(Un)learning Limited Grief Constructs: Advancing an Intersectional Grief Literacies Theoretical Framework

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ABSTRACT

We do not experience bereavement, grief, trauma, or healing in a vacuum. Though all humans endure loss, the United States context is largely organized by race, culture, and socioeconomic class. In 2021, The Centers for Disease Control and Prevention (CDC) rightly named racism a national public health crisis in the United States, acknowledging that racism is a fundamental driver in health disparities and death rates. Strikingly though, bereavement and grief research tend to lack much-needed race, gender, or class specific analysis and resources. This paper offers an urgent rationale, definition, and vision for what I call "intersectional grief literacies." I define intersectional grief literacies as a theoretical framework committed to generating possibilities to acknowledge, process, assess, and build capacity for humane and transformative racial and gender equity in bereavement and grief research, policies, and praxis. This work is committed to the intersectional intellectual projects of (a) increasing the visibility and inclusion of Black women's bereavement and grief and (b) (re)shaping Black women's relationships with bereavement and grief resources and research.

Keywords: intersectionality, intersectional grief literacies, Black women, bereavement, grief policy, grief praxis

Imagine spending years earning your doctorate degree at the top research institution in your field. Next, you direct a major research grant at a different research institution. Finally, you secure your first tenure-track position at a third research institution—for what you believe to be your dream job! Three research-intensive institutions.

Three different states. Neither state is "home." Nevertheless, you look forward to spending the next six years (tenure-track probationary period) planting professional and personal roots in your newest state. You excitedly pack up everything you own and relocate across the country. A day after you arrive to your new place, you receive an unexpected call that permanently changes your life. Your only sister (and best friend) is in the hospital and the doctor tells you, "There is nothing more we can do. It is just a matter of time." In a hurried and horrified manner, you leave your unpacked boxes in your new place, drive to the airport with the clothes on your back and purchase a last-minute flight to go home, the place where you were born and where all your family lives. Somehow you manage to make it to the hospital "in-time." Your sister smiles upon your arrival. You exchange a few words, and she eventually passes away. After you brokenheartedly plan and attend her funeral, you take a flight back to your new dream job. Except now your life feels like a nightmare. You look at the unpacked boxes in your new apartment. Deflated. However, you must plan your new course syllabus and teach class in a few days.

HOW & WHY I ENTER BEREAVEMENT & GRIEF RESEARCH

I did not have to imagine the above experience. I *lived* it. When my sister unexpectedly passed away, I was a Black woman from a working-class family, starting my first semester of my first tenure-track assistant professorship at a predominantly White institution in the southeastern United States during a contentious political election season. Equally important, I was the first person in my family with the *opportunity*, not desire, intellect, or skills, to attend college (and earn a Ph.D.). For many first-generation college Black women like me, degrees (and the opportunities they afford), serve as "community wins" in a larger struggle against systemic racism, sexism, poverty, and intergenerational trauma. In brief, "devastated by grief or not, I could not afford to leave academia" (, p. 2). Too much was at stake.

Days after my beloved sister's funeral, I prepared my required literacy methods course syllabus—*before* I was reimbursed for my relocation fees or established much-needed healthcare and social networks to support my grief (and recent transition to a new state). Universities *assume* faculty are middle-class by expecting faculty to forefront thousands of dollars in relocation fees. In the United States, health insurance is often tied to being gainfully employed. During the onset of my bereavement, unfortunately, I was in transition and had not yet received my first paycheck. Without health insurance, which came partway through my first semester, or an established medical team in a new state, I suffered in silence under the unexpected and unfathomable weight of grief—with little support amid myriad transitions.

A significant part of me died that year. It turns out that I was simultaneously managing multiple forms of physiological, cognitive, and emotional dysregulation, which I later learned through my grief research, are common experiences in "acute grief" (Center for the Advancement of Health, 2004; Lindemann, 1944; O'Connor, 2019, 2022; Shear et al., 2013). The various forms of unexpected physiological,

cognitive, and emotional grief dysregulation overwhelmed my mind, body, and spirit in *every* possible way. The "physicality" of grief, Adichie (2021) explained, "is a cruel kind of education" (p. 6). And my survival was quite traumatic. Nevertheless, I worked through the most traumatic moments of my life, to-date because the alternative involved confronting poverty *with* a Ph.D. At the time, I lacked the language, tools, resources, and policies to support or even *name* my silent suffering. During my urgent time of need, I requested, but was "denied access to my own grief and humanity" (Wade, 2021, p. 25) in ways that supported my long-term wellness. Yet, the university benefited from the "racial capitalism"[1] (Leong, 2013) of my recent hire as a national award-winning critical literacy scholar who specializes in the literacy development of Black boys in urban schools.

For clarity, I do *not* share my story to elicit sympathy. Rather, I foreground my story to illustrate that we do not experience *bereavement* or *grief* in a vacuum. Years later (the time it has taken me to engage in intensive healing work), I am inspired by Black women writers like Audre Lorde who explained in an interview:

> I have a duty to speak the truth as I see it and to share not just my triumphs, not just the things that felt good, but the pain, the intense often unmitigated pain. It is important to share how I know survival… (Tate, 1984)

Part of my survival and healing involved rest—"resting as a form of resistance because it disrupts and pushes back against capitalism and white supremacy" (Hersey, 2022, p. 13). In my healing journey, I realized we need frameworks that embrace complexity and align with the realities of how we experience bereavement, grief, trauma, and healing in real-time. It can be an untidy experience that simultaneously requires multiple systems of support. Our social location determines "our ability to grieve and reintegrate after loss" (Wade, 2021, p. 26). These "inconvenient truths" (Evans-Winters, 2019, p. 5) motivated my quest to *unlearn* limited grief research constructs and to advance a more viable option, or what I call cultivating "intersectional grief literacies." This paper offers an urgent rationale, definition, and vision for *intersectional grief literacies*. I define *intersectional grief literacies* as a theoretical framework committed to generating possibilities to acknowledge, process, assess, *and* build capacity for humane and transformative racial and gender equity in bereavement and grief research, policies, and praxis. This *intersectionality grief literacies framework*, as I have envisioned it, is committed to the intersectional intellectual projects of (a) increasing the visibility and inclusion of Black women's bereavement and grief and (b) (re)shaping Black women's relationships with bereavement and grief resources and research.

Establishing Definitions about Bereavement & Grief

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[1] According to Leong (2013), "racial capitalism" refers to "the process of deriving social and economic value from the racial identity of another person" (p. 2152).

> The experience of loss [bereavement] may be universal, but responses to loss [grief] are widely variable and there is no one clearly defined course or process of bereavement or grieving. Responses to bereavement may be influenced by characteristics such as age and stage of development, gender, history of loss and/or trauma, history of major depressive disorder, the nature and quality of the relationship with the deceased, type of loss (e.g., anticipated, violent, or traumatic), and many other factors… (Center for the Advancement of Health, 2004, p. 501)

It is important to establish clarity about how I am using the terms "bereavement" and "grief." I draw from the Center for the Advancement of Health, which defines "bereavement" as the loss of a loved one through death—a universal human experience and "grief" as the way the death of a loved one affects us (Center for the Advancement of Health, 2004, p. 494). While the definitions of bereavement and grief are hotly debated in the field, for purposes of this paper, I define "bereavement" as the literal act of losing a loved one to death. Furthermore, "grief," in this paper, refers to the wide range of emotional, mental, social, cultural, and spiritual responses associated with bereavement (death of a loved one). Grief is an embodied response to loss. In this way, I also see grief as all the ways we learn to live after loss.

By way of positionality, my grief research specifically concerns human death-related grief, not because other forms of grief (losing a job or home, enduring a divorce, etc.) are less important. Quite the contrary, I focus on human death-related grief because it constitutes my primary personal area of expertise and my evolving scholarly interest. Other scholars are better positioned to focus on different forms of grief. With that said, this paper deliberately focuses on grief in response to human death-related grief among Black women.

Bereavement and grief change a person. Bereavement and grief can touch every aspect of a grieving person's life—personal (physical, mental, emotional, spiritual, cultural, and financial), professional, political, and otherwise. Yet, bereavement and grief research tend to lack much-needed *intersectional* (i.e., structural, political, and representational) specific analysis. In the U.S., according to the CDC, Black people have an average of 4 to 6 years lower life expectancy. Furthermore, Black people have higher incidences of premature death. This reality should be acknowledged in bereavement and grief research and related resources.

Intersectionality, as established by legal scholar Crenshaw (1989, 1991), has three primary tenets: structural, political, and representational. I have adapted these tenets from legal studies in my grief research to consider how Black women access and cope with bereavement and grief research and related resources. Such an adaption is warranted because bereavement and grief research often offer seemingly "neutral" resources that fail to even mention race—let alone discuss how the intersectional impacts of racism, gendered-racism, or classism can influence morbidity (health disparities) and mortality (death). We hold grief and trauma in our bodies (Blair & Hansen, 2023; Bryant, 2022; Menakem, 2017; van der Kolk, 2015). "When people experience repeated trauma, abuse, or high levels of stress for long stretches of time, Menakem, (2017) explained, a variety of stress hormones get secreted into our

bloodstreams… over time, they can have toxic effects, making a person less healthy, less resilient, and more prone to illness" (p. 45). Fortunately, as we heal, our bodies can become sites of liberation (Bryant, 2022; Hersey, 2022). Embracing the intersections of race, gender, and class, as starting points, not ending points, in bereavement and grief research would benefit how Black women learn about, name, and navigate grief.

SITUATING THE FIELD OF BEREAVEMENT & GRIEF STUDIES

> *Unfortunately, in the field of bereavement research, scientists who study the effects of grief in the body and those who study the effects of grief in the mind do not very often interact, attend the same conferences, or read the same journals. Although this split can be seen in many subfields (and psychosomatic medicine often attempts to bring subfields together), this lack of communication seems particularly problematic for comprehending the effects of bereavement…* (O'Connor, 2019, p. 7)

The field of *bereavement sciences* is known by several names, including *grief studies*, *death studies*, or *thanatology studies*. It is an interdisciplinary and transdisciplinary field by design with multiple origins and scientists who study the effects of grief in the body, mind, and brain. Researchers in medicine, psychology, nursing, social work, sociology, anthropology, neuroscience, and others use various quantitative, qualitative, and mixed methodologies to understand how the death of a loved one impacts their survivors.

Across myriad disciplines, grief researchers aim to strengthen "research on grief and bereavement with the ultimate goal of improving the care that grieving people receive" (Center for the Advancement of Health, 2004, p. 492). Part of doing this work involves developing strategies and recommendations to improve and support research by building connections among people working in the field and facilitating research to guide the best possible care. According to the Center for the Advancement of Health report (2004), some guiding grief research questions include: What are the best ways to study and understand bereavement and grief? What is normal grief? How do people respond to and cope with grief? What are the health effects of grief? For whom is intervention indicated? What types of interventions are most effective in helping people deal with grief?

Psychologists explain that for humans to have close relationships with other humans is not just a nice thing to do, it is a psychological and biological *need* (Aron et al., 2004; Bradford, 2023; Bryant, 2022; O'Connor, 2022). To assess relationship closeness, psychologists study the "psychological distance" between humans using the "inclusion of other in self scale" (Aron et al., 2004). According to psychologists who study the impact of grief on the brain, mind, and body, the "death of a loved one has been recognized as the greatest life stressor that we face as humans" (O'Connor, 2019, 2022). When humans lose close human relationships, we can experience psychological and biological dysregulation. Grief increases a person's risk of mortality or death by 22% and increases non-fatal morbidity issues like

cardiovascular events, vascular disease, incidence of cancer, and self-reported hypertension by 22% (O'Connor, 2019). O'Connor (2019) explained, "acute grief, or the period immediately following a death, is often characterized by a loss of regulation" (p. 732)—meaning grief can affect a person's appetite, digestion, blood pressure, heart rate, respiration, muscle fatigue, sleep, and cognition.

One of the first documented systematic grief research studies was conducted by Erich Lindemann (1944), a psychiatrist who studied 101 bereaved patients at Harvard Medical School. His patients were mostly survivors and relatives of the survivors of the Cocoanut Grove nightclub fire in Boston on November 28, 1942, that unexpectedly killed almost 500 people, many of whom were members of the military. Lindemann documented the so-called "symptomology of normal grief" (p. 141) and so-called "morbid grief reactions," which he described as "delayed reactions" or "distorted reactions" to grief (p. 144), as well as grief prognostic evaluation and grief management. He was concerned with pathologizing so-called "normal grief," which he believed followed five characteristics: "(1) somatic distress, (2) preoccupation with the image of the deceased, (3) guilt, (4) hostile reactions, and (5) loss of patterns of conduct" (p. 142). He also theorized about a 6th characteristic, "appearance of traits of the deceased in the bereaved loved one" (p. 142), which he found to be less common among his patients. Lindemann (1944) described, "acute grief is a definite syndrome with psychological and somatic symptomology" (p. 141). Psychiatrists understood that grief can impact the body and the mind and Lindemann's grief research is widely acknowledged as the beginning of the field of psychosomatic medicine (Center for the Advancement of Health, 2004; O'Connor, 2019; Stroebe, 1993, 2001). As such, the body and the mind required treatment or care. This research also served as the foundation for the "grief work hypothesis," which dominated how Western grief research approaches and informed bereavement care by clinicians.

In 1964, one of the most popular grief frameworks was established by Elizabeth Kübler Ross, a Swiss-born, psychiatrist medical doctor who interviewed hundreds of her hospice patients about what it felt like to die. These interviews were conducted using a one-way mirror so her medical students could bear witness to the interviews without making her patients uncomfortable. She wrote a book, *On Death and Dying* (1969), to teach people about the patterns of five stages of death she had observed from her interviews—denial, anger, bargaining, depression, and acceptance. It's interesting to note how a study featuring a very specific type of death—*anticipated* terminally ill-related deaths among people who can afford hospice care became generalizable to *all* deaths. In her book, *On Grief and Grieving* (2005), Kübler-Ross claimed the families of dying people undergo the same stages of people who are dying. But how could this be? Surviving family members are left to figure out how to live in the absence of a loved one. Current grief research methods have moved beyond describing grief symptoms obtained through clinical interviews and to include functional magnetic resonance imaging (fMRI) brain scans (Gündel et al., 2003; O'Connor, 2022). Such studies provide an empirical basis for examining *how* the brain *processes* grief.

In the past 20 years or so, there has been an exponential increase in the number of peer-reviewed journals published about grief and grieving. In 1976, a peer-reviewed research journal, *Death Studies*, formerly *Death Education*, was

established. *Death Studies* accepts submissions about the training of healthcare professionals, health care practice, and recognizing when specialized care is needed in response to grief, the effects of loss and grief on health care providers, policy, and practice issues, who should provide care for grieving individual and under what circumstances, as well as who should pay for grief. In 2004, the Project on Death in America commissioned a report issued by the Center for the Advancement of Health to map 20 years of bereavement and grief studies in the healthcare system. The *Report on Bereavement and Grief Research* explained, "the experience of loss may be universal, but responses to loss are widely variable and there is no one clearly defined course or process of bereavement or grieving" (p. 501).

The Center for the Advancement of Health (2004) explicitly mentioned "age and stage of development, gender, history of loss and/or trauma, history of major depressive disorder, the nature and quality of the relationship with the deceased, type of loss" as characteristics that shape human grief. Attachment theories and cognitive stress theories have been influential in psychological grief research. Margaret Strobe (1993) challenged the widely held Western psychological research about the "grief work hypothesis," which claimed that "grief work" (cognitive process of confronting and dealing with the death of a loved one) is required to adjust to bereavement. Instead, Stroebe reviewed cross cultural grief literature from Navajo, Samoan, Japanese, and two Muslim communities in Bali and Egypt, among others to illustrate non-Western ways of coping with grief as comparable to Western ways of grieving. In her research, she noted the different ways responses to grief are conceptualized and practiced.

Shear and colleagues (2013) discussed "complicated grief" in older adults aged 60 or older. They explained:

> Acute grief is the initial response, often intense and disruptive. Integrated grief is the permanent response after adaptation to the loss in which satisfaction in ongoing life is renewed. Complicated grief is a form of prolonged acute grief, where the term complicated is used in the medical sense of a superimposed process that impedes healing. (Shear et al., 2013)

Shear and colleagues (2013) asserted, "Complicated grief is a distinct mental health disorder" (p. 407), also known as "prolonged grief disorder" (PGD). In March 2022, "prolonged grief disorder" was added to the American Psychiatric Association's Diagnostic and Statistical Manual 5th edition (DSM-5) and the International Classifications of Diseases 11th edition. The inclusion of PGD has a complex and controversial history that has divided grief researchers. Concerns about the cross-cultural generalizability grief and whether grief is a mental disease or not, divides grief researchers. As Stroebe (2001) argued, the "grief work notion lacks universality." Researchers note the diagnosis' roots in Western and not Eastern conceptualizations of grief. For example, a recent review showed that Asian bereaved adults generally report higher prolonged grief symptom levels than European and American bereaved adults (Eisma, 2023).

Across these studies, it is difficult to *not* notice the absence of race, especially as Black and Brown communities have higher exposure to premature death, trauma, grief—at least in the U.S. Black and Brown heightened exposure to premature death, trauma, and grief complicates our capacity to engage in healthy grieving. It is critical to attend to the ways *intersectional* or "structural, political, and representational" (Crenshaw, 1989, 1991) forms of racism, sexism, and classism shape grief itself and how the global majority of people (namely, Black, Indigenous, Latinx, and Asian) practice grieving. Without substantive insights and perspectives of the global majority, especially diverse perspectives of women, these initial frameworks are incomplete and limited, at best.

WHAT DOES INTERSECTIONALITY HAVE TO DO WITH GRIEF?

> Centralizing Black women as the subject involved scholars tackling structural intersectionality to address the extreme invisibility and scholarly neglect that Black women experience in higher education literature. Taking up intersectionality allowed the scholars… to isolate the identity politics, and thus, the intersectional oppression that Black men and White women seldom confront… the extreme invisibility and scholarly neglect that Black women tend to experience also contributes to the lack of accessibility to models that accurately measure identity development among them. (Haynes et al., 2020, pp. 772–773)

We do not experience bereavement, grief, trauma, or healing in a vacuum. According to the National Center for Education Statistics (2021), Black faculty make-up approximately 7% of university faculty in the U.S. and Black women make-up approximately 4%. But as Gayles (2022) explained, the percentage of Black faculty decreases as rank increases, meaning that there are even fewer Black faculty at the highest ranks of the academy (p. 16). Rockquemore and Laszloffy (2008) described two common ways Black tenure-track life differs from White counterparts: (a) isolation and alienation and (b) classroom hostility. Consequently, the higher percentages of Black faculty are at the lowest ranks (with less job security) in the academy, whereas Black women make-up slightly more than 2% of tenured professors and less than 2% of full professors in academia (Gayles, 2022, p. 16). Students, colleagues, and administrators have limited interactions with Black women faculty.

Given the numerical isolation Black women in academia experience, Black women would benefit from specific frameworks, policies, and practices to support their long-term well-being. For example, *misogynoir* or the "ways anti-Black and misogynistic representation shape broader ideas about Black women" (Bailey, 2021; Bailey & Trudy, 2018) often works to actively keep Black women from ascending through the ranks in academia. Black women faculty who are often "presumed incompetent" (Gutiérrez y Muhs et al., 2012; Niemann et al., 2020) must learn to navigate "interlocking systems of racism, sexism, and classism" (Guy-Sheftall, 1995). This reality creates an "institutionalized emotional toll" (Grosland & Matias, 2017, p. 78) for Black women faculty *across* ranks. Guy-Sheftall (1995) described

the "interlocking systems of race, class, and gender oppression" or "triple jeopardy" that Black women often confront. Grieving tenure-track Black women are subject to experience the "triple jeopardy" of racism, sexism, classism, *and* occupational vulnerability (rank) *inside* their grief. Everett and Dunn (forthcoming) described this vulnerability as "unaccounted intersectional emotional labor."

A Black feminist intersectionality lens teaches us that it is important to make structural, political, and representational systems of domination visible by *naming*, acknowledging, processing, assessing, and building capacity to understand the intersections of women's raced, gendered, and classed experiences (Crenshaw, 1989, 1991; Evans-Winters, 2019; Haynes et al., 2020) that complicate their grief. In academia, where Black women comprise less than 4% of faculty (Gayles, 2022), it is essential for me, as an evolving Black woman faculty grief researcher, to ask traditional bereavement and grief questions (see Center for the Advancement of Health Report, 2004) with an intersectional lens to attend to the often invisible ways that structural, political, and representational power dynamics uniquely impact Black women faculty.

As a Black woman academic, I desperately tried to find bereavement/grief research and resources to help me navigate the complex circumstances of my life. However, I quickly learned that representational, structural, and political power dynamics (intersectionality tenets) rarely, if ever, were mentioned in bereavement or grief research. When grief research or resources fail to mention race, gender, class, or issues of power and access, those grief research and resources have grave omissions. Such research and resources are *limited* and *limiting*, at best. Limited grief research and resources have life-threatening *material consequences* for Black women (and other historically marginalized groups), at worst. Black women need to be able to name, locate, or attend to their immediate dysregulation needs through recommendations designed with them in mind. Limited and limiting grief research and resources impede on Black women's opportunities to heal and to live long healthy lives.

Most intersectionality scholarship dates the official beginning of the field to approximately 1988 (Cho et al., 2013; Collins & Bilge, 2016; Crenshaw, 1989, 1991; Esposito & Evans-Winters, 2022; Hancock, 2016). However, the public-facing *labor* of intersectionality work actually dates to at least the early 1800s. For example, Black feminist scholars reference Maria Stewart's 1831 speeches against racism or Sojourner Truth's infamous 1851 Women's Rights Convention speech, "Ain't I a Woman?" as significant foundations in the *conception* of intersectionality work. While there are multiple entry points and several scholars credited for contributing to and cultivating intersectionality, one common central concept among intersectionality scholars is that race and gender are *interconnected* and do not exist as disaggregated identities, especially as it concerns the material realities, needs, policies, and praxis of Black women (Cho et al., 2013; Esposito & Evans-Winters, 2022; Evans-Winters, 2019; Hancock, 2016; Haynes et al., 2020). My research joins this stance. More specifically, my research brings attention to the intersectional grief experiences, stories, needs, research, and resources of Black women.
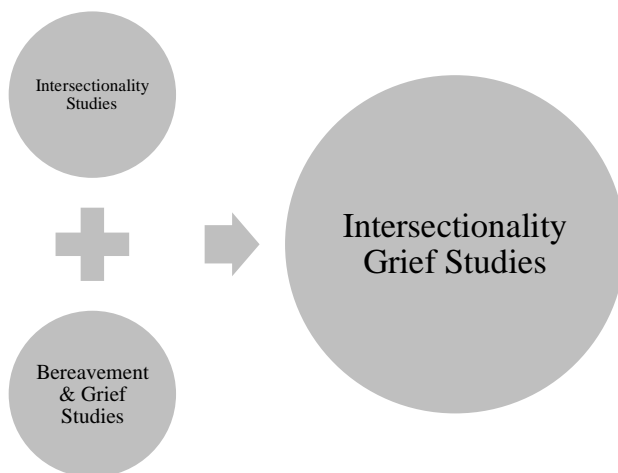
Figure 1: Making Intersectionality Grief Studies Visible

My scholarship brings together two seemingly disparate fields of study, namely intersectionality studies and bereavement and grief sciences. I want to cultivate a subfield of intersectionality grief studies—a field that is intentionally interdisciplinary. Such a field would require multiple theories, methods, and raise nuanced questions that are more attuned to the ways Black women across the diaspora experience and cope with grief. Mixed methods are necessary because as scholars (Moradi & Subich, 2003; Szymanski & Lewis, 2016) explain, little research exists about Black women's physical and psychological wellness because racism and sexism are rarely studied in intersectionality mental health quantitative studies.

Hancock (2019) has helped me to think about the "stewardship of intersectionality" work. Rather than debating about the origins and ownership of "intersectionality as property" or being attributed to a particular scholar, she approaches intersectionality work as a set of intellectual projects with "ethical obligations" (p. 10) and "tools to address complex questions of inequality and justice" (p. 14). Approaching *intersectionality as stewardship* carries a social justice stance committed to at least two intellectual projects of intersectionality—(a) visibility or inclusion and (b) a reconstitution of relationships among categories of difference. More specifically, Hancock (2019) explained the former intellectual project is about making Women of Color in general, but the intersectionally disadvantaged in particular, a visible and legible part of public discourse with an eye toward getting their policy needs met (p. 10). Whereas the latter project is about reshaping the ontological relationships between categories of difference, which involves understanding identity, inequality, and justice (p. 20).

Before I could articulate the need for *intersectional grief literacies*, I had to *unlearn* the limited grief constructs that shaped my initial understandings and experiences with grief. Such limited construction of grief led me to believe there were "stages" to grief, a fixed timeline for so-called "normal grief" and did not account for

the unique intersections that shape Black women's grief, trauma, and healing. It took years to heal and to realize that I was "not doing grief wrong." It is necessary and warranted to consider an intersectionality-informed stance on grief because for far too long, the field of bereavement and grief research overwhelmingly centers White, mostly elderly, and widowed women. To be clear, White women's bereavement and grief are no less valid than any other group of people. However, it is especially egregious to *center* the experiences of White, mostly elderly, and widowed women in the field of bereavement and grief research to *overgeneralize* and *apply* "neutralized" grief frameworks to *all* humans. Black women are subjected to higher incidents of racialized state-sanctioned gender violence, morbidity, and mortality. How do these realities factor into bereavement and grief research?

As I write this paper, I am learning how to live with the loss of my sister. My grief journey has involved various forms of trauma and harm *above and beyond* the unmitigating pain of grief itself. As I have shared portions of my grief journey with family, close friends, and scholars alike, I have been leaning into the urgency for an *intersectionality grief literacies framework* to support other Black women as well. Plus, we have to be honest about the need to examine the unconscious mental health stigmas that fuel Communities of Color in distancing themselves from trauma discourse (Valenzuela, 2021). In summary, there is an urgent need to unlearn limited grief constructs, expand how we conceptualize grief literacies, and offer more intersectionally-informed grief literacies to meet dire community needs. Learning about more expansive conceptualizations of grief have supported my grief and healing journey, as well as the ways I show up for others.

Toward Defining Intersectionality Grief Literacies

> I define healing as the process of revising and rewriting the difficult things that have happened to us, so they become a part of our story, but not the entirety of our story. Healing, especially as it relates to the experience of Black women, is operating from a place of joy rather than from the pain we may have experienced. Our sisters often give us the courage to start the process. We use sisterhood to become the best possible versions of ourselves. (Bradford, 2023, xv)

Healing must be a primary feature in the cultivation of any grief framework designed to support Black women. As Black woman psychologist and licensed clinical therapist, Dr. Joy Harden Bradford explains, healing involves accessing our joy in addition to the pain we have experienced. Bradford (2023) also explained there are at least 4 specific curative factors that benefit Black women: (a) humor, or when joy functions as a form of resistance amid pain; (b) "possibility models" that help Black women navigate systems of white supremacy and patriarchy; (c) intuitiveness; and (d) rhythm. With these curative factors in mind, I define *intersectional grief literacies* as a theoretical framework committed to generating possibilities to acknowledge, process, assess, *and* build capacity for humane and transformative racial and gender equity in bereavement and grief research, policies, and praxis. My professional foundation as a Black woman literacy educator, teacher educator, and

scholar have prepared to think about some necessary "grief literacies" we need in the fields of education and trauma studies to support Black women faculty (and eventually all faculty). My explicit goal in this first iteration of my research is to assure that Black women's intersectional grief needs are acknowledged and met in grief research, policies, and praxis. It is key to note that this first iteration of this work is intended to grow and expand, as needed over time.

Research

In the research aspect of intersectional grief literacies, I am building from the brilliant scholarship of Haynes and colleagues (2020) who conducted a systematic review of literature, which included 680 published empirical studies about Black women in higher education between 1986 and 2016. In their work, they identified a total of 23 peer-reviewed empirical studies published by scholars who engaged Crenshaw's three intersectionality dimensions (structural, political, and representational) as a *methodology* to shape their research design, methods, and analysis—what they call "intersectionality methodology" (or IM). Among the 23 studies, 4 common IM features emerged: (a) centralize Black women as competent knowledge sources and producers; (b) use a critical lens to uncover the micro-and macro-level power relations; (c) address how power shapes the research process; and (d) capture the fullness and complex identity markers of Black women. These were powerful studies that illuminate the need for "intersectional interventions" (Patton & Njoku, 2019), which I greatly appreciate. However, none of the studies emphasized a chief concern of mine—how Black women faculty navigate grief.

I want to investigate how grief shapes the intersectional experiences of Black women. Black women are rarely, if ever, included as participants in bereavement and grief research. Black women routinely experience "epistemic erasure" (Dillard, 2000; Edwards & Thompson, 2016) in their daily lives and in research. This is problematic because Black women are uniquely positioned in society when compared to other raced and gendered groups. To be clear, Black women as a socially constructed category are *not* monolithic. Black women, like any other raced or gendered group have a wide range of socioeconomic statuses, educational backgrounds, sexual orientations, immigration statuses, countries of origin, national affiliations, to name a few. I'm curious about how these intersections shape Black women's experiences with grief and access to viable grief support. *Centering* Black women's grief is an intentional effort to make Black women's grief a visible and legible part of public discourse and research.

An *intersectional* lens intentionally rejects single-axis (i.e., race) analyses and holds space for the "entanglement of [Black women's] race and gender" (Esposito & Evans-Winters, 2022). As the academy becomes more diverse, it becomes increasingly imperative to conceptualize and use frameworks that are responsive to what Patton and Njoku (2019) called "intersectional interventions." A singular analytical focus on one identity, Esposito and Evans-Winters (2022) explained, ignores and erases the multiple identities and lived realities of Women of Color (and others) who are impacted in multifarious ways by systemic inequality and thus more vulnerable to structural violence. Grief work is inequitably distributed among Black

women who must learn to also navigate racist, sexist, and classist systems. What might grief research that centers Black women entail? Some of this work involves bringing attention to the ways Black women thoughtfully navigate complex systems, participate in culturally indigenous grief and healing practices, engage in "racial microaffirmations" (Solórzano & Pérez Huber, 2020), heal in community through sisterhood (Bradford, 2023), and "unearth joy" (Muhammad, 2023) to reclaim their dignity and humanity in inequitable systems.

Policy

People need *grief literacy* to recognize and support those who are grieving. What might we see or notice among people who have intersectional grief literacies? While Breen and colleagues (2020) did not actively attend to race, gender, or intersectionality in their articulation of *grief literacy*. However, they thoughtfully define *grief literacy* as the multidimensional capacity to: (a) access, process, and use knowledge about the experience of loss; (b) use skills to enable action; and (c) integrate values to inspire compassion and care (Breen et al., 2020, p. 3). "In a grief literate society," Breen and colleagues explained, "people would understand and accept the uniqueness and variability of grief, rather than stigmatizing the grief of others via their own assumptions, experiences, beliefs, and expectations" (p. 4). Defining grief literacy in this way is generative in developing grief policies and grief praxis. The average bereavement policy in the U.S. provides 3 to 7 days of paid leave, depending on the immediate family relationship to the deceased person. Such policies do not account for the long-term realities of common grief-related dysregulation that I described earlier in this paper, nor do such policies extend compassion to non-Western nuclear family dynamics. We need intersectionality-informed grief policy recommendations.

Praxis

When theory, dialogue, action, and reflection are inextricably linked and inform one another, praxis is at work. What do intersectional grief literacies look like in praxis? Developing grief literacy requires intentional and invaluable intellectual labor—for those who are grieving and for those supporting grieving people. Because of the embodied nature of grief, educating people about grief *while* also grieving can be physically and mentally exhausting for those who are already managing the aforementioned complexities of grief itself. In this way, *grief illiteracy* functions as a barrier to getting one's needs met—during a time of great need. Healing and activating joy, even amid grief can be part of a daily praxis. Cultivating intersectional grief literacies creates an exciting and unique opportunity to *partner with* and *learn from* grieving Black women to explore human learning and thriving.
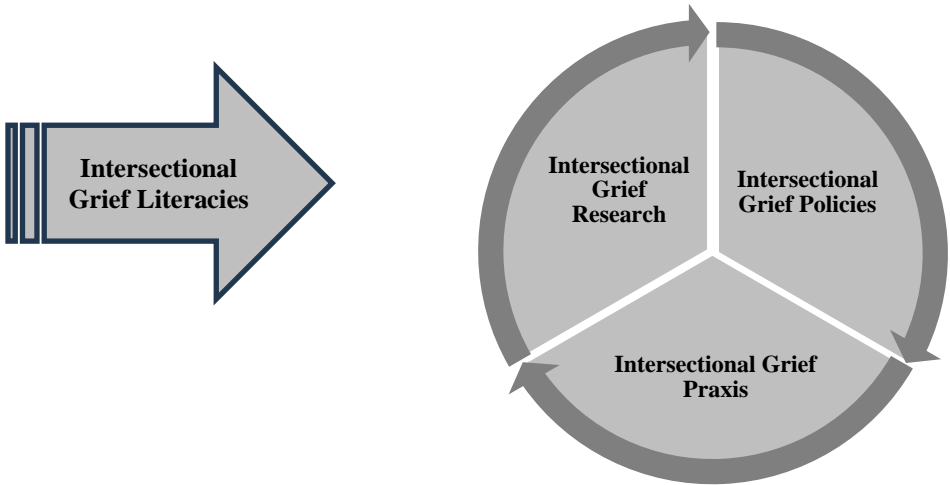
Figure 2: Features of Intersectionality Grief Studies

My interests to make Black women's grief *visible* extend the work of Breen and colleagues (2020) to attend to the *intersectional* (structural, political, and representational) needs of grief literacy and Black women's grief. I also think it is necessary to pluralize "grief literacy" to become "grief literacies"—acknowledging the multitude of ways we need to engage with bereavement and grief.

Intersectional Grief Literacies Vision

> Dear Black Faculty, [y]ou matter! As a Black faculty, you bear the labor of our institution's academic mission of preparing students for a global political economy and advancing knowledge production and dissemination. Sadly, many of our institution's missions do not pause when you experience the constant compounded racial realities of being Black and professors… However, in this moment marked by protest, unrest, and demands for Black racial justice, you can no longer afford to put our institutions' interests above our own humanity… We know that you are drained by racial battle fatigue… (Beatty et al., 2020)

> In today's America, we tend to think of healing as something binary: either we're broken, or we're healed from that brokenness. But that's not how healing operates, and it's almost never how human growth works. More often, healing and growth take place on a continuum, with innumerable points between utter brokenness and total health… each individual body has its own unique trauma response, and each body needs (and deserves) to heal. (Menakem, 2017)

In light of my personal experiences, the COVID-19 pandemic, egregious displays of anti-Black violence perpetrated against Black women, and detached institutional policies, which have consequential implications for the health and wellness of grieving Black women, I developed an *intersectional grief literacies theoretical framework* to study grief. This work is my attempt to cultivate language, tools, practices, and policies, which might support *all* people, but especially Black women faculty. Without explicitly naming and describing the ways race and racism contribute to (premature) death and grief, existing grief frameworks will continue to miss the mark in meeting the unique needs of Black women—who must learn to navigate the "intersectional impacts" (Crenshaw, 1989, 1991) of racism, sexism, and classism in addition to managing grief itself.

In this first iteration of this work, I *center* the experiences, stories, and needs of Black women who are navigating bereavement and grief with a critical lens to uncover the micro and macro-level power dynamics that shape their lives. Beyond centering Black women as valid "knowledge sources and producers" (Haynes et al., 2020, p. 771), this work leverages knowledge generated from Black women's bereavement and grief experiences to address systemic issues of power. The goal is to be attentive to the fullness of Black women's humanity in research, policies, and praxis. Future iterations of this work will carefully consider the unique histories, cultures, and intersectional bereavement and grief experiences of all Women of Color.

An intersectional grief literacies framework is warranted, especially as the pandemic has illuminated perpetual, unprecedented, disproportional, and widespread grief among Black communities. This reality influences Black women. I am committed to cultivating an intersectional grief-literacies framework to support Black women faculty in higher education. There are several grief assessment scales to measure the intensity and range of grief available in the medical, psychology, social work, and other fields. However, these assessment scales do not account for the (a) intersectionality of Black women's experiences, nor do they include the (b) stressors of the tenure and promotion process—a unique professional experience in academia, which includes conducting research, teaching, and doing service within one's field of expertise. Engaging in strategic navigation in the grief illiterate culture of academia can be detrimental to Black women educator's physical and mental wellbeing. It can also delay, if not deny, promotion and tenure.

Cultivating an intersectional grief literacies framework for Black women in higher education intends to do the multifold work of:

(1) investigating the intersectional grief needs in navigating different ranks in academia;
(2) developing precise language to describe intersectional grief needs, thereby, shaping intellectual thought, theories, and research about the intersectionality of grief;
(3) measuring and assessing the intersectional impacts of grief, especially among Black women faculty;
(4) raising awareness by educating individuals and institutions about the intersectional impacts of grief;

(5) shaping micro-level practices that support, not harm, faculty who are living with grief;

(6) developing viable macro-level institutional policies that align with the realities of grief;

(7) providing urgent direct support to Black women faculty; and

(8) mitigating future institutional harm, especially among faculty who are already vulnerable.

During my early grief days, I wrestled with a question raised by Ohito (2020): "Where would I find the time and energy to inquire into my grief and integrate my sorrowful self with my scholar self?" (p. 3). Wrestling with this question, especially while teaching a required literacy course in a racially hostile teaching and working environment was difficult. Healing racialized trauma in our bodies, Menakem (2017) explained, involves discomfort—but so does refusing to heal. And over time, refusing to heal is *always* more painful (p.19). Unhealed wounds and unresolved grief show up in destructive and unhealthy ways (Bryant, 2022, p. 15). Therefore, confronting my racialized (and gendered) trauma and grief were necessary processes in my personal healing journey. Menakem (2017) went on to explain two types of pain: clean pain and dirty pain. Clean pain, according to Menakem, mends and builds capacity for growth. This type of pain forges honesty and vulnerability. Dirty pain, on the other hand, is the pain of avoidance, blame, and denial. When the "family shape is changed forever" (Adichie, 2021), we need access to clean pain and more robust grief resources. Engaging in intensive healing work over the years prompted me to cultivate an intersectional grief literacies framework.

CONCLUSIONS & IMPLICATIONS

Grieving, especially after the loss of a close loved one, never ceases. However, our relationship with our grief evolves over time. The survivor has grief reminders with each passing birthday, holiday, anniversary, milestone, fond (or triggering) memory, smell, and/or sound associated with [her] deceased loved one, even though [she] may choose not to mention them out loud. Over time, [she] learns how to live with grief, as opposed to "getting over it." In other words, grief becomes integrated into [her] life. (Everett & Dunn, 2021)

Earlier framings of grief research defined so-called "normal grief" trajectories that clearly involved symptoms, stages, and fixed timelines. For decades, these limited and limiting approaches have informed grief research, policy, and clinical care. Many people view death as a concrete, physical transition, with discernable outcomes, and grief is perceived to be the direct consequence of loss (Wade, 2021, p. 25). However, as Wade (2021) aptly noted, "death isn't just one moment—it is a series of moments" over time. An uncontrollable grief frustration is "we don't know how we will grieve" (Adichie, 2021, p. 65), until we do. We also do not know how long we will grieve, as grief has no fixed end point. This constitutes learning a new and different relationship with grief.

Grief is the experience of loving and losing someone (Devine, 2017; Lee, 2022; O'Connor, 2022). As Black womanist psychologist and 2023 President of the American Psychological Association (APA) explained, when people experience trauma and grief, it disconnects from ourselves; but we can "create a map back to ourselves" (Bryant, 2022). For example, Wray (2003) suggested using a "family grief journal" where "family members can record their thoughts and feelings and read and respond to the entries written by others" (p. 62). Ohito (2020) developed a "Black feminist memory work" praxis of re-searching family photos and writing about them in creative ways. I developed a "jigsaw puzzling and journaling" praxis that "facilitated [and continues to facilitate] much-needed spiritual, personal, and professional healing" (Gutiérrez & Everett, 2018). Other grief researchers suggested practicing creative arts like painting, sculpting, collaging, photography, cooking, or creating graphic novels and poetry, arguing, "creative practices are balm, and a support, inside what can barely be endured" (Devine, 2017, p. 152). Overall, I am acknowledging and "creating space for grief" (Everett & Dunn, 2021). Developing different relationships with grief might be supportive in "culturally relevant" (Ladson-Billings, 1995) and "culturally sustaining" (Paris, 2012, 2021) ways.

Black women need grief-advocates in P-12 and higher education who are compassionately curious about grief and who also have the capacity to support our historically excluded identities. Future research should develop and implement "culturally relevant" (Ladson-Billings, 1995) and "culturally sustaining" (Paris, 2012, 2021) grief theories, methods, assessment tools, and resources. Such work can inform and transform Black women's relationships with their grief in ways that advance racial and gender equity in grief research. I strongly advocate for "intersectional grief literacies" to inform trauma studies in education to support internal and institutional grief transformation *within* and *beyond* schools and communities.

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