Chapter 1

Spiritual Health Identity: Placing Black Women’s Lives in the Center of Analysis

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ABSTRACT

This chapter aims to identify the ways in which spirituality, religion and the Black Church help to shape a spiritual health identity in a group of Black women by placing their lived experiences at the center of analysis using methods that are epistemologically consistent with how they understand the world. A spiritual health identity refers to the recognition and consciousness that a healthy spiritual life is essential to one’s existence. It effects how they see themselves and their relationships to other people. Black women’s ways of knowing are often pushed to the margins and lacking validation in mainstream society. Utilizing a womanist epistemological framework allows Black women to define themselves and lifts up the ways, spaces and places that help them make meaning.

INTRODUCTION

Theories regarding the way the world works originate from personal experiences. It is in this way that the “universal comes from the particular” (Giovanni, 1989, p. 57). This chapter aims to identify the ways in which spirituality, religion and the Black Church help to shape a spiritual health identity in a group of Black women by placing their lived experiences at the center of analysis using methods that are epistemologically consistent with how they understand the world.

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Health is understood through one’s culture and social groups. The biomedical approach is a traditional approach, which places the physical body at the center (Kajawa-Singer & Kassim-Lakha, 2003; Airhihenbuwa, 1995). This line of thought fragments the individual separating the body, mind and spirit. Value exists in the biomedical approach yet it yields little with respect to the individual and the collective experiences of Black women with regards to health. Furthermore, historical (and current) influences on the lives of Black women, such as the Black Church, are pushed to the margins.

This chapter asserts that health is a cultural production, learned in the context of culture and produces a \textit{spiritual health identity}. Identity refers to social groups to which a person can belong (i.e. gender, race, class, and religion)—whether ascribed or chosen. A \textit{spiritual health identity} refers to the recognition and consciousness that a healthy spiritual life is pivotal to one’s existence, over all wellbeing and one’s relationship with others. It encompasses the practices that help individuals, particularly Black women, maintain some type of balance in everyday life. As it will be examined here, \textit{spiritual health identity} draws on historical iterations of identity and models of identity development. Currently there are no studies that investigate the production of a \textit{spiritual health identity} in Black women.

Two major issues are raised in this chapter. The first is that of knowledge. Knowledge production is not objective. It comes from the communicative exchanges we have with others through various texts, and media. Knowledge is passed through culture, through family and other institutional structures. Knowledge, therefore, has power. Women, and particularly, Black women in the United States have had their way of knowing and understanding of the world pushed to the margins (Harris-Perry, 2011). However, recent research on Black women and issues concerning them herald the value and richness of their lens for interpreting their life and circumstances (Hesse-Bieber, 2012; Harris-Perry, 2011; Small, Harding & Lamont, 2010).

Responsible research involves using methods of analysis that are epistemologically consistent with the way the population under study understands the world. There is value and validity in the individual and collective experience. All knowledge has values embedded within it and these values reflect choices based on some of the following: culture, politics, time period and class. There are four dimensions of a womanist epistemology (Banks-Wallace, 2000). They are as follows: 1) \textit{concrete experience as a criterion of meaning}, 2) \textit{use of dialogue in assessing knowledge claims}, 3) \textit{the ethic of caring}, and 4) \textit{the ethic of personal responsibility}. Understanding these dimensions are primary in attempting to address any challenges related to knowledge and truth (Banks-Wallace, 2000). A womanist epistemological framework is used in the study referred to in this chapter.

A second concern is the continued development and understanding of the constructs spirituality, religion and their relationship to health, particularly as it relates
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