorely bruised by the mystery complaint, I withdrew into a shell of shame and stopped being an actively engaged group helper. I stopped trying to offer support to group members even when I felt I had an insight that might be helpful. I contributed only the bare

minimum: attendance and medical records numbers. It would be several months before I felt confident enough again to speak in group. Several months of silently wondering who it was that complained about me and wondering how anyone could be satisfied with the fluffy, amorphous “Spirituality-Lite” counseling that was being offered. To my mind, the co-facilitators never provided anything of substance to the participants, some of whom presented with significant and quite concrete spiritual quandaries. Because I internalized the perception that my initial enthusiasm and attempt to apply my expertise were rejected, I shut down. That shutting down slowed the process of developing relationships of safety and trust not only with group participants but also with my colleagues on the Nia team.

I share these stories from the beginning of my time at Nia to illustrate how the values-based methodology for this study began to take shape. Instead of picking an ethnographic methodology off the shelf, such as womanist, decolonial, or Black feminist, I developed my own methodological approach that reflected the values I had gained from being on the ground at Nia. While many of the values I embraced are also found within the approaches named above, I hesitate to label myself or my work because working without a label gives me the freedom and flexibility to be creative in my approach. The first lesson in values came from Dr. Kaslow. Her suggestion that I spend time at Nia and become a known quantity there before beginning to collect data was an effort to get me to understand how important *relationality* is in empirical research, particularly with women whose lives have been impacted by trauma. Relationality is about prioritizing the development of relationships with research participants built on safety and trust. Relationality is key to developing a trauma-informed approach to research, which recognizes that working with trauma-impacted people comes with a unique set of challenges. Establishing myself as a safe person by becoming a trusted member of the Nia community was the first order of operations to conducting my research.

The second methodological value gained early on at Nia was the importance of *humility*, both cultural and epistemological. The blunders I made when introducing myself as a researcher in Suicide Support Group and providing inappropriate guidance in Spirituality Group were a result of how little I really understood the culture at Nia when I first arrived. Granted, some faux pas are inevitable when entering a new cultural milieu, but many – like the ones I made – can be mitigated when confidence is tempered with humility. Humility in ethnographic research takes for granted that expertise gained in another environment is null and void until you’ve taken time to listen and learn from the current context. It means remembering always that your environment has more to teach you than you have to teach it. It also means remembering that regardless of one’s academic background or training, when it comes to conducting qualitative empirical research, the participants themselves are the experts on their experience. Their indigenous knowledges are to be prioritized and take epistemic privilege over the assumptions and “expertise” of the researcher.

When I first arrived at Nia, the program was housed in a cozy suite of three offices on the 13th floor of Grady’s main hospital building. Though all gatherings had moved online due to Covid-19, these three rooms remained accessible to team members and participants alike. The only barrier to entry was a key kept in a code-protected lockbox affixed to the wall outside of one of the offices. All Nia team members had access to the code, thus to the rooms, at any time. Same for the participants, who could freely access the spaces on the 13th floor as long as they were open and staffed. Since Nia transitioned exclusively to Zoom during the pandemic, there were even fewer barriers to becoming a part of the Nia community. The Zoom links to the daily group meetings were emailed to all Nia patients every weekday morning, so participants had full access to Nia from the comfort of wherever they already were. They did not have to find transportation to Grady, which had previously been the primary barrier to group attendance, and

they did not have to navigate a crowded parking lot, scowling security guards, or an arduous check-in process.

The closing of Atlanta Medical Center (AMC) in the fall of 2022 was deeply impactful for the entire metropolitan Atlanta medical community, but also for Nia. As Dr. Kaslow shared in a special Zoom meeting called for all Nia team members and patients at the time, Nia would lose its spaces on the 13th floor of the main hospital building because it had become apparent to the powers that be at Grady that those rooms were no longer in consistent use. As Grady now needed those rooms to accommodate the influx of patients from AMC, Nia had no choice but to surrender its space. The program would be relocated to 10 Park Place, an outpatient medical building that housed Grady's Behavioral Health Services about a 10-minute walk from the main Grady building. Never having before been to 10 Park Place, I did not understand why Dr. Kaslow cried as she delivered this news or why some of the more seasoned Nia patients were also in tears. I would soon learn that 10 Park Place was the physical embodiment of all that was wrong with the public mental health system in America.

By February 2023, I had a fresh Emory IRB approval in hand and was ready to begin my study. Nia members had three options for study participation. They could sit for a one-hour one-on-one interview only, participate in the Digital Storytelling Project (DSP) only, or both. Nia team members had the opportunity to sit for one-on-one interviews and a focus group.¹ Because I had hoped to create a documentary film about the research as well as a written dissertation, I had gotten a filmmaker from the Emory Center for Digital Scholarship (ECDS) to agree to film as many interviews as he could and had rented camera equipment for the ones he couldn't.² I was also fortunate enough to get an ECDS intern, Sarah, to agree to film parts of the DSP.³ I was all set to finally begin the research I had spent years preparing for, but the space in which I had

hoped to conduct the research was no longer available, and our new home at 10 Park Place came with significant strings attached.

The sixth floor of 10 Park Place, where Nia now had two rooms – one, a windowless grey box used primarily for storage, the other, a conference room with lovely, large windows overlooking one of the more beautiful older buildings in downtown Atlanta and a plush red sofa – was off-limits to participants. Behavioral health patients at 10 Park Place were only allowed on the second and third floors because those were the only floors with security. Access to the sixth floor was restricted to Grady employees with keycards. I was not aware when I began planning to conduct interviews in the sunny, cozy conference room that Nia participants were not allowed there. I'd so looked forward to working there because there was privacy and comfort in that room, enough space for our physical selves and all the big emotions that I knew would also show up. Unfortunately, this dream of a beautiful, peaceful environment for interviews would quickly be deferred.

On the first day of interviews, as I walked a Nia participant toward the elevators after our hour-long conversation, she asked me when Nia would be going back in person. She wasn't the first participant to express a growing frustration with Nia being online-only after three years of pandemic protocol. I told her I didn't know; that that decision was entirely up to Dr. Kaslow, but that as soon as the Nia team got wind of any changes, participants would know as well. After we said goodbye, I headed back to the conference room, but not before being stopped by the Grady employee I had just met who had an office by the locked entryway. A middle-aged Black woman, she always kept her door open to see who was coming and going.

"Was that a patient?" she asked me, a worried look spreading across her face.

I froze. “Yes?” I responded, bristling at her use of “patient,” a term which so clearly marked a distinction between “us” and “them” and one I had decided long ago never to use when referring to Nia participants.

“Patients aren’t allowed on this floor, since there’s no security here,” she said. “They’re only allowed on the third floor. I can take you down there one day to show you where.”

“Sure. Yeah. I’d love that,” I lied. Moving the interviews to a floor where the bodies and possessions of my research participants would be subject to an invasive security screen was decidedly *not* something I wanted. But in my desire not to rupture a fledgling relationship as a newcomer within this new environment, I decided not to let on how much of a disappointment this was.

I knew I had to act quickly, though. That afternoon, I called Dr. Kaslow to let her know I had a problem with my interviewing arrangement. She offered to let me use an office in Grady’s main building. When I informed her that I had planned for a documentarian from ECDS to film some of the interviews, Dr. Kaslow was adamant that Grady would not allow a filmmaker to shoot on the hospital’s campus. I called the filmmaker to let him know we would be postponing our shoot as I had to retool my plan for when, where, and how to conduct my interviews. It had become clear that Grady was no longer a hospitable environment for our work. In the end, I conducted most of the participant interviews on Zoom. I hated to miss the opportunity to have a more intimate, connected experience, but meeting virtually was preferred to the alternatives: lying to the well-meaning woman on the sixth floor about who these people were that I was parading past her office or subjecting interviewees to the cold violence of an invasive security screen on the third floor of 10 Park Place.

If the first methodological value gained at Nia was related to becoming a safe space in one’s own person through the development of *relationality*, the third value was about the

importance of centering comfort and ease in determining where to conduct the research.

Hospitality, therefore, became the third methodological value upon which this research was ultimately based. Hospitality is the attempt to ensure that research activities happen in spaces that are warm and welcoming and in which research participants feel safe and comfortable. It involves seeing your research participants as human first and doing whatever possible to remove the artificial barriers between yourself and your research participants. This means choosing not to conduct research activities in hostile or dehumanizing environments, as illustrated in the example above, and ensuring that participants are put at ease in their physical bodies by making sure that creature comforts like snacks, beverages, and soft furnishings are available whenever possible.

During the study recruitment process, I conducted 30-minute consent conversations with Nia participants and team members to inform them of what would be required of them and what the risks and benefits of participation were. These consent conversations functioned like two-way informational interviews. On the one hand, I did my best to present myself as competent, capable, and trustworthy. I was pitching myself and my study to potential participants with as much passion as possible, aware that the DSP was a big ask, and that many of them might balk when hearing how much work would be required of them.

I also knew that part of my job in those conversations was to try to put potential participants at ease. They would be entrusting closely guarded secrets with me, a relative stranger. I could not take for granted that my two and a half years at Nia, nor our matched race and gender would disarm whatever misgivings they might have had about the research. Though I was a Black woman like them, I was a Black woman with significant privilege working through a medical institution in service of academic research. These women had a right to be skeptical of

me. But I hoped to prove to them that, despite their reservations, it would be a worthwhile endeavor to journey with me on this path of self-exploration and discovery.

On the other hand, I was also trying to ascertain fit for the study. Were these women indeed good candidates for a study like this one, which would ask them to face head-on some of the most challenging moments in their lives? Did they have the emotional and psychological resources to do this kind of work, or would it be overly taxing for them? Did they have the time outside of the demands of medical, work, and caretaking-related duties to devote to the DSP, which would take several hours over several weeks? Could they see it through to the end or were they at risk of dropping out?

During my consent conversation with one research participant, Delores, I received a compelling invitation.⁴ Delores had been a consistent Spirituality Group attendee for about a year, though she rarely came on camera. I would later learn that this was because she had severe social anxiety related to issues around body image. As someone who'd been bullied for being overweight much of her life, she didn't like how she looked and didn't want anyone looking at her. Nevertheless, Delores faithfully attended group nearly every week. I knew such a consistent group attendee would make an amazing research participant, particularly for the DSP, which would require consistency and follow-through. Plus, I knew how well-connected Delores was among Nia. Though relatively new to Nia, Delores was a regular attendee of several groups and was well-liked by Nia participants and team members alike. I knew a successful consent conversation with her could open doors for me to work with other participants like her, so I was determined to make a good impression.

Because the DSP was such a big ask, with the women who I really wanted to join, like Delores, I would disclose that part of the reason I was so interested in these stories being told was that I, too, was a suicide attempt survivor. My hope was that disclosure would reveal my

personal connection to their experience and commitment to their wellbeing during the research process. After I disclosed my personal experience with suicide to Delores in our consent conversation, she said, “You know, I think it would be good if you made your own story.”

“Really?” I asked, shocked.

“Yeah,” Delores replied. “That way we could see how it’s done, like a model.”

“Huh. That’s an interesting idea,” I responded, calm outwardly, but fully panicked inwardly.

I panicked because I’d been advised by professors and dozens of articles and book chapters on research methods not to do research on myself. I couldn’t let my own story take up too much space in the research study lest I be accused of doing “me-search.” I was worried about scholarly credibility. How could I maintain critical distance from the subject matter if my own story was included? It was bad enough that I was doing ethnographic research with Black women suicide attempters as a Black woman suicide attempter myself, but to also participate as a Storyteller in the DSP felt like potentially crossing a line. The idea of exposing myself to potential criticism from the academic community by getting so personally involved in the research made me deeply uncomfortable.

But there was something in Delores’ ask that summoned me out of my discomfort and called me into full participation in the project I had designed for others. Hers was a challenge to enter into full solidarity with my research participants. If I was truly one of them, as I claimed to be, shouldn’t I also be willing to do what I was asking of them? In suggesting that I create a digital story as well, Delores was asking me to break the barrier between researcher and researched. She was asking me to live into my identity as a Black woman suicide attempt survivor, not just as a label I could claim to help gain access to other people’s stories, but as an identity that I lived authentically alongside them. I ultimately realized I needed to remove the

gap between myself as researcher and myself as suicide attempt survivor to faithfully meet her request.

This early encounter with Delores cemented *solidarity* as the fourth methodological value undergirding this work. Christian ethicist Aana Marie Vigen writes, “Calls to solidarity ring hollow if they are not accompanied by profound efforts to listen, perceive, understand, and *respond*” (emphasis my own.).⁵ I understand responsiveness to be the most important element of solidarity, because it is a kind of “with-ness” that costs something. It asks relatively privileged people, like academic researchers, to change how they practice their craft. It requires researchers to sacrifice colonial, hierarchical, and power-laden conceptions of “us” and “them” in research and embody the many ways in which researcher and “researched” are, indeed, one. In embracing solidarity, my relationship with Delores and with the other Storytellers became more important than my concerns about scholarly credibility. With solidarity as a methodological value, it became glaringly obvious how important it was for me to create a digital story alongside the other Storytellers. Not only because I was able to live into the vulnerability I was asking of the others, but because I could also develop an embodied understanding of what I was asking them to do from a technical standpoint. It also allowed me to say, “I know what I am asking you to do is hard, but it is worth it,” not simply theoretically but through having lived it.

These false starts, struggles, confrontations, and challenges early on at Nia helped shape the values of relationality, humility, hospitality, and solidarity that infused every decision made during fieldwork. These four values also laid the foundation for two final methodological values that I eventually was challenged to embrace and embody, vulnerability and grace, which emerged later as critically important to the faithful execution of this work. Though the importance of vulnerability in ethnographic research was something I had already been introduced to through Ruth Behar’s seminal essay, “The Vulnerable Observer,” I did not fully

put it into practice until the day, which readers will encounter in a later chapter, I had to be gut-wrenchingly honest with research participants about an emotional experience I was having that was impacting my ability to successfully conduct one of our DSP sessions. And grace had to be embodied when Storytellers began to drop out of the DSP for various reasons, most of which involved caretaking responsibilities many of them had toward children and elders in their families. Graciously recognizing that the Storytellers owed me nothing, least of all their emotional labor, and that it was a privilege to have shared the little time with them that I did, helped me accept the dwindling participation numbers and honor their need to turn their full attention toward other matters without guilt or shame.

In planning the DSP, I had to balance my desire for all the participants to be physically together in the same place with concerns around hospitality and transportation. After being moved to 10 Park Place, Nia no longer had unfettered access to a comfortable space in which participants could gather. I also had to be mindful of the fact that in a city as sprawling and congested as Atlanta, it was best to take distance and traffic out of the equation as much as possible. In the end, no in-person option beat the ease and convenience of Zoom. And because Nia had been using Zoom exclusively for almost three years by then, convincing participants to see the value in getting dressed and leaving the house was an uphill battle. Not to mention the transportation concerns some had due to not owning their own cars or leaving a convenient distance from public transportation. Having to ask someone for a ride was a hassle for which Zoom was a fabulous workaround.

Instead of making every DSP session in person, I decided that only the two sessions in which participants would be most vulnerable, and when clear communication would be most important, would be in person. The first of those sessions would be the Story Circle, where participants would share a draft of their story or story idea for the first time and receive feedback

from the other participants. The second in-person gathering would be the Digital Storytelling Premiere, which would be the first time Storytellers would share their completed digital stories. Being in-person on these days would be important because a heightened sense of vulnerability called for a heightened ability to read the room and each other's body language. There would be fewer opportunities for emotions to be misinterpreted or for feedback to be misunderstood if we were all in one room working together at critical moments of story development, which was worth the hassle of arranging in-person logistics.

Though I interviewed fifteen Black women suicide attempt survivors altogether, I will formally introduce only the thirteen who participated in the DSP.⁶ Though all research participants were of African descent, the women who participated in this research were decidedly not a monolith. They were of different ethnic backgrounds and hailed from different regions in the United States. They claimed different faiths, different sexual orientations, different levels of education and class status. Importantly, they also had varying levels of comfort with me as a researcher and with the idea of participating in research, particularly research that invited them to tell stories about their experiences with trauma and suicidality. They also differed in terms of their comfort with making their participation in the research public knowledge. In the chapters that follow, I often quote research participants at length. When quoting research participants, many of whom speak Southern African American Vernacular English (AAVE), I do my best to approximate how they actually speak and do not correct words or phrases that might be considered "errors" in Standard English.

Charlotte, 63, came to me through the study.⁷ She was originally from New York but lived in an Atlanta suburb at the time of our encounter. She identified as straight, was a divorcee, and had one adult daughter and one granddaughter. She was petite, wore glasses, and wore her hair straight to her shoulders. Charlotte had attempted suicide three times.

Rosa, 63, also came to me through the study.⁸ She was an Atlanta native, identified as straight, had never been married, had four adult daughters, and several grandchildren. She was a short, soft-spoken, bespectacled woman, who often wore her natural salt-and-pepper hair in braids. Rosa had been a Nia member for over a decade at the start of this study. Rosa had attempted suicide three times.

Donna, 62, was a frequent attendee of Spirituality Group.⁹ She was born and raised in Fayetteville, southwest of Atlanta. Donna identified as straight. One of Nia's longest participants, Donna had been a part of the community for over twenty years and was almost as well-known there as Dr. Kaslow herself. Donna had attempted suicide three times.

Star, 58, came to me via the study.¹⁰ An Atlanta native, she identified as straight, had never been married, and was the proud mother of four grown men. Star had completed high school and lived on disability. She had attempted suicide six times.

Mei Ming, 47, came to me through the study.¹¹ An Ohio native, Mei Ming identified as straight, was divorced, and was a proud dog mom. She had a college degree and lived off social security. The fact that she had dimples in both cheeks and often wore her natural hair in pigtails gave her a child-like aura that belied her age. Mei Ming had attempted suicide once.

Liz, 47, came to me through the study.¹² An Illinois native, Liz identified as straight, was married, and had five children. Liz had a college degree and worked part-time. She was new to Nia, having been there less than six months. Liz had a very shy, soft-spoken demeanor and cried easily. Liz had attempted suicide three times.

Dimples, 46, came to me through the study.¹³ A native of New York, she identified as straight. Dimples was unemployed and on disability, but she had an undergraduate degree in psychology and had worked as an administrator at several elite private universities. Dimples had attempted suicide three times.

Magee, 45, came to me through the study.¹⁴ An Atlanta native, she identified as straight, was married, and had five children. Magee also had a sardonic sense of humor and a flair for fashion. She could often be found in long wigs, lashes, and a fresh manicure. She had recently been released from prison after serving three years. Magee had attempted suicide once.

Princess Shanell, 40, was a frequent attendee of Spirituality Group.¹⁵ A native of Savannah, she identified as lesbian and had never been married. Shanell was a college graduate and her mother's full-time caretaker. She had a warm, wide smile and a sometimes-giddy laugh. Like Magee, she also liked dressing up and often had her shoulder length natural hair carefully styled. Shanell had been a Nia member for four years at the start of the study. Shanell had attempted suicide once.

Delores, 39, was also a frequent attendee of Spirituality Group. An Atlanta native, Delores was brown-skinned, with streaks of grey just beginning to appear in the long natural hair that she often kept pulled back in a bun. Due to health issues, Delores lived with her mother and used a scooter or a wheelchair for mobility. Delores had attempted suicide three times.

Whitney, 30, was a new and sporadic attendee of Spirituality Group.¹⁶ She identified as lesbian and had one young daughter that she was raising on her own. She was another newcomer to Nia, having been there less than six months. She had a deep, raspy voice and a sardonic sense of humor. Her partner had died by suicide less than a year before our encounter. Whitney had attempted suicide three times.

Evette, 26, was a regular Spirituality Group attendee.¹⁷ She'd been with Nia a little less than a year by the time we met. She'd grown up between Florida and Georgia, was a college graduate, and had a full-time job working from home. She was incredibly bright and a bit stoic. She maintained her cool-girl mystique by speaking up in group infrequently but always having

something profound to offer. She was an artist – a guitarist and songwriter – who had performed some of her original works at Nia community gatherings. Evette had attempted suicide twice.

Samone, 24, came to me through the study.¹⁸ She was an Atlanta native who had finished some college and worked full-time managing a coffee shop. She had been with Nia less than six months. She was raising one 7-year-old daughter whose father was killed shortly before her daughter was born. Samone had attempted suicide once.

All thirteen DSP participants had been raised in Christian households, but by the time of our encounter, Mei Ming, Dimples, Magee, Whitney, and Samone had stopped identifying as Christian. In terms of their spirituality, Rosa, Donna, Star, Liz, Princess Shanell, Delores, and Evette identified as “both spiritual and religious.” Charlotte, Mei Ming, Dimples, Magee, and Whitney identified as “spiritual but not religious.” Only Samone identified as “neither spiritual nor religious.”

Existential Exhaustion

Though I initially conceived of the one-on-one interviews as a warm-up to the DSP, which was meant to be the main event, the information gathered during those conversations helped shape one of the foundational theoretical offerings of this dissertation, which is that many Black women attempt suicide due to *existential exhaustion*. This is not to suggest that there is only one reason Black women attempt suicide. Indeed, interview participants named more than 35 distinct reasons for attempting suicide; even those with only one attempt cited several reasons for attempting. The reasons cited with greatest frequency were that participants were putting an end to their troubles or pain, life was hard, and that they were “tired.” Others attempted suicide due to feelings of isolation or loneliness, the trauma or abuse they experienced at the hands of parents or loved ones had become too much to bear, or the feeling that they could find no purpose as to why they were alive or why their life had been filled with so much suffering. What

I am arguing, however, is that *existential exhaustion* might be considered a sort of umbrella explanation, a driving factor, for why Black women try to end their lives.

Clarity around the concept of existential exhaustion as a primary driver behind Black women's suicidality came in my interview with Dimples. Prior to her last suicide attempt, she had checked herself into a psychiatric hospital to seek treatment, but when it seemed that she wouldn't be able to receive the help she needed, she hung herself in her hospital room bathroom. Hospital staff heard Dimples gagging, broke into her room, and saved her life, but not before Dimples had the chance to experience the euphoria of a hypoxic dream that she described as a "fantasy" that she sometimes returns to.

Because of her education and work history, Dimples had a confidence that betrayed a familiarity with elite institutions and medical language. It was clear that she was also a deeply introspective person who had spent lots of time thinking about her experience as a Black woman with chronic suicidality, so theorizing the "why's" and "how's" of suicidality came easily to her, as did conducting an analysis of her situation at the intersection of race, gender, and class.

Toward the end of our interview, I asked Dimples if she had any closing thoughts to share about suicide. She said,

For the person experiencing it, suicide can be a strange comfort. I've had suicidal ideation since I was nine, just because I was trapped in a situation I couldn't escape. I thought, OK, by the time I'm 25, I'm going to commit suicide if I can't make it better. And that gave me such a degree of comfort that I don't think is ever really explored. Suicide could be, like, your safety blanket.

When I asked Dimples to describe what made the thought of suicide so comforting for her, she explained,

Sometimes you can be just so tired. And it's like, "Wow! I'm finally gonna get a break." And I think certain people in certain situations where you're constantly *on*. And I think probably for most Black women, but definitely Black women who are poor and traumatized. And, like, there's no safe space. And it's even hard to envision a safe space. So, you create one. And sometimes that's death. It's like, "Well, I ran the race. At least I

get my treat.” And I’ve thought of [suicide] that way most of my life. So, it could be seductive in that way.

The gravitas of Dimples’ response was profound. Even as a suicide attempt survivor myself, I had never dared to think of suicide as comfort, as a safety blanket, a break, a treat, or a safe space. It had never occurred to me that suicide might be considered rest or a reward, or that death might involve an element of seduction. Dimples was only my fifth interview, but I knew after meeting her that she had touched on something vitally important. It eventually became clear that these ideas were shared by many of the women I interviewed. And it dawned on me that the intersection of having to be a “Strong Black Woman” while navigating poverty and trauma can increase a person’s vulnerability to suicidality because they find it impossible to experience safety, comfort, or rest inside or outside themselves.

Dimples explained to me that her existential exhaustion was related to trying to make good on the education she had received as well as the natural skills and talents that she knew she had. Unfortunately, she felt like her efforts never amounted to anything and that her career had reached a dead end because of the many obstacles related to being a Black woman from a family of lower socioeconomic status. She explained, “I just got tired. I just realized that all the stuff I was doing all together was not amounting to anything, even though I was an overachiever.”

In subsequent interviews with other women, I began listening for existential exhaustion. Almost invariably, it would emerge as one of the reasons interviewees had considered and attempted suicide. Whitney, for example, was a charming 30-year-old with a huge, dimpled grin who had attempted suicide three times, each time by trying to drive her car off the road. She was a self-employed single mother who dropped out of college when she became pregnant with her now 12-year-old daughter. After dropping out, Whitney scrambled to find a career path that would provide stability for herself and her child. She needed, in her words, “something to anchor to.” She tried to join the military but found it difficult to commit, eventually going AWOL for

several months. After being officially discharged, Whitney tried to further her education and find work with limited success. She explains,

So, I had went back to school. I came back to Georgia. Had got an apartment, went back to school, was working, and stuff like that. Trying to do everything right. Then stuff just kept happening. More and more things just kept happening and kept happening. So, I got to the point where it's like, "Yo, I'm tired." Like, I'm exhausted. Like, I keep always trying to find an answer and find a way for my kid, but I'm *exhausted*. So that's when I was like, "Yeah, don't want to do this."

Without a career to anchor herself to, Whitney tried to attach herself to an ex-girlfriend, "And find a way to live through that. And then *that* wasn't working. So, I just got to the point where I'm like, 'I'm over it.' Like, I'm exhausted. I don't want to do this."

Existential exhaustion showed up for women at all ranges of the life cycle, appearing in interviews with both my youngest and my oldest interviewees. Samone, 24, talked about how her earliest experiences with suicidality in her teens were driven by feeling unloved, unheard, and unseen. In recent years, though, something had shifted. Her most recent suicidality had been driven by exhaustion. She said,

I feel like, recently at this age, it's more so me being tired mentally. Back then, it was the unwanted, unloved, and not being heard. But as an adult, as I've been growing *with* this, it's literally been me tired. I have no other explanation. [Everything that has] built up, [it's] just been coming with me... And trauma and stuff. My brain is literally so full. It's tired.

For many of the research participants, existential exhaustion took hold because of unprocessed trauma. Mei Ming was a 47-year-old survivor of childhood incest. Her father, a Bishop in their church, was an alcoholic who physically abused her mother and raped both Mei Ming and her brother. Mei Ming describes her experience as such,

You asked me why I was suicidal, why I was self-destructive. My mom said it started before I remember. I remember at age three, my dad was raping me, and my mom was on the bed right there. So, I've gone through a lot without support, and I get tired. I just get tired. And I'm like, "I don't wanna do this anymore..." And that's where the suicidal behaviors came from.

Mei Ming's brother died by suicide due to a drug and alcohol overdose several years before our encounter. Mei Ming attributes his suicidality to existential exhaustion as well, saying,

One day he told me, "Mei Ming, I wanna die. I wanna commit suicide." I said, "I don't blame you," 'cause I did, too. He died after that, shortly after that... He was just tired. Which, with the stuff that he went through, I understand.

Rosa, 63, had a similar history of childhood sexual abuse. Beginning at the age of 11, Rosa was repeatedly raped by her stepfather, who started grooming her several years earlier by telling her that his advances were an attempt to protect her from the other men and boys in their neighborhood. The ongoing rapes resulted in several pregnancies. One ended in miscarriage and two required abortions that Rosa's mother secured for her. Rosa eventually gave birth to three girls due to the rape, which continued until she was in her early twenties.

Rosa guessed her first official suicide attempt was when she was 11 or 12 years old, though she couldn't be sure, because at the time, she had gotten into a regular habit of overdosing on Excedrin. She explained,

When I was between 11 and 12 years old, I kept taking pills, but I kept waking up. I don't know whether I was trying to kill myself or not. But I know at that age, I just wanted to die. And I kept saying, "I wish I was dead. I wish I was dead." I wanted to die so bad! 'Cause it's just the fact that – Just living like that every day was just too much! I was just tired. Of him just touching me, touching me. And I just kept saying, "I just want to be dead." I don't want to live no mo' if I have to keep living like this and this keep happening to me every day. I would rather just be dead.

While Rosa first experienced existential exhaustion as a pre-teen, for Donna, it took longer to set in, though hers was also the result of repeated sexual and physical abuse. Donna, a 62-year-old Metro Atlanta native who had survived three suicide attempts, had successfully defended herself against two attempted rapes, once in her teens by a stranger and once in her late twenties by her stepfather. Her first suicide attempt was after her stepfather tried to rape her in the house they lived in with Donna's mother. After escaping her stepfather's grip, Donna ran

from the house, got in her car and picked up a male cousin. With him in the car, Donna attempted to drive it into the wall, only to be thwarted by the cousin.

In her early forties, Donna was kidnapped at a gas station, taken to a home, and raped repeatedly for 24-hours by three MARTA policemen. After completing a rape kit at Grady, Donna again attempted suicide by driving her car into a ditch. She walked away from the crash unscathed. Donna attempted suicide for the third time by driving another car into oncoming traffic when she could no longer stand living with her physically abusive husband. After recovering from that car crash, Donna had resolved to attempt suicide once more in a car, but before she was able to drive off the road or into oncoming traffic, a truck ran through a stop sign and hit her. She explains her reasoning for the final attempt by saying,

The fourth one was where I just didn't want to live no more. It wasn't where anybody had done anything to me. It was where all the past stuff had just caught up with me. And I just, I didn't want to live with all those - I didn't know where to put the stuff, and it was controlling me. All those things were controlling me...I just was tired. I said, "This how my life gonna be? Where every time I turn around somebody is raping me or kidnapping me?" I just didn't want to be here. I didn't want to live.

Existential exhaustion does not always emerge because of sexual trauma, from the challenges of life taking their toll over time, or from carrying the burden of strength, but also from the frustration of trying to procure help for mental health challenges. Not being able to receive mental health care in a timely manner or feeling like the help that's available does not provide the sought-after relief led both Dimples and Star to attempt suicide. Star's sixth and final suicide attempt occurred just before she began receiving the mental health services at Nia that have kept her from attempting again. Star described having been resolute about putting an end to the suicidal rollercoaster she had been on since her twenties, but that being thwarted in her attempt to take some control over her life led her to try to end it once more. She explained,

I had called down to Grady trying to seek help. I woke up one morning, I was like "I'm gonna end this. I'm not going to harm myself." I said, "I'm gonna try to get some help." I got down to Grady. They told me I was too late; they had passed out their last number.

So, I walked out that building, crying. And I just said, “Dammit, I’m tired.” The MARTA bus was flying by, and I just jumped out there in front of it. Two Georgia State police saved me this time.

While existential exhaustion surfaced as the most salient factor in Black women’s suicidality, it is also important to mention that suicide was also seen by some as an opportunity to express agency in a world that had stripped them of it. Mei Ming described it best when she said, “If you don’t have a way to change your miserable situation, then why continue to live in it?” Here, Mei Ming suggests that she and the other research participants attempted suicide because they were trapped in miserable situations they perceived no power to change or ameliorate other than through suicide. Though most participants had experienced some form of interpersonal violence as children or adults, the source of this sense of powerlessness was not merely interpersonal interactions. It also existed at the societal and historical level. Suicide attempts, then, were an attempt to combat a sense of powerlessness by asserting the last bit of agency these women did have: the agency to choose death over a life of misery. As we transition now to the narrative of the Digital Storytelling Project, I invite you to listen for both existential exhaustion and the ways in the which the Storytellers struggled mightily to assert agency and choice over their own lives in a world that constantly tried to render them powerless.

¹ Data from these interviews and focus group will be discussed in a later publication.

² Because all interviews and DSP sessions were recorded with either a video camera or Zoom, most of the dialogue presented in this dissertation features direct quotations from the transcripts. In accordance with Emory IRB standards, all recordings will be deleted five years from the publishing of this dissertation.

³ Sarah is a pseudonym.

⁴ Delores is not a pseudonym.

⁵ Vigen, p. 204.

⁶ In total, I interviewed 16 Nia participants but removed one participant from the total number of interviews upon learning that she had never attempted suicide but had only contemplated it.

⁷ Charlotte is a pseudonym.

⁸ Rosa is a pseudonym.

⁹ Donna is not a pseudonym.

¹⁰ Star is a pseudonym.

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- ¹¹ Mei Ming is a pseudonym.
 - ¹² Liz is a pseudonym.
 - ¹³ Dimples is a pseudonym.
 - ¹⁴ Magee is not a pseudonym.
 - ¹⁵ Princess Shanell is not a pseudonym.
 - ¹⁶ Whitney is a pseudonym.
 - ¹⁷ Evette is not a pseudonym.
 - ¹⁸ Samone is a pseudonym.

Chapter 3: Digital Storytelling Project Beginnings

The Digital Storytelling Project (DSP) Kick-Off meeting was held the first Friday of May 2023 from 10 am to noon on Zoom. No fewer than twelve Storytellers appeared for our inaugural gathering, an outcome was both exciting and overwhelming, as my goal had been to recruit between six and eight women. Knowing how long the project would last and how much effort it would entail, I did not expect all twelve Storytellers to make it to the end, but I was delighted to see so much initial enthusiasm. Once all twelve Storytellers had arrived, I began my opening remarks. “All of you are welcome here,” I stressed to the participants, before launching into the guiding principles I had identified that would undergird our efforts. I had taken the idea of guiding principles from my work with Nia’s Spirituality Group – we repeated them almost weekly and often used them as starting points for our conversation – so I knew the concept would be familiar to at least a few of the Storytellers. The six guiding principles I selected for the DSP were commitment, consent, confidentiality, creativity, collaboration, and care. After reviewing these with the group, I invited the Storytellers to contribute other potential guiding principles. No one came off mute. Six was evidently enough.

The Storytellers then took turns introducing themselves, explaining why each had signed up to participate in the DSP, what they hoped to get out of it, and what, if anything, scared them about the project. I invited them to voice any fears they had about the project upfront, because I wanted us to begin from a place of shared vulnerability.

Liz started us off, saying she was excited to participate because she thought that telling her own story could function not only to heal herself but to help someone else who might be going through a similar battle. She named her primary fear as not being creative enough. Given that she had been controlled her whole life in abusive relationships, Liz was concerned that her creative energies had been squelched. I was hopeful that she would be able to reclaim her spark. Magee, too, was looking for healing and a release of the stress and trauma that had plagued her

for years. More than anything, her biggest question was knowing what *my* goals were. What motivated *me* to take on this project? I assured her that once the participants had finished introducing themselves, I would share with everyone what led me to the work.

Star expressed her hope that the DSP could help increase not only her self-love but the love she had for her family. She wanted her story to help someone who heard it. Shanell wanted to be an advocate for mental health and saw the project as a platform to promote advocacy. Her biggest questions were related to the nuts and bolts of what the DSP would entail. Evette attested to joining simply because I asked her to. She was also curious, since several Storytellers by now had mentioned wanting to help people with their stories, how this project would help others.

Donna, introducing herself as a Nia “old-timer,” joined the DSP because she wanted to share her experience, strength, and hope with others. She asked me directly, “How far do you want to take this? How many platforms can you put us on?” Eager to keep the tone of the meeting as collaborative and communal as possible, I reframed Donna’s question as, “How far do *we* want to take this?” and reminded everyone that I would go only as far as the limits of the entire group’s consent.

Charlotte introduced herself by saying that she’d been working with a coach to write a book about her life, but that she had been experiencing a block. She was hopeful that this project would help her get unstuck. Rosa followed by saying she wanted to be an advocate for children of abuse and be a “voice for the voiceless.” She emphasized that nothing about this project scared her, but instead, that it made her feel empowered. All she wanted to know was, “How do we help more people?”

Mei Ming, too, mentioned wanting to be a voice for the voiceless and eliminate the stigma that people who live with mental health challenges and suicidality face. Dimples mentioned that the DSP project dovetailed nicely with some work around narrative that was

already underway in Nia's STAIR group.¹ She also voiced concerns about the idea that the project would live online, indicating some fear about having the information that would be revealed during the DSP accessible on the Internet. Our last Storyteller, Samone's, main goal was to finally be heard and understood and to get the help she needed. She was nervous about being misunderstood by potential viewers who did not work in the mental health field and therefore might not grasp the complexities of her experience.

After the other Storytellers introduced themselves, it was my turn. I began with my academic bona fides and ran down my professional resume. I highlighted parts of my identity that I thought were relevant to the work and emphasized my own understanding of my vocation as one of healing. I mentioned that though this was an academic undertaking, I felt I was on a divine mission at Nia. I talked about how important my work with Spirituality Group had been, saying it was "a God thing" that Dr. Kaslow had let me into the program as a complete stranger and non-psychology student. Finally, I revealed to the group that the DSP was important to me not only as a suicide researcher but as a fellow suicide attempt survivor. I told the Storytellers that I had attempted suicide at the age of 23 and had been on a healing journey that had brought me to the point of wanting to help other Black women with mental health challenges flourish.

I explained that I, too, would be creating a digital story alongside the other Storytellers as a response to Delores' invitation. To answer Magee's question, I admitted that my hopes for the project were for healing, community- and capacity-building, love, freedom, and empowerment. I then explained that the reason that I wanted our storytelling project to be digital was because it was important to me that our work together be accessible to the general population and not just a limited academic community. I wanted our work to live on the Internet, where so much of modern life already takes place, so it could be accessible to as large a swath of people as possible, not locked in an Ivory Tower or behind a publisher's paywall.

While some of the Storytellers had previous knowledge of my personal experience with suicidality, it was a relief to finally have my big, complicated truth out in the open with everyone. I braced myself for their responses. A wave of warmth and positive affirmations from the group followed, leaving me overwhelmed with emotion. As the DSP's lead, I felt the need to maintain my composure, but the sheer magnitude of the compassion and love shown by the other Storytellers both for me and for one another threatened to overwhelm my professional polish.

Star, with her thick-as-molasses drawl, was the first to respond.

Well, Jessie, you makin' me feel real proud to be participatin' in this, because I feel better to know you've been through the same exact journey that we are all going through. And I can give you yo' 'plause for that. Thank you so much for putting it out there.

After giving Delores props for calling me into participation in the DSP and not just management of it, Shanell said,

I appreciate when therapists have lived experience, because that breeds another level of understanding. And, at least in my mind, you're thriving. You're in school. You're doing your thing. That gives me hope that even though we have these lived experiences individually, we still can do our thing, ladies! So, I like that you're doing one, and I appreciate you for your vulnerability.

Delores chimed in next.

When we had the conversation, it made me very happy to hear that you were also a survivor 'cause at least I knew somebody could understand where we were coming from. It made me more interested in the project, too, because I knew this was important to you. It wasn't just something you were doing to get a grade. It was something you were really invested in because you went through it.

"Can I share something?" Donna interjected.

I just have to say this. I am so elated because, being an old-timer and being here in the beginning, there was many therapists, but there was no one like you. No one that was of color. And my prayer has been answered. And thank you, Delores, because it just lets me know how divine this is.

After we finished processing my positionality, I launched into explaining what digital storytelling was. Because of its relative novelty as a research method, I knew the best way to explain digital storytelling would be to show an example of a digital story. I chose a video from

Positively Trans, an advocacy project which highlighted the stories of HIV-positive transgender people.² I had learned about *Positively Trans* while conducting background research on digital storytelling and selected one of the videos from the project that I felt held the perfect balance of emotional power and technical skill. While the *Positively Trans* Storyteller's marginalized identities as both transgender and HIV-positive did not overlap one-to-one with the identities of the Storytellers I was working with, I knew many of them carried stigmatized identities and experiences that they struggled to accept, and I intuited that many of them would identify with the *Positively Trans* video regardless of their surface-level differences.

Thankfully, my instincts were correct. Several of the Storytellers expressed how much they related to the details in the *Positively Trans* video, such as the love and support that the Storyteller received from her family and community of friends. Once the Storytellers had seen their first digital story, it was time to analyze what we had just witnessed. After reviewing the technical details of a digital story, I talked about the timeline for the DSP and what would happen at each subsequent meeting. I mentioned that the end goal of our project would be to have a public screening of some of the digital stories that September, which was National Suicide Awareness Month.

Our Story Circle was scheduled to take place the following Saturday, which gave the Storytellers a week to write the first draft of their narratives. Princess Shanell visibly balked at the timeline. I knew a week was not very long to distill the core of their experience with suicidality, but even if the Storytellers showed up to the Story Circle with an underdeveloped idea, at least the work had begun in earnest. As we were nearing the final moments of our time together, Mei Ming threw me a curveball.

"Did you look that happy and free when you were 23?" she asked, a sly smile spreading across her face.

“No, I was just as visibly depressed as any of you have ever been,” I answered, honestly.

“Everybody thought I was happy and free when I was ready to go down,” Mei Ming responded.

I understood what Mei Ming was getting at. All of us who had dealt with mental health challenges and suicidality had worn a mask at one point or another to hide our pain from others. She wanted to know if the smile I often shared was genuine or if it was a technique held over from a darker time. I assured her that indeed my smile that day was sincere, while acknowledging that I was intimately familiar with the challenges of suicidality.

“I am much better now. It’s been a struggle for me, just like it is for everybody else. But I am blessed that I have had the resources that I needed to get from almost-dead to what you see today,” I said.

“I hear that!” Mei Ming affirmed. Relieved to have passed her quiz, I bid everyone good day, closed the Zoom room, and exhaled, pleased to have finally taken the first step of the DSP journey.

The week between the Kick-Off and the Story Circles was a whirlwind of emails, phone calls, and stress as I scrambled to get everything ready. Since the Kick-Off group was so large, I asked the Storytellers to choose whether they would attend the morning or afternoon sessions of the Story Circle. It wasn’t ideal to have to split up the Storytellers, but doing so would mean that they would have ample time to present the first draft of their stories and receive feedback from the others. I messaged all the Storytellers asking them to sign up for a presentation slot and to choose which Panera meal they wanted for lunch. The morning Story Circle would run from 10am to noon with the first half of the Storytellers. The afternoon Story Circle members would arrive at noon so that we could eat lunch together. That would be the first time all the participants in the DSP would have an opportunity to meet one another in person. We would

continue with a second two-hour Story Circle from 2 to 4pm. I knew that having to facilitate two Story Circles back-to-back would be grueling physical and emotional labor, but it was better than the alternative of trying to manage all twelve Storytellers at once.

In addition to planning the structure of the Story Circles, I also had to find a place to meet. I had always imagined that the Story Circles would take place in Nia's offices at Grady, but with that space gone due to AMC's closing and 10 Park Place a logistical nightmare, I was left with Emory University as my best option. I'd been able to reserve a large conference room on the ground floor of Woodruff Library, across from the circulation desk. It had a computer that was connected to a large drop-down screen and built-in speakers in the ceiling, which made the space ideal for video conferencing and sharing visual media, both of which would happen during the Story Circles.

Unfortunately, the conference room did not have any external windows to let in natural sunlight. It only had internal windows, which looked out toward the library. Being inside the conference room with the curtains up lent the sense of being in a fishbowl, which wasn't ideal, but it would have to do. The space was free, accessible, and had all the technology we needed. Best of all, security was relatively relaxed at Woodruff, and the peaceful environment there evoked none of the stress that Grady and 10 Park Place did.

Things were falling into place, but there was a very important piece still missing. I needed to recruit two people who be willing to help me host the Story Circles. These hosts had to have the skills and personalities to handle the very sensitive information that would be shared at the gatherings. They had to be comfortable holding space for the Storytellers with compassion and non-judgment and be able to step in and provide support for people, offering an extra set of eyes, ears, and hands to attend to things that I might miss as the sole facilitator. Because we would be on Emory's campus, the hosts also needed to know the campus well and have access to

everything with their Emory ID. I invited two Black women from Emory's Graduate Division of Religion to host: Liana for the morning group, and Amara for the afternoon.³ Liana had a cheerful and calm personality and a youthful but grounded presence. Amara had a warm, "Sista-girl" vibe to her and had been seasoned by decades in ministry. I knew they'd be a perfect fit.

I chose to invite Liana and Amara instead of Nia clinicians-in-training to support the Story Circles out of concern for the Storytellers. Though someone from Nia would have had more clinical training and experience and might perhaps be more familiar with people openly discussing suicidality, it was precisely *because* of their training that I was skeptical about inviting them to be hosts. Could they, with their clinical mentalities and frameworks, be trusted to provide the hospitality and care that would be needed at the Story Circles? I wasn't so sure. What was needed, I thought, were people who possessed more of a pastoral approach than a clinical one. So, I called on Liana and Amara, who graciously accepted the invitation.

That week, I also made sure Sarah, our ECDS videographer, had everything she needed to capture our work successfully. I also put together a PowerPoint presentation that aimed for the perfect balance of practical information and trauma-sensitive care so we could make progress with our stories without retraumatizing anyone. I'd barely had any time to think about my own digital story and knew that what I would share during the Story Circle would be just a preliminary sketch.

By Friday morning, all twelve Storytellers who had attended the Kick-Off were confirmed for either a morning or afternoon Story Circle slot. I was hopeful that an extra morning slot would be taken by Whitney, who I had been trying to recruit to participate in the DSP, because she had been such an engaged Spirituality Group participant and had given an incredibly compelling interview. Whitney spoke with such passion and had a unique perspective to offer as someone who had not yet embraced an identity as a survivor, as many of the other

Storytellers had. She and I were engaged in a text message battle in which she flirted with the idea of coming but refused to commit. Whitney was on the fence about participating because she was currently experiencing heightened suicidality and did not want to have to share a story that would make her feel like she had to pretend she was OK. I ensured her that her story was just as important as the stories of those who were not currently struggling with suicidality, and that if she felt comfortable sharing, I would support her telling her truth.

Friday afternoon, while finalizing preparations for Saturday, I received an email from Dimples, entitled “2 Questions about Storytelling Project.” Bracing myself, I opened the email. It was very long. Dimples’ questions were about whether the DSP would be trauma-informed and whether I would share resources about how the Storytellers could empower themselves. She wanted to ensure the DSP would be a therapeutic endeavor, versus something simply geared toward the extraction of Black women’s labor. “As women of color,” she wrote, “We are often driven to produce at all costs, even when it is to our own detriment. So, perhaps I was just triggered during the Zoom session.” She ended by assuring me that if I truly intended for the Storytellers to be co-creators in this process, she was still on-board.

Dimples’ email left me with an enormous knot in my stomach. I hated to know that she had walked away from the Kick-Off with such significant concerns, though I tried not to take it personally. Though we had had a great interview, I did not know her as well as some of the other participants, and by then I was fully aware of how long it can take to build trusting relationships with people who have experienced trauma. I also knew that much could get lost in translation via text and email, so I wrote a short reply that asked simply if I could give her a call later that day. It was important to me that Dimples understood that I took her concerns seriously, so we walked through her email point-by-point on the call. Together, we discussed every apprehension. I tried my best to validate her fears and put some of them to rest. I thanked her for bringing them to me

as candidly as she had. By the time we got off the phone that evening, Dimples sounded more at ease, and said she'd see me that next morning. I breathed a sigh of relief.

The morning of the Story Circles, I picked up Sarah from her apartment and drove us both to Woodruff Library. We were running a bit behind schedule, so we set up swiftly and silently in the large conference room. Sarah turned on and positioned her two cameras, determining the proper locations for the film and sound equipment. I rearranged the narrow rectangular tables into a large circle and positioned two of them against the fishbowl wall to create our lunch table. I then logged into the desktop computer in the room, brought down the screen, and opened the Zoom room. Samone would be joining us from work, and Donna was in quarantine due to Covid-19, so they would be joining their respective Story Circles virtually. I was grateful that Zoom had become so common that I didn't have to think twice about whether we would be able to engage participants remotely. They wouldn't have the same experience as the rest of us who would be there in person, but at least they wouldn't miss any important moments.

Liana arrived soon after, and I gave her instructions to greet everyone in the lobby, help them get signed in, and escort them to the conference room. We had a smaller morning group than expected, as Dimples was nowhere to be found. Only Star and Liz showed up in person. I asked Liana to call Dimples and ask if she was on her way. What I didn't yet know was that Dimples had sent me an email that morning letting me know she wouldn't be coming. She'd woken up late that morning and took it as a sign that she wasn't meant to participate. A few minutes after the hour, Liana let me know Dimples wasn't coming, so I called us to order.

"What I'd like us all to do first and foremost is just breathe together," I said,

Because it has been a journey to get here. We have come from far and wide. We have had some difficult emotions around coming here, around doing this work, around being in this space. There is just so much going on around this moment and I think it's important that we all get present in this space.

To help us do so, I led the group in a breathing exercise. I then welcomed the participants to the Story Circle and explained to them that this would be our first opportunity to share our stories with one another and to workshop them, meaning that we would be inviting feedback from the other Storytellers to help us develop our work. Each Storyteller would have ten minutes to share the first draft of their stories before receiving feedback from the group. I used a gardening metaphor to explain what we were doing,

Today, we are sharing the seed of what we have, and allowing others to water it, to share their sunshine with our seed, to give it some nutrients, so that we all help grow these individual seeds that we are planting. Everybody who's helping us grow is on the same storytelling journey that we're on, so there's a sense of equality in that everyone here is doing the same thing.

I continued by sharing my hopes for the Story Circle, which is that the Storytellers would experience freedom, safety, agency, vulnerability, healing, creativity, transformation, and pleasure in the space. After sharing those hopes, I invited the other Storytellers to share what hopes they had for the process.

Samone began by admitting that she felt lots of tension in her shoulders and chest, and that she felt like she was suffocating. Her hope was just to be able to relax and breathe. Liz started by saying that she felt that her hope had already occurred, as she had hoped to be able to be somewhere new, to have the freedom to leave the house and experience new people again. Star's hope for the day was similar to Liz's in that she expressed that it, too, had already been accomplished in her showing up. Her "inner self" had been telling her not to come and that she would not be able to do this, but she overcame that voice. "I came out of my comfort zone," Star shared. "I'm here with y'all today, so I already done fulfilled my hope."

After reviewing our agenda, we transitioned to partner introductions. Star and Liz would introduce each other since they were both in the conference room and Liana would call Samone to speak with her. Samone introduced Liana as a Texan who loves Korean food and anything

buffalo-flavored, and Liana introduced Samone as a “woman who contains multitudes” who loved Caesar salad. Clearly, they had managed to have a robust discussion about food in their short time together.

Star followed by introducing Liz as “the mother of four gorgeous boys, like me” while also adding that Liz had a daughter as well. She said that she Liz moved to Atlanta from the north for her family “to be safe and warm.” Star concluded that they had a lot in common. Liz agreed, and introduced Star by her four grown boys, adding that she was not currently working due to her illness. Liz continued, “What made her wake up from her suicidality was, she was on a cruise, and she realized that she was missing a lot of life. Her kids made her realize that she had a lot to live for.”

I went last, ending my introduction by sharing my secret dream of moving to the mountains and becoming a homesteader. “But in the meantime,” I closed,

This actually is a dream come true. As a suicide attempt survivor myself, it feels like a very full circle moment to have gone through this experience of wanting to die, going through recovery, and now being on the other side. I feel like I have this survivor’s mission now, which is to provide safe spaces and care for other people who have gone through similar stuff. So, this is extremely exciting, and I am so grateful for all of you who are here to be a part of this.

The next few moments gave us the opportunity to voice our “Whys,” the reason we decided to participate in the DSP. I shared that my “why” was to help imagine and create a new world in which Black women could be free of shame, pressure, and expectation, free to be human beings in all of our fullness, our strength and our weakness. “The ‘why’ of the digital storytelling project,” I explained, “is because we exist, and the world needs to know.” I also explained that my “why” of storytelling was to facilitate meaning making. “Sometimes,” I said,

It’s hard to make sense of what happened to you, of why you got to where you got to, when you decided that life wasn’t worth living. To make sense of why you didn’t die and why you’re still here, to make sense of your recovery process and the things you’re still going through.

Finally, inspired by my conversation with Dimples in which she confessed that the push toward advocacy that some of the other Storytellers had expressed in our initial meeting had been a turn-off for her, I made it clear that we, the Story Circle, were our own first and most important audience. “I love the notion of advocacy,” I said,

But I wonder if we can put that on the back burner for a second and just think about healing for and among ourselves first and foremost. Think about ourselves and other women like us as our primary audience.

Then I invited the other Storytellers to share their “whys.” Star explained,

I think I’ve been shut down so long, ‘cause I was ‘shamed to tell anybody what I was going through because society look at us as Superwomen. We don’t ‘posed to have nervous breakdowns. We don’t ‘posed to have no mental illness. We ‘posed to just be able to keep going. But that’s not true. Things happen to us, too.

Samone’s “why” was linked to her purpose. She explained,

I just feel like I still have a purpose to fulfill. It’s a whole world and adventures to see. But I know that some way, somehow, a light is on the other side of my depression. So, I just have to get through this so that I can fulfill that.

Liz closed our “why” discussion with a mini manifesto. My ‘why’ is my happiness,” She began. “It’s my very own happiness.” She stressed that she wanted to

Wake up in the morning and know that I can wake up with a smile on my face. That when I go to bed, I can go to bed with that smile on my face. When I look at my child, I can smile. When I’m cooking, I can cook with a smile. Everything I do, I do it with a smile. I couldn’t care what stereotype the public has of me. At this point, it starts with me. Everything starts with me. And if I’m not happy, then the world around me doesn’t see me the way I see me. So, I have to learn to be happy. And in doing this, my ‘why’ is so that I can be happy. That’s all I want for myself. I do this because I know the more I get this out, the stronger I get. The stronger I get, the happier I’ll be, because it’s just buried. It’s deep down buried. And it’s affecting not just my present, but my future. And I am tired. I am fed up with my past affecting my future. I want to be happy. And it has to go.

“Amen,” I responded to Liz’s rousing monologue. “It has to go!”

During the “why’s,” tears had begun to emerge in the Storytellers’ eyes, and I reminded everyone that we had plenty of tissues. I had also incorporated trauma-informed somatic

practices into the introductory section, so that we were equipped with body-based tools for metabolizing the strong emotions that had already begun to show themselves.

As we worked through our somatic practices, to my surprise and delight, Whitney appeared. She joined in as we did our final exercise, a progressive body shake. We began by shaking just the hand on one arm and completed by thrashing our entire bodies, flailing our limbs and head. We laughed as we completed what was no doubt the silliest thing any of us had done in a long time.

Liz opened the Story Circle. Before launching into her story, she explained that she wanted to tell it because doing so would help her unbury her past trauma and start preparing herself for a future in which she got to experience personal happiness, where she got to “just start living my life.” She began reading from the spiral notebook she had brought with her.

The Life of Liz. When I was nine years old, I was molested by a family member. It continued until I was 17, when I left home. He was arrested, but I was asked to get him out, as the church was – as he was needed. So, I became the family liar. I was raped at 17 and had a baby by the time I was 18. I got married to my high school sweetheart, who began to beat me and cheat on me. Then when I was 20, I was raped again and conceived another child by the person who raped me.

This is when the bad thoughts started. I then started to think I needed to gain my associate degree and my bachelor's degree. I got hired making really good money. This actually made my family life worse. My husband got jealous and started cheating on me again, but this was for the last time. I finally divorced my husband. Not long after that, I ended up getting a blood disease called sarcoidosis. I lost my job and ended up homeless with my daughter. Since then, I've had three more relationships that were physically or mentally abusive or both.

I suffer from bad depression. Over my life, I have attempted suicide by taking pills, jumping off the roof, and other ways. I always went into the hospital just when I knew I needed help. ‘I have no one’ is what is always going through my head. I'm tired of being in pain and mentally hurting. I feel like no one cares and no one understands. One day, my youngest son came to me and told me how much I inspired him. Even though we have struggled, we still have love. And he turned out great. I still struggle with the thought of wanting to hurt myself when things go bad. I just get tired of life's limitations. But I remember that there is help out there.

Before anyone had a chance to respond to Liz's story or to affirm her bravery for going first, Star's loud sobs filled the silence left by Liz's closing. "Star?" I probed, as palpable concern filled the room.

"I can't do it. I can't do it!" Star insisted, while crying and shaking her head. "Hearing Liz's story is bringing up a whole lot of what's going on with me. I started not to come this morning. And from her talking and reading her story, I don't think I can do it."

"Do you mean that you need to step out of the room, or you can't tell your own story?" I asked. Star hesitated and began backpedaling.

No. Like you said, this is a group thang. I wanna be with the group, but I feel like I just can't tell my story now. I think it was better when me and you spoke one-on-one. I didn't think about the consequences of telling it in person.

I nodded my acceptance as she spoke. After a moment of silence, Star wiped her tears. "I'll be OK," she said. "I just need to sit here for a minute. I'll be OK." Turning my attention back to Liz, I thanked her for going first and asked how it felt to tell her story for the first time.

"To tell my whole story was actually a little refreshing," Liz replied. "'Cause I have no one, and I've been controlled my whole life. My current husband cheated on me." As the word *cheated* left Liz's mouth, she, too, erupted in sobs. She grabbed the tissue box from Star, wiped her eyes and gathered herself, taking a deep breath before speaking. "To get all this out, I just know it's gonna be OK."

To try to shift the energy in the room, which had become heavy with Star and Liz's tears, I asked the other Storytellers for feedback. Star went first. "I just want to tell her, it's gon' be alright." Then, turning to Liz with compassion in her voice, she said, "I pray everything work out for you." As the other Storytellers paused to gather their thoughts, I spoke to Liz.

So, you said you were asked to get him out because he was needed at church. That's a very important detail, that the person who was raping you was needed at church. You had to lie on his behalf to get him out of jail, so that he could be back in the church house, doing whatever he was doing.

“Yes,” Liz quietly responded.

“That’s an important detail that I think you can spend more time with,” I offered.

“They was gonna deal with the whole situation as a church matter,” Liz continued.

Whitney, silent and observant until now, interjected, “Oh, that’s crazy!”

“And they never did,” Liz said. “And so, they just started calling me a liar.”

“I think that’s an important part of your story,” I coached, “and I would definitely not gloss over it or skip it.” Then, to congratulate Liz on going first, I said, “That was an amazing first draft and an amazing first step. I just want to affirm the work that you’ve put into this so far.” Liz nodded and smiled through her tears.

“Yeah, I want to second that,” Whitney added, “because I’ve been very emotionally detached from this whole process, and as soon as you started talking, I was like, ‘Oh! OK! This is getting real!’”

“Thank you for showing us how it’s done,” I said with a smile. I then turned to Star, whose participation was now in doubt after her tearful outburst, and asked, “So, are we gonna skip you, Miss Star?”

“Naw, you ain’t gotta skip me. I’m ready,” she drawled, blowing her nose and sitting up a bit straighter.

Sensing the lingering tension in the room, I suggested that we all stand up and give our bodies a good shake before Star began. Whitney jumped at the opportunity and started to shake both arms vigorously. “That felt crazy in the beginning,” she laughed. “Now it feels right. ‘Cause now it’s a whole ‘nother ballgame.”

Star prefaced her story by saying that she wanted to tell it because she did not want her granddaughters to experience the same difficulties she had. “It’s time for me to share what I’m going through with the world,” she said. “And I want to feel some relief from the things I’ve

been dealing with for the past 20 to 30 years that I've been scared to open up about with anyone." She continued, reading from a yellow notepad,

I, Star, been goin' through the changes of suicide since right after I got married. I got married when I was straight out of high school. I think I was about 18 years old. I thought this person was my knight in shining armor. Later on down the line, he begin to change. I have all the black eyes, I have all the scars. I still look at this scar right today at the mirror.

I tried to commit suicide once before, tryin' to hang myself. I wasn't successful at that. The second go 'round, I was in the car, and I left it running. My brother saved me from that. The third attempt, I jumped in the Chattahoochee River. They save me from that. And I think my last one, I walked out in front of the MARTA bus. And the Georgia State University police saved me.

So, after I went through all that, I came to the conclusion that it wasn't meant for me to take my life. I have a purpose to be here, and now, I see that purpose is my family, my grandkids. My grandkids call me Queen, because they think I'm the best thing they ever lived. I don't think like that. I thought I was better off dead and gone, because of everything I done went through in life.

Life ain't been a easy journey for me. I don't see how I finished school and became a nutritionist. I don't know how I finished and became a nurse. I don't know how I did any of this. But I know *this* Star wants to live. *This* Star wanna share her story. *This* Star wanna show the world that she can do this. Not always talking about harmin' herself. *This* Star just wanna be stronger. She just wanna live just a simple life and move on.

Liz was the first to respond, telling Star that she thought her story was "very motivating," because of its message that "you can make it." "Like," Liz continued, "I'm more of a vulnerable person, and you're the stronger one."

"That's what I want to put out," Star responded,

I don't want to be the weakest link no mo'. I want to be the strongest link. And I feel deep down inside, I could do it. I just gotta stay on that path doing what I'm doing, prayin' and believin', not bein' bothered with all the negativity people wanna bring to me.

Whitney agreed that Star's story was empowering but wanted to hear more about Star's past. Star soundly rejected her feedback.

“No, I don’t want to go back to my past,” Star said. “Because I look back and it’s a painful situation. When I’m cutting, burning myself, trying to harm myself. I don’t want to go back to that. I don’t want to live that no mo’. I’m 58 years old -” Now, Star was crying again,

And I done lived that for a long time, you know? I don’t want to go back to that. I just want to look at the happier things in life. And I’m sorry, I just don’t wanna go back to that, ‘cause it’s very painful. I’m ‘mone put it like this: What we are going through is not by our choice, it’s because of the choice of somebody else. And it took me a long time to learn that. Why I’m sitting over here wanting to hurt *myself*? They living they life! They ain’t worried about what I went through or what I did. So, I just want to put that *behind* me and move on. These people that hurt me, I don’t want them to know they hurt me. I don’t want them to think they left me - “Oh, she ain’t gone neva get out of it. She ain’t gone neva change.” But meanwhile, while they thinking that, I’m moving on.

After Star finished her conclusive statement, Samone went. To introduce her story, she explained,

I want to tell this story because for years I’ve been wanting to be understood or heard. And I wanted to understand what I was going through myself and why I was going through it. I want the story to help me to grow as a woman and to heal from past trauma. And I want this story to bring awareness that we’re not crazy. This is a real thing, and it should be more normalized.

Launching into her story, Samone held up a picture of herself smiling as a young child.

This is me as a baby. And she looks all happy and stuff. And that’s where I want to get to. So, I found a quote that kind of ties into it, and the quote is, “When the little girl is healed, the grown woman will show up and show out.” So, I feel like I’m still trying to heal the little girl. I wasn’t never able to even be a child. I’ve always been in, like, survival mode or defense mode, or had, like, a wall up, because I had to grow up so fast.

Samone paused for what felt like an eternity. Those of us gathered in the conference room waited for more with bated breath. “That’s probably it,” Samone finally said.

“So, it sounds like we’re still working with just a little nugget,” I offered.

Samone, willing to share the raw materials of the story she was crafting, asked if we wanted to hear a poem. We consented. Samone began,

They say God give His hardest battles to his strongest soldiers. I’m starting to believe that I’m one of them. Life for me is but a dream. One day, I will wake up and be able to look back on all of this and talk about it. I can’t keep having little setbacks over the smallest

things. It's not going to help me. One day I'll be able to put all this into a book and be an inspiration to others.

Samone paused, indicating that she had reached the end of her poem. "That's something I wrote in, like, 2013. That was the start of a book I was trying to write. That's just the basic gist of it."

Trying to draw more out of her, I asked, "What's the meat? What is the dramatic question you're trying to answer?" Now thinking on the fly, Samone responded, "Um, I guess like, when will it end? I'm fighting a battle that I don't even know why or where it came from."

With Samone's question still hanging in the air, Whitney went next. She admitted she didn't have anything prepared as she had only committed to participating in the DSP the day before. But she responded to the opening questions I had prepared to aid the Storytellers in providing context for their stories.

I titled my story, "Selfishness or Self-Determination: Who gets to decide?" because I want to tell the story of someone that always feels the pressure of being everything for everybody else, and just wants to choose themselves. Because I know often with suicide, that's the first thing that everyone screams. Like, "Oh, it's so selfish, don't do it." Or, "What about this person and that person?"

And at the end of the day, it really *is* a selfish space where you do have to prioritize yourself when you're contemplating suicide. Because who gets to say that I'm struggling and I'm hurting, and I'm going through all these things, but I need to live for somebody else? Or I need to explain to you why I don't have the will to live. Or feel bad or guilty about what I'm feeling, thinking, or doing. So, I want to be able to shift the narrative and offer a different perspective to what suicidal ideation looks like, because it doesn't look the same for everybody.

You have people that have experienced different types of trauma - whether it be physical abuse, sexual abuse, neglect. Or it may be that you just may feel hopeless, purposelessness. And so, I think that it's important for people to be able to offer a different perspective to those who also may be struggling or other people that don't understand the nuances of how deep that feeling may go.

I just want to leave something behind. I want the voices and the stories that often go unheard to be circulated. I want them to be voiced in the first-person and told as a matter

of fact. Not assumed, not sugar coated, not altered. I want to validate the experience of those who are struggling with suicidal thoughts and suicidal attempts and educate others who struggle to understand it and get them to understand.

With Whitney finished, Star was the first to offer feedback. Her response was supportive and maternal, “I thought you did a excellent job for you not to have nothing for your story time. I think you did a amazing job. Just that lil' short period of time, I think you did good.”

Whitney, recognizing how different her perspective was from the others who had gone, decided to add some context. Speaking directly to Star, she said, “You feel empowered,” and to Samone, “You feel like you have a reason to be here, and you want to keep going,” and then to Liz, “And you, you’re trying to get through it. You’re like, ‘Man, it’s been a rough ride, but I am trying.’” She pointed to herself. “Me, I’m like, ‘Baby, I’m ready to go!’ Like, I am jealous of people that suicide has worked for.”

Whitney then shared something that I was sure until previously I had been the only one in the room who knew,

My partner committed suicide in February. And I’ve been having a hard time balancing the emotions of that. Because I’m like, “Dang, you just got to choose you, and it just got to be done.” And I’m still here, and I still have to go on. And I’m jealous.

Star, perhaps trying to remove the sting from Whitney’s words, or simply not wanting to deal with the gravitas of what she’d just said, was in denial.

“You don’t want to hurt yourself,” Star said to Whitney. “We ain’t better off gone. It’s not our time! That’s why you still here. God’s letting you know this is not for you. When you get that down pack in your spirit, you won’t feel like this anymo’.”

Whitney, unwilling to capitulate to Star’s reasoning, responded,

I understand. And I want to choose me. I just want to have autonomy over myself, my body, my decisions. Maybe living is not what I want. And I want that to be able to be respected, and people don't understand that. Because everybody wants you to feel better and feel good and to live.

“But baby,” Whitney shrugged, “what if that's just not what I want?”

I thanked Star for her response to Whitney and asked the others in the Story Circle if they had any feedback. Into the silence, Whitney laughed nervously, “Told y’all I didn’t have to go.”

Recognizing that Liz, Star, and Samone might still be processing the revelation that a fellow Story Circle member had not yet embraced a survivor mentality, I decided to share a short overview of what I was thinking about for my own digital story. I told them I wanted to create a digital story that highlighted the importance of reconnecting with my faith in my own recovery from a suicide attempt, which happened when I was an atheist. As my mostly inconsequential words filled the air, I felt the leftover tension in the room diffuse.

I thanked the group for their time and reassured them that though this had been an emotionally challenging Story Circle, we had just completed the hardest part of the DSP: getting started. As I reminded them that the next step of the journey would be 20-minute one-on-one Zoom check-ins during the upcoming week, the room began to fill with the participants from the second Story Circle, ushered in by Liana. Amara was carrying huge plastic bags filled with our lunch order. I greeted Mei Ming, Shanell, Delores, and the others enthusiastically, and introduced them to Whitney, Star, and Liz.

After ensuring the food was set up and everyone had received their order, I grabbed my own lunch and escaped to a quiet spot in the basement of the library. I was exhausted from navigating so much raw emotion and so many tears, all while monitoring how everyone was holding up emotionally, ensuring Sarah was filming everything, and thinking forward to lunch logistics and the second Story Circle. As an introvert, I knew if I didn’t take at least ten minutes of alone time between Story Circles, there was no way the second group would get as energetic and engaged a version of me as the first group did. I was grateful for a quiet moment of silence and solitude to catch my breath and felt confident the Storytellers were in good hands with Liana

and Amara as their hosts. As I was just beginning to tuck into my sandwich, Sarah approached me.

“Hey, Jessie. Ummm, I’m feeling pretty uncomfortable about what’s happening.”

“Huh?” I mumbled, my mouth full of my first bites of my turkey BLT.

Sarah continued to tell me how the stories being told in the conference room made her uncomfortable and that she questioned the ethics of what we were doing. I assured her that I had gotten approval from my dissertation committee and Emory’s IRB to do precisely this work. Yes, there were lots of emotions and tears coming up, but the space still felt safe and healthy, as far as I was concerned. Sarah, however, was so distressed that she wanted to leave and not attend the second Story Circle. I told her that the Storytellers were coming with the expectation that their storytelling debuts would be filmed. It would be something of a let-down for that not to happen, especially for those who were looking forward to our research becoming a documentary. I told Sarah it would be alright for her not to be a part of the second round of introductions and my opening spiel, but I begged her to stick to her commitments and come back to the conference room so she could capture the second set of stories being told for the first time. Sarah reluctantly agreed.

I returned to the conference room to begin the second Story Circle with tears in my eyes and tightness in my chest. I wanted to curl up into a ball in a dark room alone and cry, but I had a new crop of Storytellers there eager for me to lead them through the experience of telling their stories for the first time. As I started up the Zoom room and welcomed Donna in, I knew the Storytellers in the conference room could tell by the shift in my demeanor that something was wrong. I had to decide whether or not to say something about my flushed face and shortness of breath. I would have preferred to suck it up and move forward. We had so much work to do. But the lump in my throat threatened to suffocate me. I had to be honest about what was going on.

The moment I started explaining to the second group of Storytellers what had happened during the break with Sarah, I started to cry. Through my tears, I explained how shocked I was that someone I had invited into our Storytelling space to help with our work would accuse me of unethical behavior and threaten to walk out in the middle of everything. I told them how hurtful Sarah's accusations of unethical behavior were because of how careful I had tried to be in making the DSP process trauma-informed and safe. I'd also tried to be thorough in on-boarding every non-Nia person who was contributing to our efforts so that they wouldn't be put off when we started have frank discussions about suicide. Though my explanation of my change in mood was complete and I wanted to move on to introductions, the tears kept flowing. There was nothing I could do to stop them.

"What are you still hiding?" asked Mei Ming, clearly convinced that my continued tearfulness was evidence that I was leaving something unsaid.

"Hiding? Ha!" I laughed, wryly. And then, I submitted.

I guess her criticism struck a nerve with me around some guilt that I have. Just this sneaking suspicion that I'm not doing the right thing, or I'm causing more harm than good with you all, or that I'm somehow taking advantage of you or forcing you to do something that's not actually good for you. And even though I've tried my best to prepare for every eventuality, her discomfort with what happened in the last Story Circle triggered my sneaking suspicion that what I'm doing is somehow unethical.

There. I'd said it. That was the whole truth.

"You know what? We're good," Charlotte chimed in. "All of us here consented to be here, we've got therapists, we go to Nia groups, we have people we can call to help us process our emotions. You don't have to worry about us! We're good!" Her words were supported by the nods of the other Storytellers and verbal expressions of agreement around the room.

Though grateful for Charlotte's words of affirmation, I had had enough of my own warm tears and cracking voice, which had become nasal and muted due to all the snot my crying had produced. So, I took a deep breath, thanked the participants for their support, and finally

launched into my PowerPoint, thirty minutes behind schedule. I hated to have to take away precious time and energy from the Story Circle with my own insecurities. I hated focusing the spotlight my own issues and turning it away from the Storytellers. I hated that Sarah had interrupted the flow of an otherwise good day and distracted from what an incredible thing it was that we were here together, doing the work.

But without making space to acknowledge and address my own emotional experience, I don't think I would have been able to successfully re-focus back onto the task at hand. My ability to listen well to the Storytellers and provide the feedback that they were there to receive could have been inhibited by the rumination and shame-spiraling that would likely have been taking place in the back of my mind throughout the rest of our time together. I needed to air out my shame, my perfectionism, and my doubts about my ability to do this work at the highest ethical level so that those things could dissipate and not drown out all the good that was happening in that conference room that day.

Because we opened the afternoon Story Circle with a complete departure from the poised and polished researcher facade I had worked hard to create, those Storytellers were more unbridled in than the morning group had been. It also made a difference that we had some members who had been in Nia longer and who knew each other from other Nia groups. Delores and Princess Shanell, for example, were both regulars in Spirituality Group, and Rosa, Mei Ming, and Donna knew each other from Survivors' Group. Magee was the newest Nia member and the least connected, but I knew from the sheer force of her personality she'd hold her own.

Whereas the morning group had no additional hopes to share after I listed my hopes for the Story Circle, the Storytellers from the afternoon group were ready to offer theirs.

"I hope I get something written on paper and get a storyline!" Princess Shanell joked. Given that she had voiced concerns about a week not being long enough to write the first draft of her story, I

wasn't surprised that she had come to the Story Circle without a word written down. Regardless, I was glad she had shown up willing to make her first foray into story development.

"I just hope, when this is all over, we can shine so people can see us, and we can put more healing in the world for others that are suffering," Rosa replied.

Delores led the charge with her story, "The Rise." She had been emailing me almost daily throughout the week leading up to the Story Circle with written and voice-recorded versions of her digital story. She was already on her third draft, much further along than any of the others. She began,

My story is about the rise from pain and suffering. I'm hoping this story continues to motivate myself and others to keep going. That no matter what you feel, your life is worth living.

I used to be a happy, fun little kid. Things changed when a traumatic event happened as a child. This caused me to hate myself the most. Why did this happen to me? This is where the big snowball in life began. I always felt like I had to pretend. I had to be happy. I always was picked on, based on my looks, because I was the fat kid. And I thought things that were done to me were because I deserved it.

I began thinking of dying at an early age, because I felt, 'Why did God put me here to suffer like this?' My granddad died when I was young, and it made me sad. I felt that half of my support system was gone. I couldn't make it alone. The thoughts got stronger, and it didn't help that outside people - family and school - made jokes about me. In middle school, I tried to hang myself. The rope broke, and as a religious person, I thought maybe God saved me and things would improve. It only got worse. And when I got to high school, I tried changing, fitting in, even standing out, and it made it worse. So, in high school I tried slitting my wrist.

I was able to hide my suffering, but only one person really knew my struggle, and that was my grandmother. She reminded me that life was worth living. And that, no matter what people say I do, to live your life. She did not know about my attempt, but her words gave me hope. One day, I felt my hope leave when my grandmother was killed in a car accident with her sister. I couldn't go to college every day without getting to MARTA and thinking about jumping in front of the train. All I could think about was my traumatic experience, and why I was suffering.

I started going through bad relationships. And the last time I was left by a mate in a room, and I thought to myself, "I feel like I need to die." I called my mother. This is the first

time I reached out for help. And she heard my pain. I took a lot of pills, and when I woke up to her blowing my phone up, she told me to make myself sick. And that was the last time I did that. I still feel these feelings. I still feel the feelings of worthlessness. But due to Nia, I've learned that things will change, and that I can reach out for help. And I'm hoping that other people feel the same way, too.

When Delores finished, I asked how she felt. "It was kind of freeing," she said, "'Cause a lot of people don't get to know that about me."

I then asked the other Storytellers how they felt after hearing Delores' story. Magee was the first to respond, admitting it made her feel emotional. She offered Delores feedback as well, saying, "Go more in depth about the deaths of those two very important people in your life and how they made you feel."

Shanell's reflection was based on the points at which Delores' story of being bullied in school intersected with her own experience. "I was probably one of those mean girls," she began. "'Cause I was bullied, then I became a bully. But hearing how you said people would pick on you, it's like, 'Wow! I wonder if I did damage like that?'"

"You know," Shanell continued,

As a kid, you think differently. But as an adult, hearing your story made me reflect on some of the harm that I may have caused for somebody else. And I can't tell them I'm sorry, 'cause I don't even know where they are. But I could tell you I'm sorry that happened. And I hope that you understand that they were going through their own stuff, 'cause I know I was.

I guided the conversation back to a discussion of Delores' story *as* a story, asking her if she had thought about what images she might want to use. Before we moved on, I encouraged everyone to check in with their bodies, to connect with their breath, to inquire within as to how they were feeling. Magee, who was most comfortable using humor to defray tension, said, "I *know* I was feeling some type of way! I stopped eating my cookie!"

Donna went second. I knew her story, “Surviving Through it at 62,” would be a heavy hitter based on what I experienced after encountering it for the first time during our one-on-one interview. She began,

I was kidnapped and raped by four men. Two of them were MARTA policemen. I had to live through three horrible and painful years, waiting for the day they were convicted. They took away my will to live and my dignity.

At the word *dignity*, Donna’s voice cracked, but she gathered herself and continued.

My body died inside. My soul fought to live, but my spirit kept me alive. There were many nightmares, trying to face reality. The most challenging part of my therapy with Nia was knowing what was real and not real. The not-real is what caused me to attempt suicide. Even being divorced: 90% was because of not knowing what was real. He was one of *them*, and not my husband. Every Black man, I feared, especially those in uniform. Therapy through Nia allowed me to face my fears, and to know what is real.

With each attempt, I would tell myself, ‘No one cares,’ and I would let go of the steering wheel in my car, yet I survived through it all. My faith in God and the Nia Project has helped me to reach many goals and find my purpose. It helped me to feel safe and have a safe place to go when I face a lot of challenges. I have my dignity back. I have a platform like this, which makes me feel so happy and grateful.

Nia has given me a community that understands, especially when I’m triggered. It gets me right back in the middle of the road. I have learned to live with the trauma. Sharing my story keeps me strong, alive, and well, knowing I am not alone. Sharing my story helps me to help others to know that they’re not alone. I am a survivor today. Thank you.

As Donna finished, I glanced around the room and met the horror scrawled across other Storytellers’ faces. Shanell was the first to respond verbally.

“I know Donna shared her story in Nia before, but I did not know they were police officers. Like, MARTA police!” she repeated, incredulity lacing each syllable,

That brings a different level to it, because those are the people that supposed to protect you. But they were the perpetrators! What do you do when the people that’s supposed to protect you are the perpetrators?

Not able to find an immediate answer to her own question, all Shanell could offer to herself and to Donna in the end was an affirming, “That’s hard.”

“It’s very hard,” Magee chimed in, offering more validation to Donna. “That’s so scary. And I’m so sorry that you had to go through that. Thank you for sharing it.”

Rosa, who was close friends with Donna and very familiar with her story, offered only congratulations. “I just want to let her know I’m very proud of her for taking this step.”

“It’s a gorgeous story,” I began my feedback.

But my favorite part is when you said, ‘It gets me right back in the middle of the road.’ That ties back to what you said in the beginning of the story about the way that you would attempt suicide, which was driving off the street. Letting go of the wheel. Now you have this resource that keeps you centered – no longer letting go of the wheel, no longer driving off. And I think that that is really powerful. So, keep it. It adds a nice symmetry.

Next up was Shanell, who began hesitantly, given her lack of preparation. She began speaking extemporaneously,

So, the story I want to tell stems from abandonment from my father being shot 35 to 45 times in his own house by the police. I was five when this happened. And to not have my father there has been traumatizing. And that has left me with abandonment issues.

So, I was dating this girl, and I had enough. I had enough of life. I had enough of her back-and-forth. I did not feel loved. And so, I took a handful of sleeping pills, and then I went and threw up. ‘Cause I was layin’ in the bed and felt stuff happening inside my body. I felt it. So, I went and threw up because that’s not what I wanted.

But even that was told to me that that was not real. That was a pseudo-attempt, meaning a false attempt at suicide. So that still sticks with me. I’m trying to remove that from my mind, but it still sticks with me. That attempt was in 2012. And since then, I began to self-harm. So, from 2012 until 2021, I did not have another suicide thought or anything.

December 2021, I did have another suicide thought. Like, I just didn’t want to be here no more. I was done. I had enough. I didn’t have an attempt. I reached out to my person at Nia, and we talked about it, and I got on medication. But as recently as a month ago, I self-harmed again.

So, that’s the story I want to tell. Now, how do I wrap that up in a cute lil’ bow? I don’t know. So, I’m looking for feedback.

Aware that Shanell had just been very vulnerable in sharing a deeply traumatic experience, I was cautious not to move on from this moment too quickly and paused her. “Before we get into feedback, how do you feel now that that’s been said?” I asked.

“In this moment, I feel okay,” Shanell responded.

Things on the news trigger me at times. George Floyd really triggered me. Like, I felt like I didn’t do my father any justice. I need to find out who did it and what was happening to the people that did it. Like, *something*! His name need to be said! So, I felt ashamed that I didn’t do anything. ‘Cause I’m grown now. I could do something. As a five-year-old, I couldn’t do nothing. But I had to sit with those feelings, and just kind of cope with that. So different things that I see it in society may trigger me, but in this moment, I feel OK.

Magee responded first, noting how much overlap there was between her and Shanell, as Magee’s brother had been shot to death, which was deeply traumatizing for Magee. She confessed,

I was supposed to go get him that day. I felt like if I had went and got him, it would have changed the events, and he would not have got shot, and he would not have died. So, I dealt with survivor’s guilt for a long time, which it sounds like you have, even from an early age. Maybe that’s where you focus your story on. The survivor’s guilt.

“OK,” said Shanell slowly, clearly unconvinced by Magee’s take. Picking up on Shanell’s reticence, I asked, “Does that resonate?” Shanell groaned in a way that communicated it did not. I continued speaking to Shanell, “What I heard from you was less guilt and more shame.”

“I couldn’t do anything,” Shanell said. “I was five.”

“Magee, I hear guilt for you and your brother,” I said, in referee-mode. “I really do hear shame for Shanell, though. Like, you have this expectation of yourself, because you’re an activist and an advocate. And so, you feel like, ‘Oh, I should have done something, and I didn’t.’ Right?”

“Right,” Shanell affirmed. “Not then, but now.”

Charlotte, finding it difficult to sit with the fact that absolutely nothing was done about Shanell’s father’s murder, asked, incredulously, “What did the other adults do?” Shanell responded,

My mom told me that a few months later, she was in a car accident, and that same police that shot my dad – it was a White man – he couldn’t even look her in the face. He got another officer to do the call because he couldn’t do it. As an adult, I finally got some understanding from my mom. She said it was like a sharp pain in her heart because her

husband was tragically taken from her, all of a sudden. And so, she was just trying to worry about herself. ‘Cause I didn’t get therapy or counseling when I was five.

Still unable to process the facts, Charlotte pressed again, “So, no NAACP, and all that?”

“No!” Shanell insisted, her frustration with Charlotte’s line of questioning growing. “This was in ’88. So, that’s what I’m sayin’, like, police *been* killin’ Black folks!” She held up her iPhone. “But now that we have proof right here in our hand, we can do something about it.”

“Or we can try,” I thought to myself, painfully aware of the many times that not even photographic or video evidence of police acting with excessive force against Black people has produced justice for the victims.

Delores chimed in next, sharing from her own experience with the police’s indifferent to Black lives,

I understand your feeling, Shanell. My stepbrother got killed by the police, and they gave money, like, ‘Take the money. Go on about yo’ way.’ And when my grandmother and her sister got killed in the car accident, the police just told us, ‘It’s okay. Whoever ran them off the road just kept going, and you just gon’ have to suffer.’ And that haunts you forever.

“I think performing advocacy helps,” Charlotte chimed in again. “For Black Lives Matter or different groups like that. It could give you a sense of purpose, maybe?”

Shanell shrugged and looked away, clearly done with Charlotte. Donna then chimed in from the Zoom room, sharing again from her experience with kidnapping and rape.

The policemen all made me feel small. I had to go with a plea bargain and didn’t get relief until Paul Howard, the DA, was voted out of office. So, it took all those years. And when you shared that, I was able to breathe a little bit more, because I don’t feel alone in it. I can relate to it.

Though it was soon time to wrap up Princess’ ten minutes and move on, I was struck by how much grief had just been shared about the persistence of police brutality against Black people and the lack of relief or justice that we get. I shared with Shanell.

Yes, police have been killing Black people forever. And there is a way that this has impacted your life. Not only your mental health journey and issues around abandonment

and contemplating suicide, but it has also been part of what has powered how you move through the world. So, it's a double-edged sword, this experience that you've had. And it's complicated.

Shanell nodded her approval of my assessment and connecting her personal experience to the context of being Black in America.

Fourth was Magee, who had entitled her story, "This Functional Family," a wordplay on "Dysfunctional Family." She didn't have anything written down beside the title, but the words of her story flew out of her mouth, as if the cap on a fire hydrant had just been knocked off.

I really just want to talk about the trauma that I experienced within my family. Everything is there. Abandonment, molestation, drug abuse, physical abuse, verbal abuse. Like, *everything* is there. And my mom had this thing where she said she gave us 'tough love,' that's what she called it. Maaaaaan.

Magee let a laugh dry as the desert escape her lips.

Tough love? OK. She beat the *shit* out of us! But I accepted her, and we had a really good relationship when I became older. But she died in 2019. And a lot of the mistakes that she made, that I feel like I shoulda learned from, I carried out own into my family. So that's why I wanted to tell that story. 'Cause people don't realize - They do say your family can hurt you the most. That's a saying, you know? But you don't really realize the way that sticks. Your family actually *can* damage you.

And basically, I just need to get this story said out loud. I *just* began my journey of telling the truth, because my family believed you do not talk about what happen at home. You do not discuss that. That is not to be said. I don't give a flip if you had a knot upside yo' head, 'cause yo' mama hit you with the broom! You do not tell *nobody*. You betta act like that knot do not exist. That's the way it was from everybody in my family. On top of that, they were real judgmental, all of 'em. You know, everybody associated themselves with their careers. And that's why I was so closely tied to my job. And when my situation happened...

Just to put it out there, I've been in prison for three years. I was a mail carrier for almost 20 years. I delivered what I thought was drugs. \$10,000 a box. I mean, I think most people would have took it. It's *some* that would not have, but I think most people would have took the \$10,000. But he was an informant. He basically was setting up everybody. And it was about 20 of us that lost our jobs, and we all went to prison. So that's when my attempt came. With my family, and everything being so closely tied, your job to your identity. I was good, 'cause I worked for the post office! But then you don't work for the post office no more. What do you identify with? So, I felt like I had just lost everything, and I was like 'Fuck it.'

I was drunk. I took a whole bottle of Tylenol. And I guess I was loopy and wasn't talkin' right or something. I don't know. My aunt called the ambulance. And when I woke up, I was mad as hell. 'Cause it had interfered with my plan. I had no intentions on bein' there the next day. So, I was mad as hell, and I didn't talk to her for a long time. So that's why my play is on dysfunctional family.

As she finished, I thanked Magee for sharing and asked her how she felt. She replied,

“Maaan, I don't know. I feel like I wanna cry. I don't know. It's a lot.” Then, Magee continued,

It's a lot. Every story that somebody is tellin' in here, a part of it has been in my life! And that's why, when they finally caught me, I was like, Fuck it! What do I keep doing this for? Something's gon' always go wrong! Fuck it, fuck it, fuck it! *Forget* who I'm leavin' behind! I'm worryin' about *me*. I ain't tryin' to please nobody. Fuck it!’

And I had really meant that. I was so freakin' mad at my aunt. I think I'm still angry at her. But I kind of got to a place where I have peace with it. I'm not gon' say that I'm suicidal, but I don't forget it. I know how I felt in that moment. And it's still there. I'm not sayin' I'm not gon' kill myself right now. But it's still always there.

Delores quickly chimed in, “I could feel you on that.”

Magee continued, “It make it so much easier once you did it. To just say, ‘Fuck it! What am I doing this for?’” Then, she shared another, more recent, dimension to her pain,

My lil' cousin got shot in February. He was only 29 years old. And I have PTSD. So, it just took me back. I was so sick, like my brother had got killed all over again! And I'm like, ‘Damn, I'm tired of this shit.’ Like, when am I gon' ever fuckin' get a break? I feel like I'm done.

“I've said that many times myself,” Rosa responded.

Magee wasn't finished. “Life keep givin' me too much! It's just so overwhelming! Like, it just get to be so much. When it's *one* thing after *another* thing after *another* thing!” She then fell silent.

I took a deep breath and gingerly entered the void left after Magee's eruption. I validated the emotional power of what she had just shared to the best of my ability and then shifted the conversation to a discussion of her story's artistic merit, asking the other Storytellers to weigh in.

Shanell offered,

She was just talking off the cuff, but it flowed so well. I wish you could have recorded that, so you could write it down. I can hear you talking just like that. And seeing your images and background music to that.

Rosa agreed, “We were right there with you,” she exhorted. “Well, at least I was.”

Shanell chimed back in, bringing us back to the story’s emotional resonance. “Like I told Jessie, if I was given the option to stay here or check out, I’m out of here! That don’t mean I’m suicidal, but I feel you on that part.”

My 10-minute timer went off and it was time to wrap it up. I wanted to make sure Magee got the artistic feedback she needed, so I closed out the discussion. Every time I paused, there was Shanell, my “amen corner” hyping me up with an affirmative “Yes!”

“What you said about our identities being tied to what we do is important,” I said,

When you lost your job, you lost you! And because you lost you, you said, “Well, fuck it!” If that’s not a lesson for all of us about what we need to be trying our identity to, I don’t know what is.

Mei Ming chimed in,

I also heard that because she was rejected by her family ‘cause she lost her job and her identity, she had nowhere to go, ‘cause she can’t talk about what’s going on with her outside of the family. So, she couldn’t go get support from nowhere.

“Yes!” I affirmed.

Shanell continued, “And even the love that her aunt had made her angry. You say you were so mad -”

“I was!” Magee interjected. “I was angry when I woke up. I was like, ‘The fuck?’ I was like, ‘I can’t even do *this* shit right!’” That comment was received heartily by the “amen corner” that had popped up across the room by Delores, who said, “I understand that feelin’!” and Rosa, who shouted, “I can’t even *die* right!”

Next was Rosa with her story, which she had given the working title, “As secrets and lies unfold, the truth be told.” She began,

My mom remarried in 1967. I thought I was going to have someone that would be there for me as a dad. But he turned out to be a molester, a monster. Everything *but* a dad. He started molesting me at age eight years old, and it went all throughout my whole entire life, 'til I got 20 years old. 'Til I got enough strength to stand up to him and tell him that he was not gonna ever touch me again, 'cause I was not gonna 'llow it anymore. 'Cause I was not that child anymore. And I just told him, "If you ever touch me again, I will get a knife and stab your heart out through yo' chest."

All my family knew that he was molesting me. All my aunts, everyone on his side of the family, even my mom knew. Everyone in the neighborhood knew what was going on. It was just like living in hell. By the time I reach the age 11 years old, I was so tired of being molested day in and day out. I got pregnant by him when I was 12, but I didn't find out I was pregnant by him 'til I turned 13. My mom took me, got my first abortion. And six months later, I got pregnant again by him, same age, 13. She got me another abortion. And I didn't get pregnant no mo' by him 'til I turned 14. And I didn't know what to do.

He was the only someone that communicated with me as an adult. And he have always told me, any time something go wrong, just come to him. So that's what I did. I went and told him I hadn't had my period. I couldn't even remember how many months it had been. He told me don't worry about it; he would take care of it. So he went to the store, and bought some medicine, and he gave it to me.

The next day, I started to have bad pains in my stomach. And I told my mom, and she told me to go wash up, and I went to the bathroom, and I washed up. I went to sit on the sink, and time I sat on the sink, everything just came out. The sink just filled up with blood. I had no idea that was a baby, also. I didn't find that out 'til years later when I reached the age 21.

When I turned 15, I also got pregnant again by him. And I had to go to the hospital once again. I think I was like 6 or 7 months pregnant. And the baby was dead. They had to do a procedure to remove the baby from me, and I liked to lost my life. Had to have a blood transfusion. And found out later that baby was a boy. And my mama was crying because she wanted that baby. She wanted that lil' boy.

As Rosa spoke, I noticed that Shanell had begun to sob, wiping away the heavy tears that were streaming down her face with the backs of her hands. I motioned to Amara to bring her some tissues. Amara picked up the box of tissues and swiftly crossed the room to sit next to Shanell. She sat with her and rubbed her back gently, as Shanell wiped her tears and caught her breath. Rosa, seemingly unphased, continued.

My last real suicide attempt was in 2015, but I've been suicidal from age 11 all the way up to 2015, just on and off. But when 2015 came, that's when I really tried to kill myself. I did the plan the day before work. I already knew what I was gon' do. I went to work. I stole some pills from the lady house that I wuh workin' fuh. And I went downtown to

Five Points. Went in the bathroom. And I was crying and talking to God. I told the Lord, “I really don't want to die, but I just don't see no way out. I'm just so tired. I'm just so tired of all this hurt and pain that I've been going through all of my life.”

At that point, even Rosa's stoicism faltered, and she began to sob. Shanell handed her the box of tissues. Rosa removed her glasses and wiped her face. She gathered herself and continued.

I didn't have no reason to live, so I took the pills, wantin' to die. It was a young lady in the bathroom, also. And she heard me crying. And then she asked me, was I OK. And I told her “No, 'cause I just took a bunch of pills.” I just wanna die. I just want the pain and the hurt to go away. And she got me help from the police.

When they called my children and told them what I had done, my youngest child came down there. I hurted so badly to see her crying. I couldn't do that no mo' to my kids or to myself. I had to pray and find some strength within myself and to trust God to give me the strength to be strong, and not to attempt that ever again. That was the worst feeling I ever had in my life.

So, I just wanna be able to tell my story, 'cause I want other children to be safe. I don't want to see no child be molested and hurt by no other grown person anywhere on this earth.

I asked Rosa how she felt, now that she had shared her story with the Story Circle. She replied, “I'm OK, 'cause I've been doing this for a while. It does get emotional at certain parts, though.” I looked around the room at the drained faces of the rest of the Story Circle participants. “How is everybody in the room?” I asked.

“I'm overwhelmed,” Magee said, her voice devoid of its usual sparkling vitality. “I'm tired. My brain is overloaded.”

“Yeah, it's been a long Story Circle,” I responded, aware that we had all been sitting and listening to each other talk for almost three hours. Looking at the Storyteller's worn faces, I could tell that the intensity of the day had begun to take its toll.

“It's not the amount of time,” Magee countered. “It's the stories. It's the emotion. When you feelin' so much, it makes you tired.” She sighed and slumped over the desk in front of her.

“I have just one more thing to say.” Rosa chimed back in. “From that abuse, I do have three daughters that I had to bring into the world.”

“Oh, my God!” Magee exclaimed as her eyes widened and her jaw dropped to the floor.

“They are with me now,” Rosa continued,

Two of my daughters from that relationship, they support me. I just don't get that support from my oldest daughter, 'cause she just refuse to believe that that happened, that he did those things to me. She blames me. And I've been trying to get her to get some help. And I've felt her love-hate. I've felt it.

The Storytellers went around the room bonding over the fact that they had all been raped or molested by male relatives. Delores, by an uncle, Magee, by a cousin. Shanell, too. She was the last to speak, finally having gathered herself after her tearful response to Rosa's horrific story.

“I was just gonna say that that's just a lot,” Shanell said,

And if you look at how hard it is for grown women to come forward when they've been raped, even adults have a hard time coming forward. So, being a child, it's not your fault. None of that was your fault.

“Thank you,” Rosa replied gently, nodding.

Before we moved on to our final Storyteller, I checked the Zoom chat. Donna had written in response to Rosa's story, “You are a strong person, and your story is very strong, too.” I read the message aloud to the group as Donna's warm smile spread across the screen.

Finally, it was Mei Ming's turn. “The Closer,” as Magee jokingly called Mei Ming, began hesitantly because she hadn't yet written anything down.

I want to tell the impact of child sex abuse and the lack of family and community support. I want to know my suffering is for a purpose and not in vain. I realize that pretty much every relationship I've been in are with narcissists. And I realized that both of my parents were narcissists. And in that relationship with them, there was sexual abuse, secrets, abandonment.

My father made me be the warden to my brother. My brother was my strongest support, so it was to separate us. Because my dad, both my parents, were jealous of our relationship. And I have a lot of anger, because I have older brothers and sisters. And my sisters, my mother, and my aunts all knew about the abuse. My aunts, they confronted my mom when I was 10, and my mom denied, and they were like, “Oh, well, that's fine. It didn't happen.”

But they all knew about it. My sisters, it happened to them. They did not protect me. So, I don't speak to my older sisters. I think I have three of them by my father, not my mother. It was me and my brother by my mother.

Mei Ming's voice broke as tears welled up in her eyes.

My brother passed away from suicide. He committed suicide 'cause he couldn't deal with it. And I didn't learn 'til later that my mom was a narcissist, and that's why we constantly dealt with anger, rage, and the different emotions I did not understand. It was constant chaos or abandonment with her.

My father, I don't know where he is. I called him out on his abuse. He lied to me. He was supposed to help me try to get ahead in life, then he did some legal stuff to try to stop it. So, instead of trying to go after the money, I went after the fact that he was a pedophile. And I wrote it on the bank checks that he used. They were still reading the bank checks then because they were still processing 'em manually. So, somebody saw it, and he's been in hiding ever since. His family doesn't know where he is.

With my suffering, I was able to save three children who were physically in my dad's house. That was his girlfriend's children. I sent them back to their biological father and told him why. And I also stopped my father from getting a daycare license. And that was what I wanted to do in life, was to help with the children. But it wasn't enough, and without purpose, I don't feel a reason to live.

I got to a point where I wasn't progressing in life, and I wanted to die. So, I took pills, and it didn't work. I woke up. I was mad. And then after that, I found 12-step groups and learned a different way of life. It kept me alive. Then when I found Nia, that gave me another purpose to live. And I found Nia because I wanted to crash my car on the freeway. I had constant thoughts of just going full throttle into a wall.

And this project is just givin' me a platform to share my pain and share what I know a lot of women has gone through. To show that just because my dad smiled and gave me pretty much everything I wanted doesn't mean that he wasn't destroying my life at the same time.

Death came out of my family because of those things. And I'm just trying to save the next person, even a child, if I can. Let the next adult not suffer as much. Just let them know they're not alone and that their pain is real and valid.

"How did it feel?" I asked Mei Ming after thanking her for sharing.

"I'm feelin' anger," Mei Ming responded, her face red and moist with tears

'Cause my brother's not here. And he died for the same reasons I wanted to. Before he died, he told me he wanted to die. He was asking my permission to leave me. One reason I'm here is because I refused to leave him. After he was gone, I said, "Either I'm gonna go with him or I'm gonna have to learn to live for myself." And that was a hard thing to do. I'm still learning.

“But um,” Mei Ming paused, clearly in a reflective mood,

It feels good because it's for a reason. When you don't have a platform, you wonder how it's going to help somebody. How are you gonna get your message out? How are you gonna save somebody? When you have a platform, it is like, “Finally. It's gonna happen.” And then I just wonder how powerful it's gonna be.

A weak but hopeful smile spread across her face.

“Sounds like there's hope for you in the power of the telling and the power of the platform,” I reflected to her.

“Yes, definitely,” Mei Ming replied.

I asked others if they had any responses to Mei Ming's story. Shanell offered encouragement,

In your story, you said death came out your family. But also, life came out your family, because you saved those three little girls. So, when you said that, it brought me back to the fact that, yes, it was painful, but you was able to help somebody, or *somebodies*. So, I think you should highlight that as well, if you can.

Mei Ming nodded. I seconded Shanell's feedback, “You have already done so much. And with this story, feel free to highlight –”

“–The triumph,” Magee interjected. “'Cause that's what it is.”

“But that's not the story I want to tell,” Mei Ming responded,

Like, it wasn't violence. And it's almost worse when there's no violence because it's just like an invisible disability. There was no beatings. It wasn't a violent rape. It was grooming and secrets and abandonment, even though the person was there. My mom was there *watching* my dad. So then, who am I supposed to go to and say, ‘This don't feel right. I don't like this.’ You know what I'm sayin’?

Reluctant to accept Mei Ming's narrow definition of violence, I countered,

I think what would be helpful is if we expanded how we understand violence. Because if violence is just beating, then you did not grow up in a violent household. But there was harm done to you in your family. So, to me that is violence. It may not have been beating, but there was sexual and emotional violence.

“It was still violence,” Rosa chimed in softly, backing me up.

“Yeah, but you don’t have enough time in two-to-four minutes to broaden the definition of violence!” Mei Ming retorted, alluding to the brevity of digital stories as an impediment to getting her point across.

Shanell, drawing on another experience in Nia chimed in to support me, “I’ve learned through Women of Color, define words how *you* want to, Sis!” The skeptical look on Mei Ming’s face let me know she remained unconvinced, but at least the Story Circle had given it our best shot.

“Ooh! She got somethin’ in the chat!” Shanell blurted out, reminding me that Donna, too, might have something to offer to our discussion. I read aloud what she had written. “Thank you for sharing. Your brother is proud of you. Be proud that you saved other lives.” Mei Ming, grinned with gratitude.

We wrapped up around 5:30pm, as Woodruff Library closed for the day. I thanked all the Storytellers for their participation and checked in about what their plans for self-care were for the rest of the evening.

“I’m goin’ home and light up my lil’ friend,” Rosa said, subtly referring to the weed she was apparently planning to smoke once she got home. The room erupted in boisterous laughter.

“That’s one way to cope!” I said, grinning.

“He’s already on the table waiting there for me,” Rosa said, a sly smirk spreading across her face.

Once the remaining giggles subsided, I went back into facilitator mode, reminding everyone that I hoped some of them would be willing to share their stories at a public screening event in September during National Suicide Awareness Month. I also reminded them that the next two DSP sessions would be on Zoom, and that we would be discussing much more concretely how to go about creating them. Calling me back in as a fellow Storyteller, Shanell

turned to me and demanded, “What’s *yo*’ plan for self-care?” I smiled, grateful for Shanell’s willingness to embody the mutuality that I had so longed for at the outset of the DSP.

While the first Story Circles had been a triumph, the misunderstanding with Sarah and its aftermath dampened the elation I felt about getting the project off the ground in such a tangible way. I hated that I had been so vulnerable to her questions, doubts, and criticisms because of what it revealed about my own lingering self-questioning, self-doubt, and self-criticism. And I hated that the second Story Circle had had to devote so much of its time and energy to supporting me around my insecurities and fears instead of doing its own work of storytelling. My goal had been to reflect calmness and confidence to help support the creation of a safe space in which the Storytellers would feel comfortable laying aside their masks and armor. When your leader dissolves into a sobbing mess, though, the feeling of safety can be compromised. There was repair work to be done.

During the drive home, I called every DSP participant to hear how they were feeling given the emotional intensity of both Story Circles and to review their self-care plans. I thanked the participants who witnessed my tears in the afternoon group for allowing me to be vulnerable and for offering compassion. I tried to reassure them that I was, indeed, the competent professional that I had originally presented myself as, so that they could feel safe continuing along on this journey with me. Delores’ response comforted me the most.

“I barely wanted to even come today, my social anxiety was so high,” she confided,

Shanell had to force me to leave the house. And I was planning not to even be emotional like that. But you sharing your emotions with us let me know that it was OK for me to be emotional, too. And so, I could cry when it came time for me to share my story because you cried.

In that moment, I learned that my being vulnerable, instead of breaking down safety and trust, helped to continue to establish those important feelings for Delores, who in turn was able to be more vulnerable than she had originally intended.

Sadly, not every participant experienced my vulnerability the same way. I would learn the following Monday that Donna, who'd participated via Zoom, had completely misunderstood what had caused me to become upset. Dr. Kaslow called me while I was uploading the video data from Sarah's SD cards to my external hard drive to let me know that Donna had expressed concerns about me to her individual therapist that afternoon. Apparently, Donna thought that I was upset from the emotional weight of the stories that had been shared in the morning's Story Circle and that hearing stories of suicidality had left me an emotional wreck.

Because of how she interpreted what happened, Donna felt less safety and trust in me. She wanted the DSP to be led by someone who could handle the weight of the stories that were being shared and not crumble in the face of trauma. She was devastated when it began to look like I was not that someone. Because of the challenges presented by virtual participation, Donna did not understand that I wasn't processing my anxiety about suicidal Black women, but my fear of acting unethically in my pursuit of understanding the experience of being a suicidal Black woman.

It both broke my heart and angered me that Sarah voicing her discomfort with our work at an inopportune time had created a rift in a relationship that had taken years to develop. I knew that Donna had a uniquely traumatic history which had led to a heightened sense of distrust. I also recognized that she was the only Story Circle participant who was not physically in the room that afternoon, which made it more difficult for her to hear and understand all that happened. Her physical distance mediated by technology meant that she did not get the full experience of what happened that day. Those factors combined made it such that I was not surprised that she would be the one to walk away having misunderstood what transpired.

I had an opportunity to try to repair the rift, as Donna and I had a Zoom check-in about her digital story that upcoming week. We never got around to discussing Donna's progress on

her story. Instead, we spent our thirty-minute meeting debriefing Saturday's miscommunication. She laughed with embarrassment at herself for misunderstanding, and I laughed with dismay that the misunderstanding had led to mistrust. But we were both grateful for the opportunity to reconcile. We were able to bring our fears to the table and be seen and heard by one another. There was no judgment or condemnation on either end, just shared acknowledgement of how unfortunate it was that that misunderstanding had occurred and that it had triggered feelings of unsafety and distrust in Donna. Before hanging up, we shared our mutual desire to repair the relationship and continue working together.

¹ STAIR stands for "Skills Training in Affective and Interpersonal Regulation." It is a type of therapy designed for people with PTSD. For more information, see: https://www.ptsd.va.gov/professional/continuing_ed/STAIR_online_training.asp.

² We watched "The Protector," which can be found here: <https://youtu.be/BDXBPKchxdE>. Supported by the Transgender Law Center, *Positively Trans* is an initiative led by HIV-positive trans women of color to help address stigma and discrimination. For more information, visit <https://transgenderlawcenter.org/programs/positively-trans/>.

³ Liana and Amara are pseudonyms.

Chapter 4: Digital Storytelling Project Process and Premiere

In the five weeks that remained between the first Story Circle and the DSP Premiere, I held two additional Zoom workshops with the Storytellers in which I introduced them to the technical aspects of digital storytelling, like creating a storyboard and editing sound and images using WeVideo. Mostly, though, we worked one-on-one over Zoom, email, and text message. The Storytellers emailed me drafts of their digital stories, and I responded to them via email or in our Zoom meetings. For those who requested more hands-on guidance, we met at the local public library or in their homes. We sat side-by side at kitchen tables and conference tables poring over old family photos, nailing down the perfect turn of phrase, and figuring out the right song, sound effect, or transition. I supported each Storyteller individually as she discovered exactly what she wanted to say and how. It was a beautifully homemade and collaborative process, infused with hugs, humor, tears, and laughter. Frustration and setbacks were met with patience, grace, and trust that in due time and with enough support, we would get the outcome we sought. It was amazing to me to see how seriously these women took their work. I was so happy to devote my time to supporting them in getting as close to their dreams of beautiful, impactful digital stories as I possibly could.

Most of the Storytellers were comfortable enough with technology that though they might have experienced some initial trepidation working with WeVideo, they were confident that they could figure it out. Though most did, some Storytellers employed technological workarounds. Delores, for example, found WeVideo so cumbersome that she chose to create her digital story using another online video editing tool, Canva. And Rosa was so wholly uncomfortable using technology that she outsourced all the technical work to me. Though that resulted in a digital story that had a similar look and feel to my own, Rosa's hand remained evident throughout. Rosa chose every word of her voiceover and selected the order that each of the photos would appear.

She also chose how and when the R. Kelly song that she selected would play in her video – claiming the sonic foreground during the opening and at the credits and taking a back seat throughout the bulk of the story to let Rosa’s voice shine through. I found it deeply ironic that a childhood sexual assault survivor would choose a known perpetrator of sexual assault to accompany her digital story, and at Rosa’s kitchen table one afternoon, I told her just that. “Well, he’s a victim and a survivor, too, you know,” was Rosa’s measured justification. The song stayed.

While Delores was quite comfortable with technology, she requested a lot of feedback on her narrative, which meant that I saw and commented on several iterations of her story over the weeks. One of the biggest adjustments we made was related to the language she used to describe the sexual assault she experienced as a child. In the first draft of her story, Delores had written that her descent into self-hatred was the result of a “traumatic event.” What was left unsaid was that this “traumatic event” was a sexual assault by a male family member. To not have any understanding of the nature of the traumatic event would make it difficult for an audience to fully grasp the enormity of Delores’ devastation or why she internalized self-hatred and shame.

“It matters,” I told Delores,

That as a child, your trust was violated by an adult in your family. That kind of betrayal at such a young age can be devastating, and there’s gotta be a way you can convey that devastation without saying exactly who it was or exactly what he did.

Delores expressed gratitude for my critical engagement with her work, for my pushing her to go deeper. And in the next iteration of her story, she shifted her language from the vague “traumatic event” to the active specificity of “a trusted adult touched me.” I was glad Delores was willing to take the risk of stating more precisely what happened to her, because it provided a much clearer understanding of why an otherwise happy child would turn into a suicidal pre-teen.

This traumatic betrayal by a family member at a young age planted the seed for self-hatred and self-blame to grow, and that was the story that needed to be told.

Evette's digital story took the most dramatic twists and turns in its development. Like Delores, Evette struggled to say clearly and directly what it was that prompted her suicidality. Unlike Delores, though, I knew Evette thought of herself as an artist. I had witnessed her beautiful performances of her original music while she played guitar at Nia community events in the past. Because she was a songwriter, I sensed that she might be more comfortable with speaking about her experience with suicidality in metaphor, leaving details and description for the imagination. Another thing I recognized about Evette, which was also true for every other Storyteller, was that timing was everything. And I recognized, given how stilted and awkward the writing was in her initial drafts, that this was not the right time for her to tell the full story of her experience with parental abandonment, abuse, bullying, or sexual assault. This was not the time for Evette to speak to, for example, the importance of her relationship with her niece, one of the few things that gave her life meaning. This was the time for Evette to tell her story in a more poetic, nuanced way. Perhaps at another time in the future a clearer story would emerge.

Evette, who ended up not being able to make it to the first Story Circle, had emailed me several written drafts of her digital story. She ultimately shifted about halfway through, though, from a linear, detailed narrative to a story that was far more metaphoric and atmospheric. When this shift happened, Evette's creativity blossomed. Her digital story ended up taking on an entirely different form from those of the other Storytellers. The goals of our work included agency and freedom of self-expression, though, so even with the changes, we were right on target. Once Evette had created a visual version of her story, I had only two main points of feedback. The first was related to the images and videos she chose. Every photo in her story featured a White person, which created a sense of cognitive dissonance, given her experience as

a Black woman. I wondered aloud in one of our Zoom meetings if Evette might spend some time finding images of people whose features more closely resembled her own. My second ask was that Evette write a piece to accompany her digital story to provide some context and a rationale behind why she chose to give it the unique form it took. She obliged.

Because Shanell had a learning disability, she was very concerned about her ability to write a cohesive story and then translate it well to MyVideo. For those reasons, she expressed to me that working side-by-side in person would help her feel most confident about what she was producing. Shanell was the primary driver behind several of our public library co-working sessions, which produced a sense of comradery and group cohesion among those who were able to attend. Though Shanell was dedicated to finishing her story, she was also honest about the way her perfectionism and anxiety contributed to her moving slowly on it. In the end, Shanell did not have a completed digital story ready for presentation at the Premiere in June, but we did meet together as a cohort on Zoom later that summer to celebrate her when she did finally finish.

Mei Ming drafted the full text of her story in one day in a burst of energy and inspiration. She sent it first as a voice recording and then as a text message in thirteen numbered paragraphs. Because Mei Ming had so much to say, particularly about the loveless family dynamic in which she was raised, exacerbated by her parents' narcissism, her original recording was almost seven and a half minutes long, far too lengthy for our purposes. So, we worked on whittling down her story by getting to the meat of the conflict and moving away from diagnosing and analyzing her parents and their behavior. In so doing, we got closer to the impact of their behavior, which was ultimately Mei Ming's risk-taking behaviors and suicidality.

I didn't get to see a draft of Mei Ming's visual choices until we were too close to the Premiere for me to give substantive feedback. Unlike the other Storytellers who mainly employed images and video drawn from their personal archives, Mei Ming used cartoons and

clip art from the Internet. Though most of the images she chose were black-and-white, it was clear that they depicted White people, which I again found curious. But I was not going to let that detail get in the way of Mei Ming completing her story. Particularly when in a text message one night, she said to me, “This project is wearing me out. Even with caffeine, I am feeling tired, because my emotions are really being tried. I need to hang out with the girls.” I was impressed with Mei Ming’s awareness of what was happening with her and what she needed to help combat the weariness induced by digging into a story that involved not only the grief of recounting a traumatic childhood but the painful loss of her brother to suicide as well.

I learned early on in Magee’s process that creating her digital story was emotionally difficult, not only because of the work of digging into the conditions that led to her suicide attempt, but because of the timing of the DSP itself. Magee’s 25-year-old cousin had been the victim of gun violence a few weeks before we started. That recent experience of loss triggered painful memories of what it had felt like for Magee to lose her younger brother to gun violence ten years earlier. In one of our Zoom meetings about her work, Magee sat in the dark. I could make out only the outline of her head and torso, which were backlit by the window behind her. She spoke softly and much more slowly than her normal pace. Through tears, Magee described how tearful she’d been recently and her difficulty sleeping. She’d recently begun sleeping with the light on. Magee wasn’t sure if it was her cousin’s death or the DSP or some combination of the two that was triggering these symptoms. My first responsibility was Magee’s safety, so after we got off Zoom, I alerted the Nia team that she was in distress, and they followed up with her. In the weeks that followed, I didn’t hear much from Magee, and I began to worry that she would not finish. But the week before the Premiere, Magee assured me she would finish. She was a woman of her word, and it was important to her to complete what she had started.

I had the least insight into Samone's digital storytelling process, as we only met once on Zoom shortly after the DSP Kick-Off to try to move her story ideas from a jumble of images and poetry to a cohesive narrative with a beginning, middle, and end. Samone's busy work schedule made it difficult for her to keep Zoom appointments and she wasn't the most responsive texter. One week before the Premiere, I doubted that Samone would make it to the finish line, but she assured me she would.

Meanwhile, I made progress on my own digital story, writing and recording my script and making trips to my parents' home to thumb through dozens of leatherbound photo albums, searching for photos to accompany my story. I was glad to do it, as it provided me with an embodied understanding of the nature and volume of the work I was asking of the Storytellers. It instilled in me an even deeper sense of gratitude for their willingness to not only do the emotional excavation required to tell a story about their experience with suicidality, but the technical work required to make that story both visual and aural.

Digital storytelling is meant to be photo-based, and finding enough photos to accompany almost five minutes of voiceover was a challenge. Even with access to thousands of family photos, it was not always easy to find the perfect snapshot for every beat of my narrative. I eventually had to supplement some of my photos with images sourced from WeVideo's digital archive. I was grateful, though, that I had saved the discharge notes from the hospital where I had awakened after my suicide attempt with my wrists and ankles tied with strips of cotton to a metal bedframe. Including that documentation added a gritty realness to my story that I felt was needed, because for better or worse, I don't look like what I've been through. My wide, cheerful smile, bright eyes, and professional demeanor make it difficult to see the young woman who once suffered so deeply she thought that ending her life was her only choice. The scars that I carry from that time are not visible to the naked eye. The discharge notes are some of the only

concrete evidence of where I've been and how far I've come. They are not the whole story, but they are an important part.

By the time it became necessary to finalize plans for the DSP Premiere, I knew it was safe to condense our group from two Story Circles to one, as only six of the twelve participants we began with would be presenting. Though Princess Shanell had assured me she was committed to finishing, her digital story would not be ready in time for the June Premiere. The only Storytellers who would be presenting then would be Mei Ming, Evette, Samone, Rosa, Magee, Delores, and me.

Star dropped out because her elderly mother had a bad fall and needed caretaking, and none of her siblings were willing to step in and help out. Because Star didn't have a job, her siblings' reasoning went, she could care for their mother. Of course, Star was devastated that her siblings did not value her participation in the DSP as work worthy of time and attention, but she capitulated nonetheless. Whitney dropped out because she found it too difficult to balance the work of digging into her experience with suicidality with being a single mother to a pre-teen daughter and holding down a full-time job. She understandably did not have the emotional capacity to participate fully. We lost Liz, too, because of time constraints around caring for her children. Donna dropped out because the time needed for the DSP conflicted with her work organizing the first Juneteenth celebration ever in Fayette County, a noteworthy outcome of the racial reckoning of 2020. Finally, we also lost Charlotte, who sent an unceremonious email the week before the Premiere formally informing me that her time with the DSP had come to an end.

I didn't begrudge any of the Storytellers who dropped out for not completing their digital stories. I knew I was not owed their labor and that they participated at their pleasure. The last thing I wanted was to over-tax the resources of women who I knew were already stretched thin and who had other, more pressing priorities, like meeting their basic material needs, caring for

their own mental and emotional health alongside the family members who depended on them, and doing important community work. With each Storyteller loss, all I could do was offer grace for the remainder of their journey while remaining grateful for the time we shared together and for what they brought to the Story Circles.

Because of how things had gone at the Story Circle with Sarah, I knew I would have to find another videographer for the Premiere. Instead of courting disaster again with another stranger, I asked my closest friend in the PhD program, Annette, if she would film the event. Knowing her only qualification was that she was a dear friend, I met with her beforehand to introduce her to the camera equipment. I figured that even if the quality of the videography wasn't Oscar-worthy, her presence wouldn't put us at risk for any unforeseen emotional or logistical disruptions.

The Thursday evening before the DSP Premiere, I sat on my living room sofa with my laptop. I checked my email, as I did compulsively those days, to make sure I hadn't missed any new drafts or urgent notifications from any of the Storytellers. The only thing awaiting me was an email from Dr. Kaslow, who was in Europe on vacation. It was entitled, ominously, "we need to touch base." Hesitantly, I opened the email to discover that Dr. Kaslow had been made aware that several of the Storytellers had conveyed great emotional distress to their therapists related to their participation in the DSP. "Before this proceeds," Dr. Kaslow wrote, "we need to talk. Are you free Monday morning?"

Monday morning? Waiting until Monday morning to talk would mean canceling the Premiere, which was less than 48 hours away. A sinking feeling threatened to swallow me whole. My heart rate quickened, and my breathing became shallow. I wasn't surprised that some of the Storytellers had been growing increasingly nervous about sharing their stories publicly as the Premiere approached, and I was glad that they were speaking with their therapists about it.

That was, after all, the point of recruiting Storytellers who all had access to mental health clinicians. I was concerned, however, that the Storytellers who had shared their concerns with their therapists had not felt comfortable enough sharing those same concerns with me. I had been caught completely off guard.

I knew it was natural to be stressed out by a looming deadline. As a student, I was far more familiar with that feeling than I cared to admit. I also knew just how terrifying it can be to expose something you have created to the imagined judgment of others. But if the Storytellers, who I knew were deeply committed to the DSP, had any idea that the Premiere was at risk of being cancelled because they had confided in their therapists about their reservations, they would be devastated. The only thing standing between a successful Premiere and a dream deferred, not just for me as a researcher, but for the Storytellers, was my ability to keep my wits about me and respond wisely to Dr. Kaslow's concerns. So, I took a deep breath, prayed, breathed some more, and then clicked "Reply."

Over the next several minutes, Dr. Kaslow and I exchanged a flurry of emails in which I expressed my deep surprise and concern for the Storytellers alongside the time-sensitive nature of the matter. I told her that in two days, we were planning to have a "triumphant celebration of everyone's hard work over the past several weeks," and that I'd hate to cancel Saturday's event for the participants who were ready and excited to share. I was willing to, though, if she thought it necessary. Dr. Kaslow stressed that the most important thing for me to make clear was that Storytellers knew they had a *choice* to share, even with the others in the Story Circle. Absolutely no one should be encouraged to share with family, and I was to reach out to the Nia therapists to see if anyone would be available to be at the Premiere to offer support. I agreed to all of Dr. Kaslow's requests. I did, however, let her know that conversation about cancelling the public

screening event planned for September would have to be reserved for a later date. That would be a hugely impactful decision that, in my barely controlled panic, I was not prepared to make.

After the matter had been settled, I called my dissertation adviser, Dr. Lartey, to update him on the conversation with Dr. Kaslow, carefully monitoring my tone so as not to reveal just how closely my project had come to disaster. In his wise, calm way, Dr. Lartey reassured me that I had done enough work and had enough data. Even in the event of a canceled public screening, I could finish my dissertation. The public screening was icing on the cake, he said, and if Dr. Kaslow deemed such exposure unsafe for the Storytellers, the appropriate thing to do would be to cancel it. “Everything will be just fine,” Dr. Lartey reassured me, as I held back the tears of anxiety and gratitude welling in my eyes.

Early the next morning, I emailed the Nia therapists asking if any of them would be willing to attend the Premiere. Sadly, none of them could make it in person due to the short notice, but two of them agreed to be on call to offer support over the phone in case any of the Storytellers needed it. Friday afternoon, Amara and I hopped on Zoom to discuss how to strengthen her role as the emotional support person. She suggested that perhaps instead of her having to read Storytellers’ body language, which was difficult given her lack of familiarity with the group members, we could come up with a way for them to discreetly signal their distress so she would feel more comfortable approaching them to provide support.

We decided to make coasters out of construction paper – red on one side and green on the other – that would serve as distress signals. At the beginning of the Premiere, we’d give each Storyteller a coaster to keep on the table in front of them. Green would be the default position, letting us know they were doing well. If they flipped the coaster to red, that would be an indicator that they were not doing well and an invitation for Amara to approach the Storyteller. She would then invite the Storyteller to a separate room to gather herself either alone or with the

support of one of the Nia therapists on call. After solidifying our plan, Amara and I grinned and gave each other a virtual high-five. It felt good to have this added bit of confidence that care for the Storytellers was being prioritized in increasingly clear and actionable ways.

Later that day, Princess Shanell called me on the verge of tears. She had just been diagnosed with Covid-19 and would not be able to attend the Premiere in person. This was devastating to her, as she and Delores had grown close over the course of the DSP, and she had been looking forward to celebrating Delores' 40th birthday at the Premiere. She had even placed a custom order of a cupcake birthday cake for Delores with a local grocery store. I reassured Shanell that though she wouldn't be able to attend in person, she was welcome to join us on Zoom. Also, I would happily pick up a birthday card for Delores if she could find someone to bring the cake. Shanell quickly confirmed Mei Ming as the cake's chauffeur via text message. Yet another crisis averted.

The Saturday morning of the Premiere arrived with a clear blue sky and the most beautiful late-June weather Atlanta had to offer. I was finally at ease. Ahead of me was a long day, but I was certain it would be a good day, come what may. I wore a coral maxi dress I had just bought. Given everything we'd been through to get to the Premiere, it felt important to mark the occasion with color to embody the joy that this moment represented for us as a group of suicide attempt survivors gathering to reclaim our stories and our voices.

Annette picked me up and drove us to campus. I hugged Amara in the lobby of the library and handed her the birthday card that she was to have participants sign as they arrived, careful not to let Delores see. Annette and I continued into the belly of Woodruff Library, to the conference room where together we went through the routine of repositioning the tables to form a circle, bringing down the large screen, setting up the Zoom room, testing the A/V

equipment, test-driving the camera shots, queuing up the Storytellers' videos, and arranging the food and beverage tables.

One by one the Storytellers arrived. Delores, in a bright-pink track suit, in a wheelchair accompanied by her aide, a young Black woman who waited outside the conference room at a nearby bank of computers. Samone, in a Black t-shirt that read "I am enough" in bold white letters arrived next, carrying a bouquet of bright flowers for me. I teared up as I received them and hugged her, grateful for the kind gesture. Next came Rosa and Mei Ming, covertly carrying Delores' birthday cake, which we were careful to position on the food table without Delores taking notice. Shanell and Star joined us on Zoom. Evette was running late, but on her way. Magee had to work that morning, and likely wouldn't arrive until the midway point.

I had prepared opening remarks, and I could feel my throat tightening as I began to speak,

I want to say how sincerely grateful I am to all of you for being willing to embark on this journey with me, with each other, with yourselves, and for some of you, with your friends and family, who have been a part of this process as you all have collected images and made decisions about whether to participate.

I continued, expressing my awareness that this work had brought up difficult emotions for some, as they had had to look back on painful life experiences. I acknowledged that they had overcome resistance to writing and difficulty with the technology and I recognized that each of them, against the odds, had been able to produce beautiful, powerful works of art. I thanked the Storytellers for trusting me to be their guide on this journey, even though some of them didn't know me very well at the outset. I told them I was honored by their trust and that I was proud of them. I closed by saying,

I hope that each of you is proud of where you were able to get with your stories. My prayer is that this has been a journey of healing more than anything. A journey that has allowed you to reclaim your stories, your identity, your power, your self-worth, and hopefully even some self-love. You ladies are all so amazing, and I have absolutely loved working with you. This has been the opportunity of a lifetime.

Then, I shared the plan for our time together. As discussed with Dr. Kaslow, I reminded all the Storytellers that their investment in this research would be fulfilled that day. They were not required to go any further into a public screening event, and even if they didn't want to present their stories to the group of Storytellers, that would be alright. If they had submitted a completed digital story, they had completed their work and would receive a \$100 Visa gift card. After mentioning that we would end the Premiere with a discussion of what we wanted the September event to look like, I called the Storytellers' attention to the slips of paper on the tables in front of them that held the names of the two Nia therapists who were on call for the day. Together, we practiced flipping the construction paper coasters from green to red.

After going around the conference room and the Zoom room for a final round of introductions, I opened the Premiere with my digital story. I explained to the group that I had entitled it "Psalm 151" because there are 150 Psalms in the Bible, and I thought of my digital story as my own song of praise and thanksgiving to God. As the video played, I was met with decades-old images of me and my family at home and at church. I remembered just how much pain I had been in while I was suicidal and an atheist and how long and difficult the road back to life and faith had been. As the memories washed over me, tears began to well in my eyes. It was intense and deeply emotional to share that intimate portrait of such a tender period in my life with the Storytellers for the first time. As the credits rolled, I looked around the room at the other Storytellers. Tears were streaming down some of their faces.

"Thoughts?" I asked, as the final strains of music played. "Well, maybe some tissue."

"That was beautiful," Mei Ming offered, gently.

Shanelle echoed Mei Ming from the screen, "That's what I was thinking. And I loved the moments of movement, like, the water." I joked that the water imagery had come about because I

ran out of family photos. Everyone laughed, expressing the group's now-intimate familiarity with the difficulty of finding enough images to keep a five-minute piece visually interesting.

"It really touched my heart," Rosa said,

It's like I was feeling the pain you was going through, 'cause I have felt that pain before, 'cause I've been there before. Thank you for sharing such a painful part of your life with us. It really meant a lot.

"Well, you have Delores to thank," I admitted. "It was never actually part of the plan, but I learned a lot doing it alongside you all." I turned to face Delores and said, "If it hadn't been for you, the story would not be told at this time, in this way, in this group."

Delores smiled as she responded,

When we talked initially, I really wanted to know why you were doing it, because I didn't wanna do it if it wasn't from the heart. And when I found out your story, it made me realize that though I thought that you were, like, this perfect person who could teach me about everything, you had been through the same exact experience I had. And so, it seemed like we were just regular people going through regular things.

I thanked Delores for her remarks before admitting to the group that seeing my story on the big screen and receiving feedback was a more emotional experience than I had expected.

"That is not a warning," I said, "but an encouragement for you to be mindful that it feels different seeing it up there in front of everybody or the first time." I was glad to have gone first to have the opportunity to experience some of the emotions that awaited the other Storytellers. I asked who wanted to go next, and Delores raised her hand high with a wide smile.

"My story is about rising from pain and suffering," Delores introduced.

And I might have gotten a little graphic with my pictures. Since we're going to be doing it outside of this group, I wanted it to hit people really deep on how I felt and how other people treated me. I hope you all enjoy it.

As Delores' story finished, I turned away from the screen to discover the room was electric with Storytellers' energy and willingness to provide feedback. Before anyone could blurt

anything out, I asked Delores for her reflections on what it was like to see her work for the first time in this setting. “It was different,” Delores said,

I think it was a lot easier for you all to watch. Once I finished editing this on my birthday, yesterday at 3:00 am, my family looked at me, like, “Can we see?” I was more nervous showing them than I was you all. ‘Cause my brother doesn’t know my whole story and my mom is just now getting to know my story. And so, it’s difficult when it’s family because you feel like they kind of take some responsibility for it. And it makes you hurt. Whereas outside people, you can be like, ‘OK, you all don’t really know me like that,’ so judgement doesn’t hurt as bad.

But doing this has helped me a lot because I’ve been going through a lot outside of this. So, now I can see the signs, like, “OK, something’s not right. I need to talk to somebody.” Even with my therapist, it was like, Thursday. I was like, freaking out. And it was like, “Well, I don’t know if I could do this.” And she was like, “You can do it. I’m here.” And so, that’s why I’m able to be here, because I can express myself a lot better than I used to.

It dawned on me then that Delores must have been one of the Storytellers whose therapist reached out to Dr. Kaslow about my project. As one of the most enthusiastic Storytellers, Delores would have been devastated if she had known that being honest in therapy could have resulted in the Premiere being cancelled. For her sake, I was grateful that I had had the presence of mind to not let Thursday night’s email derail our journey.

Samone, who clearly also harbored concerns about exposing her story to her family, asked, “So, when you showed your family, was their reaction, like, negative or positive?” “They were positive,” Delores responded, her answer easing Samone’s shoulders downward. She continued,

My brother was more concerned, ‘cause he had no clue. My mom was more supportive. And I think this has helped my relationship with my mom and my brother, because we finally had a conversation about why I feel this way and go through the things I went through.

Then, Delores’ reflections took a different turn,

During this suicide attempt, I was very religious. I was even a Sunday school teacher. But I felt like I had gotten to a point where I was like, ‘OK, if I do all the things I’m supposed to do, why am I still going through these things?’ And that made me feel like, “Am I

doing the right things? Am I not doing enough?” And then, when you feel like you done did all you can, you feel like, “Well, this the only option left.”

At Delores’ admission, the room swelled in a unanimous, knowing, “Mm-hmm.” Clearly, she wasn’t the only Storyteller who’d chosen suicide because she felt she’d run out of options.

Evette went next. She began by reading an introduction she had written on her phone.

“I’m introducing my story,” Evette said looking down at her phone, “because it doesn’t include a lot of detail. So, I just wanted to give some context.” She continued,

This short story is a collection of images and videos that create a sense of what it’s like in my mind to go through depression, anxiety, and suicidal thoughts. It’s almost a conversation with myself about the pain, but also the growth that has happened over the years. I was 12 when I first attempted to end my life, and it was pretty lonely and frustrating. And when I deal with the weight of those thoughts today, I wonder when it will end. Through the abuse, the sexual assaults, the loss and pain, I sometimes struggle to live a meaningful and fulfilling life. What I was able to do in this film, however, is, even if it’s not visible, I was able to name and feel those feelings and remember how far I’ve come. It’s difficult to share my story even in a bite-sized piece like this one, but I know it’s a part of my healing journey, and for that, I’m grateful.

After it ended, I turned to Evette and asked her how it felt to see her film screened for the first time.

“I think it was interesting,” Evette responded in her usual half-apathetic monotone,

I felt feelings inside. But it was great to do it. I think the video speaks to the person that I am. I could be a little bit more poetic than direct. And I really enjoyed doing this. It was quite nice.

Delores responded to Evette that she could see Evette’s digital story being on TV,

“‘Cause that was really good. It really depicted, like, if it’s not directly how you felt, but how *someone* feels.”

Shanell responded with an equal amount of enthusiasm,

We talked about adding more people of color. I saw you did that, so that was really cool to see. It was perfect before, but I like the new touches that you made to it. And I see once again this water theme. So, I like that, ‘cause I’m a water child.

Mei Ming chimed in, “I like how it started out where you’re just down, but at the end you’re free. And it’s like, you didn’t have the perfect ending, but you were on your journey. I loved it.”

To Mei Ming, Evette replied, “One of the things that’s different now when I deal with suicidal thoughts than before is that I’m able to speak up about it and actually reach out to people. And that’s huge, like, actually having a support system.”

Magee arrived just in time to make herself a plate of goodies at the refreshment table before settling in next to Samone, who had volunteered to go next. Samone began, “I was a little hesitant at first, ‘cause I felt like my story wasn’t complete or didn’t have as many details as everybody else’s. I found myself trying to spare other people feelings. So, it’s still not complete.”

“When you say you were trying to spare other people’s feelings...” I pressed, curious what she meant.

“When I talk about the trauma – well, the people that did the traumatizing – I tried not to put too many details about them. I left some stuff out. So, I feel like I’m not even completin’ the story all the way,” Samone said.

I assured Samone that we were excited to see what she had, even if she felt it remained a work in progress.

After Samone’s video ended, I turned to her and asked how it felt seeing her digital story played for the first time. “Crazy,” she said, wiping tears from her eyes.

“Crazy?!” I asked, probing for a more robust response.

“Yes,” she insisted. “Like I said, I was hesitant about even doing it. But I always wanted to get an opportunity to tell my story.”

“You did a good job,” Magee offered. “Thank you for sharing.”

“I really loved the last part,” Evette said. “It was really beautiful.”

“I’ve been in the rain so long that I’m getting ready for the sunshine,” Samone said, quoting herself and grinning at her own brilliance.

“Yeah,” Evette affirmed, nodding and mirroring Samone’s smile.

“It’s complete,” Magee chimed in. “I don’t know why you feel like it’s incomplete.”

“‘Cause it’s still missing the main trauma,” Samone insisted. “I’m just worried about other people feelings. And that’s the problem. That’s why I’m not all the way healing, ‘cause I’m still holding onto certain stuff that need to be brought out.”

“Are you inviting them to the viewing?” asked Mei Ming.

“Yeah,” Samone replied, nodding. “And that’s the problem. That’s why I’m trying to spare her feelings.”

Recognizing that concerns about audience had been a significant barrier for Samone in telling her story the way she felt it needed to be told, I offered a possible solution, “It may be that now is not the time to invite family if you feel like that relationship needs a lot more healing-”

“No, she needs to hear it,” Samone interjected before I had completed my thought. The room erupted in laughter.

Delores, who had voiced concerns similar to Samone’s at the outset of the project, chimed in,

When I talked about “a trusted adult touched me,” I didn’t name the person, but anybody within my family would know who it was. So, you ain’t gotta say, “My mom did this.” You could say, “A person did this,” and describe it. She knows what she did. So, you not really putting her out there. It could be anybody. But she knows, and she knows how it affects you.

Delores continued, confident in the expertise she had gained. “You can also show her before you put it out in September. ‘Cause then y’all can talk about it. I think sometimes the shock be the biggest problem.”

“Yeah,” I chimed in. “I remember we worked through your language on how to talk about it, because initially you had nothing there. And it was a process to getting to ‘a trusted adult.’”

“Yeah,” Delores replied,

And I don’t have to put they name out there. So, it’s an understanding without being blunt. And it made me feel better knowing that at least I’ve gotten that part out there. It didn’t just come out of nowhere that I started acting this way.

“Thanks,” Samone said solemnly, processing Delores’ take on how to navigate concerns about audience.

When I asked who wanted to go next, Magee said, “I don’t care. You can play mine.”

“I don’t care, you can play mine?!” I joked, surprised by Magee’s feigned nonchalance, yet aware that it served to obscure deep pain.

Magee introduced her story with bloodshot eyes, rubbing tissues between her hands, nervously.

So, as I told you guys last time, my video is called ‘This Functional Family,’ which is a play on ‘Dysfunctional Family’ and the trauma that happens in that state. The video was good for me, making it, and bad for me.

Magee let out a deep sigh.

It brought up a lot of emotions that I really just keep buried, but I need to un-bury them. I been sleepin’ with the light on since this all started. It’s been a road, but all-in-all, I feel like I did the right thing to make the video, and I hope it can help somebody down the line that may be struggling.

After Magee’s video finished, to I turned to her and asked her how it felt to see her completed work for the first time. She was dabbing tears from her eyes.

“Like a beginning of where I need to be,” Magee responded. She continued,

Just accepting what was and what is. And I just decided that I’m not gonna put on this facade anymore. I’m broken, you know? And I’m a work in progress. And it was hard to maintain that facade all the time because that’s just what I was taught: “You don’t let nobody know what’s going on inside.

So, it's a journey. And like I said, I have PTSD, and my little cousin just got killed in February, which has really been affecting me. That's when my PTSD really manifested, even though I've had it my whole life. Like, when my brother was killed, it just... it just, *everything*. And so, when my little cousin first got killed, I told my brother, "It make you feel like when Toro died."

But I wasn't thinking about the fact that, you know, it was my PTSD. I've been grieving this whole time. That's why I have the light on. In addition to just making this video and talking about what happened, I could feel myself getting better and stronger, but it's still a work in progress. And like I said, I just hope that somebody can learn from my words and that: Just keep living. It will get better. It's always gonna be an up and a down, but don't try to take it to that final step because...

Magee trailed off. Finally, she regained her words. "I realized I have a nine-year-old and a 13-year-old, and if my attempt had succeeded, I wouldn't even be here for my kids right now, and they really, really, *really* need me."

As Magee closed, others began to offer feedback and affirmations. "It's a strong story," said Rosa,

And it will get better. You just have to hang in there and be strong and you got to put some faith and trust in the Lord. *Got* to do that. 'Cause God didn't bring you this far for no reason. I will keep you in my prayers also.

From Zoom, Shanell expressed that the film ended too abruptly for her tastes and that she wished Magee would have filled out the ending. She also explained how hearing Magee's story about drug-addicted parents helped her better understand her own family dynamics.

Delores then offered critical feedback alongside her praise when she said,

I think your story was very powerful, and I really do appreciate you being open. It's hard for me to be emotional in front of people, 'cause I was taught that that's a weakness that people can use. And so, doing this, I can see why it's better to be open and vulnerable, because then you're not only getting weight off your chest, but you're helping other people in the process.

The next video was Rosa's. "I named my story 'Free Bird'" she said,

'Cause I have finally been set free from some of my trauma. I'm still dealing with a whole lot more, but I'm so glad I had the opportunity to work through some of it and get past it. I hope that my story will be able to help others and bring more awareness to child abuse, domestic violence, mental illness, and suicidal thoughts. I hope that my story can do some healing in the world.

As Rosa's film played, R. Kelly's song rang out through the speakers. I scanned the room quickly to monitor for reactions to his familiar voice and found none. When the credits rolled, we applauded Rosa's triumph. I asked her how it felt to see her work on the screen.

"It was amazing, and it was different," Rosa said. She continued,

It made a lot of emotions come back that was still buried deep down inside. I'm just glad I was able to do that and not get too overwhelmed. Thank y'all for giving me the opportunity to share. I'm just thankful to God that I was able to do this. I just want to be a beacon in the world and shine my light and hope that a change will come, and they will start protecting children better than what they're doing today. Children don't have a voice, and I want to be the voice for the kids.

Shanell responded first, with such sweetness. "I know when I first heard your story, it hit me hard. And I'm grateful that you're sharing it, and I hope it helps many people." Mei Ming chimed in next, saying, "I love how you took a terrible beginning, starting out with the pictures of the abusers, but you ended it with a family of love. Your family is still growing and strong, and it shows in your work. I love that."

Excited by Mei Ming's feedback, Rosa added, "That's why I chose all those pictures, 'cause I love my kids. I love family time. And those pictures are happy times. After everything I have been through, I still was able to have some happiness."

Our last Storyteller for the day, Mei Ming, had the briefest introduction. "I think I said everything in my story. And if you guys need an intro, let me know what's missing."

After Mei Ming's video played and I asked her how she felt, Mei Ming replied,

I was excited to share it with you guys because without you, I wouldn't have been able to do that. Of course, I was noticing where I messed up and what I could do better. But seeing what it is today from the day we started, it wasn't very emotional. I do get emotional when I talk about my brother, but this story showed me that he's still with me.

At that admission, heavy tears fell from Mei Ming's eyes. Rosa handed her a tissue box. Mei Ming took two tissues and proceeded with her reflection. "It's like the beginning of a new

chapter,” she continued. “I put everything in there. It’s so good. And it’s all of us. And we need to share this.”

After a final round of applause celebrating the accomplishments of all the Storytellers, we launched into a discussion of plans for a public screening of the digital stories in September for National Suicide Awareness Month. I told the Storytellers I thought the event should be held at a Black church. That suggestion was met by more than a few eyerolls, particularly from Magee and Mei Ming.

“My focus with this research is about how we can get churches, particularly Black churches, to take mental health and suicide more seriously than they currently do,” I explained. “I know the situation as it stands is not ideal –“

“That’s the Devil, baby,” Magee interjected in a mocking drawl. The room erupted in laughter.

“And so,” I pressed on, “this is just an attempt at seeing if we can make a change to this culture. Can we make a change by having an open, honest conversation about what our experience has looked like?”

Mei Ming responded immediately,

I would like to say that this wasn’t for me or for us here in the room, ‘cause we already know what we go through. This is for people out there whose family don’t know. Other community members who don’t know, because suicide and mental illness are shut away in the mental ward behind closed doors-

“I’m telling you,” Magee interrupted again,

I can’t even say it’s a stigma among Black people. It’s like it’s not *real*! In our community, even if you have someone that clearly has a mental illness, they usually don’t get treatment. Then, with people being touched in our community, they know about it, but they still don’t do anything about it.

“We,” Magee made wide circling motions with both hands as if to encapsulate the entirety of Black America, “*We* need a lot of work.”

Rosa then spoke up, saying she also created her digital story to raise awareness because she was tired of public misperceptions about mental illness being the cause of things like gun violence.

I asked for other voices, voices of opposition. I wanted to hear from those Storytellers who might be opposed to a public screening, to hear their point of view. “Do we have any people who know for sure that they do not want any part of this public stuff?” I asked.

“I’m like six steps away from that,” Evette offered, gingerly. She continued,

I definitely want to share, but I do wear a façade, like at work. I don’t share a lot of my depression or the things I’m going through. And my family doesn’t know, either. So, I’m not sure yet about the public stuff. But with this video, I just wanted to show that there’s a lot that goes into it that keeps me here every day. And just like math, I have to show my work.

Next came Delores. “I know this is gon’ probably shock Jessie,” she began,

But if Evette is six steps away, I think Thursday, I got to one. I have severe anxiety. And all of a sudden, I think Thursday I was like, “Oh! I gotta be in front of a whole bunch of people and they’re gonna be asking questions and I’m not in control of this!” Whereas, doing this project, it’s been like, “I’m in control. This is my story. Can’t nobody change it or make me take away from it.” But when you got thousands of people in one room and they’re asking you questions, I think that’s the part where I’m, like, freaked out.

With Delores’ words, Samone’s eyes widened, and she whipped her head toward me.

“They gon’ be askin’ questions?”

“The format is TBD,” I hedged. “You know, if you would rather me or even Dr. Kaslow to be y’all’s mouthpiece, we could do it that way.”

At that, Shanell came off mute to add her voice to the debate,

If we’re doing this for people to gain understanding, if we don’t say anything, they might not gain the understanding that we’re looking for. Just having conversation can gain that exposure and that knowledge that we want the public to get. And having it in the church where a lot of times it’s only “Pray about it” may help facilitate those discussions.

Mei Ming, too, was displeased with the idea of not speaking. “If you put us in a box,” she said,

Like, “Yeah, you get to talk about yourself, but you gotta shut your mouth,” that’s harmful! So, if people don’t wanna talk, that’s fine! But if Magee wanna talk, Rosa wanna talk, *I* wanna talk, put us up there! Let ‘em ask us questions! And if they start getting crazy, shut it down!

After thanking the Storytellers for their insights, I transitioned to our last task of the day, which was to celebrate Delores’ 40th birthday. I landed on a final PowerPoint slide, which read, in large, colorful letters, “Happy Birthday, Delores!”

Both the Zoom room and the in-person room erupted in cheers of “Happy birthday!” Delores beamed with delight. As Amara produced the card we had all signed, I started leading us in singing “Happy Birthday” to Delores. Half the room started with the traditional version and the other half started with Stevie Wonder’s rhythmic, upbeat version, recognized unofficially as the “Black” birthday song. At first, it appeared the traditional version had won out, but the moment it ended, Rosa began clapping and singing Stevie’s version. We all joined in, clapping, singing, and swaying together. “Happy birthday to ya! Happy birthday to ya! Happy biiiiirrrthdaaaayyy!”

“We got both of them in!” I exclaimed, beaming with delight as the roomful of Storytellers erupted in cheers and applause.

With no hiccups on Saturday, the DSP Premiere was exactly the mountaintop experience I had hoped for. I was thrilled that it had gone so well, that everyone had gotten to show their videos to a room full of warm, supportive people who would hear them out and not judge them. I was so proud of the Storytellers who finished, and I was proud of myself for holding it together well enough to hold out the finish line for them. The following Monday, though, during a phone call with Dr. Kaslow, I received news that would take some of the shine off my post-Premiere glow.

I learned from Dr. Kaslow that Donna had been deeply offended by a text message I had sent her the previous week letting her know it was alright if she could not complete her digital

story due to the pressures of working on the Juneteenth celebration for her hometown. Donna had interpreted my text message as me pushing her out of the project. She had taken my words to mean that I thought her story was no longer worthy of investment. That was the opposite of what I intended to offer Donna, which was the grace she may have needed to be able to walk away from the project without any feelings of pressure or guilt.

I was saddened to learn that my words had been so misconstrued, but Dr. Kaslow assured me that this was simply part of learning to contend with Donna's tremendous trauma history. Donna was hypervigilant and trusted very few people, and the fledgling bond that we had built during my time at Nia was not strong enough to withstand the blow of an imperfectly worded, imperfectly timed text message. "I should have called her," I said, berating myself. I mourned having created another significant wound in a relationship with such a warm person, who had once supported our storytelling efforts in such beautiful ways.

Dr. Kaslow also made it clear in that call that she thought it would be too risky to hold a public screening of our digital stories. The long-hoped-for event was being canceled. It would be my job to tell the Storytellers, who had worked so hard on their projects and made it so clear that they wanted their work to reach a broader audience, that our journey together would not be ending as they had hoped. I was not looking forward to sharing the news with them, though I did have to admit to myself that coordinating and facilitating the DSP had been extremely stressful. My shoulders relaxed at the idea that the rest of my research journey would be the solitary work of data analysis and writing. The possibility of enjoying a long stretch of time without phone calls, emails, texts, or run-ins with human emotion and unpredictability certainly had its appeal.

I felt an uneasy mixture of relief and disappointment as I wrote to the Storytellers that we unfortunately would not be continuing with a public screening of the digital stories and that we instead would hold a screening for the Nia community only. I let them know I would hammer out

the details with Dr. Kaslow when I returned from my summer vacation and asked them to stay tuned for an update. Then, grateful and exhausted, I signed off.

Chapter 5: Voices Restored

When I returned to Atlanta at the end of July, I had a call with Dr. Kaslow that changed everything. While I was away, two of the Storytellers – Rosa and Mei Ming – had gone directly to Dr. Kaslow to protest the cancellation of the public screening and demand that their stories be told. Indeed, there had been an uprising, and the DSP participants advocated for themselves in my absence. The public screening was back on for September because of the Storytellers' insistence. Because there had been so much concern among Nia clinicians about how the Storytellers were being emotionally and psychologically impacted by the DSP, however, Dr. Kaslow wanted to be personally involved in the planning of the public screening event and brought a few other clinicians on-board as well.

Hearing that plans for a public screening of the digital stories had been reinstated in my absence brought up mixed emotions. On one hand, I was delighted that the Storytellers claimed their ownership of the project by going directly to the head of Nia to pursue the outcome they desired. I was thrilled to see them express their agency in a way that even I did not have the power to as a researcher who operated at Dr. Kaslow's permission. I was pleasantly surprised that in a situation where it looked like fear would have the final say, it was in fact courage that would. On the other hand, I was mildly disappointed that what I thought had been the conclusion of my fieldwork was merely a pause. This unexpected change of plans required me to put the quiet, solitary work of data analysis and writing that I had looked so much forward to on the backburner and restart my coordination engine one last time to produce a public event. Once I had gotten over the initial frustration of not being able to complete my research as originally envisioned, I had been secretly grateful that fieldwork was behind me. But the triumph of the Storytellers' advocacy was enough to quiet any internal resistance that surfaced. So, I gathered myself and I rallied for one final push.

The first order of business was to speak with Rev. Olivia Maxwell, Pastor of Congregational Care at Ebenezer Baptist Church, about the potential of having an event at the church during September as part of the mental health ministry's observation of National Suicide Awareness and Prevention Month. My family and I had been regular attendees at Ebenezer since it opened back up to in-person services in mid-2021 after going online during the height of the Covid-19 pandemic, and I had become well-acquainted with Rev. Olivia. She had already expressed an interest in recruiting me for the church's mental health ministry, but respectfully let me be, as she knew I was busy pursuing my PhD. Because of my relationship with Rev. Olivia, Ebenezer was a natural first choice as a location in which to hold the DSP's public screening.

Rev. Olivia and I had already had several conversations about the fact that while Rev. Warnock preached relatively often about the reality of mental health challenges and suicidality among Black people, the engagement of the congregation in work to support mental health and prevent suicide was lacking. I framed hosting a suicide awareness event with Nia as an opportunity to help Ebenezer's congregational care ministry match the progressive messages being preached from the pulpit. What good does it do to have the pastor preach on Sunday morning about the realities of suicide among Black people when Monday through Saturday, the church does nothing to address that reality? This was Ebenezer's chance to act. Had there been any reservations from congregational leaders, Rev. Warnock's preaching had already paved the way for us to take the first step toward putting rhetoric into action..

In a meeting with Rev. Olivia, I told her about the DSP, about the women who had worked so diligently on their stories about trauma and suicide, and how important for them it was for their stories to be heard. She enthusiastically agreed to host a screening event at Ebenezer and came up with the idea to name it *Voices Restored*, picking up on the theme that many of these women's voices had previously been silenced by family members and church folk

alike. I mentioned that Dr. Kaslow and some of Nia's clinical staff were concerned about the careful handling of the digital stories and the Storytellers; there would be a group of us that would work together to plan the event to ensure it was safe and non-exploitative. Rev. Olivia and I agreed to co-host an inaugural meeting in which Dr. Kaslow, two Nia clinicians, and two of the Storytellers would help plan *Voices Restored*. That way, the opinions of all relevant stakeholders could be heard.

The two clinicians who would attend were Ashley, a postdoctoral resident who had been with Nia for a year and was transitioning to full-time work elsewhere, and Eboni, a graduate practicum intern who had arrived at Nia just a few weeks earlier.¹ The two Storytellers invited to attend the planning meeting were Princess Shanell and Rosa. While Princess Shanell hadn't been one of the Storytellers who insisted to Dr. Kaslow that the public screening take place, she had been one of the most vocal from the very beginning of the project about her desire to be a mental health advocate. I knew she would have much to offer to a conversation about how the digital stories should be handled in their first airing outside of the Story Circle. Rosa, more soft-spoken than Princess Shanell, but no less of an advocate, had spoken with Dr. Kaslow about the necessity of having a public screening event, so it was only natural that she be invited to participate in our planning meeting. When I called Rosa to let her know that the public screening was back on, she said, "I'm glad I didn't bear my soul telling my story for nothing!" I was happy to respond with a smile in my voice, "No, ma'am, you didn't."

The inaugural planning meeting was held in late August on Zoom. We got started a few minutes after the hour, as we were trying to hold a grace period for Rev. Olivia, Rose, and Ashley, all of whom were running late. Dr. Kaslow called the meeting to order before they arrived, saying, "I think it's important, first of all, to find out what the patients' priorities are for the event." Since Princess Shanell was the only Storyteller in the room, I asked her first to name

her priorities. She began, “A lot of people in my group had the same priority, and that's to be an advocate. And for me, that's what it is, too.” She continued,

If I tell my story, that takes the power away from the suicide attempt and everything else. Like, last summer was the first summer I wore shorts, because of the scars on my leg, and that was empowering. I had on my hoochie-mama shorts all summer this summer! So, taking back some of that power to have the autonomy to do what I want in my body and feeling comfortable is important.

‘Cause when you said we couldn't share our stories, I'm like, “Well, it's *my* story. It's going up on my Instagram at some point.” ‘Cause I want to get my voice out there. I want to be heard. And so, this is one way that I can do that.

As Shanell spoke, I admitted the stragglers into the Zoom room, so we were now all gathered. It was time for the meeting to begin in earnest. We started with introductions. I went first, followed by Rev. Olivia, who began with an apology for joining late. After Ashley and Eboni introduced themselves, Rosa went.

“Hi, I’m Rosa,” she began,

I've been with Nia since 2012. And I just wanna thank y'all for the opportunity to be able to share my story, ‘cause I would like to be an advocate for people dealin’ with mental illness and child abuse. And that's why I'm willing to share my story, to advocate for mental illness, and also for children.

At the conclusion of Rosa’s introduction, Dr. Kaslow interjected, “I just want to say, Rosa, you said you would *like* to be an advocate, and I believe you already *are* an advocate.” Rosa replied with an expression of gratitude for Dr. Kaslow’s recognition. I smiled to myself during their exchange knowing that Dr. Kaslow said that to acknowledge that the only reason we were gathered on the call to begin with was because of Rosa’s advocacy. We ended introductions with Princess Shanell,

So, my name is Shanell. I go by Princess. I've been a Nia participant since 2019, and similar to Miss Rosa, advocacy is important to me. I've also been a poll worker. I was working the polls – P-O-L-L. Not P-O-L-E! –

Shanell’s humorous distinction was met with chuckles from those on the call who were not on mute.

– Since before I could vote. It's been something that my grandma did, and my mom did. So, that's something that I plan to do until I die, or until I can't do it no more. And so, mental health is something that's important to me. And for my fortieth birthday, I did an alter-ego photo shoot where I had a glammed-up version and a broken-down version of me. And I had my self-harm scars with fake blood and stuff. And I called my story, 'The Warmest Embrace,' because that's going to truly be the warmest embrace: when you can embrace yourself holistically. The hurt parts, the scarred parts, the healed parts. And it's a journey. And doing this story is helping me through that journey. It's also a way for me to have my voice heard. I think that a lot of us want that advocacy portion. That's why we wanted it to be outside of Nia.

There was some discussion about what day and time the event should be. At first, we had planned for it to be a weeknight event, but Dr. Kaslow was worried that women who took public transportation might not feel safe doing so if the event ended too late in the evening. We ultimately decided that the event should be a Saturday brunch. It would be held in Ebenezer's fellowship hall, located behind the Horizon Sanctuary.

We then discussed what format the event would take, with Rev. Olivia first sharing her vision. She suggested we start with a welcome and opening remarks, then introduce Nia and finally the voices restored. We would eat first, and as attendees were winding down their meals, the digital story screening would begin. Rev. Olivia and Ashley expressed that they thought it would be important to have a comprehensive resource list available that included local mental health clinicians and pastoral caregivers.

Rev. Olivia would be responsible for providing food and decorations and for publicizing the event to Ebenezer's congregation and making it possible to register to attend online. Nia would be responsible for providing the digital stories. Nia would also be responsible for providing volunteer clinicians to be present to support not only the Storytellers who were there sharing their stories publicly for the first time but also any audience members who might find themselves in need of support. Once those logistical details were in place, I posed a question to Shanell and Rosa, "I'd love for you all to let us know what you think is important to happen or is important *not* to happen. If you have any concerns, could you bring those to the group?"

Shanell responded first,

In my storytelling group, we talked about some of the things that we wanted. Like for me, I like it being at a church, especially Ebenezer, with its history. And in spirituality group, Jessie shared one of Rev. Warnock's messages where he was talking about mental health. So, I appreciate that coming from the pulpit. However, there were some concerns about what we did *not* want. Coming from my framework, it's always, 'Pray about it, and God gon' fix it.' I know some of the participants that was in my digital storytelling group did not wanna hear that. They do not want to be preached down to. Or preached to, *period*. But other than that, I'm on-board and excited.

Rev. Olivia was quick to respond that though it was a more traditional congregation, Ebenezer was "very forward-thinking in its understanding of inclusivity, and the fact that God is not black-and-white. There are many gray areas, and we explore and embrace the gray areas and learn from them." She added,

And for those who are true theologians, if they are worth their salt, they know that suicide is not new. There are many instances of suicide biblically. And so, anyone who would preach down about it has really never studied their own Bible.

All Rosa wanted was to make sure that her identity and those of her loved ones were protected. She wished to ensure that the photos of her friends and family that had been featured in her original digital story were removed. She suggested that I replace her family photos with waterfall imagery and insisted, to my chagrin, that I keep the R. Kelly song. I assented to all requests, glad that a few simple changes would help Rosa feel comfortable sharing her story publicly.

Toward the end of the meeting, as I summarized our plans for the group, Ashley came off mute to ask a question. "I just want to clarify who would be on the panel? 'Cause what I don't want it to be is people asking the survivors questions." Rev. Olivia jumped in immediately. "Nope. Clinicians. Clinicians will be on the panel. In my mind, the stories really just open this space up to hearing, and it's a time of listening. But the questions are solely for our clinicians."

As Ashley and Rev. Olivia spoke, I cringed at the swiftness with which their instinct to protect the Storytellers resulted in overbearing paternalism. No sooner had I begun opening my mouth to say just as much than Shanell interjected, boldly asserting, “I have a thought on that.”

Rev. Olivia, sensing the frustration in Shanell’s voice, started to backpedal. “Now, if you all *chose* to answer, I think that would be different.”

“Yeah, Princess Shanell,” I interjected. “What’s your thought?”

Audience members don’t have to direct clinical questions to us, ‘cause we’re not clinicians. But maybe they see something that resonates with them in a story, and they say, ‘Well, how did you get to this point?’ So those type of questions like, ‘How did you get to the point where you wanted to make yourself throw up?’”

Shanell said, alluding to her decision to vomit up her pill overdose. Chastened, Rev.

Olivia responded,

I think the questions really should be tailored and directed. But if you feel like you’re in a space where you can weigh in, you can certainly opt in and say, ‘Hey, I’d like to weigh in on that.’ Your voice is certainly not taken, but just protected. Because what I really don’t want is people asking, ‘Well, how could you?’ ‘Cause people are not always astute. And they’re not always smart in the way they ask things. And the way they ask things alone could put you over the top. And it’s just out of their lack of knowledge. But the reality remains that we have to make sure you are protected. And so, that’s what I meant. Not to suggest you could not answer, but to say, it’s at your will to answer.

I breathed a sigh of relief as Rev. Olivia completed her revision. Princess Shanell, too, was pleased. She responded,

I like that option, because I want to be able to talk if there’s a question that I feel comfortable with. Or I could say, ‘I’m gonna defer that question to a clinician, because I’m not in position to answer that.’ ‘Cause that’s a part of that advocacy piece, being *out* there, not just being behind the screen.

Ashley jumped back in, saying,

Now, I just want to make sure this is different than group therapy, which is a safer space. Not saying that this isn’t. But I just didn’t want this to turn into therapy. ‘Cause you’re gonna share a piece of your story, but there are gonna be parts you’re not gonna share. And my worry is if someone is directly asking about the things you did not want to share in that space, you would feel obligated to share. I certainly don’t want to take away voices, but just wanted to make sure you’re protected.

“I like that,” Princess Shanell replied. “And I appreciate you explaining that.” And then she said the thing that directly addressed the tension I’d been holding in my clenched jaw throughout this discussion,

Because at first, it did feel like we were being muted to a certain extent. But I appreciate the care and compassion to protect us. And I do understand that people can be rude and crude, and everybody's not at the same level.

I was extraordinarily impressed by Shanell’s openness and graciousness in that moment. When she finished speaking, I had hoped that we could close without further incident, but Rev. Olivia pressed on,

I mean, I won't lie to you and say you won't have those that don't understand. There are still those who frame everything as “sin” and “not-sin.” And so, there are those questions [that] are gonna come about, and those are gonna be for me to help field. To say, “Do you think that's our lane?” I really believe we get in God's way trying to answer the questions that are really God's questions. Like, you don't get to judge sin! I don't get to judge sin. Only the Father judges sin.

Rev. Olivia caught herself using traditional patriarchal language and quickly course-corrected, “Or the, the maker, mother, spirit, father, you know, father being.... Regardless. We don't have any place trying to determine that, because the reality is, we keep getting in God’s way.”

When Rev. Olivia finished, Shanell joked, “Alright, I'm ready to pass around the collection plate, ‘cause we just had a word!” which was received with scattered laughter. Dr. Kaslow then interjected abruptly, “Is there anything else we need to finalize before we wrap up?”

I smirked. God-talk was not Dr. Kaslow’s thing, so her eagerness to wrap up this part of the conversation did not come as a surprise. But she was entering into a different space with this partnership with Ebenezer than what she was used to at Grady and Emory Medical School. She was entering into a religious space, and religious people talk about things like God and sin. But I wondered, what effect did Rev. Olivia’s God-talk have on Shanell and Rosa? Was it useful or

distracting to bring it up in this context? Did it contribute to or take away any anxiety that they might have had about sharing their stories in a house of worship?

September was a flurry of activity in preparation for *Voices Restored*. I first sent an email to the Storytellers letting them know the public screening event had been scheduled for the last Saturday in September and inviting them to participate. Shanell and Rosa responded in the affirmative, which I knew they would, since they'd been at the planning meeting. Mei Ming, Evette, and Magee also agreed to have their digital stories shown. Delores, sadly, had to decline because she was scheduled for surgery the week before the event, and would still be in recovery the day of. I heard nothing from Samone, but I decided not to push the matter. For a two-hour event that would also include a panel discussion, five videos would be more than enough.

I was also responsible for gathering professionals to participate in the panel discussion. It went without saying that Dr. Kaslow, as the founder of Nia and the pre-eminent expert on Black women and suicidality, would participate. I also invited Dr. Lartey, who would speak from the perspective of pastoral and spiritual care. Dr. Natalie Watson-Singleton, a professor of psychology at Spelman College who had also been trained at Nia and stayed on to do periodic diversity, equity, and inclusion work for the program was also invited. As was Ashley, since she had been trained at Nia and understood suicidality well from the perspective of veterans' experience. To round out the panel with representation from Ebenezer's congregation, we invited Dr. Wesley Willis to participate. Dr. Willis was a licensed clinical social worker in private practice in Atlanta.

Finally, I secured three Nia clinicians as volunteers for *Voices Restored*. Eboni, who had been at our inaugural planning meeting; Alexis, another new doctoral intern; and Dr. Lisa Craig, a post-doctoral resident who had been with Nia for several years. I was happy to have two Black

clinicians, Eboni and Alexis, sign up to work the event, being familiar with Ebenezer's demographics and with Black folks' tendency to be wary of White psychologists.

The Tuesday before *Voices Restored*, Rev. Olivia and I met to go over the final details and to watch the digital stories. I wanted her to preview the stories so she would not be shocked by what I was bringing to the congregation, and so I could answers any questions or concerns she might have about the content. I also wanted her input on the order in which to present the videos. Together, we decided that Evette's should come first, followed by Princess Shanell's, Rosa's, Mei Ming's, and finally, Magee's.

At the end of the meeting, I asked Rev. Olivia if she would like to see my digital story. I explained to her that one of the DSP participants had asked me to share my own story as an example of what a digital story was, but instead of creating a prototype for the participants, which would have felt too much like telling them how to do it, I created mine alongside them. That way I was less an example and more of a comrade on the digital storytelling voyage. After seeing it, Rev. Olivia asked me to consider sharing my digital story as part of *Voices Restored*. She suggested screening it after the panel discussion, right before the closing of the event. I told her I would have to think about it. Rev. Olivia's ask highlighted once again my insider position as a suicide attempt survivor, which in this case caused me discomfort. Navigating the terrain of the DSP with an insider identity had already been incredibly fraught, and I wondered if featuring my story at *Voices Restored* would be to center myself in a way that would be disruptive. I was already going to emcee the event, present the digital stories, and moderate the panel discussion. To also be there as a suicide attempt survivor, I thought, would be too much.

I was also wary of Rev. Olivia's desire to feature my story last, because of the ways in which my narrative neatly aligned with facile sin-to-salvation narratives that Christians love. No. My story fit too closely what a church-going audience might desire or expect, and I refused to be

a peddler of clean, easy-to-consume narratives. I wanted to prioritize the hard questions, not the easy answers. Ultimately, I preferred for attendees to be forced to grapple with Magee's searing final line, "I didn't believe in God anymore, because how could he?" rather than lulled into a false sense of security by my story, which could be perceived as a straight line from the despair of atheism to the glory of a life lived for Jesus. Yes, *Voices Restored* would be a full-circle moment for me as a survivor of suicide who was now advocating for suicide awareness and prevention alongside other survivors, but I was happy to honor the personal importance of the moment privately without placing a spotlight on myself. I ultimately decided not to show my digital story at *Voices Restored*, preferring instead for Nia participants and their stories to take center stage. I would play the role of midwife, simply helping the stories be born into the world.

Most of the *Voices Restored* team gathered on Zoom the Thursday before the event for a final planning meeting. While Rev. Olivia could not attend because she had to oversee a funeral at Ebenezer that day, I felt comfortable enough running the meeting on my own. It was quick; just long enough for me to share with everyone the run-of-show and let them know what their roles would entail. As I shared the details of the event with the participants, I received a private message from Mei Ming: "I can't make it on Saturday." Startled, I quickly typed back, "OK. Not a problem. I'll call you after the meeting." I closed us out with expressions of gratitude to all the participants and immediately got on the phone with Mei Ming.

"Hey, Mei Ming. What's up?" I greeted her, trying to mask my concern with cheerful nonchalance.

"Hey, Jess!" Mei Ming responded, also strangely cheerful. "Yeah, so, I won't be able to come to Ebenezer on Saturday. I've got too much religious trauma to step foot inside the church. But I plan to join on Zoom."

Taken aback, I took a beat and breathed. “Wow. OK. Um, sure. That makes sense. No, I get it. Totally.” Filler words continued to spill out of my mouth as I wondered to myself if it would be alright for me to share the truth about Mei Ming’s absence with the audience on Saturday morning. I decided to ask permission.

“Yeah, no, that’s totally fine, Mei Ming. But you know, I was wondering. When I introduce your digital story on Saturday, would it be OK if I let people know the reason you’re not participating in-person?”

“Absolutely!” Mei Ming exclaimed. She sounded excited that I would be sharing that part of her truth with Ebenezer’s congregation.

“Great. Thanks,” I said,

I think it’s important for people to know why you’re not there. And I think it will help open up a fruitful discussion about how to care for people with religious trauma as the church. Or, better yet, how to prevent it. So, thank you for allowing me to share that publicly. And I’m glad you’re still gonna be there on Saturday.

I arrived at Ebenezer’s fellowship hall early on the Saturday of *Voices Restored* to a flurry of activity. Rev. Olivia was already there with her sister and daughter in tow, helping the caterer set up the buffet table. Knowing we would need many hands to make light work, I’d asked my mother and Alexis to come early to help prepare the room. I tasked Alexis with arranging the flowers I had picked up the night before into the glass bud vases I had ordered from Amazon for the table centerpieces. My mother’s job was to fill the 60 purple paper gift bags I had bought with the resource lists I had printed out that morning along with suicide prevention stickers and buttons that I had purchased for the event. Lisa would arrive later with stickers from the Nia office with a heart containing words that members used to describe the community and put one in each bag.

Rev. Olivia was eager to show me the new *Voices Restored* posters she’d had made to set up around our event space and guide visitors into the fellowship hall. She voiced her hopes that

Voices Restored would become an annual event, noting that she intentionally did not have the event dates put on the posters so they could be used for years to come. She'd also bought purple and teal suicide awareness ribbons for the gift bags. I took a ribbon for myself and pinned it to the dress I had bought just the day before so I could better look the part of the conservatively dressed professional.

At the far end of the fellowship hall was a large screen on which the digital stories would be broadcast. Directly in front of it stood a large wooden podium, from which Rev. Olivia and I would speak. To either side of the podium were long rectangular tables, where our panelists would sit during the Q&A portion of the event. The rest of the room was filled with round banquet tables covered in white tablecloths. I set up the camera I had rented to film the event on a tripod directly in front of the podium. It was ready for Annette, who I had roped in, yet again, to film. On the table to the left of the podium, I placed the white name tents I had printed out with the names of the Storytellers who would be occupying those seats during the panel discussion. To the right of the podium, I placed the white name tents for the professionals.

A little after 10am, Renee, an Ebenezer member in her mid-twenties who was tasked with operating the audio and visual technology and hosting the virtual attendees on Zoom arrived. I greeted her enthusiastically, aware that the success or failure of the event rested in her hands, and regretful that I hadn't had a chance to meet her before the day of. We sat together in the AV room in the back of the fellowship hall to make sure she had access to everything she needed. We tested the audio in the fellowship hall and the Zoom room. We began admitting virtual attendees into the waiting room and wrote them a message letting them know we'd be getting started shortly.

Around 10:30 am, I started receiving calls and texts from Storytellers and panelists who couldn't find the entrance to the fellowship hall. I had to run outside to Jackson St. to meet Dr.

Lartey, who had tried to enter through the locked front doors of the Horizon Sanctuary, and Magee, who was all the way across Auburn Ave. at the Historic Sanctuary. When I went to find Magee, I had to squint to make out her features because she was so far away, but she was unmistakable in a bright-green Adidas track suit and matching green baseball cap. I ran toward her, clacking down the cement pavement in my leopard print heels. After we embraced, a woman with short, unkempt natural hair, thin and weathered-looking greyish-brown skin, and bloodshot eyes betraying years of substance abuse, approached us to ask for money. “Mornin’, Sisters! Do y’all have any change to spare?” she asked us in a voice laced with gravel and nicotine. “I’m sorry, not today,” I said as Magee and I turned away from her and walked briskly toward the entrance to the fellowship hall.

When I re-entered the fellowship hall, I found Dr. Lartey speaking with my mother Dode, who is named after a formidable Ga queen. Though I had been at Emory for four years, my mother was meeting my dissertation advisor for the first time. Dr. Lartey greeted me enthusiastically with “Ayikoo!” Had I known Ga better, I would have known to respond, “Yaa-yei,” which means “Thank you.” “Ayikoo!” Dr. Lartey repeated and then explained, “It means ‘Well done’ in Ga, your ancestral language.” “Oh!” I said, embarrassed at how little Ga I knew, but proud that before the event had even begun, before Dr. Lartey had even seen a second of digital story footage, my dissertation adviser was proud of me. I beamed, grateful for his vote of confidence and his reminder of one of my identities – as a valid and valuable member of a small but mighty Ghanaian ethnic group – amidst this frenzy of activity.

The fellowship hall was slow to fill, and I felt a touch of bitterness that Rev. Olivia had not placed enough of a priority on publicizing *Voices Restored* to Ebenezer’s congregation. A church this large and historic, with this many moving pieces, doing something this new, needed to hear the message repeatedly, directly from the pastor. In the month leading up to the event,

neither Rev. Warnock nor Rev. Olivia once spoke of the event from the pulpit. The only advertisement I'd witnessed leading up to the event was a brief, afterthought of a verbal announcement shared toward the end of church the Sunday before the event. Though we had almost 70 people register online, I knew that without enthusiastic support from Rev. Warnock in particular, attendance would fall flat, and it did. I suggested that we open the brunch buffet, so that the people who had arrived would have something to do while we waited for whatever stragglers would float in to arrive.

When the room had about thirty people in it, at about 20 minutes past our starting time, we could wait no longer. I found Rev. Olivia outside the fellowship hall changing from the flip-flops she arrived in into pointy-toed black stilettos. She walked to the podium as folks were still chatting, picked up the microphone, and began, slowly, to speak.

Welcome, everyone. My name is Reverend Olivia, and I am the congregational care pastor here at Ebenezer Baptist Church. It is my honor to welcome you and to thank you for being here. I am truly grateful for this day.

Picking up speed, she launched straight into a story about how, while printing the posters for the event, she discovered that the woman processing her order at FedEx Office was a suicide attempt survivor herself. Rev. Olivia had then invited her to be a part of the Zoom gathering and she was there celebrating *Voices Restored* with us. That opening story, which was met with a rousing round of applause from the audience, served as effective anecdotal evidence for just how widespread of a problem suicidality is among Black women and how timely of a discussion the one we were about to have was.

Rev. Olivia then introduced me as "Soon-to-be Dr. Jessie," and I approached the podium. A lump rose in my throat and tension gripped my chest as I began to speak. I fought back tears. This was it! We were finally here! After months of stress, drama, and doubt, we'd made it to Ebenezer! I gathered myself as a short video played that introduced Nia to those who might have

been unfamiliar with the organization's work. The video featured Donna telling the story of how her involvement with Nia gave her the resources she needed to help get her family's home registered as the first Black landmark in Fayette County. It was bittersweet watching Donna speak about the lifesaving and life-changing impact Nia had had on her. I nursed a sad knowing that she was absent from *Voices Restored* because of our misunderstanding from the spring. I knew that she otherwise wouldn't have missed it for the world. I wondered if she was watching online and said a silent prayer of hope for the restoration of our relationship.

Evette's video was up first. I introduced her and her video from the podium and then sat to watch from one of the empty panelist seats at the front of the room. I held my breath as Renee pulled up the video and it began to play. As the sound of Evette's voice rang out in the fellowship hall, I began to relax. Until my mother approached me like a torpedo from the audience and whispered to me that the podium in front of the screen was obstructing everyone's view. As Evette's video continued, my mother and I moved the podium out of the way and placed it behind a panelist table. We slinked quietly back to our seats.

After Evette's story finished, we applauded, and I continued, introducing each Storyteller and her digital story one-by-one. And one-by-one, Renee in the AV room deftly pulled up each video, maximizing the frame and adjusting the volume as necessary. The transitions between videos weren't without hiccups, but they were minor and did not detract from the overall impact of the digital stories. I was grateful to have such a technologically adept person behind the wheel for the all-important task of making sure each video was able to be seen and heard by both our in-person and our online audiences. We applauded after each digital story to honor the unique contribution of each Storyteller. After the fifth and final video, we held a massive round of applause to honor the Storytellers as a group. We then took a five-minute break to transition to

the panel discussion and Q&A portion of the event. My mother helped me lug the podium back in front of the screen.

As the panel discussion began, I introduced the nine panelists who flanked me on both sides. I took great pride in introducing the Storytellers as subject matter experts due to their personal familiarity with mental health challenges as suicide attempt survivors before introducing the other panelists, who would ordinarily have been privileged due to their education and professional experience. In this space, there would be no hierarchy based on degrees and titles, only communal, collaborative learning and sharing. Directing my first question to the Storytellers whose voices had just been restored, I asked, “How does it feel to tell your story in this way and see it shared in this space?” Magee was first to respond. Gripping the mic, she shared,

It feels amazing, actually. When it first started, it was very traumatizing for me. I got to the point where I was sleeping with my light on, just reliving the emotion and everything. Because, to tell your story, you have to really *feel* it. And when you start to feel it, it brings up all these crazy emotions. But Jessie was there with me. She was like, “You gon’ turn that light off eventually.” And I did. But it feels great. And I’m so glad that you guys are here and that you enjoyed our stories.

As she passed the mic to Princess Shanell, the audience responded with applause. Shanell began,

For me, it’s freeing. That’s the word that comes to mind for me: Freeing. And one thing that I am grateful for Jessie for: When we started this process, she said, ‘You don’t have to pretend that you have arrived. You don’t have to pretend that you’re all done if you’re still fighting through some stuff.’ And for me, that was liberating because, like I said in my video, I self-harmed this year. But I know I have other choices. I understand that these are choices that I can make, and I can make a different choice at any moment. And to just have that freedom to tell my authentic story and not have to pretend or put on the happy face. Like, there are times that’s tough. Even now. And I think that’s something that’s relatable to people.

And I’m so ecstatic, ‘cause I have some friends watching, some family watching on Zoom. And just to be able to have my story shared with the people that I love and with others that may be inspired by it to let them know that they’re not alone. Other people go through the same things. We can fight through it, and we can fight through it *together*. So, that’s why I chose to tell my story. And this space feels so good!

Evette spoke about how the project helped her feel empowered. She said,

When I started this project, I was like, ‘I don’t have a story. I don’t know what I’m supposed to say.’ And then I was like, ‘OK, I have a story, but it’s not important.’ And now I’m here! I have a story, it’s my story that I can own and it’s something I can confront. And maybe I have my struggle days still, but I’m empowered now. It’s something I can own and be proud that I’ve gotten this far. So, I appreciate you guys for letting us share.

Finally, Rosa responded,

I’m just glad to be here today to share my story. When I was coming up as a child, we were told, ‘What goes on in the house stays in the house.’ So that meant I didn’t have a voice. I didn’t get my voice ‘til after 1988 when I was recovering at Grady. I attempted lots of times to kill myself, but God kept waking me up. And I am so thankful for the Nia program and all the doctors that have been by my side and supported me and kept me safe through all the struggles. Even though I have come over big hurdles, I’m still struggling. I have more issues in my life that I have to deal with, but I’m so thankful I got to this point. I am so thankful to God that I hung in here. I kept my faith in the Lord, and I just never did give up. And thank y’all for allowing me to share my story. ‘Cause I feel so much better. I feel free right now, today.

A robust conversation about mental health and suicidality among Black people followed, as I alternated between posing questions to the professional panelists and the Storytellers and fielding questions from the audience. I got a good workout running the microphone around the room to ensure our virtual audience could hear when audience members asked questions. One attendee wanted to know how to talk to her therapist about feeling like she wasn’t getting the care she needed because of the therapist’s preconceived notions about Strong Black Women. Another asked someone to speak to why therapy might fail for some people who expect that clinicians always have the answers or that their presenting problem will be solved within three or four sessions. A third discussed how frustratingly judgmental church people can be around people whose experiences might differ from perceived norms and wanted one of the clinicians to respond to that. With each sentiment expressed and question asked, the professional panelists responded deftly, with a beautiful balance of humor, candor, and the authority that comes from decades of clinical and spiritual care experience, research, and lecturing. The professionals often

deferred to the Storytellers or referred to their stories when answering questions, which continually drew them into the conversation.

My final prepared question was about the role of religion and spirituality when addressing mental health concerns. I was hoping it would draw out differences in experience and opinion among the panelists, and it delivered. Magee shared boldly and from the heart why God was no longer a factor in her recovery. “I grew up in church from the time I was very small,” she began.

I was in the choir and in all the plays. As life went on and more bad things happened, I began to question whether there was a higher being. I remember talking to my pastor because I was really struggling with my faith. And he said, ‘That’s just the devil, baby.’ Like, an old-school pastor, you know. That answer didn’t help at all, so I felt like I couldn’t talk to him anymore and I had to figure it out on my own. I kept going and more stuff happened, not realizing that I actually had a mental illness. When I did my attempt, I was done with religion. I was done with anything that had to do with God. I’m still done. I don’t knock people that believe, but I haven’t seen any evidence of it in my life. Because I feel like, if there’s somebody out there that’s supposed to be looking over everybody, why did I have to experience all of this trauma? Why am I still hurting? Why are bad things happening every day? If there’s somebody out there that has the power to stop this, why is it still happening? It’s just too much going on. Not just in the Black community, but every community. It’s stuff happening. What is this *being* doing?”

When Magee said *being*, she punctuated the air with scare quotes formed by her manicured fingers. She passed the microphone to Rosa, who I knew held an entirely different perspective,

I gave my life to the Lord at the age eight years old, ‘cause something inside told me I needed something. And I loved going to church. I would walk miles just to get to church. And I gave my life to the Lord and got baptized at age eight. I carried the Bible with me everywhere I went, and it fed my spirit, and I got stronger.” After sharing two experiences of healing that she attributed to God, from seizures as a young teenager and from hepatitis C as an adult, Rosa concluded, “It’s about your faith. It’s the faith what keep you going. It’s the faith what make God answer and do what He gon’ do in your life. That’s all it take, is faith, is belief. I know God did not bring me 63 years for nothin’.

“Can I just say something?” Dr. Lartey interjected from the other side of the podium, clearly inspired by the repartee, and wanting to respond to the challenge to faith that Magee dared to lodge in the house of God.

Magee sounds like the Psalms, like the psalmist. ‘Where is this God?’ It’s right there in the scriptures. There are people within the Bible, we don’t often hear those voices, but” – he turned to Magee – “You’re telling the truth. You’re expressing something that is also expressed right there. We need to hear more of that, is what I’d say.

When an audience member asked the Storytellers what they would tell him if he expressed a desire to end his life, Rosa leaned deeper into her evangelical fervor,

All I can say is, my answer is God. Your trust, your faith and belief in the Lord. It’s books in the Bible that you can read that will give you all the answers that you need. All you got to do is call on Him and have that faith and believe.

Shanell followed up with a more balanced response, attempting to bridge the wide theological chasm between Rosa and Magee,

Sometimes for me, God is not enough. I know He’s there, but sometimes I feel like my prayers just hit the ceiling and come back down. So, I can pray, but I need something physical and tangible to help me get through those tough times. So, I would try to find other resources, like friendship, that can help.

The final audience question came from Nneka, Nia’s project manager, a 20-something nonbinary person of Nigerian descent. After expressing deep gratitude to the Storytellers for sharing, Nneka asked, “If you were to wake up tomorrow into a world in which you were truly free, what would it look like? What would it feel like? What would you have access to? Who would be around you?” They continued, “I think it’s important to reclaim space within your mind for dreaming, amidst all the other things that are taking up space in there. So, what would it look like to move through the world freely?” As Nneka spoke, I couldn’t help but grin. I delighted in the sounds of affirmation coming from the audience and the gentle smiles spreading across the faces of the Storytellers as Nneka spoke. Theirs was the magic question.

“Free,” Magee snorted, then laughed wearily. “God, it would just be free from anxiety, free from doubt. Having my basic necessities met, where I don’t have to worry about anything. That’s the material side of it. The mental side of it is just, I can relax. I don’t have to be on guard.” She paused, going deeper. “I’m constantly in a state where, ‘What does this person

want?’” Magee’s voice had dropped to a whisper now, reflecting the deep suspicion that laced her thoughts. “What is the hidden motive behind what they’re asking me? It must be something. They want something.” Her voice returned to its normal tone, “If I could get that voice to quiet in my head,” – a long, wistful sigh – “I would be free.”

Evette, after hesitating briefly, decided to respond as well.

I just have this image in my mind where there’s a box, and I just pack a bunch of stuff in there. And sometimes I have to open the box, especially in therapy, and I’m like, ‘Ah, let’s close this right after the session.’ But I think I’ll wake up and feel completely free when everything in that box is filed and labeled. It might be difficult, but I’ll be able to look back and say, ‘Wow, I got out of that. And that’s a part of me, not something I’m hiding, and not something I’m ashamed of.’ So, I think that’s what my beautiful life would be. Which, I’m getting there. It’s all a process and a journey.

The last attendee to speak was a light-skinned Black woman with greying hair, glasses, and a pink top, one of the few Ebenezer members in the audience. She thanked the Storytellers for coming on a Saturday and invited them to come back on a Sunday for worship service. Then she affirmed Magee, saying,

Because I have a direct view with Magee, I could feel what she was feeling when she was speaking. And I know people who have been Christians for years and who question, “Where is God? Why is this happening?” So, I don’t want you to feel bad about questioning.

When she finished, I invited Dr. Lartey to close us out in prayer, as Rev. Olivia was nowhere to be found. I learned later she had been called out of the room for an urgent congregational care need.

Once the event was over, I hugged each Storyteller and thanked her for her participation. I thanked all the professionals on the panel, too, thrilled that they had been so thorough and sensitive. As the participants continued to congratulate each other and chat with attendees, I made a beeline to the AV room, where Renee was packing up her things and preparing to leave. “Thank you so much for your work today!” I gushed, full of gratitude for her attentiveness,

attention to detail, and ability to multi-task. Then I spoke the truth that we were both already aware of, “We couldn’t have done it without you.”

“No, thank you,” Renee responded with a coy smile, raising her left arm to show me a small black tattoo of a semicolon on the inside of her wrist.² It then dawned on me that Renee was a suicide attempt survivor, too. “Oh, Renee!” I exclaimed. We embraced. Pulling back, I said, “Sis! This was for you, too, then!”

“Yeah, it was,” she replied. “It was. And I’m happy I could help. Thank you for doing this work.” At that moment, I noticed that the laptop she had brought with her was covered in colorful stickers. “Hang on a second, I’ve got something for you,” I said. I left the AV room and ran to find the suitcase I’d brought filled with materials for the day’s event. I zipped it open and pulled out a suicide awareness sticker that I had kept to the side. On the white paper, “Survivor” was written in bold purple letters, complemented by a purple and teal semicolon. I ran back to the AV room. Breathless, I held an outstretched hand with the sticker in it toward Renee. “Here. This is for you.” Looking at the small piece of paper, a huge grin stretched across her face. “Thank you!” she beamed, as she eagerly removed the backing and added the semicolon sticker to her laptop collage.

As I left the AV room, Princess Shanell was darting around the fellowship hall gathering all event attendees who had ever been affiliated with Nia to stand in front of a green background with one of the *Voices Restored* posters that Rev. Olivia had gotten made for the event. Dr. Kaslow wanted us to take a photo together before we all left. Fourteen of us gathered there, Dr. Kaslow, Dr. Dunn, clinicians, and patients. With our arms around each other, grinning from ear to ear, there we stood, a motley crew of veteran and fledgling clinicians, researchers, and survivors of suicide attempts. A complex web of relationship among young and old, Black and White, educated and uneducated, wealthy and struggling to make ends meet. There we were: a

proud, vibrant community of care, celebrating the fact that we dared to exist in one of our city's most storied houses of worship. We'd done it. What a thrill! What a triumph!

What exhaustion. Like all the other elements of the DSP, *Voices Restored* was a heavy lift for everyone involved. And being at the helm of an event of that scale wiped me out. To recover, I shrank away from my friends and family that Saturday afternoon and evening and most of the day Sunday. Monday morning, I wrote a note of gratitude to the Storytellers, panelists, Nia volunteers, Rev. Olivia, Renee, and even my mother. They all deserved their flowers. My favorite response came from Mei Ming, who wrote cheekily, "Beautiful letter! Thank you. Now take a load off." The message was accompanied by three yellow emoji faces laughing so hard they were brought to tears.

I never received a response from Rev. Olivia. In the months that followed, it became apparent that she was avoiding me. I was never bold enough to ask her directly why she had begun avoiding eye contact with me at church on Sunday, but my intuition told me it had to do with shame. I believe Rev. Olivia felt shame about how she had handled *Voices Restored*. She had not upheld her end of our partnership agreement, which was to publicize the event to the congregation and inspire people to attend. I believe she knew that she hadn't had the bandwidth to prioritize *Voices Restored* and attendance suffered because of it. In the end, over 95% of attendees were related to Nia, not Ebenezer.

I also observed how Ebenezer's Congregational Care ministry handled suicide and mental health over the following year and noticed that nothing changed. In May, Mental Health Awareness Month, there was a brief presentation by the organization *Silence the Shame* as usual, and nothing else.³ In September 2024, there was no mention whatsoever of it being National Suicide Prevention Month. The posters Rev. Olivia was so proud of the previous year were likely stuffed in a closet somewhere collecting dust.

It was disappointing to see how immediately things returned to business as usual at Ebenezer after having worked so hard on *Voices Restored*, but it was a perfect instantiation of the fact that while one awareness-raising event might be a good starting point for changing the culture of an organization around an issue, it takes much more to make a sustained impact. Yes, the Storytellers' voices may have been restored among a sympathetic community of listeners who may have made some changes in how they approach suicide in their personal lives, but that did not guarantee changed culture or practices across the congregation. It was not enough to pat ourselves on the back and congratulate ourselves for putting on a nice event. We had to go further to ensure the work to restore the voices of suicidal Black woman became part of a movement, not just a moment.

Voices Restored was like the seed of a fruit tree planted in the ground. Seeds must be planted in fertile soil, and fledgling plants must be intentionally cultivated with consistency over time to produce mature, fruit-bearing trees. *Voices Restored* was a seed planted in an environment which did not have the resources to encourage healthy growth or production of fruit. The soil was infertile, the seed received no water or sunshine, and it did not take. I contend that it did not take, not because there was no will for it to grow, but because the culture of Ebenezer could not support a comprehensive suicide prevention and care strategy. As I will argue in the concluding chapter of this dissertation, Ebenezer's institutional culture, like those of many Black churches of its ilk, is one that tends to prioritize the performance of attention to issues like suicidality above the practice of tending to it through long-term, integrated communal care efforts. Indeed, for suicide prevention to become a more integral part of the fabric of Black church life, Black churches must undergo a process of transformation that radically reshapes cultures of performance into cultures of communal care.

¹ Ashley and Eboni are pseudonyms.

² The semicolon has been adopted as a suicide awareness and prevention symbol, particularly in use by those who have survived suicide attempts. As a form of punctuation that separates two complete sentences, survivors have adopted this symbol to indicate that while they attempted to put a period at the end of their life – to finalize it – there was much more life to come. It is a celebration of the life that remains after an attempt (or attempts) to end life. For more information on the significance of the semicolon in suicide prevention, visit projectsemicolon.com

³ *Silence the Shame* is an organization dedicated to addressing mental health stigma among communities of color. It was founded and led by Shanti Das, an Ebenezer member. For more information on the organization, visit silencetheshame.com.

Chapter 6: Digital Story Description and Interpretation

With *Voices Restored* completed, I was finally able to begin the solitary work of combing through the tremendous amount of data I had collected in the few short months the Storytellers and I had worked together. However, my time working alone was to be brief. Because of my commitments to centering the voices of the Storytellers throughout the entire project, it was critically important to include their insights as auteurs, theorists, and theologians of their own experience. Once I had completed the preliminary analysis on my own, I sat down with each Storyteller individually on Zoom and re-watched the digital stories with them. We then engaged in what I call “interpretation interviews” in which I asked them about the meaning and intent behind their specific word choices, images, and music selections. These conversations provided far richer insight than I would have been able to gain by interpreting the digital stories on my own.

After completing the interpretation interviews and incorporating the Storytellers’ insights into my analysis, I called all the research participants back together for one final Zoom call in April 2024. On that call, I presented my research findings and recommendations and asked for their honest critique and feedback. That conversation helped ensure that the path toward healing that I had discerned and the recommendations for practice for the Black church that I put forward had their input and approval. That each Storyteller was willing to go the extra mile with me so many months after the DSP had officially ended is a reflection of the bond we’d developed during our time working together and of how personally invested each of them was in making sure their stories were told and interpreted correctly.

Interpretation of the digital stories was informed by the narrative theory that Arthur Frank advances in *The Wounded Storyteller*, where he makes several critical observations about illness narratives, which is an (auto)biographical narrative genre focused on the impact of an illness in

someone's life.¹ Frank suggests that "self-stories" are the most effective type of illness narratives because of the ways in which they enact moral agency. Self-stories, Frank claims, express an ethic of recollection, solidarity, commitment, and inspiration, by serving as communiqués between fellow-sufferers. They help those sufferers find their voice amidst suffering. Though Frank presents three types of narrative formats that illness stories most often take – restitution, chaos, and quest – he argues that only the quest narrative can be properly termed a self-story. Restitution narratives, which often feature a physician as the agent of "cure," cannot be self-stories because instead of highlighting the agency of the ill person, they center the clinician who heals as the hero of the story. Chaos stories, which begin and end in turmoil with no "cure" or "healing" in sight, cannot be self-stories either, because embroiled in chaos, "consciousness has given up the struggle for sovereignty over its own experience."² Only quest stories, in which the sick person finds voice and agency by taking responsibility for her healing, can be self-stories. This chapter suggests that the six of the seven digital stories created by the Storytellers are quest stories because the Storytellers feature themselves as protagonists who have been presented with challenges and discovered ways to overcome them.

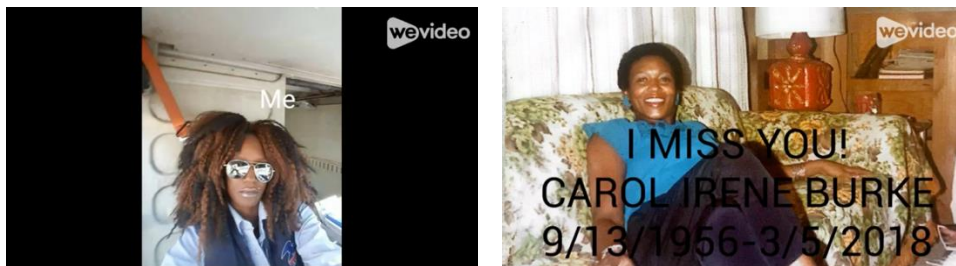
For quest stories-as-self stories, the arrival of illness is reframed as a challenge for the ill person to overcome. Frank explains,

The self-story hinges on William May's question, "How did I rise to the occasion?" The genesis of the quest is some occasion requiring the person to be more than she has been, and the purpose is becoming one who has risen to that occasion. This occasion at first appears as an interruption but later comes to be understood as an opening.³

Following Frank, I read the digital stories created by the Storytellers as self-stories featuring interruptions that then create openings for the Storytellers to rise to the occasion of deciding to embrace life. I have also adopted Frank's theoretical lens with the choice to interpret the digital stories as testimonies, which are narratives which enact a moral agency. Testimonies

invite the listener into a certain kind of response. As I will argue in the conclusion, the type of response that the digital story testimonies invite is one that integrates both prevention of the kinds of interruptions that lead to suicidality and care for the consequences when those interruptions do occur. I would further argue that the Storytellers are also exercising their prophetic voice through their digital story testimonies, calling out the ways in which their individual “illnesses” were the result of a sick culture.

I. Digital Story Descriptions



Still images from “This Functional Family,” by Magee. The first features Magee in her United States Postal Service uniform delivering mail before her arrest; the second features Magee’s mother, relaxed and smiling on a floral upholstered sofa in the 1970s with her birth and death dates in the foreground.

“This Functional Family” by Magee

I begin with Magee’s digital story because it is distinguished from the six other stories in that it is not a quest story but a chaos story. Whereas almost every other digital story follows a similar narrative arc that begins with a troubled childhood leading to one or more suicide attempts and finally to a journey of recovery in which healing occurs through lessons learned, Magee’s story begins and ends with trouble. Hers is one of pure chaos from beginning to end, with no relief or resolution in sight.

Magee’s piece opens with a melancholy call and response between her and Sam Cooke, who sings the opening lines of “A Change is Gonna Come.” During this sung exchange, we see sepia-toned images, first, of Magee’s parents, then of Magee as a young teenager with a group of smiling Black women, all older than her. After Cooke sings “It’s been too hard livin’,” Magee makes an important interruption. Instead of allowing Cooke to finish the familiar line, “And I’m

afraid to die,” Magee abruptly stops the music and interjects: “And I’m *not* afraid to die.” She then introduces her story as being about her dysfunctional family and the trauma that it caused her.

When asked why she began her digital story with “A Change is Gonna Come,” Magee said she chose the song

because my entire life, I have been just waiting on the good part of my life. And it seems like every time I get to a space that’s comfortable, then something else is happening. So I just gotta hold on again.

In essence, Magee has been in a constant state of waiting for a change to come and for the good part of her life to begin. Magee sings that she’s not afraid to die because she figured “that anything has to be better than what [my life has] been so far.”

In the digital story, Magee explains that her suicide attempt was a result of being born to an unstable home environment:

To understand my attempt, you have to begin at the beginning of *my* beginning. I was procreated by two drug-addicted parents that both sold and ingested their drugs. They were also addicted to each other, and in their mutually symbiotic relationship, I became their byproduct. Suicide was by no means a gesture except as an attempt to die. I was mad as hell when I came to consciousness. I was like, “Fuck! You can’t even *kill* yourself!” At that point in my life, it had been nearly 40 years of inescapable environmental torture. Tumultuous torture.

Magee further clarifies that because her family is a “whatever goes on in the family stays in the family” type of family, she learned to cope with the dysfunction she witnessed with “secrecy and self-taught destructive coping mechanisms.” She never learned to cope effectively with her emotions. Instead, she understood that to interrupt her family’s generational pattern of dysfunction, she needed to become a successful adult who was nothing like them. Magee therefore prided herself in making good life decisions, like staying away from drugs and becoming a longtime employee of the United States Postal Service, which offered a stable, legal income with good benefits.

Accompanying Magee's story is a series of photos of deceased relatives. Her mother, brother, uncle, and two maternal grandparents each feature with their full names and birth and death dates. This feature gives the sense that as Magee is telling her story, she is also telling the story of her family members, who laid the foundation for her life and continue to inform it from the grave. When asked about why she included these relatives, Magee confirmed that it was because each played a pivotal role in her life. She cried telling the story of her Uncle Johnny, who was the only adult who she can remember showing her kindness as a child when he taught her how to tie her shoe.

In the final minute of Magee's digital story, the photos end and we are left with a black screen to accompany Magee's haunting voice. She recounts that in a time of financial strain, in the wake of her beloved brother's murder and an accident that left her then-husband paralyzed, she joined a scheme to move drugs through the mail, not knowing that this was a sting operation initiated by the Federal government. Magee recounts that she would eventually be arrested in front of her colleagues and sentenced to 60 months in prison. This experience was what led to Magee's suicide attempt. "I was no one anymore without my career," she says, "and I did not like that place." Magee continues,

So, I was drunk and chose to end it. It didn't work. I think that I must have seemed too loopy to the people around me. I remember saying I would be OK in the ambulance. I was so *happy*. I was going to finally be free. That type of euphoria makes it so easy to see suicide as a way out. I didn't believe in God anymore because: How could he?

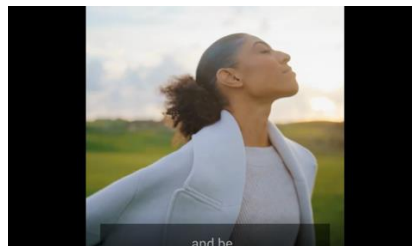
With that question, Magee's digital story ends. She leaves viewers without a sense of resolution, only the lingering shame from making a terrible decision and the relief and exhilaration of making a corrective decision, suicide, that would put an end to the suffering she had faced her entire life. In our interpretation interview, Magee explained her emotional state when she was suicidal as such: "I was just... I was tired. I was tired of always being the voice of

reason, being the one that everybody called, having to put on this strong face. So, I was just tired.”

The audience is also left with the sense that the God Magee was raised to believe in was no longer of any use to her because “He” had abandoned her. Magee based her understanding of God in her own experience as a mother. She said,

I’m a parent, and I have my kids, and I watch over my kids, and I love my kids. If God is supposed to be our parent, you just don’t allow your child to fall that hard. If this is supposed to be our father, how could you allow your children to hurt that way?... If that’s my daddy, God darn it, give me a new one!

While Magee’s digital story leaves us in the chaos of her anguish with no resolution other than to abandon her faith in God because God had abandoned her, further conversations with Magee revealed that her quest for healing remains underway. At the time of our interpretation interview, she had gone back to school to become an MRI technician and was learning how to cope with the existential exhaustion that once overwhelmed her. When Magee started to feel tired then, she knew “to take a mental break and just cut off all stimuli. No TV, no phone, no nothing. Just so I don’t get so overwhelmed to where I feel like I need a permanent way out again.”



Still images from “The Story of Becoming,” by Evette. The first image features a mature chrysanthemum beginning to decay; the second features a young Black woman enjoying a breeze in a field just before sunset.

“The Story of Becoming,” by Evette

“The Story of Becoming” is a quest story like the others, but it is unique in that it offers no details about what drove Evette to attempt suicide. In addition to not offering a detailed

personal narrative, Evette does not use any of her own photos or video, only stock images taken from WeVideo's database. This lends Evette's digital story a sense of mystery – though we hear her voice and know that the themes of the story are drawn from her lived experience, we don't know more about Evette's actual life at the end than we did before viewing the story. When asked why she did not create a more linear, detailed personal narrative that explains her suicide attempts, Evette said,

I didn't want to distract from the point I'm trying to share. It was vague enough where [my sisters] couldn't say, "How could you say that?" or "I've been through worse things."

Evette's comments reveal that she was reluctant to create a more detailed digital story because she feared being invalidated by family members who might see her video and determine that the facts of the story were different than how she presented them. To avoid a conflict that might attempt negation of her reality, Evette created an artistic product that was based in the *truth* without being based in the *facts*. Evette admitted that the fact that her digital story is "loose and open" was a product of both her insecurities about what viewers might say and her willingness nonetheless to participate in the DSP in spite of those concerns. Another factor that influenced Evette's decision not to create a digital story based on personal history is because of her faulty memory. Having experienced a traumatic childhood, Evette's memory "seemed like there was a lot of bits and pieces missing...it seems very fragmented."⁴ So as not to have to contend with those fragments, Evette created a story that paints her suffering in the broadest of brushstrokes.

Evette's digital story avoids mentioning the verbal and physical abuse she experienced at the hands of her parents and the bullying at school that caused her depression, facts I am only aware of because of the several interviews we had both before and after the completion of the DSP. Instead of speaking directly to her childhood trauma, then, Evette chose to focus on its

psychological and emotional impact, which included causing her to toggle between disconnection and drivenness, deep anguish and high productivity. That toggling is reflected in the sometimes-frantic nature of Evette's video editing.

Though Evette's digital story does not include personal details or photos, she does manage to create a mood of suffering using footage from WeVideo. The imagery Evette uses in her digital story – sped-up and blurred images from everyday life scenes, like a grocery store aisle or a busy intersection – communicates the overwhelm and exhaustion that can sometimes come from living with depression. Evette doesn't provide details about what she thinks contributed to her depression, nor does she name her suicide attempt with words. That act is implied, though, during a moment in which we see a cascade of pills followed by the blurred blue and red lights of what we can only assume are emergency vehicles.

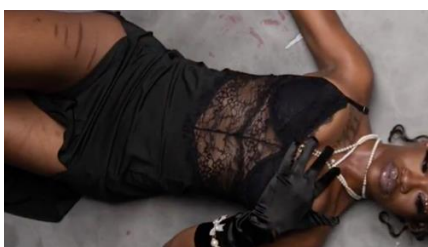
Evette's digital story begins with her calling into a crisis hotline and telling the person on the other end that she's feeling alone and could use some support. She continues,

For years, I tried to hide it. I tucked away my depression like it was an outdated accessory. I even fooled myself. My arms stretched out towards the sun as if it would rescue me. Leaving everything behind.

Evette feeling the need to hide her depression came from being raised in a family environment in which her parents were her abusers, so she did not experience the kind of safety with them that would have allowed her to express that she was in emotional pain. In our interpretation interview, Evette said that the one time she felt safe enough to share that she was depressed was with her sister after school. When Evette told her sister she was depressed, though, her sister responded with "No, you're really dramatic. I don't think you're depressed." Evette's sister's inability to accept her depression contributed to Evette's inability to think of herself as depressed. This in turn led her to hide her feelings from others and from herself.

Ultimately, Evette's digital story is about what she has learned in the process of recovery from depression and suicide attempts. Evette closes by saying "I had to learn to love myself, speak up. And share. And celebrate. And live. And be. And run. And feel. And become." These words are a reminder that healing takes effort and that it includes learning skills that must be acquired over time and tailored to the individual. The simplicity of Evette's learnings, like learning to run, also speaks to the process of trauma recovery. Dealing with trauma's effects sometimes requires going back to the basics. As Evette stated, running is "not something you would think you would have to learn again, but trauma can do that." Yet, relearning basic things in new ways has been an important part of Evette's healing journey.

In Evette's digital story, her final words are accompanied by imagery of a young Black woman in an open field with her face toward the sun and her natural hair blowing in the wind. Her eyes are closed and she carries a serene smile on her face. Finally, we see sneakered feet running free in the field, toward a golden sunset. We are left with a sense of hope and that a bright future awaits the person who has learned what she needs to flourish.



Still images from "Diary of Depression," by Samone. The first image features discharge notes and a prescription following a hospitalization for a mental health crisis; the second is a glamour shot of Samone that prominently features her self-harm scars as she makes a statement about her own beauty.

"Diary of Depression," by Samone

Samone's "Diary of Depression" chronicles her lifelong struggle with depression using both still and video images drawn from her own life. Samone's depression stems in part from not feeling beautiful and from feeling abandoned by her mother, who sent her and her two siblings to live with her grandmother when they were young children. Samone says that though she was

labeled as having an “attitude” as a child, she knows that what was really going on was that she was “confused, overwhelmed, and so very full of trauma and unrecognizable feelings.”

Samone’s mother had her own challenges with mental health, and at a young age, Samone and her two older siblings went to live with her “praying grandmother, a true hero, the one who came and saved us all.” Though Samone affirms that the strength she possesses today is a gift from her grandmother, Samone claims her daughter as her salvation. Samone raises her as a single mother because her child’s father was murdered while she was pregnant. Samone’s daughter gives her a reason to keep fighting for her own life. Samone says,

She lost her father before she could even meet him, so depression definitely couldn't have me. And I know that if I would have let it defeat me, she would have been another Black girl, misunderstood for an attitude when really, she would have been fighting the same overlooked battle that [I] was.

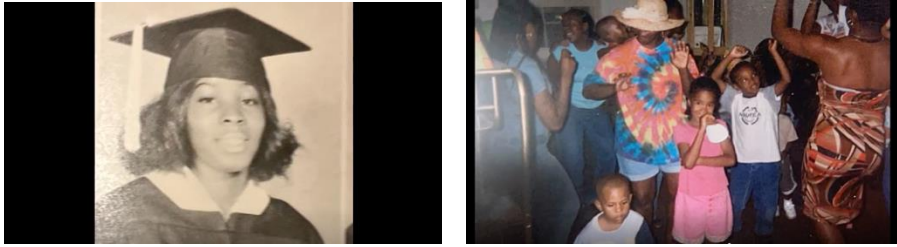
In addition to including family photos and video, Samone inserted scanned images of hospital discharge notes and a prescription for an antidepressant that she was given after one of her hospitalizations. For Samone, the inclusion of this clinical documentation serves as “proof” that her story is true. When we see her medical and social history along with the ICD-10 diagnoses there in black-and-white on the screen, it lends a credibility to the narrative that Samone was intentional about providing. As she said in our interpretation interview,

The main point of us doing this was to tell our stories so other people who are going through these things could hear it. But you know, when somebody get in front of you, you thinkin,’ like, have they really went through this type of stuff for real?... For me, it’s reality, and maybe whoever else happen to see it, they can see that it is indeed true. People are actually going through this and trying to overcome it. [Depression and suicidality are] going on in people’s lives. Young people’s lives. Real people’s lives.

Samone’s experience with self-harm in the form of cutting her wrists and thighs provides another instance of her need to prove that her emotional distress is real. She says in her story that though she tried therapy and antidepressants to cope with her depression, her depression needed

to be expressed through bodily means. “I would cut and cut,” Samone says. “I did the therapy and the pills, but nothing could contain what needed to be shown.” One of the closing images of Samone’s digital story is of a semicolon tattoo on her left wrist, which she had placed by some of her earliest self-harm scars as a reminder to keep going. Samone’s final photo features her reclining in a slinky black dress, pearls, and full makeup with the self-harm scars on her legs highly visible. It suggests that Samone is releasing some of the shame around her former ways of coping and has begun integrating her past selves with her present self. She looks like what she’s been through, and in claiming her scars as part of her story, she affirms them as part of what makes her beautiful.

While there is no evidence in Samone’s story that she felt she had to hide her depression or suicidality from anyone, we do get the sense that it was challenging for her to tell the one caring adult in her life – her grandmother – what was wrong with her. When her grandmother would ask her what was wrong, all Samone could respond was with, “I don’t even know what’s wrong. If I could tell you why I woke up sad and crying and ready to go today, I wouldn’t be able to tell you, ‘cause I don’t know.” Samone’s experience is a reminder of the inadequacy of language to contain or express every emotional experience, particularly for children and for the embodied experience that is trauma. Samone’s suffering required a bodily expression, which for her was self-harm, an outlet that kept her going through some of her darkest hours. In our interpretation interview, Samone even went so far as to call cutting a form of “sacred help.” Her sacred help, though, came with complications. Even as it eased her emotional pain, she was left with the sense that she needed to hide her self-harm wounds from others who would not understand her need to cut.



Still images from “Free Bird,” by Rosa. The first image features Rosa as a high school graduate; the second is a snapshot from a house party featuring Rosa’s daughters, nieces, and grandchildren.

“Free Bird,” by Rosa

“Free Bird” is about the impact of the years of sexual abuse that Rosa endured throughout her childhood at the hands of her stepfather. Beginning when she was eight years old, Rosa’s stepfather sexually abused her, resulting in several pregnancies. This abuse caused an enormous amount of suffering for Rosa. She has made several suicide attempts, starting in childhood, and has lived with chronic suicidality throughout much of her life. Rosa’s digital story begins with an avalanche of words, mostly ages and dates, that chronicle the sexual abuse that resulted in miscarriages, stillbirths, and abortions when she was still an adolescent. She speaks quickly, the words tripping over each other to escape her mouth. There is a sense of urgency to her delivery.

When I asked Rosa why she spoke so quickly at the beginning of her digital story, she said, “Because if I go at it slow, it would fester a lot longer. I moved it along by speaking it real fast. As quick as I get it out, the quicker it can get behind me.” Including ages and dates was important to Rosa because she wanted people to understand that even though she was 18 years old when her first living child by her abuser was born, the abuse began when she herself was a child. Her aim was to stave off any viewer who might say, “Well, you was grown when that happened, so you willingly participated,” or “You clearly must have wanted it.”

Rosa’s digital story dives deep into her emotional experience and what drove her to attempt suicide beginning in early adolescence. She says,

I felt scared and alone and afraid. I just didn't want to live anymore. I was so tired of my abuser continually forcing himself on me over and over again. I started taking pills at 11

years old. I did it twice, but God kept waking me up, so I stopped taking the pills...I felt hopelessness, unworthy, useless, and I just didn't see no way out but to kill myself.

For Rosa, suicide was an effort to escape the suffering that filled her life, suffering that she did not feel safe sharing with anyone, particularly her mother. Rosa's mother was one of her primary abusers as well, abusing her verbally and mentally at first, and then as she matured, abusing her physically, even recruiting Rosa's sisters to help beat her up. Rosa mentioned that during her childhood, no adults spoke to or explained anything to her. In fact, her stepfather was the only adult who paid her any attention, which made it easy for him to isolate and abuse her. Because Rosa didn't feel safe sharing her abuse with anyone, she says, "I stayed sad a lot. I would always cry alone. And then I had to learn to pretend to be happy, even though I wasn't happy."

Yet, Rosa's digital story makes it clear that her life has not been all pain and suffering. It opens and closes with a triumphant gospel song that claims the "miracles" and "blessings" of her life. This theme is carried through by Rosa's inclusion of images of Psalm 23, which she called her "salvation" because of the comfort it offered her during her youth, and The Serenity Prayer as nods to spiritual resources that have gotten her through her most trying times. It is also clear through the images Rosa selected for the digital story that she has found enormous joy in being a mother, grandmother, and aunt. This is made clear by her inclusion of scores of family photos taken of birthday parties and celebrations full of children playing, dancing, and blowing out the candles on birthday cakes.

Like Evette, Rosa also cites learning and self-acceptance as important components of her healing journey, though it has been a long process. She states,

I had to learn everything I went through as a child caused me to have mental illness, which I didn't want to accept. It took years to accept it. After learning that it's just a illness like everything else, I have learned to embrace it and try to live my best life and be the best person that I can be.

When asked why it took her so long to accept that she had a mental illness, Rosa stated that during the times she went to the hospital during her periods of overwhelm and depression, doctors would treat and medicate her without explaining why she was there. It wasn't until her hospitalization at Grady after her final suicide attempt at the age of 55 that a physician explained to her that she had a mental illness. When Rosa finally came to accept that she had a mental illness, it was important for her to think of mental illness as an illness "just like everything else," because she didn't want to "be labeled as a crazy person."

For Rosa, living her best life now means enjoying her children and grandchildren, though their relationships are fraught with pain and grief in the wake of the abuse. So fraught, indeed, that for the version of the digital story she presented at *Voices Restored*, Rosa chose to replace all her family photos with images of waterfalls because she knew her daughters would not consent to being featured in her story. Living her best life also means Rosa repeating positive affirmations to herself about who she is. She states toward the end of her digital story,

I am no longer a victim; I am a survivor. I have mental illness, but my mental illness don't define who I am today. I survived child molestation. I survived rapes. I survived domestic violence, and I survived suicidal thoughts. I am strong, courageous, brave, ambitious, smart, sweet, kind, loving and caring woman. I am a survivor.

When asked what the difference between being a victim and a survivor was, Rosa associated victimhood with being "stuck in the situation" and being a survivor as having come through challenges, still being here, and "still working on yourself."



Still images from “The Rise,” by Delores. The first features a class photo of Delores in middle school, the age she was when she tried to hang herself; the second features a young Delores posing confidently on the front porch of a house with her grandmother in the background.

“The Rise,” by Delores

“The Rise” chronicles Delores’ lifelong battle with depression, PTSD, and anxiety, which has led to three suicide attempts, the first of which occurred in middle school. Like Rosa, Delores’ emotional struggles were largely the result of childhood sexual abuse at the hands of a family member. Delores recounts,

I used to be a happy, fun little kid. Things changed when a trusted adult touched me as a child. This caused me to hate myself the most. Why did this happen to me? That's the start of the big snowball in my life.

Delores’ “big snowball” included enduring bullying in middle and high school for being “the fat kid” and encountering a series of important losses in her support system, including the deaths of two of her grandparents. As Delores describes her difficult childhood and adolescence, she includes several photos of herself and her family members. One photo features Delores as a young girl in her Sunday’s best striking a confident pose on a porch in front of a house. Behind the screen door is a dark female in a shadow, Delores’ grandmother, the strong, kind, and caring woman who was the only person in Delores’ family who knew she struggled with depression. Delores says in her digital story that her grandmother was the one who would remind her that that “life was worth living no matter what people said or did.” When Delores’ grandmother died when Delores was a young adult, her hope died as well.

Outside of her grandmother’s support, Delores felt alone in her suffering, as her mother, also a survivor of childhood sexual assault, did not understand the extent to which the sexual abuse and bullying Delores experienced caused her emotional and psychological distress. Viewers can hear Delores’ frustration in her voice when she details her final suicide attempt, a medication overdose, in which she called her mother to let her know she was going to kill herself. Delores says,

I was sitting in a hotel room when I called my mom crying. I was going to kill myself. This is the first time someone truly knew what I was going to do. I took some pills and all I remember was waking to missed calls and my mama calling me. She told me to make myself sick and talked with me. I was a full adult, and my mom just realized my pain wasn't surface.

Like Magee, Delores also questions why God would put her on Earth to suffer, but instead of ending her story with disbelief in God and the euphoria of the possibility of death, Delores ventures further to describe her journey of healing and self-recovery. She cites her involvement in Nia as an important part of that recovery, as it has helped equip her with several of the tools she uses to cope with her pain and thrive despite it. Delores states,

Nia has helped my relationships, not only with my family, but helped me better deal with my emotions. I no longer feel the need to hide my feelings and my attempt from those I love. I'm not going to say the feelings just go away, but I no longer need to act on them. And I can reach out for help. And because of that, I'm here today.

Delores does not leave her audience with the sense that because of her involvement in Nia she no longer struggles with depression and anxiety. Instead, she claims being much better equipped to cope with those mental health challenges such that she no longer acts self-destructively when she gets the impulse to do so.



Still images from “The Warmest Embrace: Suicide, Self-Harm, and Survival” by Shanell. The first features Shanell’s reenactment of her suicide attempt; the second features images of Shanell playing with the animals when she was employed at the Georgia Aquarium.

“The Warmest Embrace: Suicide, Self-Harm, and Survival” by Shanell

“The Warmest Embrace: Suicide, Self-Harm, and Survival” by Shanell offers a detailed and surprisingly upbeat account of how her fear of abandonment has led to self-harm and to one suicide attempt by medication overdose. The positive mood is sustained by an instrumental sample of pop-singer Lizzo’s song “Special” that plays throughout the entire digital story. At the

close of the video, Shanell brings the lyrics in, and the digital story ends with Lizzo encouraging viewers to remember: “In case nobody told you today, you’re special.” In contrast to the upbeat music, Shanell’s voiceover begins by inviting viewers to imagine a scenario in which feeling worthless, lonely, and unheard would lead them to attempt suicide through medication overdose. She then claims this scenario as her own and describes how she got there.

How did I get here? Let’s start with an average childhood. I was a happy kid and did kid things, like birthday parties at McDonald's or going to Disney World. I even climbed trees. Not knowing that the very next month from when this picture was taken would be one of the worst days I would ever have, and I can't even remember it. However, I've been living with and will continue to live with the consequences until I die.

Shanell’s otherwise happy childhood was interrupted by police violence. When Shanell was five years old, her father was shot to death 35 times in their family home, having committed no crime. Though Shanell has no memory of her father’s murder, that tragic loss has had significant emotional and psychological consequences. Shanell developed a fear of abandonment, which metastasized as she grew older. She would cope through cutting and becoming co-dependent in relationships. Eventually, overwhelmed by pain, Shanell tried to end her life by suicide.

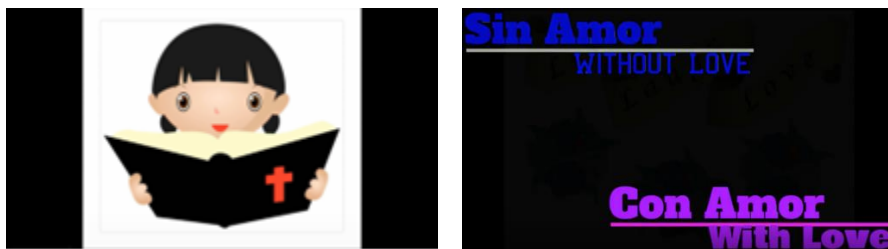
Shanell’s digital story is unique in that it features a re-enactment of her overdose, a striking choice Shanell said she made to keep things visually interesting. That it does, while also heightening the emotional impact of that section of the piece, when the audience is privy to the critical and intimate moment a woman in distress takes decisive action to relieve her suffering through suicide. Shanell does not leave us with her distress, though. She makes it clear that there is more to her story than her woundedness.

I can't say my life was all painful. I did become employed at Georgia Aquarium, which was my dream job. I created lots of memories with the animals and my coworkers. I also created memories with my friends and families [sic] as we enjoyed life together, going on trips and other gatherings. Yet not turning to them or even Christ when I was hurting.

As Shanell describes the parts of her life that bring her joy, we see a series of photos of Shanell smiling with friends and family, holding animals from the aquarium, and traveling. In every photo, Shanell and those with her look genuinely happy. Shanell also includes several snapshots of ministers delivering sermons at various church services she attended. As these photos fly across the screen, Shanell admits that while she has a wonderful support system, she found it difficult to use it as a resource, struggling to speak with friends or with God when things got difficult. Shanell claims that it was instead through her relationships with competent clinicians that she was able to begin her healing journey in earnest. Shanell is clear, though, that not all her problems are solved. She admits,

I'm still on my journey and I can't say that things will be rainbows and unicorns [chuckles], but I can say it gets better over time. Even though I had a lapse and I self-harmed this year, I know that I have an arsenal of tools to help me cope through the difficult times. And I start to have fewer dark days and fewer moments of self-harm. And that's all because of my faith in Christ, family, friends, therapy, medication, and...self-awareness.

Like Evette, Shanell ends her digital story by including a litany of the tools that support her healing, a reminder that healing takes a plethora of resources that require experience and willingness to recognize and use.



Still images from “With Choice Comes Life,” by Mei Ming. The first image features a cartoon image of a young girl reading a Bible; the second highlights the choices Mei Ming had to make in her life – to live “Sin Amor” (without love) or “Con Amor” (with love).

“With Choice Comes Life,” by Mei Ming

The longest of the digital stories, Mei Ming’s “With Choice Comes Life” is further distinguished by being comprised entirely of cartoons and clipart. The visuals create an atmosphere of playfulness and whimsy, standing in eerie contrast to the narrative, which details a

childhood filled with verbal, physical, and sexual abuse, and religious trauma inflicted by her parents. The cartoons Mei Ming chose skew racially ambiguous or White-appearing, and when I asked her about this choice, she said she chose these images because,

Race takes away from the reality of life. It's just false. It has nothing to do with reality. Race has nothing to do with anything. Male or female has nothing to do with anything. And I wanted to send a message that people sometimes feel they're entitled to do very bad things and it has nothing to do with race, ethnicity, religion, any of that stuff.

Another visual feature of Mei Ming's digital story is the sheer volume of images she uses. She presents viewers with a barrage of shifting images that represent the "overwhelming...whirlwind" of the feelings that arise in Mei Ming's body when she considers her childhood and the abuse she endured.

Mei Ming squarely places responsibility for her childhood trauma with her parents, a couple she names "Sin Amor" (Spanish for "Without Love") and describes as, among other things, emotionally detached, preoccupied with themselves, lacking empathy, and hypersensitive. Though Mei Ming's family of four with married parents and a younger brother looked respectable and "acceptable" by societal standards, she and her brother endured significant abuse at the hands of their parents who urged them to keep their suffering to themselves. As in Magee's family, the order of the day was secrecy and silence. Mei Ming, too, was raised with the admonition, "What happens in this house stays in this house."

While on the one hand Mei Ming is adamant that "race has nothing to do with anything," she admits that some of her family's culture around corporal punishment has to do with their being Black. As she recalled in our interpretation interview,

[My parents] would beat you and say, "I'm doing this because I love you." I don't know if it's just a Black thing, but I know it's very prominent in the Black community for people to say, "I'm beating you because I love you." My brother was beaten bloody in the name of love, in the name of God, in the name of "we're your parents, we want the best for you."

Like other Storytellers, Mei Ming describes her healing process as a journey that involves both learning and choice. At first, her learning involved disconnecting from her emotions because they were too painful and choosing to “numb” her feelings using drugs and alcohol. Over time, her coping behaviors have shifted to reflect that she has learned that she has a choice how to respond to her traumatic past – and she chooses love and life.

Mei Ming has chosen love and life largely because of her experiences with and observations of dogs, whose behavior she admires as loving and life-sustaining. Further, Mei Ming has chosen life because of her relationship with her brother, who died by suicide several years ago. Mei Ming has chosen not to “go with” him, though she has made suicide attempts in the past, because she has “learned that love and life don't end. I found strength knowing that I could take my brother with me on this journey. I was committed to adapting and overcoming for us.” As she speaks these words in her digital story, Mei Ming’s ongoing commitment to her brother is expressed visually by a heartwarming image of two cowboys side by side riding off into the sunset together.

Mei Ming’s digital story is the most explicitly theological of the group, in that she describes how she was exposed to two kinds of understandings of God in her childhood and had a choice to make about which God she would follow. She says,

I was blessed with Bible study sessions that gave me plenty to ponder. The sessions were not loving or happy, but they did introduce what Sin Amor refused me: choice. I learned of the “hell-and-damnation” God of Sin Amor and I learned of the God of love and life. The God of the animals and plants that were my everything. From the moment I learned I had a choice, I chose love, and I chose life.

Mei Ming does not use the word “God” when discussing her current belief system because “that word is associated with so much negativity,” but instead chooses the phrase “love and life” to describe her core values, which form the foundation for her life. Her personal philosophy is called “Con Amor” (Spanish for “With Love”). Con Amor “has nothing to do with

religion, but it's powerful and it's not man-made." She continues, "it's consistent, it makes sense, it's viable, [and] it's sustainable," unlike the God, religion, and destructive behavior of the humans who have caused her so much harm.

II. Interruptions: Suffering and suicide as an act of agency

Storytellers experienced both intergenerational and childhood trauma, which caused emotional-psychological-spiritual suffering.

In narrative theory, Frank frames the event that sets the plot in motion as an "interruption." This sense of interruption is reflected in several of the digital stories as Storytellers describe otherwise happy and carefree childhoods that are interrupted by violence. In the case of Delores and Rosa, for example, the interruption appeared as sexual assault by a male family member; with Shanell, the interruption was her father's murder. These interruptions set in motion emotional, psychological, and spiritual disruptions for the Storytellers that will eventually have to be resolved. For other Storytellers, their ability to have any semblance of a normal childhood was interrupted before they were even born by way of them having been born into families where cycles of intergenerational trauma, substance abuse, and mental health issues were so common, there was very little hope for anything other than a repetition of dysfunction and distress. Magee, Samone, and Mei Ming are examples of this kind of pre-natal interruption.

Interruptions continue throughout the Storytellers' respective childhoods and adolescences through neglect, abuse, and adultification. Issues around adultification appeared repeatedly in my interpretation interviews when Storytellers like Samone or Magee would express that their parents or caregivers would saddle them with responsibilities or emotional burdens that they were developmentally ill-equipped to handle, which can be another form of trauma. Whether the interruptions occurred pre-birth or in early childhood, each of the Storytellers were handed challenging life circumstances in which they had to learn from a very

young age how to cope with loss, grief, and identity-development in the context of extreme harm. Developmentally, children do not always have the resources to cope well with harm, and they look to the adults in their environment to help them make sense of an experience and cope with it. If they cannot be honest with the adults in their environment, or if those adults are unsafe, children often suffer in silence and cope the best way they know how, which is often through dissociation, self-harm, or numbing. They also often internalize the unsafety of their environments and begin to believe that if people are treating them badly or if bad things are happening to them, something must be wrong with them.

The Storytellers who describe their childhood trauma make it very clear the emotional and psychological impact that the trauma had on their development. Delores says that being touched by a trusted adult caused her to hate herself. Shanell says that losing her father to police violence gave her abandonment issues. Over and over again, we see evidence of low self-esteem, and feelings of worthlessness and hopelessness creeping into the psyches of our Storytellers once they have learned that the world is not safe. In each circumstance, we learn that the Storyteller had no choice in the matter of their suffering and that they often felt trapped in it; they had the sense that nothing within their power could cause their suffering to stop.

Emotional-psychological-spiritual suffering went unaddressed because of silence, secret-keeping, and hiding.

For many of the Storytellers, the harm of intergenerational and childhood trauma was exacerbated by the issue of not having safe spaces to process and integrate what had happened to them. The Storytellers mention repeatedly how they felt they had to hide their suffering not only from the adults in their environments but also from themselves. To use Magee's language, they had to "stuff" their pain, shame, and grief. Over time, that "stuffing" gave way to coping mechanisms ranging from constant rumination on suicide (Rosa) to substance abuse and risky

behavior (Magee, Mei Ming, and Delores) to self-harm (Samone and Shanell). While a few of the Storytellers intuited that they had to hide their suffering from their environment, at least two Storytellers (Magee and Mei Ming) were explicitly told by the adults in their environment that they must not speak to anyone outside the family about the abuse and neglect they experienced at home. “What happens in this house stays in this house,” they were warned. This culture of secret-keeping meant that Storytellers were isolated with their trauma, shame, and suffering, which made them even more vulnerable to suicidal ideation and attempts.

There were small moments of respite, like loving family members who observed and tried to assuage the suffering of the Storytellers – the grandmothers from Delores and Samone’s digital stories, for example, or Magee’s uncle. But there remains the impression that there was much left unsaid between the Storytellers and these family members. Without having had the opportunity to speak directly to the harm, the care from these family members was indirect and insufficient. Because the Storytellers could not express and process their suffering directly in safe spaces, they began to believe that the feelings of worthlessness, hopelessness, and lack of control over their lives would persist indefinitely.

Not being able to express suffering creates an environment for unhealthy coping mechanisms to foster, such as the self-destructive coping that some of our Storytellers described. Self-harm was a way for the pain to express itself, particularly for Shanell and Samone. It gave voice to the fact that something was wrong, even if the Storyteller could not say it out loud. And it is also evidence that talk-therapy alone is necessary but insufficient when dealing with trauma. Trauma, which is embodied, must be treated with embodied therapies so that the body can express itself and process its wounds.

Storytellers claimed agency through refusing to endure their suffering and choosing suicide as “a way out.”

Many of the Storytellers felt powerless to change the circumstances of their home life or the environments that were causing them harm. Magee said it best when she described feeling “trapped” in an environment of inescapable torture. For her and the other Storytellers, suicide represented a way out, a path toward freedom from their suffering. This path became even more desirable as Storytellers became convinced that there was no hope for ending their suffering outside of ending their life. Thus, suicide became a logical choice, the only agentive act they imagined having available to them. The choice to end their life often brought Storytellers a sense of relief and joy, as they imagined they would finally be able to access the freedom from suffering that their earthly lives were not able to afford them.

The digital stories also testify to another kind of interruption, separate from the interruptions of intergenerational and childhood trauma, which is the interruption of their suicide attempts. Some of the Storytellers interrupted their own attempts, by, for example, vomiting up the medication they took to overdose, while others were interrupted by forces outside of their control, such as a rope breaking or a bystander calling first responders to bring the Storytellers to a hospital. Regardless of how they occurred these secondary interruptions created openings in the Frankian sense for the Storytellers to choose differently. These openings provided opportunities for the Storytellers to rise to the occasion of being yet alive and having new changes to cope differently with their existential exhaustion.

III. Openings: Rising to the occasion of a second chance

The traditional Western medical narrative often places the clinician as the hero of the healing story. Because of their clinical expertise and good decision-making, a well-trained doctor produces the right intervention at the right time, and the patient is cured. This dissertation attempts to disrupt such narratives by positioning the Storytellers as the heroes of their own stories, using Frank’s concept of the “self-story” to highlight the ways in which the Storytellers

rose to the occasion of being afforded a second chance at life after a suicide attempt. It will not, therefore, highlight the role of the clinicians involved in the Storytellers' care when discussing the openings that allowed space for their healing from trauma and suicide attempts. Instead, because the Storytellers are the heroes of their own stories, I analyzed the digital stories with an eye for the choices they made that set them on the path to healing. Because the Storytellers are all Nia members, some of them do mention their involvement in Nia or with Grady as an important factor in their healing. While I do not want to discount the importance of compassionate and competent clinicians in the facilitation of a patients' healing, the point here is to center the insights and actions of the Storytellers as experts of their own experience and reliable sources of knowledge about how to prevent and heal from suicidality.

After initial disappointment, embracing the journey of healing through learning.

Almost every Storyteller described being at least somewhat upset that their suicide attempt was unsuccessful. Magee, for example, said that her first thought once she realized she wasn't dead was "Fuck! I can't even kill myself!" Delores experienced shame that she was so fat that the rope that she used to hang herself broke. "Failed" suicide attempts seemed most often to be interpreted by the Storytellers as continuations of their failures in life, such as failure to make what they want in life happen or failure to be socially acceptable. Others interpreted "failed" suicide attempts as divine intervention. Delores thought "maybe God saved me" after her failed hanging and Rosa said that "God kept waking her up" from her attempts to overdose. Whether through divine intervention, happenstance, or the fact that the Storytellers largely did not choose particularly lethal methods through which to attempt suicide, they are still alive to tell the story of what happened next.

Almost all the Storytellers described their recovery after a suicide attempt as a "journey." The Storytellers are clear that their journeys have not been straightforward paths toward

progress. Shanell says, for example, that the path forward is not “all rainbows and unicorns,” but that it has bright spots, and those bright spots are discoveries that the Storytellers have made along the way. One bright spot for Mei Ming was the discovery that she could take her brother with her in spirit and live for both of them, as he could no longer make the journey in the flesh. Her learning was that she had a choice between “hell and damnation” or “love and life,” and she is choosing love and life moving forward. Evette’s learnings were to celebrate, feel, speak up, run, and “become” as part of her healing, which has required both moments of hard, intense work, and moments of ease and freedom. Shanell’s learnings were that she has access to a plethora of tools to help cope with the impacts of her childhood trauma, such as therapy, medication, faith, family, friends, and a growing self-awareness. Delores’ learning is that she can reach out for help instead of immediately acting on the feelings that used to drive her toward suicide attempts.

Setting the record straight

In addition to learning, the Storytellers cite setting the record straight as an important component of healing, as it resists the oftentimes false labels many of them have been saddled with throughout their lives. It is an opportunity for them to rename and reclaim their experience. Samone, for example, was labeled a little girl with an “attitude.” There may likely have been a time in Samone’s life where she, too, was convinced she had an attitude, but by the time she creates her digital story, she has reinterpreted her emotional experience and behaviors not simply as having an “attitude” but as having been overwhelmed and confused without the tools to communicate her feelings in a way that the adults around her could understand, have compassion for, and respond to in helpful ways.

Another Storyteller who had a record to set straight was Shanell, whose overdose was dismissed by a clinician as a “pseudo” suicide attempt. Downgrading Shanell’s overdose to a

pseudo attempt caused Shanell not to take her own suffering seriously. Simply because the overdose wasn't severe enough to induce death or major illness or because Shanell called 911 to get help for herself does not mean that the desire to die wasn't there and that the action taken to end her life was insincere. Fortunately, the method Shanell chose to end her life was reversible. By setting the record straight and claiming her suicide attempt as real, Shanell can attribute the appropriate meaning to her overdose and in so doing seek out appropriate resources for healing. She is also reclaiming agency from the clinical "experts" who sought to minimize her suffering because her response was not severe enough according to their clinical frameworks.

Claiming agency through integration

Choosing to embrace their healing journey is an act of self-reclamation and agency for the Storytellers akin to the agentive act to end their lives. But the choice to be intentional about healing is evidence that they see a future for themselves in which they have learned how to live meaningful lives in spite of the trauma they've experienced and the emotional and sometimes physical wounds that exist because of their suffering. The Storytellers have learned how to integrate what happened to them and choose to live in spite of, or in some cases, because of what has happened. We see this choice most clearly in Samone's digital story, where she claims that she now lives for her daughter so that she doesn't have to be another young Black girl "misunderstood for an attitude." We also hear Samone integrating her suffering into her story by making choices with her body that highlight the highs and lows of her journey, such as the semicolon tattoo that marks her as a suicide attempt survivor and glamour shots that do not shy away from revealing her self-harm scars.

We see evidence of this integration also in Shanell's digital story photo in which a glamorous version of herself extends a hug toward a disheveled and sad version, bloody with self-harm wounds. By creating this image, Shanell provides evidence that she recognizes that

though both selves have existed within her and continue to do so, the self-compassion that she has developed through her healing journey is now helping her to live with and love the version of herself that still struggles with fear of abandonment and the desire to self-harm.

Becoming advocates

As a part of their reclamation of agency, some of the Storytellers are now rising to the occasion by becoming advocates for child welfare and mental health and suicidality awareness. Delores makes this clear at the outset of her digital story when she claims that her hopes for her story include not only motivation for herself but for others to keep going and remember that life is worth living. Though Shanell does not say it explicitly in her story, she mentioned several times over the course of the DSP how important mental health advocacy was for her and how important it is for her to be involved in any public-facing turns that the project might take. Magee has joked several times that I should call her when I'm ready to "take this show on the road" so that she can be my "alter-ego" as we present this research to the public. Rosa, too, conceives of her digital story as an opportunity to speak out against childhood sexual abuse and to sound the alarm as to how rampant such abuse is and to insist that our society do a better job of protecting our children. And though Mei Ming doesn't mention this in her digital story, she mentioned during the Story Circle that as a part of her advocacy against childhood sexual assault, she took legal action to bar her father from opening and operating a childcare center in order to keep children out of the way of a known sexual predator. Finally, the Storytellers who chose to have their stories screened at *Voices Restored* and to be featured on a panel in which they discussed the experiences that drove them to attempt suicide have already stepped into their role as advocates by coming out from behind the screen, claiming their stories as their own, and engaging in dialogue about how to reduce shame and stigma around trauma, mental health challenges, and suicide, and encourage the Black church to play a larger role in both preventing

the circumstances that lead to suicide attempts and caring for people in recovery from suicide attempts.

Embracing self-actualization

In the read-back session with research participants, “becoming advocates” was originally the last phase of the healing journey. After the model was presented as such to the group, Dimples spoke up about her discomfort with it, because of how it positioned advocacy as the end goal of healing from suicidality for Black women. To her mind, the actual end goal of healing was self-actualization: the freedom to exist as authentically as possible without any pressure to produce, perform, or provide labor. If becoming self-actualized included becoming advocates for survivors of suicide or trauma, she argued, that should be an individual choice and not a necessary outcome of the healing journey. Several of the other research participants agreed with Dimples, and I promised to honor their concerns by arguing for self-actualization, and not advocacy, as the telos of the healing journey.

Dimples’ concerns echo that of fourth-wave womanist, EbonyJanice Moore, who writes in *All the Black Girls are Activists* (2023) that too many Black women are known today for their “resistance and not for their living,” a fact Moore understands as neither right nor sustainable.⁵ Instead of so forcefully resisting white supremacist capitalist heteropatriarchy that we become exhausted, as so many Black women have done before us, Moore suggests that it is “inherently revolutionary” to divest from those ways of resisting. She argues that instead of “all the Black girls becoming activists,” we must claim alternative pathways of resistance through pursuing such goods as dreams, softness, wellness, and relationships with our ancestors. I believe this is what Dimples is pointing to when she posits self-actualization as the end of the healing journey. It is the freedom that Magee also spoke of in response to Nneka’s question at the end of *Voices Restored* about what a life worth living would look and feel like.

IV. Spiritual, existential, religious, and theological themes in the digital stories

The ubiquity of SERT themes

The final task of this chapter is to discuss the spiritual, existential, religious, and theological (SERT) themes found in the digital stories.⁶ For all the Storytellers, Christianity was the religion of their family of origin and the religion they were brought up to profess faith in. While today the Storytellers express a range of religious belief and practice, from faithful churchgoers to agnostics, they all at one point mention that they espoused a belief in God. Further, each digital story makes explicit reference to religious belief and/or practice in the narrative and through the images used. Rosa takes her references to SERT a step further by going so far as to include a gospel song as the soundtrack to her digital story in addition to talking about God “waking [her] up” from her suicide attempts as a young girl and the “grace” of God being one of the reasons she is still alive. She also features images of Psalm 23 and The Serenity Prayer as two important spiritual resources that have helped sustain her throughout her life. Samone discusses the importance of having a “praying Grandmother” who saved her and her siblings from the abuse and neglect they experienced from their mother, who struggled with mental health issues. Delores talks about God “saving” her after her first failed suicide attempt and her belief that things would improve afterward because of her salvation. Both Delores and Magee ask age-old theodicy questions, like, “Why did God put me here to suffer?” and “How could He?”

In her digital story, Shanell mentions trying to talk to God about her struggles, but feeling nonetheless alone, as if her “prayers didn’t go past the ceiling.” She also speaks to the importance of faith as a part of her ongoing recovery journey, and includes several photos from church services. Mei Ming mentions Bible Study classes she attended in her youth as central to not only introducing her to the concept of choice, but also to the idea that there are “two Gods”:

one that promotes hell and damnation, and the other that promotes life and love. While she does not consider herself Christian today, Mei Ming does make it clear that her understanding of God as “love and life” is central to her quest of pursuing a life “Con Amor” (with love). And though Evette’s story does not mention God or religion in the narrative, she includes a brief snippet of a young man crumpled on the floor, crying and in distress in the shadow of a crucifix hanging on his wall. This reference to spirituality is subtle, like most features of Evette’s digital story, but it does convey the message that even a life of faith can include unspeakable anguish.

Religion has both harmed and helped the Storytellers.

Though SERT themes are ubiquitous among the digital stories, there is no universal valuation of religion as altogether “good” or “bad” for the Storytellers. For the most part, they present religion as an ambiguous force that can be used both for good and for evil. We see it being used for evil in Mei Ming’s life, when she discussed how being introduced to the “hell and damnation” God was a way for her father to maintain absolute control over her by keeping her in fear. Similarly, Rosa’s stepfather manipulated her faith in God to build trust between them, only for that trust to be completely disrupted by his sexual abuse of her.

Because of the religious trauma that she experienced, Mei Ming rejects organized religion today. She refused to attend the in-person version of the digital story screening event at Ebenezer because it was too triggering for her to step foot in a church again, even if only in the Fellowship Hall. Her religious trauma notwithstanding, Mei Ming holds onto the idea that there is a power that represents “love and life,” but that that power is that of plants and animals, not that of humanity. Meanwhile, Rosa remains a firm believer in the Christian God, though she is an infrequent churchgoer.

Apart from Magee and Mei Ming, who reject Christianity wholesale, we otherwise get the sense that the Storytellers feel positively about the role of faith in their lives. While she

doesn't talk much about her own faith in her digital story, Samone is convinced that were it not for the prayers of her grandmother, she would not be here today. And in our interpretation interview, she was excited to share that after a period of being angry with God following the death of her baby's father, she is now back to reading the Bible and attending church every other week. On the other hand, Shanell has consistently claimed her faith as an extremely important resource for her mental health. She finds comfort and joy in prayer and in attending religious services, though prayer can be accompanied by frustration in those moments when she senses a lack of response from God. The only Storyteller who has no use for any conception of God is Magee. Magee looks at religion and spirituality as any other kind of "coping mechanism," claiming in our interpretation interview that even if God were to descend from Heaven and present Godself to her, she would remain unconvinced of God's existence.

V. Digital Stories as Testimonies

To revisit one of the questions posed at the beginning of this chapter, now that we have described and interpreted the digital stories, what can we say that they testify to? They testify, for one, to the lasting impact that trauma experienced in childhood can have on survivors, and how cultures of silence and secrecy compound that harm. They testify also to the fact that suicide is experienced as "a way out" of suffering, an agentive act that suicide attempters make to exert control over their lives. Through suicide, they are attempting to change their lives for the better by ending their lives, as they have lost hope that their lives can improve. These stories also testify to a group of women who, though they have suffered greatly, have risen to the occasion of having been granted another chance at life, regardless of whether they were originally happy about being alive. They have all chosen to embrace healing as a journey of learning and growth with and without religion and/or spirituality to accompany them.

¹ For an in-depth discussion of illness narratives, see Kleinman (1988).

² Frank, *WS*, p. 105.

³ Frank, *WS*, p. 128.

⁴ Discuss the impact of trauma on memory.

⁵ Moor, 2023, p. 1.

⁶ The concept of “SERT” themes is adopted from Palitsky et al. (2023).

Chapter 7: Conclusion

The Digital Storytelling Project revealed that for the Storytellers, attempting suicide was an agentive act. It was a choice to solve the intractable problem of existential exhaustion due to relentless lifelong suffering. It was a solution for a soul-deep weariness that the Storytellers could no longer endure. They were tired of the struggle to bear the emotional heaviness they carried and sought comfort and rest in death. Much of the Storytellers' exhaustion came from not being able to catch a break from trauma, whether from abuse inside the home or from challenging circumstances outside the home. It also came from having to keep their suffering to themselves because of family cultures that suggested they must keep secrets and silence and from dominant cultural narratives that suggest that Black women are strong and equate weakness with Whiteness. In many ways, suicide attempts by Black women are acts of refusal against these cultural narratives. Acts that clearly and definitively refuse the burden of silence and strength. Suicide attempts are powerful expressions of agency for Black women who feel they have had choice and voice stripped from them. Such expressions of agency offer the hope of restoration of both peace and power to women whose lives have been interrupted by chaos and powerlessness.

Knowing this, the work of the Black church is to attend not only to the symptoms but to the root causes of existential exhaustion, which include White supremacy, heteropatriarchy, capitalism, homo- and transphobia, and ableism. The church must do everything in its power to help prevent this spiritual, emotional, and psychological wearing down from happening in the first place, and when it recognizes the signs of existential exhaustion in Black women, do whatever it can to help restore them back to life. The church must become a soft landing place for Black women. A place of rest and restoration. A place where congregants learn not only how to cope with life's inevitable challenges but also work to interrupt the preventable causes – like

child abuse and gender-and-race-based discrimination – that contribute to existential exhaustion. Unfortunately, as we learned from the Storytellers, the Black church has not always been a safe space for Black women and girls. The institution must be honest about the ways in which it has caused harm by embracing and perpetuating behaviors and theologies that make it difficult for Black women and girls to experience healing. If the Black church aims to build healthier communities, it must first address its own areas of ill-health. It must do the difficult, often painful work, of looking itself in the face and examining its own flaws.

This concluding chapter suggests that what is required of the Black church to address Black women's suicidality is a radical cultural shift from one of performance to one of communal care. Such a cultural shift involves an ongoing cyclical process, which the following pages will delineate. The Black church must first (1) **repent of and lament** its participation in harming Black women. In many ways, what is called for is akin to the truth and reconciliation work undertaken by South Africa as it rose from the ashes of apartheid. There can be no reconciliation without truth-telling, and the Black church must tell the truth about how it has participated in harming Black girls and women, often with the intention of protecting them. It must tell the truth about the ways in which internalized White supremacist capitalist patriarchy has caused division between men and women, with women bearing the brunt of that separation. The church must lament the ways it has colluded with cultures of silence and shame to keep predators safe and cause victims to bury their stories deep within. Repentance and lament then prepare the way for the work of (2) **repair** and (3) **prevention**.

Repent and Lament: *The Black church must repent of and lament the ways in which it has contributed to Black women's existential exhaustion by taking responsibility for the harm it has caused Black women by promoting a culture of performance that denies the reality and impact of suffering.*

From Reconstruction through the Civil Rights Era, the Black church emerged as one of the few places Black people could safely see themselves as God saw them: as human beings with inherent dignity and value, worthy of love and respect. At church, Black people could dust off the debris of enduring often-degrading manual and domestic labor during the other days of the week. On Sundays, in their finest clothes, hats, and shoes, Black people could feel as though they were “somebody,” even if only for a day. They got to look and feel like the people they knew themselves to be. For some, this behavior created the impression that to show up at church, one had to embody polish, poise, and success. One had to give the impression of doing and feeling well, even if that wasn’t the whole truth. This is what I call a “culture of performance.”

Because of a culture of performance, Black women were expected to show grace, strength, and dignity in the face of the most abject violence and hatred, which left little room for their actual lived experience of suffering to be expressed or processed. Black women also were required to keep silent about the abuse and injustices they suffered at the hands of Black men to present a united front against White supremacist structures that worked hard to paint Black people and families as degraded and dysfunctional. They became skilled at not “airing dirty laundry” and being careful of what was said in “mixed company” developed. Certainly, these behaviors served as crucial survival mechanisms under the brutality of Jim and Jane Crow. Yet they also served to erase just how deeply devastated some Black folks were by the state of the world and their lives. The unfortunate impact of these survival mechanisms is that they create a fertile environment for all kinds of suffering to go unacknowledged and unprocessed. To remedy the impact of this harm, the Black church must become a place not only where Black people can show up as our best selves, but where we are also free to present in our weakness and vulnerability, with our questions, our fears, and our doubts, and where we will be assured that the people there will greet us with nonjudgment, acceptance, and compassion.

The Storytellers' existential exhaustion was cultivated in a culture of performance, in environments in which they felt they had to act like everything was fine when in fact their world was on fire. This is because many of them grew up in Christian households where spiritual bypassing created the impression that any expression of discontent was evidence of a lack of faith or gratitude. To avoid accusations of faithlessness, Storytellers would often feel the need to hide their true feelings about what was going on in their lives. Discontent was swept under a rug where it festered and morphed into coping behaviors like self-harm, risk-taking, and suicidal ideation and attempts. Denial of the psychological and emotional impact of life stressors is a result of a Black church culture of performance that has its roots in respectability politics. Both cultures of performance and respectability politics are psychological and behavioral outcomes of White supremacist oppression in which Black life is constantly subjected to the scrutiny of the antiblack White gaze.

Much of the Black church culture of performance is supported by triumphalist theologies, which serve to invalidate lived experience and support the marginalization of those whose experiences are not shared by the majority. Repenting from this culture will require Black churches to do the theological work of normalizing suffering, doubt, frustration with God, and feelings of abandonment by God. Instead of rushing to shout about the resurrection as Jesus' triumphant victory over evil and death, Black church theology could benefit from lingering with the grief of Good Friday and the sorrow of Silent Saturday. Certainly, many Christians find hope and joy in the resurrection, but skipping over what comes before that diminishes the theological significance of less palatable emotions like grief and anger. Many of the Storytellers have not experienced church as a safe space to talk about their anger with God or whether they even believe God exists. Indeed, Magee ultimately ended up rejecting the idea of God because she was taught in Black Christian spaces that because God, her "Father," ostensibly cares for her like

a parent, “He” would have helped her avoid suffering. Because Magee’s lived experience directly confronts the theologies she grew up with that depict a sovereign, all-powerful God, who protects “His” children from “all hurt, harm, and danger,” she has ended up rejecting the idea of God wholesale.

Repenting from a culture of performance means being careful not to use language that upholds the ability to mask hardship in high esteem. When Black church folk say things like “I don’t look like what I’ve been through,” as if it’s a good thing no one can tell they’ve ever experienced any adversity in life, it suggests that showing signs of having experienced hardship makes someone less attractive or less acceptable. The Storytellers demonstrate that looking like what you’ve been through can be something worthy of celebration. Shanell and Samone, for example, have embraced their cutting scars and put them on display in glamour shots. They have claimed their scars as a part of their testimony of what they have overcome. In so doing, they demonstrate that scars can become part of what makes someone beautiful rather than something that detracts from beauty. Like Japanese kintsugi artists who reassemble broken pottery and enhance it with gold at the cracks, Shanell and Simone show us that with care and intention, scars, both visible and invisible, can enhance a person’s value and beauty. Samone and Renee took their embrace of their history with hardship even further by choosing to get semicolon tattoos which mark them as suicide attempt survivors. In getting these tattoos, these women not only claim their suffering but the pride they have in their healing journey and in their identities as survivors. They have ensured that they look exactly like what they’ve been through so they never forget how far they’ve come.

In refusing a culture of performance that denies the impact of suffering, it becomes helpful to remember that after he was resurrected, even Jesus looked like what he’d been through. The crucifixion wounds in his hands and feet were a testament to what he’d suffered

and what he'd overcome. Those wounds are what led Thomas from doubt to belief that Jesus was indeed who he claimed to be, the risen Messiah. In like fashion, Black Christians must become more comfortable with revealing the ways in which they are wounded and scarred. They must become more comfortable with looking like what they've been through, being honest about the hardship they have endured and what it has taken to overcome it.

In addition to repenting from a culture of performance that negates the experience of suffering for many, repentance for the Black church would also include recognizing the ways in which much of what drives Black women to suicide is the result of sin, not their own, but of the adults in their families and churches who allow child abuse to occur under the cloak of silence, which shelters and protects abusers. The culture of “what happens in the house stays in this house” must be eradicated, as cultures of silence, secrecy, and shame protect predators. They cause harm to victims, who feel they must carry the burden of what has happened to them alone. The church becomes a safer place for Black women and girls when it works to shift cultural norms about discussing “taboo” things or topics that might otherwise bring embarrassment. The church must also repent of the sin of not recognizing the grief that children experience when they encounter significant losses – such as the death of a parent – and not ensuring those children are provided with the resources and safety they need to grieve well, such that the pain they feel does not turn inward and express itself through self-destructive behavior.

Beyond how Black people show up to church, a culture of performance also impacts what religious activities Black churches place importance on. Black churches place an enormous emphasis on the Sunday morning worship experience and put relatively little effort into their activities the other six days of the week. In this kind of culture, Black churches can pat themselves on the back about putting on an event like *Voices Restored* yet have no plan for how to keep the work of suicide awareness and prevention ongoing, because what matters is the

performance of care about this issue. However, without an ongoing commitment to communal care, those who are in greatest need remain under-resourced. Certainly, the performance of the Black church can be exhilarating, uplifting, inspiring, and even sublime. But even the best worship service can only offer momentary relief. For someone experiencing suicidal ideation, truly tending to where it hurts is going to take more than a rousing sermon and rocking music on Sunday morning. The deeper, longer-term work of healing happens in the smaller, quieter instances of developing relationships and sharing stories, smiles, and hugs. In short, healing happens through communal care, the sustained work on behalf of the entire congregation of checking in with one another throughout the week and forming genuine relationships of safety, trust, and reciprocity. Black churches must become communities that bear one another's burdens; where catharsis happens not just at the altar on a Sunday morning but also at people's homes on a Wednesday night or in the fellowship hall on a Saturday afternoon.

A process of repentance will necessarily involve griefwork, which is where lament plays a role. The Black church must grieve its participation in Black women's existential exhaustion by creating rituals that allow space for the Black church to feel and express the difficult emotions that will inevitably arise in the process of repentance. The harm that has been done must be grieved in order to make efforts toward repair and prevention.

Repair: *The Black church must make reparations to Black women for its participation in Black women's existential exhaustion...*

1. By not only listening to the stories of Black women in its congregations and communities, but by asking them what they need to be well and by finding ways to be responsive to those needs.

While reparations from the United States to descendants of enslaved Africans as a necessary feature of recovering from chattel slavery has already been treated in pastoral

theology, reparations among Black people have not yet been discussed. I suggest that the Black church, as an institution steeped in patriarchy, owes Black women reparations for the ways in which it has subjugated them and contributed to their existential exhaustion not only by overworking them as the backbone of the church but by not tending sufficiently to their spiritual, emotional, and psychological needs. Reparations in this case looks like intentionally seeking out the stories of Black women – those who are still in the church and those who have left – and learning what their experiences have been, what their needs are, and how the church can find ways to meet those needs. The Black church must do what Nneka did at the end of *Voices Restored*, when they asked the Storytellers what it would look and feel like for them to be free. And as an institution with tremendous power, it must go further to find ways to create a world in which Black women get to experience the freedom they dream of. It must participate in world-making both inside and outside the church walls, both on Sunday mornings and the other six days of the week.

2. And by embracing the more complex and inclusive theologies that have arisen from Black feminist, womanist, and queer/quare theologians that do not negate or minimize Black women's experience of suffering.

Black women have made significant contributions in the past several decades to systematic, pastoral, and biblical theology, and to the field of Christian ethics. The problem is, much of their theological contributions do not often find their way into the churches. There is a disconnect between the often-radical thought developed in the theological academy and the relatively traditional praxis of the majority of Black churches. We must find ways to bridge the gap. I am convinced that if Black church leaders had greater access to and engagement with theologies generated by women like Delores Williams, Renita Weems, and Teresa Fry Brown, there would be less harm perpetuated by Black churches. Actually reading and responding to the

work that is already out there – in addition to intentionally seeking the input of ordinary laywomen without PhDs – is the way to begin thinking and acting differently. And it shows that the church takes seriously the critical thought and concerns of those women that have taken the time to do the work of historical, sociological, and theological interrogation of the institution of the Black church and the God that it represents.

Prevention and Care: *The Black church must prioritize the prevention of and care for Black women's existential exhaustion by...*

1. Becoming more trauma-informed and aware of mental health challenges.

It is imperative for Black church leaders to recognize not only how many of the people in their congregations and communities are trauma-impacted, but also the role that they have played in traumatizing the very people they see every Sunday. Mei Ming could not set foot inside Ebenezer's doors for *Voices Restored* not because of anything that Ebenezer specifically did to harm her, but because of the religious trauma she carries with her from her childhood church experiences. Because Black women experience so much trauma and live in an otherwise hostile environment (the heteropatriarchal, racist, and capitalistic US), it is important to keep safety and trust at the core of everything the Black church does. Cultural norms about physical closeness and touching also need to be re-evaluated.

Becoming more trauma-informed will also help church leaders better understand how important agency and choice are to people who have experienced trauma. As the popular disability slogan goes, "Nothing about us without is for us," meaning that it is critically important that people who are most impacted by any communal care initiative are put at the center of planning efforts and given the opportunity to express themselves and speak to their experiences publicly. As witnessed with the DSP, the public screening was almost cancelled because of clinicians' fears about harming the Storytellers. Even when the event was reinstated,

some planners were so concerned with “protecting” the Storytellers that they almost ended up silencing them. Those of us in leadership positions of pastoral care ministries must remain vigilant about the ways in which paternalism can creep into communal care efforts and serve to reify the same ableist norms and hierarchies that those efforts stand against.

It is also important for Black church ministry leaders to educate themselves about the variety of mental health challenges that exist, their etiology, prognosis, and appropriate methods for care. While this dissertation has attempted to make clear that mental health challenges are not the sole reason for suicidality among Black women, it is nonetheless important to understand the role they play in Black women’s lives and how they contribute to suicidal ideation and attempts. Having a better understanding of what exactly is at work for someone experiencing, for example, depression, anxiety, or bipolar disorder, will help ministers and pastors do a better job of figuring out how best to care for that person. It begins, of course, by understanding that though there might be a spiritual dimension to mental health challenges, that is usually never the sole dimension. That means that a simple suggestion to “pray about it” is insufficient; pastoral caregivers must have more to offer care-seekers than admonishments that might suggest minimization or dismissal, which might trigger feelings of shame or guilt.

2. Fighting heteropatriarchy, sexism, homophobia, and transphobia.

While sexuality did not take center stage in the lives of the Storytellers nor in their particular experience of suicidality, in interviews and casual conversations with Shanell, it became clear that part of her struggle with developing self-acceptance and self-compassion was related to her identity as both a lesbian and a Christian. Though Shanell was unique among the Storytellers, her experience of understanding her marginalized sexuality as a problem, particularly when it comes to her sense of belonging in the Christian community, is not.

LGBTQIA+ youth and young adults are at increased risk of suicide, largely because of feeling misunderstood and rejected by their families and communities.

Much of the Black church's battle with heteropatriarchy, homophobia, and transphobia is a result of the culture of performance, related to the politics of respectability, that makes it such that all sexual expression is heavily policed, not just those deemed "other." Scholars have argued for the need to "queer" the Black church, which is to suggest restructuring Black churches such that heteronormativity as the status quo is dismissed.¹ This dissertation takes that argument a step further, contending that the Black church must reject participation in the marginalization and diminishment of anyone.

3. Centering the wellbeing of children and those who care for them.

Listening to the Storytellers, one discovers that for Black women suicide attempters, many of the psychological and emotional challenges they face are in fact results of trauma experienced in childhood such as childhood sexual assault or the loss of a parent or close relative at an early age. This means that children and youth need to be a primary focus for Black churches not only through teaching Bible lessons in Sunday school and finding ways to incorporate them into the worship service on Sunday mornings, but by talking to them about their bodies and sexualities, about what is safe and appropriate touch and what is not, and what to do if they experience loss or harm. It means forming close relationships with children such that adults become trusted safe havens for vulnerable thoughts and emotions that might not have a soft place to land at home or at school. The Black church must shift cultural norms around the worth of children, especially girl children, in our family systems. It does so by helping shift power dynamics between children and adults in Black families and by making it safer for children to express thoughts and feelings that might not immediately be palatable to their guardians.

Centering children's wellness also includes finding ways to support adults who have the difficult task of parenting. Offering free or affordable childcare, parenting classes or support groups for parents and guardians who are struggling to make ends meet or to find effective means of disciplining their children would be an appropriate place to start. Teaching guardians how to have age-appropriate conversations about gender and sexuality with their children is also important, as is teaching guardians that how they communicate with their children about God matters. While Bible stories can be used to instruct and correct, fear-based theologies are more likely to put distance between guardians and children and children and God theologies that center love, acceptance, safety, and trust.

4. Creating spaces for healing through learning.

The Storytellers demonstrated that the journey of healing from suicidality was a matter of learning more about themselves, undergoing deep emotional excavation, and becoming more educated about things that impacted their suicidality, like trauma and family dynamics. This kind of learning has empowered them to re-narrate their past, present, and future. An important part of suicide prevention as the Black church will be creating safe communal spaces in which such healing through learning can occur. The ability to create safe spaces for Black women to heal through learning should not be the exclusive domain of organizations like Nia and research efforts like the present study. Indeed, I would contend that the Black church, as one of the few remaining Black institutions that all Black people have access to, regardless of access to financial resources, should be the primary locus of Black communal healing through learning. We must normalize making churches communities that do not just study the gospel but that also study themselves in light of the gospel.

5. Cultivating relationships with mental health professionals, suicide preventions organizations, and advocacy organizations that support Black women.

As organizations concerned with the wellbeing of individuals, families, and communities, it behooves Black churches to cultivate relationships not only internally and with other churches but with local and national organizations whose job it is to support the mental and physical health of Black women through clinical work, activism, and advocacy. Such relationships provide important opportunities to learn about and share resources and to organize more holistic and sustainable efforts. As the saying goes, “many hands make light work,” and the more hands the Black church has access to in the work of supporting Black women’s lives, the more successful it will be at doing so without burning out the people who do the work, because the labor can be divided among several individuals and organizations. Further, simply because a given congregation does not have mental health clinicians on staff or as lay members, does not mean it cannot equip itself with a greater understanding of mental health and suicidality and how to intervene in situations of need. There are several trainings available for lay people that churches can take advantage of to help bolster their efforts.

Other Factors to Consider

1. Readiness for Change and Communication

In making the shift from a culture of performance to a culture of care, any would-be changemaker must consider a congregation’s readiness for change. What other pressing issues does it have to attend to? What are its financial, operational, and ministerial priorities? How does a culture of care fit with its pre-existing culture and identity? It may be that the congregation is not ready to integrate suicide prevention into their pastoral care praxis because they do not see suicide as a problem for their community. In that case, the work begins by raising awareness with events like *Voices Restored*, which help congregations take ownership of the issue by noticing that suicidality is not just a problem over *there* for *those* people but is also a problem right *here* for *our* people.

Culture shifts take intention and time. Change does not happen overnight, nor does it happen without missteps, mistakes, misunderstandings, resistance, and even regression. This is because change is uncomfortable at any level, but particularly for institutions. Transitioning from a culture of performance to a culture of communal care will be charting unfamiliar territory for many Black church folk who have prided themselves on being paragons of middle-class respectability and “Black Excellence.” To own up to ongoing problems in oneself, one’s family, and one’s community is to admit imperfection, and that is difficult work. But admitting and accepting its own imperfections is the only way forward for the Black church if it wishes to effectively and sustainably address the problem of suicidality among Black women and girls.

When thinking about readiness for change, messaging matters in the Black church, but the messenger matters more. It matters who is speaking about the change needed and it matters in what venues the change is being discussed. To spark change in a congregation, messaging about the importance of a given issue must come from a voice of authority at a time when everyone’s attention is focused, like during the sermon, for an issue to move from margin to center. The culture in many churches is still quite hierarchical and requires the lead pastor to champion new ministry initiatives, particularly those outside what is understood as within the “wheelhouse” of a congregation. In the absence of strong pastoral support, new initiatives must have at the very least a committed champion who is well known, trusted, and influential in the congregation. Continual communication touchpoints about the issue from either the pastor or influential ministry leaders will help motivate the larger congregation into sustained action around the issue.

2. Financial Resource Allocation

The move from a culture of performance to a culture of communal care must be reflected in a church’s allocation of financial resources. In a culture of communal care, efforts to provide

care for the congregation and its community would not be marginal to church finances and operations, but central. The problem is that pastoral care has historically been the behind-the-scenes, Monday through Saturday work of the church. Though acts of worship such as music, prayer, litany, and preaching can be pastoral, the day-to-day work of pastoral care is often held separate from the performance of the Sunday morning worship celebration. Because of its distance from the “main event,” pastoral care does not often receive the same kind of investment of time and resources as do those things which support Sunday morning worship, like investments in preaching staff, music ministry, and technology.

If Black churches were to direct more funding toward pastoral care efforts, those involved in that work could stand a chance of not only envisioning but executing well on what it would take to coordinate and execute a cultural shift toward communal care, under which suicide awareness and prevention efforts would fall. That means allocating funding not only for events like *Voices Restored*, but for ongoing support groups, book studies, trainings, workshops, and volunteer opportunities that would equip congregants with the tools and resources they need to be effective advocates not only for suicide prevention but for the root causes which contribute to suicide.

Most importantly, though, a shift from a culture of performance to a culture of communal care involves reconceptualizing pastoral care not just as the effort of one or two trained, licensed, and paid individuals, but of the entire church community. In addition to paid church staff, pastoral care efforts must also involve the lay members of the church, who are trained and equipped to support ministry leaders. Leadership burnout is real, no matter how generous the financial compensation and benefit packages. Thus, if the work of caring for the congregation rests solely on the shoulders of one or two leaders, both the leaders and the quality of care they

provide will suffer. Therefore, leadership skills like delegation and effective management of teams will be important components of leadership training for ministerial staff.

Conclusion

As I have argued in this chapter, the Black church should not be a place simply to perform perfection, but to find care and healing for what ails us. Black women who live with suicidal ideation and attempts need connection and community care, not pressure to perform or produce. This work of transforming from a culture of performance to a culture of communal care in the Black church will involve gathering not only to worship and study the Bible but to discuss real-life issues like the psychological, emotional, and spiritual impacts of the pressures congregants are under at work and at home and the death-dealing behaviors of hegemonic powers at the local, national, and international level.

In practice, this looks like meeting in small groups where both praise reports and prayer requests are shared freely in safe spaces that have been cultivated for that purpose. In smaller settings, the church becomes a safe place to talk about thoughts, beliefs, and feelings, the difficult ones, not just the ones that ensure others' comfort. This is where the Kin-dom of God is built – with kin-keeping, which is the intentional strengthening of communal bonds.² This kin-keeping work cannot be the sole responsibility of the lead or congregational care pastor. It is the work of the entire congregation.

It becomes easier to embrace this countercultural work of communal care when we remember that the one in whose name the church gathers set an example by acting in countercultural ways himself. Jesus the Nazarene the Christ knew how to cultivate belonging across difference because he intentionally sought out those who were not like him and embraced them as they were and said, “follow me.” He drew people to him by using language and metaphors they could understand. Jesus called out practices in his own community that were

unhealthy and against the will of God. He understood the centrality of children and youth to the Kin-dom of God, to the chagrin of his own disciples who tried to marginalize them. Jesus understood that those in his society who were considered outside the realm of respectability were just as important – if not more so – as “insiders” to building the Kin-dom of God. If Black church folk are not actively engaged in considering how they can become more like Jesus by becoming more countercultural, then the church is not so much the church of Jesus Christ as simply another social club. And based on the example of Jesus’ own inclusivity, we know that exclusive social clubs do not reflect God’s vision for the world.

This was a story about stories. As this one ends, my prayer is that the story just told helps author a new story for Black women and the Black church. A story in which voices can be restored not just at a special one-time event but every day. Indeed, my prayer is that in this new story, special opportunities to restore marginalized and silenced voices will no longer be needed because Black churches make it a regular practice to invite every life they touch to speak their truth. My prayer is that in this new story, colored girls will no longer attempt suicide because they will know they can find respite from their exhaustion not only in death but through the care of their friends, family, and church communities, which provide safety, acceptance, and compassion. My prayer is that in this new story, the Black church becomes a true sanctuary, a harbor from the storm of precarity that is a fact of life for so many Black women.

¹ For more scholarship on “queering” the Black church, see Crowley (2024) and Lightsey (2015).

² “Kin keeping,” a concept first developed by Rosenthal (1985), is the practice of keeping family members in touch with one another. Rosenthal posits the role of “kin keeper” as primarily female, though this dissertation suggests that people of all genders can and should play a role in kin keeping.

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