

COMMENTARY

Three Black Women's Reflections on COVID-19 and Creative Arts Therapies: Then and Now

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We write this commentary as co-editors of the forthcoming special multidisciplinary issue of *Voices* on Black aesthetics and the arts therapies. In March, the apparent toll of the coronavirus pandemic on Black communities informed our decision to request the delay of our special issue. We made this request with historical and contemporary inequities in mind, knowing that Black contributors to the special issue would need to find solutions to problems, likely with fewer resources or greater demands for physical, psychological, economic, and spiritual soundness at the height of COVID-19. Our intuition was haunting. In the weeks following our initial request, widespread protest erupted across the globe to demand justice for the modern-day lynchings of George Floyd, Breonna Taylor, Ahmaud Arbery, Sean Reed, Tony McDade, Nina Pop and Iyonna Dior. As we write these few names, we also recognize that there are far more people left unnamed whose deaths are at the intersections of racialized violence. It is the horrifying fact that unjust Black death in the U.S. is so recurrent and underreported that even the names of those that are missing from our list could not contain the immenseness of our loss. We offer this commentary in the interim of our special issue to underscore the basic and foundational realities of racism that must clearly be reemphasized here as this moment of growing white allyship reveals that there are many who have yet to learn them. But mainly, we offer our voices to directly acknowledge our Black colleagues who are experiencing grief and pain, while absorbing the impact of this current moment. Each co-editor has chosen to write their own reflection of this present time and its reverberations of the past.

Leah Gipson: Say Her Name

The surveillance video of King County psychiatric hospital waiting room in New York City shows Esmine Green slowly collapsing from her chair; her head leans forward and collides into another chair before her body reaches the ground. Esmine struggles on her hands and knees beneath her hospital gown, but her body gives in to pain. She lies on the waiting room floor with her arms bent between chairs and her exposed legs sprawled into the center of the room. A hospital security staff casually stands hand-

on-hip at the corner of the room, staring at Esmin's body. Esmin, a Jamaican woman who had immigrated to the U.S., worked as a housekeeper, and an elder and child care provider to support her children in Jamaica. She lived with depression, which eventually worsened following her unemployment. In 2008, she was involuntarily admitted to the emergency room for psychiatric treatment. Because there were no available beds in the facility, Esmin sat in the waiting room for 24 hours before she collapsed. She was checked by medical staff after lying on the floor, unattended for an hour. She was already dead.

Black communities have been painfully aware of the many life-threatening forms of racialized neglect and terror that require unending emotional labor and everyday solutions for survival. State violence threatens Black life across the lifespan. Emerald Black was in Oakland, California, when police forced her out of her car and stomped on her visibly pregnant body during a traffic stop. Emerald miscarried. Aiyana Stanley Jones, age 7 of Detroit, MI, Bettie Jones, age 55 of Chicago, IL, Atatiana Jefferson, age 28 of Fort Worth, TX, and Breonna Taylor, age 26 of Louisville, KY were shot and killed by police who invaded their homes. In this moment of visibility around racism and protest, Black girls' and women's narratives of violence flood my thoughts. I consciously remember Esmin Green, the way she was involuntarily hospitalized by the state, and left to wait and to die as a spectacle. This violence has its historical roots in Black women's pain and resistance, a legacy known today through the narratives of Harriet Jacobs, Celia, Anarcha Wescott, Betsey Harris, Lucy Zimmerman, Henrietta Lacks, and Recy Taylor. COVID-19 has raised social anxieties and uncertainties in possibly every aspect of life. Due to COVID-19, more people around the world face inadequate medical systems, loss of income and housing, sudden illness, death, and loss of loved ones without the opportunity to share goodbyes. Black communities, including children, trans and gender non-binary persons, disabled people, and cis women and men routinely navigate such realities, which are magnified due to the coronavirus pandemic. The United States' cultural benchmarks for health, safety, and social progress have never been measured by the lives of Black people, particularly those among the working class. From tuberculosis (TB), to HIV, sickle cell anemia, reproductive health, heart disease and asthma, to mental illness and racial trauma, the sense of urgency around health crises is deeply felt within Black communities. But the already unbearable conditions of racial capitalism have not been enough to mobilize creative arts therapists along with other mental health professionals to create a normative culture of resistance against the anti-Black racism that enables the mental health industrial complex. If Esmin Green had survived the hospital waiting room, she might have met an art therapist during her in-patient treatment. Seemingly, therapists advocate for people who can manage to reach their offices. Whose responsibility is to advocate for those who are unlikely to ever make it to a session?

When reports began to confirm that COVID-19 was disproportionately impacting Black communities, a friend had cautioned, "Black people are already tired." And she was right. Black women have shared our fatigue as an act of refusal when high-pressure conditions in our lives have outlasted all reasonable expectations of patience before any relief or change. As a womanist, I believe that doing the work of care helps to sustain a political desire for healing - expanding the available options for survival and liberation. Being "sick and tired of being sick and tired" is simultaneously a breaking point and a breakthrough. How should Black creative arts therapists continue to call for justice and develop multidisciplinary organizing strategies for change?

Britton Williams: A Devastating Loop, A Never Ending Cycle

State-sanctioned violence against Black people is as certain in the US (and across the globe) as the rising of the sun. Black people individually and collectively experience perpetual and compounded racial oppression. When COVID-19 emerged, the U.S. was already in the grips of the unattended crisis of racism. Anti-Black racism is largely left untreated and even denied, which results in a vicious and viral cycle. Billie Holiday

and Nina Simone sang about lynchings, “Southern trees bearing strange fruit/ Blood on the leaves and blood at the roots/ Black bodies swinging in the southern breeze/ Strange fruit hanging from the poplar trees.” Blood now stains the steaming concrete of city sidewalks and streets. When Eric Garner was murdered in 2014, his last words were “I can’t breathe. I can’t breathe. I can’t breathe.” In 2020, we heard those same last words from Manuel Ellis and George Floyd who were murdered by the police. This brutal loop of Black death goes ignored by our so-called *justice system*, and it plays on repeat. What does healing look like in a cycle like this? There is so much blood; there are too many bones.

Mary Turner. Eric Garner. Michelle Cusseaux. Steven Demarco Taylor. Tamir Rice. Atatiana Jefferson. Ahmaud Arbery. Sandra Bland. Sean Reed. Walter Scott. Tanisha Anderson. Ariane McCree. Emmett Till. Pamela Turner. Miles Hal. Korryn Gainie. Terrence Franklin. Trayvon Martin. Yvette Smith. Amadou Diallo. Anthony Hill. Shelley Frey. Emantic “EJ” Fitzgerald Bradford Jr. Michael Brown. Tanisha Anderson. Michael Griffith. Aura Rosser. Yusef Hawkins. Meagan Hockaday. Rekia Boyd. Laquan McDonald. Pierre Loury. Ronald “RonnieMan” Johnson.

Racialized violence and multi-contextual disparities are not new; however, they are swelled and this swelling has led to the current eruption of uprising. It is important to acknowledge that though we are currently at a crossroads, folks are getting lost in the intersections. While the deaths of Black men are the current media focus, there are others in the Black community being lost to Anti-Black violence. Breonna Taylor, a Black woman, and an essential worker during the COVID-19 pandemic lay sleeping in her bed only to be riddled with bullets shot by police. Risking her life every day to care for others in the midst of the pandemic, and yet there was no care for her life. Black trans people too are being (and have been) murdered at alarming rates while the media attention and public outcry and outrage are resoundingly quiet. On May 27, 2020, the police killed Tony McDade, a Black trans man, and yet there has been no widespread outcry for him. Nina Pop, a trans-Black woman, was brutally murdered and found in her apartment. Yet, where is the outrage for her? Black people at the intersection of poverty and disability have long been systematically and societally neglected. Black death is far too common. Black death is far too accepted.

This reflection cannot hold all those who have been lost to racialized violence or underscore every intersection and variation of compounding oppressions that Black people endure. One lifetime cannot contain the pain and rage that results from centuries of racialized erasure, violence and bloodshed. As a Black woman, my body holds the weight of all these assaults and losses—known and unknown, the present and the historical. The racialized violence that we are presently facing is rooted in historical frameworks. We must recognize that the here and now is steeped in the there and then. And there and then is manifest in the here and now.

We have never reckoned with our history of chattel slavery or how slavery exists, legally, still today. How can we expect justice from a prison system that is our contemporary version of state-sanctioned slavery as outlined in the 13th amendment? The answer is, we can’t. We must recognize that the prison, education, and healthcare systems are not separate; they are interlocked and foundationally oppressive. As creative arts therapists, we work within a system that is not removed or exempt from these truths. Individually and collectively, we must reckon with how and where Anti-Blackness sits within us and/or bears its weight on top of us. As a Black woman, I do not have the luxury of ignoring racism or being patient with slow-moving change. This is urgent. This is an everyday struggle and so it must be an everyday fight. Let us take care of the most marginalized among us and recognize that if they are well, all will be well. Black lives matter, inclusive of all identity intersections.

Every. Black. Life. Matters.

Marisol Norris: I Can't Sing If I Can't Breathe

Yesterday, as my sister, Monique, and I prepared for a protest to demand justice for Black lives, she stated, "I can't sing if I can't breathe." I was drawn to the paradox of Black people across the African diaspora who have done the impossible. For centuries Black people have voiced pain, struggle, joy, resistance, and liberation through song amidst bondage, enslavement, and violence, even unto death. In so doing, we've dually demonstrated how our expression has been linked to our humanity that allows the creative reimagining of freedom. Yet Monique's words contended any proposed singularity of condition; rather, they amplify the interconnectedness of physical death and social death as existing on a continuum of oppression that has also demanded Black people to sing or die.

The realities of COVID-19, having a wide impact, have amplified the numerous social and economic inequities and health disparities experienced by disenfranchised peoples across the globe. While at this time all peoples have undoubtedly considered the existential crisis of life and death and the necessity of breath, the calls of justice for George Floyd's last breath ripple throughout protest-filled streets. At a time when our global community must meet the demand for the preservation of life, we unearth the paradox of the vast devaluation of Black life to the point of torture and execution. The cries from the streets, "I can't breathe" reiterate George Floyd's last words as he gasped for air choked from his body beneath U.S. police officer Derek Chauvin's pinned knee for almost nine consecutive minutes. George Floyd's lifeless body made public display is invariably tethered to the last words of Eric Garner who too was asphyxiated through excessive force by U.S. police. Both laid cold on a city street, tethered to a countless number of Black people whose deaths are a part of the history of police brutality, anti-Black violence, and white supremacy. Protests echo justice for Breonna Taylor. Tony McDade. Sean Reed. Steven Demarco Taylor. Manuel Ellis. Ahmaud Arbery. Ariane McCree. Atatiana Jefferson. Pamela Taylor. Miles Hall. Botham Jean. Stephon Clark. Jordan Edwards. Korryn Gaines. Sandra Bland. Kalief Browder. Yvette Smith. Freddie Gray. Walter Scott. Megan Hockaday. Tamir Rice. Tanisha Anderson. Aura Rosser. Michelle Cusseaux. Mike Brown. Renisha McBride. Jonathan Ferrell. Trayvon Martin. Amadou Diallo. James Byrd, Jr. Emmett Till. Mary Turner. Names Unspoken.

I often grapple with the idea of death recognizing the multiple ways music therapy is linked to the social death of Black people. The continued contention of Black clients within music therapy spaces represents points of resilience but also a common displacement of Black narratives and the inherent struggle to survive. Furthermore, occupying less than 2% of the U.S. professional body, Black music therapists often navigate a barren disciplinary landscape with little to no scholarly distinction of the socio-political, socio-cultural, and socio-structural realities that mark both therapists' and clients' Black existence. At the risk of centering whiteness to the point of our own erasure, Black music therapy communities are tasked to practice, teach, and integrate disparate knowledge from disciplines outside of music therapy to affirm Black personhood. As a Black music therapist, I'm compelled to ask: When we sing, who do we sing for? And for the growing white mass that would declare allyship, I ask, must we sing for you, too?

The physical and metaphorical knees at the necks of Black people index the singular white lens that pervades arts therapies discourse. These spaces often allude to the nature of the arts and artistic processes as a phenomenon that circumvents Black culture. Arts therapists explore Black clients with the aims of conforming them to dominant norms, and fail to consider the ways that various micro and macro systems impact the aesthetic experience of Black personhood. These realities remain unnamed and unacknowledged in the field, meanwhile, white supremacy aims to perpetuate our devaluation and assault a Black sense of self. During the COVID-19 pandemic, as people experience an expanded focus on life and death, a radical centering of Black lives is needed. And until that radical imagining is actualized, the protest continues.

Conclusion

Our collective experience necessitates that we tend to the variation and fluidity of our responses in the vastness of this moment. Focusing on the virus without looking at the social determinants of health would lead to the false conclusion that the racial disparities in COVID-19 hospitalizations and deaths are a result of the virus. International protests against racism are not only indicators of police violence, but the rampant abuses of power that permeate a U.S. way of life that guarantees fewer or eliminated resources for those who have been systematically othered. As people living in the U.S. are witnessing another collective articulation of the political and economic system that devalues Black life, creative arts therapists must answer to the truth of having previously known this violence as fact. What has intensified this awareness during the chaos of COVID-19? The coronavirus only amplified the issues that have been embedded within well-established norms. As healthcare and cultural workers, what does this history mean for how creative arts therapists understand their fields and longstanding practices, and how these practices determine accepted roles in society?