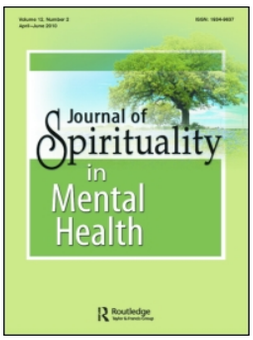

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Mothers' gardens in arid soil: A study of religious and spiritual coping among marginalized U.S. mothers with depression

Cara Curtis[a], Jonathan Morgan[b], and Lance Laird[b,c]

[a]Graduate Division of Religion, Emory University, Atlanta, Georgia, USA; [b]Graduate Division of Religious Studies, Boston University, Boston, Massachusetts, USA; [c]Department of Family Medicine, Boston University School of Medicine, Boston, Massachusetts, USA

ABSTRACT

This article reports on a qualitative, interview-based study about religious and spiritual coping among economically and racially marginalized U.S. mothers with depression. The study aimed to understand how the women interpreted and made existential meaning out of their experiences. The authors used a combination of grounded theory and narrative analysis to identify and interpret themes. Two key findings emerged: (a) narratives of distress and struggle were thickly intertwined with stories of survival, persistence, and beauty; (b) the women's words were resonant with knowledge traditions developed in Latina and African American women's theology. We discuss implications for pastoral caregivers and clinicians.

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Introduction and background

Recent surveys estimate that over 100 million U.S. residents, nearly one third of the country, live within 200% of the federal poverty level (U.S. Census Bureau, 2016a).[1] These poor and "near-poor" Americans often persist for years in a state of uncertainty about job prospects, housing stability, and access to basic resources (Carr & Wiemers, 2016; Corcoran, 1995). Women and children make up a disproportionate share of this group, with 57.3% of female-headed households living below 200% of the poverty level, or $40,180 for a family of three, in 2015 (U.S. Census Bureau, 2016b). The numbers are even starker for families of color: 65.2% of African American women-led families live below 200% of the poverty line, as do 67.0% of Latina female-headed households (U.S. Census Bureau, 2016b). These disparities reflect the long history of racial violence and discrimination in the United States (Oliver & Shapiro, 2006). Moreover, life on the economic margins takes a toll on mental health: low socioeconomic status is a strong predictor of depression and other mental health disorders (Belle, 1990; Groh, 2007; Klebanov,

CONTACT Cara Curtis cara.curtis@emory.edu Emory University Laney Graduate School, Graduate Division of Religion, 201 Dowman Dr., Atlanta, GA 30322-1007, USA.

Brooks-Gunn, & Duncan, 1994). Thus many parents in the United States, even as they struggle to keep their families afloat, must also contend with their own mental health concerns. Many, particularly those of historically marginalized racial backgrounds, come from families that have been doing so for generations.[2]

This study emerged from a desire to learn more about how these parents, and in particular mothers, understand their experiences of psychological distress. To date, most studies on women's spiritual response to depression, the majority of which are quantitative and observational, have taken place under medical auspices (Li, Okereke, Chang, Kawachi, & VanderWeele, 2016; Staton-Tindall, Duvall, Stevens-Watkins, & Oser, 2013). This research tends to focus on tracking causal pathways through which religious coping strategies, such as beliefs, affiliation, or practices, are or are not efficacious in altering health outcomes (cf. Koenig, 2015). Responding to the dearth of research on coping among women of color, particularly Black women (Heath, 2006; Hill & Pargament, 2003; Townes, 1998), in the past decade researchers have designed studies specific to African American women (Banks-Wallace & Parks, 2004; Edge, 2013; Paranjape & Kaslow, 2010; Ward, Clark, & Heidrich, 2009; Wilson, Lamis, Winn, & Kaslow, 2014). Such research is critical for bringing to light creative strategies previously obscured by racist, "colorblind" methodology.

With continued immigration and increasingly diverse urban communities, however, African American women today do not live in isolation. As Hannah (2011) has shown, economic and structural changes in America's cities have led many once-isolated ethnic communities to live side-by-side, often blurring the lines of racial and cultural identification upon which demographic surveys continue to rely. Further evidence suggests that spirituality and religion are important to the mental health strategies of diverse groups of marginalized women (Musgrave, Allen, & Allen, 2002; Nadeem, Lange, & Miranda, 2008). Responding to these lived realities, researchers need to examine the mental health attitudes and spiritual coping practices of women of different racial backgrounds side-by-side in order to observe both differences and commonalities.

Previous research has also suggested that women's mental health is adversely affected, not only by poverty and racial discrimination, but also by income inequality and the resulting stigma against poverty in high-income areas (Belle & Doucet, 2003). With rising gentrification in cities across the United States, urban life is increasingly characterized by this kind of stark inequality—often an exacerbation of decades-long histories of discrimination and disparity (Glick, 2008; Hwang & Sampson, 2014). Given the primarily quantitative approach of previous research on women's spiritual coping, research reporting on emic understandings of religious coping among marginalized mothers in these situations is lacking. We need to hear from

women themselves about their lived experiences of depression and their strategies for persistence and healing. As Erica,[3] one of our participants, put it, "it's actually like reality, what we all going through …'cause, you just circling something [e.g., on a survey], you still holding something in."

To help elicit and understand this "something," in particular the places in their lives where women connect spirituality and mental–emotional distress, this article adopts a phenomenological stance. Over the past three decades, anthropology's phenomenological school has argued for an ethnographic approach that attempts to understand participants' life worlds as they understand and experience them—rather than using external categories and values (see Desjarlais & Throop, 2011). It is thus particularly well suited to topics like cross-cultural experiences of illness and religion, often misunderstood by Western and/or middle-class researchers. Phenomenologists have pushed the social sciences to acknowledge bodily experience (Csordas, 1990; Jackson, 2013), shown the importance of analyzing religious healing from the perspective of practitioners (Csordas, 1997; Knibbe & Versteeg, 2008), and decentered biomedical explanations for illness from their usual default position in contemporary dialogue (Barnes & Laird, 2008; Good, Brodwin, Good, & Kleinman, 1994). They have emphasized the role of narrative in helping create order out of the chaos of sensory input and illness (Frank, 2013; Kleinman, 1989; Mattingly, 1998), yet also cautioned against flattening lives into smooth, individualistic narratives of wellness and rupture (Kleinman, Das, & Lock, 1997). Together, these phenomenological voices argue that researchers must be open to the variety and complexity of first-person experiences when attending to lived realities of illness, trauma, and oppression. Further, they affirm that marginalized and non-Western communities (both within the United States and without) may hold complex explanatory models for what biomedicine considers "illness" as well as highly developed understandings of how to address or persist within these experiences of suffering.

This article builds on this conversation with particular emphasis on the existential lives of economically marginalized mothers. In recent years, social scientists have drawn attention to motherhood and the effects of increasing economic insecurity on women's parenting. These studies have shown how increased economic precarity often influences nearly every level of a woman's daily experience, from media consumption (Wilson & Yochim, 2017) to the mother–child relationship itself (Villalobos, 2014). As yet, however, we know little about the impact of this economic insecurity on women's spiritual lives. Further, most research has focused primarily on White, previously middle-class families. Among historically marginalized racial groups, sociologists have shown how disproportionate surveillance and mistrust faced by low-income mothers shapes their life worlds (Bridges, 2011, 2017; Edin & Kefalas, 2005). Again, however, researchers have yet to explore the possible connections

between these realities and spiritual and religious beliefs and practices, as well as women's perceptions of their mental health. Among scholars of religion studying motherhood, numerous authors have argued for the importance of everyday, lived religious practice—as opposed to doctrine alone—in the spiritual lives of women who parent (Bischoff, Gandolfo & Hardison-Moody, eds, 2017; Miller-McLemore, 1994; Oh, 2010; Sullivan, 2011; Thomas, 2001). As noted previously, however, little has been written on marginalized women's qualitative perceptions of mental illness diagnoses they have received, in particular how their spiritual and religious beliefs interact with these perceptions.

Finally, within the aforementioned research in anthropology, women's health, and religious studies, we find interpretive guidance for our analysis in certain forms of theological and ethical work by African American and Latina women. This work, which includes artists and multidisciplinary scholars who self-identify as Black feminists, Womanists,[4] Latina feminists, and *mujerista* theologians[5] builds from the knowledge of survival and persistence developed by women in marginalized communities in the United States. While this knowledge has developed and gained recognition in the academy only in recent decades, it reflects centuries of accumulated expertise on how to survive and, at times, create spaces of beauty and mental health in contexts of colonialism, slavery, racism, and structural violence. Alice Walker, originator of the term "Womanist" which has been developed extensively by African American women, famously wrote of the power of discovering and claiming the wisdom of her forebears: "Guided by my heritage of a love of beauty and a respect for strength—in search of my mother's garden, I found my own" (1983, p. 243). Walker's experience, while pivotal, is just one instance of the enduring power of this knowledge. Across geographies of marginalization, they collectively represent a "mother lode" of expertise, as Stacey Floyd-Thomas (2006b) has put it, referencing both the trove of information in marginalized knowledge and the fact that mothers pass down this knowledge to their children. In our analysis that follows, we read the narratives of the women we interviewed in conversation with theological work by African American and Latina women, reflecting the backgrounds of the majority of our participants. In bringing this knowledge into a multifaceted interpretive frame, our aim is to move towards "thinking-with" our research participants, as mujerista theologian Ada Maria Isasi-Diaz has put it (2012, p. 44), rather than merely "thinking-about" them.

Methods

Participants and research team

The participants were 13 (N = 13) low-income mothers living in the greater Boston, Massachusetts metro area during the time of the study. The women

were recruited from a previous study on maternal depression among low-income women (Feinberg et al., 2012), and shared four basic criteria. For the original study, all had been recruited from the Head Start (federally funded preschool) centers that their children attended, meaning that at the time of their recruitment their incomes fell below the federal poverty level or they met other criteria (e.g., receiving social security income, housing insecure, or foster family; Benefits.gov, 2017). All screened positive at that time for either a full depressive episode based on the Mini International Neuropsychiatric Interview (MINI-MDE) questionnaire (Lecrubier et al., 1997) or "depressive symptoms" based on a modified Patient Health Questionnaire (PHQ-2) scale (Löwe, Kroenke, & Gräfe, 2005). Additionally, we narrowed selection criteria to include only mothers who spoke English and who had indicated use of spiritual/religious coping by answering positively to at least one of the following two items on the Brief COPE scale (Carver, 1997) administered by the original study: "Item 22. I've been trying to find comfort in my religion or spiritual beliefs," and "Item 27. I've been praying or meditating."

The research team was comprised of the authors of this article. All of us are White, middle-class, and have backgrounds in religious studies. The first author, a White woman, conducted and transcribed the interviews. The second and third authors are White men. All three authors participated together in designing the study as well as in coding and analyzing the interviews. We were frequently aware of our own positionality and the limitations it might cause us both in data gathering and interpretation, and discussed this throughout the process. We have done our best to be self-reflexive, and to interpret our findings in conversation with the literatures and knowledge of the communities we studied (see Kim, Yang, & Hwang, 2006 for an explanation of a similar approach in cultural psychology). Nevertheless, our primarily "outsider" status likely still functioned as a limitation in our research.

Procedure and measures

The study was approved by our university's Institutional Review Board before any research activities began. Once a participant was identified as meeting the aforementioned criteria, the first author recruited her by phone for a one-time interview that included both qualitative and quantitative elements. Interviews took place in participants' homes or other nearby locations, at times convenient to them. Before beginning the interview, the interviewer explained and reviewed our informed consent form with each participant. We began the interview process with a brief demographic survey, administered verbally, asking: (a) participant's age, (b) number of children and their ages, (c) religious tradition(s) currently self-identified with, if any, and (d) self-identified race.

After the demographic survey, the semistructured qualitative interview began. The interviews focused on four key domains: mothers' explanatory models for their stress and depression symptoms, their spiritual and religious coping practices, their experiences of motherhood, and their attitudes and beliefs about mental health. The qualitative portion of the interview was audio recorded and lasted an average of 45 minutes. Additionally, after the recorded interview, the interviewer administered the Stressful Life Events Screening Questionnaire (Goodman, Corcoran, Turner, Yuan, & Green, 1998), a quantitative measure of past traumatic history. The women had the option either to have the questionnaire read aloud to them or to fill it out themselves. At the end of the interview, participants received a handout with information about local resources and free activities for families, and a thank-you card.

Data analysis

As soon as possible after each interview, the interviewer wrote several paragraphs of field notes (Emerson, Fretz, & Shaw, 2011) describing observations about the setting, impressions about how the interview had gone, interactions that had happened when the audio recorder was turned off, etc. These notes helped to contextualize the interview data. The interviewer transcribed all recordings verbatim (all "um," "like," etc. words included) within two weeks of the interview and spot-checked the transcription for accuracy during this process. In this article, quotations from transcripts have been reformatted with extraneous words and false starts deleted to facilitate easier reading.

We used QSR International's NVivo 10 Software for Macintosh to analyze interview transcripts, first through a grounded theory approach (Charmaz, 1983) to identify themes and then using narrative analysis (cf. Riessman, 1993) to explore these in further depth. We coded transcripts individually and met regularly to discuss and refine emerging themes. Once all interviews were complete and key themes had been identified across the study sample, we undertook an in-depth narrative analysis of every transcript to understand better how these themes were functioning in the stories of each individual woman. We constructed narrative outlines of each interview and wrote a memo for each woman, discussing how her narrative related to the overall themes that had emerged. Finally, we created a summary spreadsheet of key themes as expressed by each woman that allowed us to step back and see the overall shape of our data and the results that showed most prominently.

Results and discussion: Mothers' gardens in arid soil

Head Start serves a wide-ranging cross-section of low-income families, and our sample reflects a diversity of ethnicities, religious affiliations, and approaches to depression (see Table 1). Five women in the study self-identified as African

Table 1. Participant information (self-reported).

Participant (pseudonym)	Age	Children	Religious tradition	Race
Sandra	47	Four grown children, 4 grandchildren	Pentecostal	African American
Erica	27	One child, age 5	"Spiritual person" but not religiously affiliated	African American
Kiah	29	Two children, ages 6 and 18 months	Not religiously affiliated	African American
Raya	29	Five children, one of whom died at birth	Raised Catholic, in process of converting to non-denominational Christian	Latina (several Latin American identifications)
Jeanette	25	Three children, ages 6, 5, and 12 months	Catholic	Latina
Louise	50	Four grown children, one grandson age 5	Catholic	White
Angelica	26	One child, age 4	Baptist	Latina (Brazilian)
Mary	31	Three children, ages 2–11	Raised Catholic, later converted to nondenominational Christian	Latina (Belizean)
Rose	30	One child, age 6	Raised Catholic, later converted to nondenominational Christian	Latina (Puerto Rican)
Lauren	24	One child, age 5	Baptist	Multiracial (African American, Native American, and "Caribbean" (roots in Barbados)
Lisa	39	Three children, ages 24, 18, and 3	Catholic	Multiracial (unspecified)
Naomi	26	One child, age 5	Catholic	African American
Tanya	23	Two children, ages 4 and 2	Christian (nondenominational)	African American

American, five as Latina, two as multiracial, and one as White. Four women identified as nondenominational Christians, four were Catholic, two were Baptist, one was Pentecostal, and two were religiously unaffiliated. Two were grandmothers who were the primary caregiver for at least one grandchild; the rest were biological mothers. Nevertheless, certain common experiences united the group. All women in the study shared the experiences of raising young children, having depressive symptoms, and living with limited financial resources in a city whose median rent at the time of the study was the third highest in the nation (Capperis, Ellen, & Karfunkel, 2015).

Widespread histories of trauma

Additionally, as the interviews and subsequent trauma questionnaires drew out, experiences of loss and violence were very common within the group. The SLESQ trauma screen is scored from 0–13, based on its 13 primary questions (covering sexual assault and molestation, emotional and physical abuse, and other traumas) with each "yes" answer counting as 1 point—one type of trauma, which may have occurred many times in a woman's life. The survey asks respondents to elaborate on each "yes" answer. A summary of

participants' SLESQ scores appears in Table 2. In our study, two mothers reported scores of 0, and scores reached as high as 9. Notably, this measure can only convey a broad overview of respondents' traumatic exposure—a lower score does not necessarily equate to reduced suffering. Louise, for example, scored a 1 on the SLESQ. That 1, however, represents her history of being raped multiple times by her friend's brother at the age of 13. Yet despite the relative bluntness of the survey tool, Table 2 makes clear that histories of trauma were widespread among participants in our study. The most common types of traumatic exposure were emotional abuse (n = 10); having had an immediate family member or partner die by suicide, homicide, or accident (n = 6); physical abuse as an adult (n = 6); and being present when someone was killed or severely assaulted (n = 6).

These results emerged as well in stories told during the interviews: while women tended to avoid describing physical violence they had experienced personally, they frequently named both physical violence they had witnessed and structural injustice they had experienced as fundamental sources of their sadness. The examples that follow are typical:

> Last year, my fiancé, he was arrested, so he's been in there [prison] since. And since then it's just been a stressful, a stressful, even to, you know, going to visit him, I've been through things. There, with the correction officers treating me like I'm a prisoner instead of as a visitor. So, I've been going through things. (Kiah)

> It's hard to find a place nearby or a lease that I can get in with the T [public transit], at a reasonable price, and I'm a single mom. So, even though I'm living with [my child's] father, we are not in a relationship. … [To cope,] I breathe most of times. I cry, to vent. That, mostly. Sometimes, I may even pray. (Rose)

> It just keeps on going, going, going. It'll be two years soon, I had a best friend who passed away. [She later shares that he was shot and killed.] And, I miss him, and I feel like when he was around, it was no stress. No stress. I felt beautiful, I had weight. I had weight, a good weight on me. Happy weight. And, I felt like once that happened, and then, my mom being diagnosed with multiple sclerosis, the stress just always stayed, it never went. I try to remain happy, but it's stressful. (Lauren)

As Lauren's reflection here exemplifies, very often multiple stressors arose either simultaneously or in rapid succession, and the women viewed struggle as a likely, if unjust, long-term reality (cf. discussion of "la situación" as description of long-term suffering among Salvadoran women refugees in Jenkins & Valiente, 1994). The hits just kept coming: as Kiah puts it, "I've been going through things." There was little discussion of chemical imbalances or PTSD, despite a general familiarity among the women with therapy and pop-psychological language. Thus, within a diverse group of women, a common understanding emerged of the symptoms that had been diagnosed as depression: these feelings were situational but unavoidable, the product of

Table 2. Participant exposure to trauma—SLESQ survey.

Variable	Sandra	Erica	Kiah	Raya	Jeanette	Louise	Angelica	Mary	Rose	Lauren	Lisa	Naomi	Tanya	Total frequency
Had life-threatening illness?				1										1
In life-threatening accident?									1					1
Physical force used against you in robbery?	1										1			2
Has close family or partner died by suicide, homicide, accident?	1		1				1		1	1			1	6
Forced sexual intercourse (including oral/anal)?	1		1			1					1			4
Other forced touching?	1		1								1		1	4
Physical abuse as a child?	1			1					1				1	4
Physical abuse as an adult?	1	1	1	1						1			1	6
Emotional abuse, as child or adult?	1	1	1	1	1		1		1	1	1		1	10
Threats with knife or gun any other time?	1		1										1	3
Present when someone killed or severely assaulted?	1		1	1	1				1				1	6
Other time where felt life was in danger?														0
Other extremely terrifying experience?				1							1			2
Total score	9	2	7	6	2	1	2	0	5	3	5	0	7	

chronic trauma or stress that originated outside themselves but which they nonetheless often had little ability to control.

Mothers' gardens: Responding to trauma with the knowledge of marginalized communities

Yet despite this common context of deep loss within a hostile world, faith, hope, and even joy remained in the women's lives. These moments of hope were often thickly intertwined with a chronically traumatic backdrop, but participants did not allow them to be subsumed or forgotten. As noted previously, our understanding and interpretation of these difficult-yet-hopeful narratives has been enriched by reading them in conversation with African American and Latina women's theologies and ethics. This lens informs our analysis as a whole. To begin, however, we present two initial passages from interview transcripts here to illustrate how this knowledge can be important to understanding marginalized women's narratives.

The first is from Sandra, an African American woman in her late 40s. Here she describes the period when her former drug dealer forcibly took up residence in her home, and the friend who helped her move forward:

> I didn't want no light, no sunlight, I didn't want no windows open, no just—in fact, I'ma paint the house black, a brown, a doodoo brown, and it was like, 'cause inside of me, that's how I felt. I felt hopeless, like it was no, no help for me, no way out for me. … And then, I met this lady that has 26 years clean. That came and would take me to meetings, me and my kids, she would take me out, after to eat, we would talk about certain things, we would go to church; we would just do a lot of things together. You know, she would take me with her shopping, and she would be pulling out credit cards and debit cards, shopping, and I was like, "Wow, I want to do that!" Because I never was able to do that, you know. And just being with her, watching how she did things to get to that point, I ended up being able to do some of those things, too. And it was like wow, ever since, I've had some falls since then, but ever since, my spirit has been up.

Stories like Sandra's are powerful, and while phenomenological and narrative analyses can help draw out an understanding of what is truly important to her, there is another important angle to this passage. Sandra's emphasis on her own experience as a site of deep beauty and growth, even within persistent struggle and marginalization, is resonant with many African American women's theological writings, in particular those of Womanist authors. Womanism, a form of Black feminism created by and for Black women to give voice to their own experiences in church and society, has consistently emphasized Black women's prioritization of hope, vision, and movements toward health, even in contexts of extreme brutality. Emilie Townes writes that a Womanist ethic must "retain its passion, its commitment, its vision, its hope" even amidst struggle (1998, p. 176), while Monica

Coleman argues that the key Womanist trope of "making a way out of no way" entails not only survival but "quality of life" and "liberating activity" (2008, p. 33). By placing Sandra's story in conversation with this tradition, we not only highlight these resonances, but also set her story in a larger cultural and structural context.

The second passage is from Angelica's interview. Angelica, the 26-year-old mother of a 5-year-old son, spoke proudly about her Brazilian heritage and Baptist faith.

> *Angelica*: I do pray outside of [my daily prayer time], usually before I get up, I usually do my prayers in bed, and then I'll try to do it before I go to bed at night with my son. And a lot of times during the day—I'm a house cleaner, so a lot of times I'm in the car, I'm eating as I'm driving, so a lot of times I don't have the time to really say grace right, the right way, when I'm eating. But when I'm eating at home, if I'm having a full meal, or even if we're having breakfast or whatever, I always try to say grace in that, we should be grateful for what we have.
> *Interviewer*: Right, so it sounds like it's really kind of all …
> *Angelica*: Like an all-day thing.

There are many things to notice in Angelica's reflections, but read alongside Isasi-Diaz's (1993) mujerista theology, two themes become central: the sacredness of everyday moments, even amidst the contingencies of life as a parent and low-wage laborer, and the importance of attending gratefully to these moments. Isasi-Diaz (2012) argued that this emphasis on the everyday, *lo cotidiano* in Spanish, is fundamental within the spirituality and existential outlook of "grassroots" Latinas living in the United States. It is also, according to her, a space where Latinas assert their agency, and can be the initial site of change either in one's own life or in broader social structures. She wrote:

> Lo cotidiano, then, refers to the space—time and place—which we face daily, but it also refers to how we face it and our way of dealing with it … lo cotidiano is a powerful point of reference from where we begin to imagine a different world. (2012, p. 49)

In her previous quotation, Angelica does not overtly articulate a vision of a different world, but she is clearly using her everyday as a place to express, even amidst the flow of stress, some of her most sacred values: prayer, thankfulness, teaching her child, holding space for her family. Again, this becomes particularly visible alongside knowledge developed within marginalized communities.

Given the insights that these examples demonstrate, the writings of African American and Latina feminist thinkers are crucial in helping to frame and guide our analysis. Bringing Latina and African American women's voices together is an intentional choice that both reflects the

demographics of our sample and highlights what Maria Lugones (2012) has called the "coalitional" positionality of women of color. Arguing that women of color across backgrounds share a baseline experience of living under the White, patriarchal gaze, Lugones writes, "[t]hat social linking forms us. It commits us to learning about each other and thus to encompass in our imagination the multiplicity of the powerfully oppressive constructions of the social and of the infrapolitically resistant collectives" (2012, p. 71). It is certainly important not to elide differences across or within racial and ethnic categories—in our data presentation we have taken care to note the nuanced specificities of racial and religious self-identification that the women named (see Table 1). But as Lugones argued, and the aforementioned conditions of hyperdiversity make clear, it is also dangerous to balkanize women's experiences into racial subgroups that cannot speak to each other. Thus, in our analysis, we aim to tread thoughtfully: bringing the insights of both Latina and African American women's theologies to bear while also attending to the specificity of individuals (see Trinidad Galvan, 2001, for a similar analysis). As White authors, we write as outsiders to these traditions and do not aim to speak on behalf of them. Rather, we hope to show that outsider clinicians, pastoral care providers, and researchers like ourselves can improve our work and care delivery by becoming more familiar with these knowledge lineages.

It is important to also note briefly that we had one participant, Louise, who identified as White. In many ways, Louise's experience did not appear to differ greatly from the other women we interviewed. She was a grandmother whose daughter was dealing with drug addiction, and she had had custody of her grandson since his birth. She, too, spoke of perpetual struggle and small triumphs as she worked to make ends meet. However, despite the fact that she lived in a diverse apartment building at the time of the interview, her context of origin was White, working class, Catholic South Boston. In our analysis that follows, we do not attempt to conflate Louise's experience with those of our other participants: race matters, both in received family knowledge and daily experience. We do however include her voice. Louise may not be drawing on African American or Latina knowledge traditions in the same sense as some of our other participants, but neither are her experiences entirely discordant from these. As with all the women in the study, we are mindful of how each participant brings her own unique set of circumstances and how she contributes to the chorus of themes we discuss next.

Theme 1: Small social support networks in a hostile world

The idea of "social support" has been lauded as a key benefit of religious coping in the medical literature (Chatters, Taylor, Woodward, & Nicklett, 2015; George, Ellison, & Larson, 2002; Reid & Taylor, 2015). In our study, participants did rely on interpersonal social and spiritual support, but not in

the context of a faith community. Rather, the women found support in individual friendships that they cultivated, and sometimes curated, with great care. Sandra, the woman who had overcome an addiction to crack cocaine, described the friend who mentored her during her recovery as "an angel":

> 'Cause at one time I thought I was gonna die a crackhead. But you know, just having that, God put that one somebody in my life at that time, which was like my angel, she was like an angel, and she pulled me up out of that dark hole that I didn't think I could get out of, and I just ain't looked back yet.

Lisa, a multiracial woman in her 30s with a disabled son, described having a group of casual friends who did not understand her level of stress and whom she did not trust as confidants. However, there was one friend who broke the mold:

> [I deal with things] kinda mostly on my own. But I do have a friend that I reach out to. Who gives me positive advice. Even if she don't like it my way, she'll say, "Okay, I'm with you. But, let's see." And she's somebody, believe it or not, I really don't talk to until I have problems. But she's very acceptable with the way, she always says, "I already know you're dealing with so much, you're not gonna pick up the phone and say hello." So, she says, "That's why sometimes I just text you: 'Hey, I'm here.'"

Other women described close relationships with elder female relatives, friends who were "very spiritual," even a primary care doctor. These "spiritual friends" were not typically trained clergy, yet like Sandra's angel friend, were often described as spiritually knowledgeable or significant ("She's been in her prayer … she meditates," said Mary of her confidant). Small yet potent, these support networks provide a distinct angle to Lugones's (2012) idea of the "coalitional" identity of women of color: these coalitions may be extremely small in some cases, yet they can still provide vital opportunities for emotional support and spiritual growth. This growth, moreover, emerges out of the relatively mundane interactions of their *cotidianos* (Isasi-Diaz, 2012): going shopping, sending a text. Small coalitions in women's daily lives help make survival possible.

Moreover, some participants felt it was important to carefully curate their support networks, because the wider world was hostile, and many had been deeply hurt—as their trauma histories suggest. For these women, this guardedness became part of their spiritual and religious practices. Raya spoke approvingly of a friend who had taught her to "really read" the Bible, with a "pure heart," in contrast to many people who claim to be religious but have false motives: "everyone might say they believe in God, but not everyone's trying to do what God is asking them to do." Lauren said that she intentionally only asked her mother and close friends to pray for her, because others at church might "pray for me not to get what I want, or harm against me."

Lauren's recent life had involved a series of betrayals and losses, from a close friend shot and killed to an abusive expartner, and she organized her world by trying to discern who was safe and who was potentially harmful. The Womanist idea of "making a way out of no way," emphasizing pragmatic survival strategies and finding forms of beauty in highly oppressive contexts, allows a somewhat optimistic interpretation of Raya and Lauren's actions: they are using the tools available to create pockets of a livable life. And yet the emphasis on justice in both Womanist and Latina feminist work also calls for an accounting of the power structures that led these women's relational worlds to be so circumscribed. What structures would need to be in place for women like Sandra to not have to wait for an "angel" to pull her out of drug addiction? What would it mean to take the women seriously and acknowledge that their world is hostile—and what would it look like to change that?

Two women extended their small relational networks into the transcendent realm, with God understood as the ultimate supporter who would never betray or hurt. Tanya, the survivor of multiple abusive relationships, described the comfort of a Christian meditation exercise in which she worked with the image of Jesus as a "lover," a patient and comforting partner who cared for her endlessly. "Jesus is my lover, he's holding me, he's, you know, chanting [to] me, or telling me to calm down … it helped me a lot." For Mary, dialogue with God helped her persist in stressful moments at a low-wage job with an abusive boss: "I talk to Him more when I'm like, when I'm sweeping, or to myself … a bad thought comes in, I talk to Him and ask him, you know, 'Give me the strength to, like, send it someplace else.'" To outsiders, it may be tempting to view these practices as unfortunate: the efforts of isolated women to create social support where none is available. Certainly, within African American and Latina feminist writings, there is a place to critique the social systems that have let them down. Yet looking phenomenologically, it is important to note in Mary and Tanya's words the soft but insistent theological claim of their own righteousness: God is with them, in support of them, giving them the strength (in Mary's words) to move forward. Including God in their small circles of support helps them "[pull] the promise of the future into the present," in Emilie Townes's words, offering a foundation for making a way toward new possibilities (1998, p. 179).

Theme 2: Unending battles and struggles

The theme of small networks in a hostile world, in which the women affirmed healthy connections in their lives even in a broader context of violence, shows clearly the pull between stress/struggle and hope/persistence that characterized the interviews as a whole. Theme 2, unending battles and struggles, is similarly two-sided: participants' worlds were filled with

structural and personal obstacles, yet they kept pressing forward and working to carve out livable spaces for themselves and their children. Lisa articulated this constancy most clearly, speaking of a time when she was laid off and then found herself in a battle to secure her son's special education services: "My life; it seems like one just comes after another. So it's not, no time to deal with just one. It's like you have to just knock it out and keep it going." While Lisa here speaks for herself, Isasi-Diaz affirms that this understanding of living in a perpetual battle is common to many Latina women. Explaining the title of her seminal work *En La Lucha/In the Struggle* (1993), she wrote:

> A small but common indication of [the centrality of struggle] is how to the casual question, "How are you," grassroot Latinas commonly respond just as casually, "*Ahí, en la lucha*," there, in the struggle, instead of the "fine, thank you" which we are accustomed to hear. (1993, p. 168)

To struggle, to battle, is an assumed condition of existence in this understanding. But this is far from passive acceptance: as Lisa says, the thing to be done is "knock it out" and "keep it going."

While some battles were purely personal, others were entangled with structural factors like bias or low wages. Jeanette, a Latina mother, found herself in a battle with her six-year-old son's school, where he had been burned by a heater but never treated:

> I was really mad. Because they didn't call me, they didn't tell me. They didn't tell me about it or nothing like that, so, I called in the school and I told them, you know, something happened with my son, and you didn't—that nobody had told me about it. So I was mad because of that, but stressing, because they was trying to blame me, like, if it happened in the house.

For Jeanette, an already upsetting incident became an extended fight because of the school officials' negligence and their false suggestion that she was involved in harming her child—a suggestion weighted by a history of disproportionate child-protective involvement in families of color (Hines, Lemon, Wyatt, & Merdinger, 2004; Roberts, 2002). Other women described internal battles about whether to remain in low-wage jobs when time could be better spent with one's young children; or to manage ordinary tasks like carrying groceries with children in tow and no second caregiver. As Kiah said after describing this latter task, "It feels overwhelming … it feels like a battle that you know you just can't win." Mundane though these battles sometimes are, their constant and seemingly unending presence adds up to an experience of reality that is psychologically and existentially exhausting. Life *en la lucha* may not be passive, but fighting is taxing. Structural evils trickle down into real lives, transforming everyday struggles into clashes that can feel war-like and interminable.

Indeed, Kiah extended the "battle" metaphor to the cosmological realm, in a parallel move to Mary and Tanya's extension of their social support

networks to include the divine. Explaining how she reconciles the great number of hardships in her life, Kiah explained that "this world belongs to Satan himself" and that "it's just supposed to be problems and chaos, no matter what." However, as she described the struggle of the current world, she was also quick to emphasize that "one day there will be heaven on earth." There may be chaos now, but she understood this to be the struggle before God comes to redeem the world. At that point "everything will be great … everybody just, you know, getting along and no, no death, no violence." At the cosmological level, Kiah moved between these two poles: the world is full of struggle now, because it belongs to Satan, but one day God will make it better—at least that is where she finds hope. As cosmic and even escapist as Kiah's hope may sound, in her daily life, this vision is thickly intertwined with the reality that she keeps going, keeps battling, day after day. It is a belief that helps to sustain her in her real life. Kiah embodies Womanist hope as she pulls the promise of the future into the present (Townes), feeding her children and teaching her daughter how to be an independent woman. All of this takes place within the category of depression, a label that here seems to mask the complexity involved in navigating life on the economic margins. Throughout participants' lives the battles and struggles just kept coming, as Lisa put it, sometimes dragging them into deep frustration, sadness, and exhaustion and other times inspiring a spirit of determination. They managed to keep going through creativity, sheer grit, and love for their children. As Kiah put it, "at the end of the day, my kids can't wait for me to get over my stress … you're the battery to what keeps it going, so without it, nothing's gonna work."

Theme 3: Self-narratives that organize, affirm, and motivate

Though Kiah was unique in the degree to which she tied her battles to a cosmological schema, her words point to a broader theme in the women's stories: the centrality and depth of overarching narratives about their lives as a strategy of persistence. Writing about the category of experience after fieldwork at a homeless shelter, anthropologist Robert Desjarlais (1994) suggested that researchers need to rethink the universality of the term. The immediacy and repetitive brutality of daily life among shelter residents, he found to his surprise, did not permit the level of "reflexive depth, temporal integration, and a cumulative transcendence" that has traditionally been understood to constitute experience. He even concluded by wondering whether "the poverty, transience, and contingency that increasingly characterize life on the fringes of postindustrial societies suggests that experience might become, at least in some circles, a relic of the past" (1994, p. 898). While this chilling prediction may have come to pass in some circles, the women in our interviews responded to transience and contingency in the

opposite way, using rich and complex narratives to make sense of their lives. Some women such as Kiah used frameworks involving the supernatural, while others simply made rhetorical use of organizing mantras or key life events, but nearly all had well-developed methods for interpreting the often-tumultuous events of their lives. Louise, who was raising her grandson alone, used the repeated phrase "my grandson keeps me going" to frame her stories of resisting relapse into depression and drug use. In one typical instance, contrasting her current situation to a depressive episode a few years prior, she reflected:

> But now, I now know how to deal with it. I know [grandson's name] keeps me going, period. I know I have to go on because I have him. I have no other choice. When my brother passed [triggering the previous depression and addiction], all my kids were old enough to take care of themselves, I didn't have the baby; I was here by myself.

Lisa continually interpreted her reactions to current challenges through the lens of having to "grow up fast" after she became pregnant at age 14 and her mother offered little support. In the context of a conversation about how she handles stress and her resistance to asking for help, she explicitly made this connection:

> So, I already had the thing of doing things on my own. I was very independent at a very young age, I had no choice to do these things, and, like I said, my mother was like a bull. She was not, she had babies: you got 'em, you gotta do for you. So it was like, "okay." So, I had to do it.

In these cases, the mothers' internal narratives help organize life and make sense out of what might otherwise seem like chaos, helping them form internal "experience" that aids in persistence.

For some mothers, internal narratives shifted beyond the function of organizing or explaining, and helped them construct a trajectory of motivation and transformation: coming to see themselves as stronger and more capable than they had thought, and than society viewed them. Theologian and philosopher Mayra Rivera argues that this type of practice is not only a psychological strength, but also an important strategy of marginalized people around the world: "People whose bodies are marked negatively in the society in which they live intentionally seek to produce alternative models for being a body and create communities guided by them" (2015, p. 148). These kinds of "affirmative forces" cannot directly stop the violence that assails marginalized communities, she acknowledges. "But the creative forces of affirmative practices may strengthen my capacities to survive negative forces, when possible, to analyze and challenge them, and to support the most vulnerable" (2015, p. 149).

In our data, constructing internal narratives of motivation and growth was a key "affirmative practice" for participants. Events that were traumatic or

displacing at the time that they happened—such as unexpectedly becoming a mother—were often the ones that were taken up to form the heart of a narrative of growth (Dorsey-Nanoff, 2005 and Seeman et al., 2016 found a similar phenomenon with the groups they studied). Rose, who had never expected to become a mother and had previously led what she described as a "life of partying," narrated her transition to motherhood in this way:

> I felt the biggest responsibility in the world. Like, it wasn't the biggest love in the world. Not yet. It was the biggest responsibility of the world. Like, "Oh my God, I have to take care of this little human and make sure he comes out alright!" So the thing is, you change. You change as a person. I was not this person seven years ago. I wasn't. I was a whole other person. And it's amazing how you change. And for the better, because you understand that you have to leave them with something good.

Although Rose here uses a universalizing "you," it is clear that she has done considerable interpretive work for herself. Not only did she come to love her son; she also shifted the story she told about herself. In her mind, she has become "a different person"—a person who can handle the many challenges that come her way. Even though on a small scale, this is arguably a powerful instance of Rivera's notion of surviving and challenging negative forces such as the stereotyping and lack of support afforded to low-income U.S. parents.

For other women, other moments of crisis became sits of self-transformation: Sandra, quoted previously, constructed her narrative along the trajectory of her escape from drug addiction. Tanya had attempted suicide two years earlier and told her story around the theme of turning past difficulties into opportunities for learning:

> They had a parenting group [at my son's school], and they were big on letting me know, cycles don't have to continue to be a cycle. And my spirituality also emphasized that the past doesn't have to determine your future. There can be an intervening place somewhere, where things can turn around, and it's not necessarily just one defining moment. It's an everyday, you work at it, and even if you make a mistake, you catch yourself, you fix it, and you move on, kinda thing. … And even if one day, I'm short with my kids, and I don't have that much patience with them, and they feel that, there's always another day, there's always another moment where I can step back, realize how I'm feeling, and just change my [behavior]. And being able to be in my home with my kids, and them being able to witness me correcting myself like that? That makes me feel good, 'cause it lets me know they know that there are mistakes and you can correct them.

Tanya and Rose's stories point to a final key element of many of the women's internal narratives: the project of cultivating oneself as a mother, and in turn one's children, toward a conception of the good. While social science literature has focused intently on wealthy parents as "concerted cultivators" of their children's lives through education and extracurricular experiences (e.g., Lareau, 2011), research on marginalized communities tends to focus on their

limitations and lack of agency. Certainly, the women in our study face structural barriers and worlds of violence that significantly shape their lives. Yet like the African American parents in Cheryl Mattingly's (2014) study of families of children with chronic health problems, they also viewed themselves as moral agents whose goal was to work toward living a better life. In the project of internal narratives, in particular in Rose and Tanya's reflections, we can see a clear and conscious movement to assert moral agency through the women's cultivation of themselves and their children. Rose feels the weight of "the biggest responsibility of the world," and works hard to become "a whole other person." Tanya relishes the opportunity for her children to "witness me correcting myself," thereby bringing them into the project of cultivating a new and better self—creating and embodying an alternative model, in Rivera's terms. Inspired by their children, rather than "resistance" to oppressive structures alone, Rose, Tanya, and the other mothers persistently cultivated their lives toward the hope of flourishing.

The women in our study thus not only persisted in cultivating their "mothers' gardens," but found a way to grow healing remedies out of rocky soil. They created organizing mantras or whole alternative narratives that allowed them to live in the face of multiple forms of violence in their lives. They cultivated themselves as mothers at the same time that they nurtured their children. The creativity of each of their strategies—small interpersonal networks, rhetoric of battling, and self-narratives of affirmation and growth—should clearly not be used as an excuse for complacency in addressing the structural violence that they faced on a daily basis. And yet as clinicians, pastoral care providers, and researchers, they are worth understanding as we strive to better partner with women experiencing poverty and trauma.

Summary: Struggle and persistence

A central finding of this study is that in the context of profound losses, violence, and systemic oppression that often made the world seem hostile, women cultivated complex strategies that allowed them to carry on. Moreover, analyzing these words and actions in light of Latina and African American women's theologies helped illuminate the depth and broad significance of their stories. Tanya, hurt by the men in her life, found sustenance and love from a divine partner during her Christian meditation sessions. Lauren, who struggled with feeling alone and worried that members of her church would "pray harm against [her]," also interpreted dreams, animal appearances, and other coincidences as signs of encouragement from her deceased best friend (see Laird, Curtis, and Morgan, 2017 for further discussion of participants' understandings of ghosts and spirits). Rose used her newfound identity as a mother to sustain her in the long, hard

fight to stay in a school district she felt was adequate. And Kiah, for whom "the world belongs to Satan right now," used her faith in God's ultimate triumph as motivation to live righteously and teach her children the value of independence. These strategies provide tangible examples of how every day in the United States, marginalized women make a way out of no way in order to heal the wounds of chronic, situational depression and care for themselves and their children. As "untapped motherlodes," in Stacey Floyd-Thomas's expression (2006b), these strategies clearly have a place in wider discussions about depression management—whether between women and their health-care providers or among researchers. The mothers' invocations of God's assistance say, uncompromisingly, "the divine is with me"—certainly an apt foundation for recovery from depression.

Yet African American and Latina feminist scholarship would also call into question the power structures that necessitate these strategies in the first place. Womanist ethicist Emilie Townes, for example, argued that a Womanist conception of health is not merely physical or mental, but also spiritual, communal, and public (1998, p. 2). For Isasi-Diaz, "la lucha" concerns an expansive view of survival, "the struggle to *be* fully": "Survival starts with sustaining physical life, but it does not end there; being or not being also includes the social dimension of life. Hispanic women need bread, but we also need to celebrate" (1993, p. 16). Celebration happens in the lives of our participants, but it is circumscribed. The women expended an enormous amount of energy just to physically, existentially, and socially survive—let alone to reconstruct a sense of health for themselves and their children. Alice Walker, in an early Womanist work, meditated on this problem, thinking of her enslaved foremothers:

> Consider, if you can bear to imagine it, what might have been the result if singing, too, had been forbidden by law. . . . Then you may begin to comprehend the lives of our "crazy," "Sainted" mothers and grandmothers. The agony of the lives of women who might have been Poets, Novelists, Essayists, Short-Story Writers (over a period of centuries), who died with their real gifts stifled within them. (1983, p. 234)

Even as the strategies that the women in our study employ show strength and perseverance, it is also necessary to consider how they may be stifling. In fact, the women's ability to create beauty in lives circumscribed by violence suggests the wealth of creativity, innovation, and joy that might arise were they able to step back from what is at times an almost singular focus on subsistence and persistence. Further, Walker's question, along with the situational nature of depression among women in our study, ought to add fuel to the ongoing conversation about the meaning and usefulness of mental health diagnoses in contexts of marginalization. While such diagnoses can certainly be helpful at times, our study shows

how experiences of injustice are often construed in biomedical terms—a move that separates individual experiences from the broader oppressive structures that inform them. To respond to this, there is a clear need for mental health care that both honors the symptoms and creative healing work of individuals in marginalized communities and calls to task the social and economic structures in which they are situated.

Implications for practice

How might practitioners work toward care that holistically supports economically and marginalized people both individually and structurally? In a recent study of low-income U.S. women's attitudes toward psychotherapy (Pugach & Goodman, 2015), participants named a number of factors they felt were important for their mental health care to be successful. Among these were therapist awareness of the realities of poverty-related stressors, therapist exposure to low-income communities, assistance with practical or material support, and an approach that focused on client strengths in addition to difficulties. Our study aligns with these findings and points to some ways that providers may be able to build toward these practices. On a broad level, our results suggest that one way for providers to build awareness of the realities of low-income, racially marginalized women with depression is to recognize that in their lives, experiences of distress and struggle may be thickly intertwined with moments of hope and beauty. Spiritual care providers and therapists know that these sides of life often cohabitate, but our results show just how close they may be for women like those in our study. This may be particularly important as providers and clients look for strengths and positive experiences to build on, one of Pugach and Goodman's (2015) central recommendations.

On a practical level, our results show plainly how poverty can be a harrowing experience—the daily grind of caring for children while unsure whether food and shelter will be available the next day can itself lead to intense feelings of sadness, fear, anger and irritability, and hopelessness. Thus, instrumental support and assistance (connecting women with financial, childcare, food, housing, or other material resources in the community) may be as important as talk therapy in helping to address depressive symptoms. Further, as other researchers suggest, social support can play a critical role in attending to both material and emotional/spiritual needs (Krause, Ellison, Shaw, Marcum, & Boardman, 2001; Taylor, Chatters, & Levin, 2003). But clinicians should not assume that women always experience church communities as bastions of support, as has been found in some populations (Chatters et al., 2015); rather, our findings show how even religiously affiliated women may have complicated relationships with both religious institutions and individuals in their lives. The level of violence in our data

suggests it is important to trust women when they express wariness about their social landscapes as potentially hostile environments. This is not because low-income communities somehow have fewer caring and supportive individuals (our data would in no way support this claim); rather, both structural and interpersonal violence are prevalent. Thus, it is important to affirm women's strategic judgments about when and where to engage instrumental and social supports.

Additionally, we echo the need for providers to communicate their understanding of low-income clients' particular strengths—including the spiritual or religious practices they may find helpful (Pargament, Smith, Koenig, & Perez, 1998). Many participants in our study, like those in Pugach and Goodman's (2015) work, had sought the help of pastoral caregivers or therapists with varying degrees of success. Rose had appreciated therapy as a "sounding board," while Raya questioned whether it would really help her address the realities of poverty and violence in her life: "how is that gonna help me with what I'm going through at home?" Jeanette found secular therapy helpful, but cautioned that therapists "might not be your same religion. So you better just keep it to yourself so there won't be no misunderstanding of each religion." While Jeanette was the only participant who openly expressed anxiety about mental health providers' attitudes toward religion, in light of Pugach and Goodman's (2015) emphasis on affirming strengths and the overall importance of spiritual and religious coping to the women in our study, providers may want to take extra care to understand the various practices that their clients use and affirm them. The voices of these women as they navigate and persist through the struggles and hopes of their hostile worlds can add to the growing and helpful research on spiritually integrated psychotherapy (Pargament, 2011) and encourage providers remain attuned to the complexities surrounding spirituality, structural violence, and depressive symptoms.

Finally, our results and analysis show that one way for White and middle-class providers to become more aware of the experiences of low-income and marginalized communities is to become familiar with the knowledge traditions of the communities they serve. More expansive than cultural competency training, this involves using literary and scholarly works as a tool to help contextualize and understand client experiences. It can also, as our results show, help illuminate strengths. Our participants, who lived in an urban area and were primarily African American and Latina, named themes that were resonant with Latina and African American women's writings. The applicable knowledge traditions will naturally shift depending on context and client background (and of course, can never be assumed to match perfectly onto a client's experience), but the over-arching principle remains the same. Marginalized communities have long found ways of persisting in oppressive conditions that take a toll on mental health, and over the past several decades

scholars from these backgrounds have increasingly developed this knowledge within fields of literature, ethnic studies, religious studies, and other humanities disciplines. Partnerships between these fields and spiritual and mental health providers is one way for this knowledge to have a practical impact on the ground.

Conclusion

This study highlights low-income, racially marginalized women's perspectives on the relationship between depressive symptoms, spiritual and religious beliefs and practices, and raising children. In their narratives, stories of distress and struggle were often nearly inseparable from reflections on hope, persistence, and beauty. This was most evident through their curation of small interpersonal support networks in a hostile world, their emphasis on persistence through battles and struggles, and their cultivation of organizing internal mantras and affirming narratives of growth. Interpreting these findings through the lens of African American and Latina feminist writings helped to contextualize and illuminate the depth in the women's words, suggesting that writings from marginalized communities may be an important resource for mental health and spiritual care researchers and providers who serve these communities. In a nation in which over half women-led households live in near poverty, and which will be comprised by a majority of people of color by 2050 (Colby & Ortman, 2015), openness to multiple ways of understanding stress and depression among researchers, clinicians, and spiritual care providers only continues to grow in importance.

Notes

1. Since the federal poverty level (FPL) is widely considered to be low and arbitrarily determined, social programs in the United States have often extended eligibility to families with incomes much higher than this level. For example, the Affordable Care Act extends health insurance subsidies to families up to 400% of FPL. For an extended history and explanation, see "How is Poverty Measured in the United States?" by the Institute for Research on Poverty (n.d.).
2. See, for example, Monica Coleman's 2016 *Bipolar Faith*. In this memoir Coleman, who is African American, recounts her own struggles with mental illness in light of the suicide of her great-grandfather, a sharecropper in the rural 1920s south.
3. To protect confidentiality, all names of research participants used in this article are pseudonyms.
4. Womanist thought is an intersectional feminist discourse developed by African American women beginning in the 1980s. For more information, see Floyd-Thomas (2006a).
5. Mujerista theology, from the Spanish word *mujer*, woman, is a form of Latina feminist theology pioneered by Ada Maria Isasi-Diaz (see Isasi-Diaz, 1993).

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