

IN PURSUIT OF HEALTHFUL NARRATIVES: BLACK WOMEN AND GENDER-  
EXPANSIVE CITIZENS CREATING AND PERFORMING ART AND CULTURAL WORK  
IN SERVICE OF "GOOD HEALTH"

Beginning from the place that all policy is health policy, the arts and culture sector can creatively contribute to what public health professionals have come to refer to as a "Culture of Health" — a health equity initiative and action framework that focuses on improving the wellbeing of all Americans by supporting the mobilization for collective change. Achieving "health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities" (Healthy People, n.d.). A major barrier to achieving this articulation of a culture of health is the harm prolonged by ongoing hardship, oppression, and the criminalization of Black people and minoritized groups. The harm is then reified and perpetuated through unethical storytelling, unknown histories, and unshared literacies.

In response, my "Black studies mind" is concerned with intersectionality, non-linear (transdisciplinary) thinking, diasporic perspectives and comparative analyses, oppression and resistance, and solidarity (Hine, 2014) beyond nation. I approach my study with the work of Black British academic, Kehinde Andrews, and his book, "Back to Black: Black Radicalism in the 21<sup>st</sup> Century", when in the third chapter titled "Black is a Country", he further engages and extends the work of Jamaican-born Black nationalist Marcus Garvey, as well as Pan-Africanism and Black nationalist leaders, by problematizing what it means to be Black through the language of nation sovereignty. Using the framing of Smith's components of a country: 'an historic territory or homeland; common myths and historical memories; a common, mass public culture; common legal rights and duties for all members; and a common economy with territorial mobility for members' (2019, p. 69), Andrews writes of colonial nation states "separat[ing] Black people from the rest of the continent and the [African] Diaspora" (p. 70). With a recognition of the global "commodification of Black cultural forms" and that "racism is a global system and therefore any politics that offers a national solution can never be radical, because it will never overturn the existing systems" (p. 98), this dissertation posits a need to be in conversation with citizens across the Diaspora, and specifically the Black Atlantic.

As an extension of Paul Gilroy's conceptualization of the Atlantic Ocean as a 'continent in negative', Gigi Adair in *Kinship Across the Black Atlantic: Writing Diasporic Relations* writes that "black Atlantic diasporas... are strongly marked not only by this diasporic displacement from national kinship, but also by the violent destruction of kinship and culture which resulted from the Middle Passage and colonial slavery, and by ongoing racism linked to kinship in the afterlife of slavery" (2019, p. 2). This worldview of global Blackness with more necessary equitable attention to gender informs my engagement with additional theoretical perspectives such as the Arts & Culture Framework for Public Health, Public Health Critical Race Praxis, and Racial Capitalism, and shapes my focus and critiques of arts in public health. Collectively they are made stronger, so they are made to be read as dialogic theories and flexibly layered within the research design with recognition of how this impacts future-making and achieving health equity.

Health promotion ethics asks the questions, "What is a good society?" and "What should health promotion contribute to a good society?" The answers being relevant to all who seek to improve the health of communities. While the growing "arts in public health" field is generating new frameworks, program interventions, and policy reports as we upscale our case that art can

positively impact public health outcomes, a distinction should be named that more art and culture that contributes to racial, gendered capitalism is not healthy; and contradicts our efforts to generate more healthful (having or being conducive to good health) impacts. Therefore, ethical questions arise for the “arts in public health” field when we make statements that “Art is healing” without repair for how cultural industries contribute to racial capitalism and health inequities.

Merging the arts and culture sector into current public health infrastructure and traditions without attention to their histories further exacerbates racism and racialized anti-Black harm. This study is an extension of my engagement with the praxis and in pursuant of what I name as “healthful narratives” in “Perspective on Racism: Reflections on Our Collective Moral Responsibility When Leveraging Arts & Culture for Health Promotion” in *Health Promotion Practice: Arts in Public Health Supplement Issue* (Burch, 2021). Thus, this dissertation study’s qualitative research design was scaffolded with the following research questions in mind:

- What social and cultural pathways exist or can be created towards theatrical and performance productions for health promotion?
- How does racial, gendered capitalism manifest itself for Black women and gender-expansive people when creating or performing art and cultural work in relationship to health promotion goals?

These questions guide me in understanding perspectives and experiences that are not yet able to be quantified, while generating theory. Underpinning this dissertation is recognition of the historic erasure of Black women and gender-expansive people in the histories of racial capitalism due to male supremacy and patriarchal thinking (Sweeney, 2021). Arguably, race and gender are inextricably linked at a moving center not bound by biologic determinism (Oyewumi, 1999), but instead as a whole way of being — an expansion of what Cedric Robinson described as ontological totality or the Black Radical Tradition. In search of narrative power (Petteway, 2020) across these phenomena, I am proposing to conduct a qualitative study with three aims:

- SCOPING REVIEW: To identify knowledge gaps, scope the body of literature, and concepts related to theatre for health, healing, and health promotion with an anti-racist lens.
- PERFORMANCE: To document self-reflection and anecdotal experiences within an autoethnographic story that connect to wider social and cultural meanings for ethical storytelling and Black health and wellbeing.
- DIALOGUE/NARRATIVE: To describe the motivations and beliefs of Black women and gender-expansive people who create and/or perform art related to health, civic participation, and community-building.

Noting the necessity of kinship, I practice ‘care’ through each aim. First by archiving, and then embodiment, and exchanging the gift of time and space to tap into intuition. Each of the ten co-participants – selected to reflect the life span between 18 and 65+ – will be interviewed twice, so that the second interview opens with reflections that surfaced between meetings. It also provides time for us to reflect on the mosaic collage we created during the first interview and what will become an “artifact” for the second. This blends aspects of visual research and photovoice, and is intended to reveal how co-participants “enact health”. The interviews and simultaneous collaging function as a ‘portal’ to further developing the social and cultural pathways that identify Black arts and cultural work as informal public health education.

Researchers within and across disciplines have been documenting the harm of racial, gendered capitalism. To that end, and in pursuit of healthier ways of being and narrating reality, this dissertation research scopes the body of literature on “theatre for health,” produces research-engaged theatre as performance autoethnography, and shares the narratives of Black women and gender-expansive persons who create/perform art or cultural work related to health.