

CHAPTER 1

Spanish Harlem

The other day, *Spanish Harlem* played on the radio, and as soon as Aretha Franklin's smooth voice filled the air, each familiar note wrapped around me, stirring memories I hadn't felt in years. I stopped. Frozen in place. The world around me fell away. It wasn't just the music; it was her ... my grandmother. I could see her face as clearly as if she were standing in front of me. I could feel her presence wrapping around me like a warm blanket, the way she used to when I was a child. It's been over a decade since I last felt her, seen her, or heard her voice. But in that moment, Aretha brought her back to me, as if she had never left.

Who knew Aretha Franklin could bring her back to me? I tried to fight the tears, eventually they strolled across my cheeks. The tears came before I could stop them, slipping down my cheeks with a quiet determination, warm and salty. It had been so long since I cried, so long, in fact, that I had forgotten what my own tears tasted like. Over the years, I had shed so many tears that eventually, my tears dried up and my crying subsided. It was as though my body had decided it couldn't bear to release any more. But now, sitting there, those tears flowed freely. I watched in stunned disbelief as they dribbled down my face, amazed by their return. As they fell, so did the memories, flooding me with a tidal wave of emotions I hadn't allowed myself to feel in years. Tears were really strolling down my face. I felt them and watched in utter amazement. In that instant she had become real again.

Suddenly, she was everywhere. She was in the kitchen, cooking breakfast, humming under her breath like she always did. She was sitting at the table,

guiding me through my ABCs with an alphabet poster of each letter almost taller than me, her voice gentle, but firm as I sounded each one out loud. “A” ah, “B” buh, “C” cuh. She was watching her stories, that familiar gleam of amusement in her eyes. She was holding me, pulling me close, whispering in my ear, “Baby, it’s going to be alright.” In that moment, she was everything I needed her to be. In that instant my grandmother had become real again. I wiped the tears from my face, but even then, I still saw her. Clear as day ... and I didn’t want her to go. I didn’t want this moment, this brief reunion, to slip through my fingers. How many times had *Spanish Harlem* played in the background over the years? How many times had I heard it and not felt a thing? But today, something was different. Something in the song reached into my soul and made her real again. Spanish Harlem made her real again.

My mother was in the kitchen with me, singing and dancing to the rhythm of the music as she cooked, her voice mingling with Aretha’s. I couldn’t take my eyes off her. It was like watching my grandmother move through her. Every motion, every sway, every note that left her lips carried a piece of the woman who raised us both. It had been years since I watched my mother cook, sing, and dance all at once. I just stared watching her in awe, and I saw my grandmother. As soon as I saw her my mother uttered out the words, “This song reminds me so much of my mother,” as she turned to the sound bar and cranked up the volume. The walls of my kitchen, in the very first home I had purchased, seemed to hum with life. My grandmother was standing beside her, right there, in my home. It was as if I had entered a dream where the living and the dead could coexist for just a little while longer. I sat in a trance unable to move. Just smiling and watching my mother, and watching my grandmother. She was next to my mom in my kitchen. It was all so surreal. She was unreal, yet everything was real.

I wondered if my mother could see her too. Could she feel her presence, like I did? My throat tightened as I choked back more tears, hoping my mother wouldn’t notice. I’ve never been one to cry in front of people, not even those closest to me. Crying has always been something I’ve done in the dark, in private, where only God could hear me. I was taught to hide my tears, to lock them away, and to show the world a tough exterior ... even when I was breaking inside.

It's a lesson so many Black women like me learn early on: don't cry, don't show weakness, be strong, always. Even when the weight of the world presses down on your shoulders. Even when grief and loss rip through your soul. We carry our pain silently, afraid of what it means to be vulnerable, afraid of how the world might see us if we let the tears fall. At that moment, I couldn't hold it in any longer, nor did I want to.

This lesson in toughness wasn't just something I learned; it was something passed down through generations, a survival tactic born from the brutal realities of slavery. My ancestors, ripped from their homes and forced into bondage in the Americas, were taught that showing emotion was dangerous. Tears, fear, even the smallest flicker of vulnerability could invite punishment, to include whippings, beatings, or worse. To survive enslavement, individuals had to harden themselves, lock their emotions away, and build an exterior that could weather anything.

Displays of emotion were seen as acts of defiance or weakness, which could provoke severe punishments. This cruel denial of emotional expression was part of a larger system designed to dehumanize and control. By stripping enslaved people of their ability to openly grieve, laugh, or share their feelings, enslavers sought to break their spirits and maintain dominance. This forced emotional suppression meant that even the most natural human responses to pain, loss, or joy were stifled under the constant threat of violence and loss of life.

Despite these conditions, enslaved Africans found ways to resist and reclaim their humanity. In private, they cried together, sang spirituals filled with coded messages, deep emotion, and created spaces of collective healing. These acts of emotional expression became powerful forms of resistance, preserving their dignity, culture, and connection to one another even in the face of unspeakable cruelty.

In other ways for me and many others this inherited armor, forged in pain and necessity, didn't disappear with the end of slavery. It was passed down, generation by generation, like an heirloom of silence and strength. That tough exterior, once a shield for survival, became part of me, deeply ingrained in my blood, my bones, and my spirit. It clung to me tightly, its grip preventing me from opening up, from sharing my inner world with others. What had once protected my ancestors in the face of unimaginable suffering had now become

my own barrier, keeping my emotions locked inside and cutting me off from the very healing I needed.

The Secret of Silence

The generational effects of slavery on Black communities like mine have been brought to light through Dr. Joy DeGruy's groundbreaking work on Post Traumatic Slave Syndrome (PTSS), which has reshaped understanding both in the United States and internationally. Her research dives deep into the collective psychological trauma experienced during centuries of enslavement and how these traumas manifest in present-day behaviors and belief systems, often to the detriment of individuals and communities.

PTSS is a theory that explains how the behaviors, adaptive strategies, and survival mechanisms that were once necessary during the era of slavery have been passed down through generations. These behaviors such as distrust, extreme caution, and a reluctance to outwardly express emotions were once essential for surviving a deeply hostile and dehumanizing environment. For instance, minimizing the success or accomplishments of a child might have been a way to protect them from attracting unwanted attention that could lead to punishment or exploitation. In an environment designed to strip away dignity and safety, these behaviors were strategic defenses that ensured survival.

Dr. DeGruy's research points out that these same survival strategies, which once served to protect, have now become maladaptive in today's society. Passed down through cultural memory, these behaviors can foster cycles of trauma, pain, and disconnection in the present. Reluctance to show vulnerability, which was once crucial for physical survival, can now hinder the ability to form trusting and open relationships. Similarly, internalized oppression rooted in a history where enslaved people were subjected to constant devaluation can continue to impact self-worth and aspirations for many within the Black community.

For me, my tears dried up, not because the pain had passed, but because something deep within me bottled it up. Something instinctual, an inherited reflex, passed down through an ancestral lineage etched into my bones, showed up. This is more than learned behavior, it is survival encoded in my very being, a legacy of quiet endurance and muted emotions.

Dr. DeGruy captures this ancestral silence when she writes about the slave mother who, in the face of unimaginable cruelty, hides her daughter's worth behind words of disparagement. Something I know all too well. Terrified that the slave master might notice her daughter's beauty, intelligence, or promise and use it as justification to rape or sell her, the mother says, "Naw sir, she ain't worth nothin'. She caint work. She stupid. She shiftless," *as written in Post Traumatic Slave Syndrome*.¹

These words, as harsh as they sound, were not rooted in truth or malice, but in protection. The enslaved mother sought to shield her child from harm the only way she could, in a system designed to exploit any sign of strength or value. No one could fault her for this desperate act of love disguised as scorn.

I would not learn what Dr. DeGruy often called "the secret" until around 17 when I stumbled upon Dr. DeGruy's work and courses that I took from her, which would change my life, and the way I viewed my relationship with my mother, who had often used negative language to describe me. Often calling me worthless or comparing me to my imprisoned father who I did not know at the time. While this was emotionally abusive, once I learned where this rhetoric came from and how it once served as a protective factor, I had another lens to see and understand the inherited behavior my mother displayed and the impact that reverberates. Generations later, that survival tactic of denial, minimization, and silence lingers in the marrow of descendants. It manifests as self-doubt, the swallowing of emotions, and the refusal to cry even when the soul demands release. This inherited response to trauma feels as natural as breathing, yet it carries the weight of centuries.

The emotional silence that was once protected is no longer needed. My ancestors lived so that I could reclaim my voice, and it begins by releasing the weight of all I've kept inside, within the dark shadows where I hid silently. I wasn't just taught to be strong, I was taught not to feel. The weight of this unspoken lesson, woven into my ancestral lineage, was heavy. I carried it, often without realizing it, mistaking numbness for strength. But in that numbness, I lost touch with parts of myself: parts that longed to be seen, felt, and expressed.

¹ DeGruy, J. (2005). *Post traumatic slave syndrome: America's legacy of enduring injury and healing*. Uptone Press.

I have learned that this silence is not mine to keep. It is borrowed, passed down with the hope that one day it would no longer be necessary. As I sit with the stories of my ancestors and the trauma they endured, as well as my own trauma, and a health care system not designed to embrace our well-being, I begin to understand the silence I inherited. I also sit with the responsibility to break this cycle, not out of defiance, but out of healing. To shed tears freely. To speak my truth. To honor the survival that came before me while daring to imagine a future unburdened by it. A future that allows everyone to heal and embrace wellness not in silence, but out loud!

Intersectionality of Silence

I am far from alone in the struggle of maintaining silence. This inability or reluctance to show emotion runs deep within Black communities, a collective burden many of us carry without even realizing it. I also recognize that many others outside of the Black community can relate to this deep wound. This book focuses primarily on my lived experiences as a Black woman. I am not seeking to erase any other experiences, and I am not ignorant of the reality of intersectionality within forms of oppression that cycle within the healthcare system. This is not just my story; it's our story, told through my lens that we all can see. The legacy of toughness, of holding in pain, has woven itself into the architecture of our culture, passed down through generations as a means of survival. What began as a necessary shield against the horrors of slavery has, over time, become a silent force that keeps many of us from truly opening up emotionally.

We are often told, implicitly and explicitly, to “stay strong,” to “keep it together,” to “push through.” For many Black men, women, and nonbinary individuals, this stoicism we carry has become a badge of honor, something that defines our generational endurance in the face of systemic oppression. But what is often lost in this narrative of strength is the freedom to feel deeply, to be vulnerable, to express pain without fear of judgment, weakness, or shame.

In our communities, emotions are sometimes viewed through the lens of weakness. We may be taught that crying is for the faint of heart, or that expressing our fears or insecurities makes us less capable. Black men, in particular, are often told to “man up,” to never let the world see them struggle. Black women are expected to be strong, nurturing figures who bear the weight of the world without complaint.

For Black LGBTQ+ individuals, the pressure to conform to these ideals can feel even heavier, compounded by the intersection of race and gender identity.

The concept of intersectionality, now a cornerstone in the study of social justice and inequality, was first coined in 1989 by Kimberlé Crenshaw, a Black feminist scholar and civil rights advocate. Crenshaw introduced the term in her groundbreaking paper, *Demarginalizing the Intersection of Race and Sex*,² to describe how various forms of oppression such as racism, sexism, classism, and other forms of systemic inequity intersect and compound, particularly in the lives of Black women.

Crenshaw's work emerged from a need to highlight the limitations of single-axis frameworks that examined discrimination in silos. For instance, legal systems at the time often failed to address how race and gender could combine to create unique experiences of oppression. In her analysis of cases like *DeGraffenreid v. General Motors*, Crenshaw showed how Black women plaintiffs were dismissed because their discrimination claims did not fit neatly into existing legal categories. They were seen as either "too Black to represent women" or "too female to represent Blackness," leaving them invisible within both feminist and civil rights movements.

When we examine the healthcare system, intersectionality provides a critical lens for understanding disparities. Traditional models of healthcare delivery often fail to account for the compounded impact of multiple identities like race, gender, socioeconomic status, and more on individuals' experiences within the system. For example, a Black transgender woman may face racism, transphobia, and gender-based discrimination simultaneously when seeking care, making her experience fundamentally different from that of a cisgender Black man or a white transgender woman.

Without an intersectional framework, policies and interventions risk oversimplifying the complexities of inequity. This can result in solutions that benefit certain groups while leaving others behind, perpetuating cycles of marginalization and health disparities.

Healing in silence is deeply tied to intersectionality. Structurally excluded communities often navigate multiple layers of systemic neglect, cultural stigma, and

² Crenshaw, K. (1989). *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics*. University of Chicago Legal Forum, Vol. 1989, (1), pp. 139–167.

personal trauma that discourage them from seeking help or speaking about their struggles. For Black communities, the intersection of racism, historical medical exploitation, and cultural stigmas around mental health creates unique barriers to care. These barriers are further compounded for those who hold identities that have been historically and systematically excluded, such as queer Black individuals, disabled Black individuals, or undocumented Black immigrants.

These expectations leave many of us trapped behind emotional walls, unsure of how or if we can let them down. But this is not who we are at our core. Our fortitude is undeniable, yes, but so is our capacity for emotion. We are complex, multi-faceted human beings, capable of joy, sorrow, anger, and everything in between. Yet, for many of us, the generational pressure to “hold it together” remains a barrier to truly accessing our full emotional selves.

The effects of this emotional suppression are far-reaching. The inability to openly express our feelings can lead to anxiety, depression, and a range of mental health challenges. When we suppress what we’re going through, we isolate ourselves from the support we need, making it harder to seek help or find healing. When we finally do seek help this is something the mental health professionals working with Black and other communities of color have often struggled to support us in. The healthcare system was not designed to support cultural nuances. This emotional bottling up disrupts our relationships, as we struggle to be vulnerable with those closest to us, keeping our loved ones at a distance when they could be a source of comfort.

Without an understanding of our lived experiences, cultural values, and the complex interplay of identity, mental health care can feel inadequate, disconnected, or even retraumatizing. To truly support healing, mental health professionals must not only acknowledge, but also integrate these cultural contexts into their practice. This means moving beyond a one-size-fits-all approach and actively working to dismantle the barriers within the system that perpetuates inequity, and limits access to effective care for communities of color.

When Healing Requires Representation

In Black families, our mothers are often regarded as the backbone of the household, the pillars of strength, the nurturers who carry the weight of generations on their shoulders. To speak ill of your mother or even admit that your relationship

with her is strained, feels like crossing an unspoken line, a betrayal of the very person who brought you into this world. There's an unshakable reverence around mothers in our community. They're the ones who held us together through the struggles of systemic oppression, racism, and economic hardship. They are celebrated as warriors who made sacrifices so that we could have a better future. Dr. Pamela Everett Thomas writes in *Surviving Mama*³ that mother–daughter relationships in Black families, “is a relationship that is perhaps more interdependent and intensely protected throughout the daughter’s lifespan than in other ethnic groupings.”

So, when your relationship with your mother is tumultuous, admitting that you don't get along can feel almost impossible. There's an unspoken rule that you're not supposed to speak negatively about her, no matter what. To do so can feel like you're not just betraying your family, but the entire legacy of power, and strength, that Black motherhood represents. I carried this unspoken burden and shame throughout my life as I learned to navigate the complexities of our mother–daughter relationship.

The difficulty in sharing this truth is layered. On one hand, there's the societal expectation that mothers are infallible, that no matter the emotional pain or distance, they are always worthy of unwavering respect and devotion. On the other hand, there's the personal guilt that comes with acknowledging your own pain, because to question your relationship with your mother can feel like questioning the very foundation of your upbringing, your culture, and your identity.

In Black communities, our mothers often symbolize survival. They've weathered storms most of us will never fully comprehend, and the respect we owe them is deep. What happens when your relationship with your mother is filled with conflict, hurt, abandonment, or distance? Where do you go with those feelings when it feels like you're not allowed to express them? There's a sense of shame attached to it, a fear that you'll be judged or seen as ungrateful. People might tell you to just “work it out” or “let it go,” often without acknowledging the emotional complexity of these relationships. This is even more true for those who take the courageous steps to seek therapy to address strained mother–daughter

³Thompson, P. E. (2011). *Surviving mama*. Building Bridges to Better Lives.

dynamics. Those who seek therapy may encounter few clinicians who are trained in the cultural nuance of this relationship. Finding a clinician who truly understands Black familial relationships is challenging, and while this is something I hope will improve, especially with the writing of this book, I still have concerns that this may not be prioritized as we embark upon a world rife with individuals ready to eliminate the need for cultural practices, diversity, equity, and inclusion. To eliminate these practices means to reinforce the opposite, which is exclusivity, inequity, and exclusion.

It's important to note that the term "therapist" encompasses a broad range of mental health professionals beyond psychologists, including social workers, marriage and family therapists, and professional counselors. A study published in the *Journal of Counseling Psychology* found that only 4% of psychologists in the United States are Black. Similarly the American Psychological Association (APA) reported the same staggering 4% as shared in their analysis to the U.S. census bureau.⁴

The representation of Black professionals varies across these fields. For instance, the Association of Black Psychologists reports that 22% of social workers, 7% of marriage and family counselors, and 11% of professional counselors are Black.⁵ On average, there is one white therapist to every 307 white people in the country versus one BIPOC therapist for every 1,002 BIPOC people, and if you are Black there is 1 Black therapist for every 660 Black people. This disparity creates a significant barrier to culturally responsive care for Black Americans throughout the diaspora. When clients do not see their lived experiences reflected in their therapist, it can hinder trust, understanding, and progress.

According to the National Alliance on Mental Illness (NAMI), African Americans are 20% more likely to experience serious mental health issues than the general population.⁶ Yet, the therapy dropout rate for Black clients is nearly twice as high as for white clients. A lack of cultural understanding often leaves clients feeling alienated or misdiagnosed. This issue is particularly pronounced when it comes to addressing mother–daughter strain. Many Black

⁴ U.S. Census Bureau. (n.d.). *Psychologists: An analysis of workforce demographics*.

⁵ Association of Black Psychologists. (n.d.). *Home*. Retrieved February 1 2025, from <https://abpsi.org/>

⁶ National Alliance on Mental Illness. (n.d.). *Mental health in the Black community*. <https://www.nami.org>

clients report feeling judged or dismissed when discussing their complex emotions about their mothers. Some therapists may perpetuate stereotypes about Black women as “angry” or “difficult,” further compounding the client’s sense of isolation.

When therapists lack the tools to navigate these cultural dynamics, their interventions can unintentionally do harm. A clinician might pathologize normal aspects of Black family interactions, such as assertive communication styles, mistaking them for hostility. This can exacerbate tension between mother and daughter rather than fostering understanding.

Therapists may fail to recognize the layered trauma that often exists in Black families. Historical and intergenerational trauma stemming from slavery, systemic racism, and economic inequity frequently plays a role in family dynamics. Without this awareness, therapists may overlook critical factors that influence the relationship.

In a community where we are taught to revere our mothers above all else, admitting that the bond is fractured can leave you feeling isolated. It’s as if the language doesn’t exist to discuss a mother who isn’t nurturing or supportive, because the very idea challenges the core of what we’ve been told motherhood is. Yet, the truth is, not all mother–child relationships are perfect, and the emotional toll of keeping silent about that reality can be heavy. It was this silence that hindered my healing process for so long.

For Black families navigating the challenges of strained mother–daughter relationships, seeking therapy is an act of radical self-love. It is a rejection of the notion that familial pain must remain unspoken, a commitment to breaking cycles of hurt and misunderstanding. As a society, we must support this journey by demanding greater cultural responsiveness in mental health care. Only then can therapy become a space where Black families feel truly seen, heard, and understood.

Not every relationship with our mothers reflects the idealized narratives we are often taught to revere.

Breaking this silence feels like breaking a cultural taboo. It’s a difficult truth to navigate because it comes with the weight of history and expectations. Still, just as we are learning to speak out about mental health, trauma, and the need for

healing in other areas of our lives, it's important to acknowledge that not every relationship with our mothers will look like the ones we're told to revere. It's not about dismissing the incredible strength and sacrifices Black mothers have made, and mothers in general, beyond the diaspora, but about creating space for those of us who wrestle with the complexity of loving and longing for a relationship that is different from what it is.

We owe it to ourselves to speak openly about our experiences, even when they don't fit into the narratives we've inherited. In doing so, we honor our own healing and allow others to acknowledge the complicated emotions they too may carry in silence. The solution lies in increasing access to culturally responsive care. This begins with training clinicians to understand the nuances of Black family structures, communication styles, and cultural values. Therapists must approach Black mother–daughter relationships with empathy, humility, and a willingness to learn from their clients' lived experiences.

Hashtags and Healing: The Digital Push for Mental Health Justice

Organizations like *BEAM* (Black Emotional and Mental Health Collective), *Therapy for Black Girls*, founded by Joy Harden Bradford, and the *Therapy Fund Foundation*, which I founded to eliminate barriers to healing, are leading the charge by connecting clients long denied equitable access to care with culturally responsive therapists. We are building a future where Black people are not just surviving, but healing in public, in community, and on their own terms. As we continue to grow, our impact can be seen in the ripple effects across communities where more conversations about boundaries, consent, and emotional literacy among youth, and more intentional mental health integration in social justice movements are occurring.

The rise of social media influencers has brought a renewed spotlight to mental health, with individuals like Dr. Raquel Martin, Nedra Tawwab, Kier Gaines, Dr. Thema Bryant, Dr. Jessica Clemmons, Dr. Judith Joseph, and many others leveraging their platforms to educate, inspire, and normalize conversations about mental well-being. Their engaging content has resonated with millions, offering accessible insights into mental health care, self-help strategies, and the importance of destigmatizing mental illness, particularly within historically excluded communities. This digital movement has created a valuable

space for dialogue and education, filling gaps where traditional systems may have fallen short.

Despite this progress, the need for systemic change remains critical to ensure all clinicians regardless of race are equipped to provide effective care. While influencers have helped expand awareness, they cannot address the structural challenges within the mental health field by posting alone. Comprehensive reforms in mental health education, training, and policies to bridge cultural gaps, address implicit biases, and improve the accessibility and relevance of care for diverse populations is required.

The influence of social media is undeniable, but it is only a piece of the larger puzzle. To truly transform mental health outcomes, systemic efforts must prioritize equitable access to care, robust training for clinicians, and policies that support underserved communities. Only then can we build a mental health system that not only raises awareness, but also delivers meaningful, lasting change.

Change Is Possible

Even though this legacy of emotional suppression affects many of us, change is possible. Conversations around mental health in communities of color are growing, and more of us are beginning to challenge the harmful narratives that tell us we must always be strong. Mental health professionals like myself are working to decolonize therapeutic practices. In recent years, the call to decolonize therapeutic practices has gained momentum as mental health professionals and advocates recognize the limitations and harms of Eurocentric frameworks in addressing the needs of diverse communities. Traditional Western therapy often operates within a colonial lens, one that prioritizes individualism, pathologizes emotions and behaviors, and dismisses the cultural and ancestral practices of non-Western communities. For many, healing requires not only addressing personal trauma, but also grappling with the intergenerational, and systemic impacts of colonization, racism, and oppression.

One of the leading voices in this movement is Dr. Jennifer Mullan, a psychologist, educator, and activist known as the founder of Decolonizing Therapy™. Dr. Mullan's work challenges the field of mental health to examine its colonial

roots and center practices that honor the lived experiences, histories, and cultural wisdom of populations that have been historically excluded. In *Decolonizing therapy* Dr. Mullan writes, “Decolonizing therapy is born out of the burnout of therapists. The tears of early career social workers as they sit in their car, eating whatever they can afford to have for lunch in between home visits, out of the insanity that is hundreds of thousands of dollars in student loan debt, it is born of shifting the heavily white supremacists gaze back to equity and decolonial conversations, back to healing, centered services that highlight the humanity, relationship, and energetic synthesis between a space holder and the community and culture they serve.”⁷

Dr. Mullan’s powerful critique underscores a sobering reality: the healthcare system, and particularly the field of mental health, was not designed with people of color in mind. Rooted in a colonial framework, traditional mental health practices often fail to acknowledge the deep intergenerational trauma, systemic inequities, and cultural contexts that shape the experiences of historically excluded communities. For centuries, these systems have centered a Eurocentric perspective that prioritizes individualism, pathologizes culturally rooted forms of endurance and survival, while dismissing the communal and relational healing practices intrinsic to many non-Western cultures. The result is a system that not only overlooks the specific needs of people of color, but often exacerbates harm by reinforcing systemic barriers to care. Dr. Mullan’s work calls us to dismantle these structures and reimagine mental health care as a space of liberation, one that honors the humanity, cultural richness, and ancestral wisdom of those it serves. In doing so, we confront an essential truth: true healing cannot exist within a framework that ignores the histories and identities of the people it claims to help.

Dr. Mullan is not alone in this critical work of reimagining mental health care for historically excluded communities. Dr. Shawna Murray, a respected community healer, clinician, and author, is making strides in this area by offering courses on decolonizing therapy. Through her training and education programs, she equips practitioners with the tools and understanding needed to challenge Eurocentric frameworks and create culturally affirming therapeutic spaces.

Similarly, Yolo Akili, the visionary founder of BEAM (Black Emotional and Mental Health Collective), is reshaping the global mental health landscape. BEAM

⁷ Mullan, J. (2023). *Decolonizing therapy: Oppression, historical trauma, and politicizing your practice*. W. W. Norton & Company.

provides a transformative framework for decolonizing therapy, emphasizing the need for holistic, culturally rooted, and community-driven approaches. Akili's work extends beyond traditional mental health paradigms, fostering conversations and interventions that address systemic inequities while centering the lived experiences of Black individuals and others who have been historically excluded.

At its core, BEAM operates with the belief that healing is not just personal, it's political, relational, and collective. The organization has made remarkable strides by training and equipping strategic community leaders to include barbers, faith leaders, activists, teachers, doulas, and other trusted voices, with tools to recognize mental health challenges and provide culturally responsive support. These trainings are designed to demystify mental health, reduce stigma, and empower communities to engage in healing without depending solely on clinical systems that have historically failed or harmed them. I have personally attended BEAM's workshops and been privy to their transformative work.

BEAM's commitment to accessibility is also evident in its wide range of publicly available healing justice resources. From digital toolkits on navigating grief and racial trauma, to guided prompts for facilitating community healing circles, BEAM empowers individuals and grassroots groups to hold space for one another. Their approach centers language justice, disability justice, and gender inclusivity, recognizing that mental health cannot be addressed in isolation from other identities and systemic forces.

Together, these leaders demonstrate the power of collective effort in creating a more inclusive and equitable mental health system, one that recognizes and honors the diverse cultural narratives of the communities it serves. Their work is a testament to the importance of addressing mental health through a lens of liberation, justice, and cultural integrity.

We are learning that there is strength in vulnerability, that feeling deeply does not make us weak, but rather whole. By breaking down these barriers, we not only heal ourselves, but we also begin to heal our communities, and heal generations, creating spaces where emotions are seen, honored, and expressed freely. We are reclaiming our right to feel. Together, we can rewrite this generational narrative and recognize that sharing our emotions is an essential part of our humanity. The walls we once thought protected us can come down, revealing a strength rooted in both tenaciousness and vulnerability.

A Return to Spanish Harlem

The vulnerability that opened up in me through the sounds of Spanish Harlem was profound and deeply transformative. As *Spanish Harlem* played on repeat, I felt something crack open inside me, something I had been holding shut for so long that I didn't even realize it was locked away. It wasn't just the music or the memory of my grandmother that brought me to that tender place; it was the warmth of the moment, the scent of the food my mother was cooking, filling the room with a comforting aroma that blended with the melody. The smell of onions sautéing in butter, the sweet and savory scent of the soul food we grew up on. It was the smell of home. It was the smell of love.

I had spent so much of my life holding it all together, swallowing my emotions, and pushing down my tears to avoid confronting my pain. As a Black woman, I was taught that vulnerability could be a weakness, that emotions were something to be controlled and hidden away. As I sat there, listening to *Spanish Harlem* and watching my mother move in the kitchen with a grace that reminded me so much of my grandmother, I felt an unexpected longing for that emotional freedom. I didn't want to fight it anymore. I didn't want to be strong at that moment. I just wanted to be wrapped in the sounds that drew me closer to my grandmother's embrace.

Through the music and the aroma I found myself letting go of the walls I had built to keep myself from feeling too much. I wanted to feel everything. I wanted to let the tears flow, to let the memories in. I wanted to immerse myself in the love that filled that room, the love of my mother, whose name is also Love, my grandmother, and the generations of women who had carried me, in ways seen and unseen.

It was a moment of surrender. I was no longer hiding my emotions, no longer afraid of being seen for the soft, fragile parts of myself that I had worked so hard to keep buried. In watching my mother sing and cook, and in feeling the presence of my grandmother beside me, I realized that this softening was what I had been missing. It was what I had been yearning for. It was an opportunity to feel deeply, to let the memories wash over me, and to release the grief I had carried silently for so long.

In that moment, surrounded by the smells of home, of Love, and the sounds of *Spanish Harlem*, I understood that vulnerability didn't have to be a weakness.

It could be a pathway to healing. It could be the bridge that connected me to the parts of myself I had tried to forget. It could be the thing that brought me back to my grandmother, to the warmth of her presence, and to the love that still lived in the spaces she had left behind.

So I let myself feel it all, all the joy, the sadness, the longing, the love. As the song played on, I knew this was the kind of openness I had always hoped to feel. The kind that doesn't tear you down, but instead, lifts you up and carries you through the memories, one note, one tear, one breath at a time.

I didn't want the song to end. I didn't want the memory to fade. I was so happy, yet so sad. I had almost forgotten the sound of my grandmother's voice until it came rushing back to me, carried on the wings of *Spanish Harlem*. Then, over my mother's singing, I heard it ... my grandmother's voice, clear as day, saying what she always said when life got hard: "*Baby, it's going to be alright.*" It was the same phrase she used when she would pull me close, her arms wrapping around me like a shield from the world. "*Baby, it's going to be alright.*" I wanted to believe her. I wanted to believe that everything, somehow, would be alright. I had to believe it.

I never told my mother what I saw that day. I wasn't sure what she would think. Would she believe me? Would she think I'd finally lost it, as if I hadn't already teetered on the edge of sanity too many times to count? But I felt it. I felt her, and I think my mother did too. Maybe she saw her as well, standing next to us in that kitchen, bridging the gap between the living and the dead. I wasn't ready to let go of the moment, so I asked my mother to play the song again. She hit repeat, and for a few more moments, my grandmother was real. Real enough to hold onto. Real enough to believe that maybe, just maybe, everything was going to be alright.

My relationship with my mother has always been a delicate dance, sometimes loving and supportive, sometimes chaotic, other times distant, with stretches where we wouldn't speak at all. It wasn't until my twenties that we began to truly work on healing the wounds between us, rebuilding what had been fractured for years. It took me hitting the age she was when she had me, to see her, as a 22-year-old mother of two. I saw her through one of my friends at that time, also 22, a registered nurse like my mother, raising children. I was able to see her youth and her humanity as I watched my friend navigating this world at the same

age my mother was raising us. We were finally connecting, speaking to each other with the tenderness and understanding we had long been missing. It was during this time of reconnection that I heard *Spanish Harlem* play for the first time, and something shifted in the air. I don't know if my grandmother waited for that moment, when my mother and I were finally at peace, or if it was Aretha's voice that summoned her back to me. But she was there, present in the music.

Things Will Be Alright

For those beginning this journey, know this: seeking healing is not an indictment of your family or your culture. It is an affirmation of your worth and a testament to the strength of your bond. Healing is possible and it starts with coming out of the shadows of silence and being heard.

Spanish Harlem wasn't just a song that day, it was a portal. It brought me back to a time when my grandmother was alive, when her love was as constant and comforting as the smell of food cooking in her kitchen. With each line Aretha sang, I felt more of the emotional weight I had carried for years. My tears came quietly, uninvited but welcomed, as I let myself drift into the memory, into the sound, into the space where grief and healing meet.

It was in that moment, sitting there in my kitchen with my mother nearby, that I understood the power of music, of memory, of allowing ourselves to feel. *Spanish Harlem* became the thread that tied me to my past, to my grandmother, to the parts of myself I had kept hidden in silence. It was through hearing that song that I was reminded not just of her, but of the part of myself I had long avoided. In that song, in that recollection, I found both my grief and my healing intertwined.

For weeks, I played that song every day, and each time, I could feel her with me. It was as though *Spanish Harlem* became the soundtrack to my grief and my healing. The tears would come without warning, and though it hurt, I welcomed them. Eventually, I stopped playing it so frequently, worried I might dull its power. Even now, when I put it on, I smile, knowing she's still there with me.

It wasn't just *Spanish Harlem* that took me back to her; it was the sound, the rhythm, the echoes of a time when music was more than just sound, it was soul. My grandmother didn't play music for background noise, she played it as if it

was a form of worship. Motown legends like Smokey Robinson, The Temptations, and Donny Hathaway, along with gospel, jazz, and blues, filled her house. She made sure I knew the music that shaped her, the sounds that lived in the core of her being. In her home, there was no room for “bebop” as she called it, or anything that didn’t speak to the soul. We listened to music that was meant to heal, to express pain, joy, and everything in between.

I’ll never forget the first time my grandmother played Curtis Mayfield and the Impressions. They were singing their classical hit, “*It’s Alright*.” Not only was it a song, it is the phrase I loved hearing my grandmother say. To have it put in a song written before I even walked this earth left a lasting impression on my heart and soul.

“Say it’s alright
it’s all right
cause it’s alright
whoa it’s all right
when you wake up early in the morning
Feelin’ sad like so many of us do
Hum a little soul”

—Curtis Mayfield and the Impressions⁸

As soon as the beat plays something in your spirit tells you before you even hear the words that things will be alright. I heard my grandmother play this song plenty of mornings and evenings. She would sing it out loud and dance to the beat. I would nod my head to the rhythm as best as I could and sing right along with her belting out “whoa, it’s alright.”

In many ways, the music was a parallel to our lives as Black people, a way to carry our history, our trauma, and our healing all at once. Just like the racial trauma we’ve inherited, the music passed down from my grandmother wasn’t just something to enjoy; it was a survival tool. Each song told a story, just like each generation of families carries their own stories of pain, love, and endurance. Music, like our ability to endure, connects us across time, even

⁸ Mayfield, C. (1963). *It’s alright* [Song]. *On The impressions* [Album]. ABC-Paramount.

when we don't have the words. It has the power to heal wounds we can't always see and to bridge gaps we don't know how to close.

In those moments, sitting with the music, I was reminded that healing doesn't always come in the ways we expect. Sometimes it comes in the form of a song, in the echo of a voice we've longed to hear. Just as my mother and I continue to find our way back to each other, I find my grandmother in those melodies, reminding me that our connections, no matter how fractured, are never truly lost.

Reflection Prompt

Think of a moment when healing found you in an unexpected way, through a song, a scent, a memory, or a conversation. What did it remind you of? Who or what did it connect you back to? Take a moment to reflect on how those invisible threads between past and present, between you and those you love, continue to shape your healing journey.

Therapist Tip: Honor the Power of Memory and Sensory Triggers

Recognize that healing can surface unexpectedly through sensory experiences like that of a song, a scent, a place. Invite clients to explore these moments without judgment, understanding they often carry deep ancestral, familial, and cultural significance.
