

# *Whole Person Pedagogy, Whole Person Care: How Black Feminist Healing Arts Praxis Expands Medical Education + Care-Based Learning Within and Beyond the Academy*

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## **Abstract**

“Whole Person Pedagogy, Whole Person Care” explores how Black Feminist Healing Arts Praxis can expand traditional notions of Medical Education within and beyond the classroom and the clinic.

While medical education is traditionally referred to as the required courses needed for medical students to receive their medical degree, I speak here about alternative sites of learning and experiencing care within and beyond classroom settings that center community medicine and community healing. In particular, I share my own journey of arriving at the ancestral and communal implications of teaching within the University of California, San Francisco’s School of Medicine as a Black Feminist Healing Artist.

More broadly, I ask, what does it mean that medical clinics and hospitals and healthcare institutions have become the antithesis of wellness, care, comfort, and well-being for Black women and marginalized communities? How might we reimagine medical education so that we train doctors differently, modeling care and holistic wellness as an embedded part of the curricular model, a foundational expectation for what it means for our care providers to be well, and to center the wellness of all of their patients through a commitment to culturally relevant care, creative healing, and communal accountability?

**Keywords:** *black feminist healing arts; medical education*

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It was my Grannie Ethel Mae who first revealed to me the ancestral implications of my work in medicine. She, an Alabama-born housing insecure Black woman with five kids and a fiery tongue, told me in a dreamscape recollection of unfreedom

just how necessary it was for someone of our lineage to work in medicine. To work with medical students. To teach new ways of witnessing patients as whole persons in the clinic. To curate Black Feminist Healing Arts as an invitation into care.

## Part One - Ancestral Visions of Medical Reparations in the Classroom

It was not cancer, per se, that killed her at the premature age of 58 (or was it 51? My father forgets and cannot find the papers), nearly a decade before I was born. No, it was not the cancer, per se, that killed his mother when my father was 18 years old. It was not cancer that killed her. It was the hospitals. The medical neglect. The deep knowing of distrust that she felt in her bones as a Black woman with five kids who could not depend on the clinic to keep her safe. It was her second daughter's death that she could not predict but somehow still knew to be true, though it happened after her transition.

It was the ways in which those medical institutions wielded power over poor Black bodies and babies of Black women with worries and weight. It was the way that my Grannie never got to feel safe or secure in the clinic. How her medical distrust made for maddening intimacies with waiting and wading and avoiding the doctor who could dictate her life or death.

*Do you know why we sent you here, child?* She had asked me. And I never did quite understand. Could not fully comprehend the clairaudient communications, the chorus of articulation from my lineage. *Do you know why we sent you here, child?*

It was my Grannie Ethel Mae's death. Her daughter, my Auntie Lynda's death. Both before I was born. It was the Black women of my lineage who I never got to know because Western medicine's hold on the whole entire household, the whole entire lineage, left a lingering of loss and distance.

Grannie Mae. Asè. Auntie Lynda. Asè.

It was Western medicine that took the breath out of the lungs of women across the whole lineage.

Premature death became the norm for my lineage. To never reach 60 securely. And I never had no way to get used to or make sense of how my father's mother and sister somehow lost life and breath too soon somewhere in the backroads between a border town in Georgia and Seal, Alabama, and it was moons and suns and rains and clouds but there could have been protection. There should have been prevention.

Their deaths could have been prevented.

It was my Grannie Ethel Mae who told me that me training doctors was reparations for my lineage. That me teaching care for Black women, poor women, marginalized folks with fire on they tongues who don't have what they need to survive this life—that there were reparations for my lineage.

And it was my Grannie Ethel Mae who taught me that whole person pedagogy is the first step to training future doctors in whole person care. That curating care in the medical classroom informs the curation of care within the clinic, within medical institutions and beyond.

In conversation with my Grannie, I began to wonder, what if we lived in a world where we first learned care in the clinic? What if all Black babies could be birthed into a world where care was curated in the clinic for Black mothers, and what if my Grannie's second daughter could have known clinical care as her birthright, instead of the medical neglect that led to her death? What if clinicians learned care in their classrooms? What if that became a model for wholeness and well-being, within and beyond the clinical space?

## Part Two - The Reparations and Anti-Institutional Racism Project

When I first started working in medical schools, as a PhD of African Diaspora Studies, it took a bit of convincing to wiggle me out of my imposter

syndrome. Sure, I had been researching wellness among marginalized communities for the last seven years as an interdisciplinary ethnographer of women's health. And sure, I believed that the innovative approaches to care that these communities had cultivated did, in fact, have timely implications for medical institutions and healthcare industries. But, I did not believe that these institutions were ready to receive these innovations from hoods and homegirls who I center in my work, who exist at the margins of the margins. I did not believe that there would be folks within the field of medicine who would believe Black women when we say that the music we make, the dances we do, and the dreams we dream in circles of sisters, are central to our sense of well-being. So, the burden of uncertainty and unbelonging lingered until my first meeting with my new team.

Years before the first vision from Grannie Ethel Mae, she made way for me to step into this position. On the day after my wedding, with an ancestral altar full of prosperity prayers, she and the ancestors alongside her blessed me with this position. On the day after my wedding to my wonderful husband, I was notified that I would be an Inaugural Postdoctoral Fellow for The Reparations and Anti-Institutional Racism Project at the University of California, San Francisco (UCSF REPAIR).

In 2020, REPAIR was founded within UCSF's School of Medicine by a collective of student activists, in collaboration with faculty and staff, in response to public protests after the murders of George Floyd, Ahmaud Arbery, and Breonna Taylor. Since its inception, REPAIR has served as a hub for anti-racist health education, educating medical professionals, patients, and broader publics on anti-racist community health strategies. REPAIR has been a site of racial reckoning and healing, and a launch pad for innovative

approaches to repairing institutional harm within medical schools and institutions.

UCSF REPAIR had been looking for someone to support their efforts in curricular development and community engagement. With my ten years of experience in community-engaged healing work, there was excitement about how my use of Black Feminist Healing Arts Praxis might expand approaches to course design, curriculum development, and classroom culture within and beyond the School of Medicine. So, I spent time with my original intentions for my work on healing to imagine how it might be manifested in medical education classrooms.

### **Part Three - Black Feminist Healing Arts**

In 2020, around the same time that UCSF REPAIR was founded, I taught my very first undergraduate courses, called Black Feminist Healing Arts, and developed a pedagogy and praxis that would invite me into new liberatory models of care within and beyond the classroom. In my 2024 piece, entitled "Black Feminist Healing Arts: a Making of Pedagogy and Praxis," I define it as such:

Black Feminist Healing Arts is a theoretical framework for the experimental practice of using art and ritual to cultivate healing amidst structural and institutional violence. It is also a pedagogy, a methodology, and a praxis that is embodied and communal in nature. It is a method for researching and teaching, for creating and convening. A decolonial orientation to the work. It centers artistry as an essential tool for spiritual, ancestral, and somatic well-being. And it celebrates the healing power of everyday Black women's ingenuity. A merging of Black feminist care work (Sharpe, Tillet, Hill-Collins) and womanist creativity (Walker, Gipson, Moore), it is a Black feminist way of thinking about art and healing, and a womanist way of *being* in praxis that honors the fullness of our care work.

Deeply inspired by Alice Walker, Black Feminist Healing Arts celebrates “the far-reaching world of [us] creative Black wom[e]n” (238), who “love music. Love dance. Love the moon. *Love* the Spirit... *Love* the Folk. Love [our]self[s]. *Regardless*” (xii). It honors “our mothers who were not famous,” (239) our sisters, our homegirls, our kin, our care, and all the ways we grieve. How we “pull out of ourselves... [this] vibrant, creative spirit that... [we have] inherited... [that] some of our great-grandmothers were not allowed to know” (237 & 239). In this way, it honors politic and play, poetics and prose, and the birthing of creative life force energy.

This work is done with deep reverence for Black women who paved the way. Toni Brown. Valerie Boyd. Zora Neale Hurston. Ntozake Shange. Lucille Clifton. Audre Lorde. June Jordan. Vèvè Clark. Barbara Christian. Kenyatta Hinkle. Simone Leigh. Karen Senefuru. Amara Tabor-Smith. Ashara Ekundayo. Asè. Asè. Asè.

And it is birthed from a long genealogy of Black Feminist Healing Artists. Poets. Painters. Singers. Sculptors. Choreographers. Curators. Photographers. Altar-makers. Women who adorn. Everyday folks like the homegirls I heal with. Homegirls who struggle with housing insecurity, who make gardens of tent cities in Oakland. Women like my Mama, who returned to crochet at age thirty eight as a balm for her depression. Detroit’s daughter. Mamie’s daughter. And Grandma Mamie, who’d throw a record on and sing along like she just got signed to Motown. And Grandma Ethel Mae, who’d sew to pass the time amidst the torture of Georgia misogynoir (Bailey & Trudy, 2018). And Grannie Annie, who heard ancestral voices as a Gullah Geechee girl child in the backwaters of South Carolina. Who speaks to and through me as an ancestor today. Who guides my spirit art praxis.

I, too, am a part of this lineage. My inner[blackgirl]child, my inner teen, all the parts in between and beyond.

Integrative Medicine and Art Therapy, as subdisciplines, have enhanced the ways we think about alternative care models beyond the clinic. Yet, little has been written about how everyday Black women find healing at the merging of the two. While there is a long lineage of Black women theorists who have written on art and healing, health sciences have been reluctant to make room for these interventions. Black Feminist Healing Arts (BFHA) expands this discourse by bridging gaps between academic disciplines and community audiences. It places therapeutic arts in conversation with holistic medicine to celebrate how ordinary Black women enliven and invent the care solutions we need.

In theory, Black Feminist Healing Arts centers our diasporic creativity as a critical source of knowledge that broadens traditional understandings of wellness. And in praxis, it expands limiting notions of healing arts to meet the needs of everyday Black women.

BFHA holds an expansive definition of healing arts at the center; a healing art is anything we make that gets us closer to our wellness. And BFHA is particularly concerned with art-making that is first and foremost engaged for our healing. Not presentation, performance, nor professional gain, though that may later be an outcome. But BFHA is most interested in the art we make for the sake of tending wounds and alchemy.

Like hair braiding and twerk dancing, jewelry-making and quilting, beading and weaving by the altar. Like a selfie. A caption. A reel. All

art. A song. A dance. A slay. All art. All the ways that we are makers in our lives allow us to be healing artists. We are healing and making, creating and sustaining. Our survival itself, an art form. These everyday ordinary arts and crafts are embodied and somatic in nature. They serve as sacred cartographies, a mapping of sorts, for how we return self to body.

Black Feminist Healing Arts invites beloved community to learn from Black women new ways to be well. And it invites homegirls to marvel at our genius for the healing that we know in our bones, that we inherit as ancestral birth rite (Walker, 239). It is a holding of space for the holistic healing process within and beyond the self, the sanctuary, the classroom, and the community. And it is an honoring of creative expression as it exists within us all.

What I have found from nearly ten years of doing Black women's healing work is that we are all artists, in our own way, in our own right. When oppressed peoples connect with the creative life force energy that exists within us, we allow ourselves to tap into a healing power that transcends the bounds of space and time. This healing power connects us with our bodies, our ancestors, our spirit guides, and frees us up, even if just in small moments. And that is the essential essence of Black Feminist Healing Arts; it's an embodied way of knowing and being that places care and creativity at the center of our collective visions for liberation.

In 2015, I founded blackwomxnhealing – an intergenerational wellness collective that curates courses, exhibits, publications, and care circles with Black women at the center. What I came to

realize, through my 2020 course, is that the work I'd been doing with blackwomxnhealing was offering Black Feminist Healing Arts to everyday Black women. The Black Feminist Healing Arts Framework became a sacred grounding for me; it gifted me language to articulate the purpose work I'd been doing for years within and beyond the academy.

In 2022, I created the UCSF REPAIR Communitarity Certificate Program, where university folks and community folks learn alongside each other. The first course I offered, in Spring 2023, was a Medical Anthropology elective housed within the UCSF School of Medicine, entitled #BlackFeministHealingArts. I was additionally invited to co-found The Black Feminist Healing Arts Lab by beloved mentors Drs. Adeola Oni-Orisan and Ugo Edu, who had also been thinking about and practicing Black feminist healing arts through their Collaboratory for Black Feminist Health & Healing.

From courses on Black Birthing and Matrilineal Healing to local exhibits on homegirl sanctuary, Black Feminist Healing Arts continues to serve as a container of care for community. It meets Black women where we are and loves us in fullness from that place. And it affirms a radical wellness vision for how we get more free – through creation, curation, communal care, healing, and the arts. (botts-ward, n.d.)

Black Feminist Healing Arts became a grounding framework for me to talk about my Grannie Ethel Mae, my homegirls, and the multiple girls inside me. It became a container for the wellness dreams of folks at the margins, a sacred model of whole person pedagogy and whole person care that is curated in communion, through gathering, grounding, witnessing, and surrender. Black Feminist Healing Arts offered a soft space to land for those unloved by systems and structures that were designed to keep us unwell. A space where

the love of fire tongue women would be known, and where the care of those neglected by medical institutions would be centered and honored and prioritized. Where public arts would be the center of our integration, reclamation, and remembrance. Where we could ask ourselves and clarify for ourselves what care really looks and feels like at the core. Where we could ask ourselves, and answer ourselves, and then demand that clinics and classrooms rise to the occasion to meet these needs.

I myself have witnessed rare models of this: clinics stretching their capacity, rearranging the ways that care is provided, classrooms of future doctors where professors insist on modeling the very thing that patients need in the clinic—the praxis of care as a grounding foundation for the curation of wellness spaces. But, what if this were the norm? Because isn't the clinic, in theory, meant to be a wellness space for all? Shouldn't the classroom where clinicians are trained be a space where they, too, experience the culture of care that they are then tasked with cultivating for community?

What I have come to learn, from my ten years of this work, is that most of my homegirls first learn care in community. In the homes homegirls curate for each other. In the remnants of our mothers. In the African diasporic interior designs and the spaces we find for refuge. And this is what my Grannie Ethel Mae needed from her clinical experience—a care that felt a bit more like home.

While Black Feminist Healing Arts centers everyday Black women on the margins, it offers a lesson for all folks who want to be well. Informed by ancestral blueprints of women who survived, it gifts us all new fortitude for dreaming new waves of wellness: new paths forged by burgeoning artistry and creative expression to name what our wellness would require, to train health providers in these expansive forms of care, and to cultivate classroom and clinical spaces that hold this ethic as

a core value for how we hold space for healing in all of its forms. Black Feminist Healing Arts serves as a roadmap for collective survival, crafted by those who exist at the intersection of multiple systems of oppression and who have much to teach us all about how to locate healing, particularly amidst local and global crises.

#### **Part Four - Bringing Black Feminist Healing Arts Pedagogy + Praxis to Medical Education**

The ways that Black Feminist Healing Arts Praxis takes shape in a classroom may be different from how it takes shape in community, but the ethics are all the same. The particularities of the community and the classroom will inform what tools are needed. Yet, across gathering spaces the grounding power of creativity and care can invite students, patients, practitioners, and health workers into new modes of understanding healing—new modalities that make way for an expansion of the culturally relevant care that can be practiced across various spaces. What this looks like in practice, for me, has been witnessing models of inspiration and developing my own.

Within the first few months of my UCSF REPAIR fellowship, after conversations with my incredible co-postdoctoral fellow Norlissa M. Cooper and our incredible mentor-colleague Aimee Medeiros, the vision came to me—to start a UCSF REPAIR Communiversity Certificate Program. In the first course syllabus, I wrote:

A Communiversity is a course that invites folks from the community and folks from the university to learn alongside each other. Inspired by the original vision for Black Studies, born from Black student organizing and ongoing struggle, the REPAIR Communiversity is designed to be an annual course offering that provides course credit to university students and a free UCSF REPAIR certificate to any community member taking the course. This

course also houses the UCSF REPAIR Mini Teach-In Series, meaning that the course is designed as a panel series where each week's class period features a panel of community healers alongside scholars, artists, and activists who work in related fields.

The Communiversality Project is about reparations. It is about creating opportunities to extend institutional privilege to folks who may not have access to the institutions that have historically harmed them. It is about redistributing university funds to enhance the career trajectories of disenfranchised communities. Informed by a radical affirmative action model, we reserve 50% of student slots for community members from disenfranchised communities who are not currently affiliated with any college or university.

Since its inception, we have graduated three cohorts and given over 125 certificates to community folks from 12 different states across the country. We have cultivated a space for medical students, clinicians, community health workers, patients, and community healers to learn alongside each other about what whole person pedagogy and whole person care look and feel like in real time.

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My Black Feminist Healing Arts Pedagogy is a merging of bell hooks' *Teaching to Transgress* and Veta Goler's *Contemplative Pedagogy*. It centers self-actualization of all students and invites me into my own self-actualization as an educator. bell hooks affirms that our students don't expect our classrooms to be therapy, per se, but they do expect

it to be healing. And so, what might it mean for medical education to be invested, deeply, in holistic healing at all levels— from the educator to the educated, the caregivers and the cared for, the patients and the providers? What might it mean for future doctors to learn community medicine from patients, and for self-actualization to be engaged as an entry point into wholeness?

What bell hooks demands of us as educators is that we work towards self-actualization. To me, that means moving towards our own healing journey, being committed to our own spiritual, psychological, and somatic well-being so that we might bring a whole well self to the classroom. bell hooks warns us that this is in fact our duty, our responsibility, as educators. What might it mean for medical education to take this seriously?

What might it mean for folks teaching medical students to model this same sort of standard for students, so that the expectation to be well, as someone who supports the wellness of patients, is embedded into the curricular design and intention? What might it look like to expect professors, clinicians, and medical students to hold themselves to a standard of wellness as a way to model and promote the holistic wellness of their patients?

Let me be clear— I know a number of incredible doctors and medical educators who do an incredible job at working towards wellness, and who remain committed to their own self nourishment in order to serve the folks. Who bring this ethic to their classrooms on a weekly basis. Who train future doctors in holistic modes of care through theory and praxis. And yet, this is not the norm. While these models exist, I know that for most this may feel like a lofty dream, and that for these clinical educators themselves, it is sometimes still hard to stay balanced.

The institutional, structural, and systemic violences that prevent so many of us from being well make it hard to eat three meals a day, let alone sleep, say hi

to our loved ones. The pace of our lives is so often a whirlwind, that there is pressure to then also be healing spiritually, mentally, emotionally, somatically, and holistically. Many doctors themselves are deeply unwell, not because they are not working at wellness, but because the systems and structures prevent their capacity to be well. The beloved Black woman medical student who ended her life was just one example of the unsustainable nature of medical training and medical work.

So, this is what we mean by medical abolition: a reordering, a reimagining, of how these systems, structures, and institutions operate on a core level, from the classroom to the clinic. A shifting of schedules, hours, and days. A dreaming up of care in conversation with grannies and homegirls and community folks, and doctors and patients and providers. A more capacious way of knowing and being well, holistically, that starts at the root with the folks and expands from there. This is what Black Feminist Healing Arts Pedagogy and Praxis offers medical education and beyond. Permission to dream beyond what was and towards what could be if we place care at the center. Permission to dream of a world where doctors could be well enough to be self-actualized, where there would be time for the clinician to care for themselves. A world where the doctor could be well. Where the doctor learned in medical school how to be well. Where there were enough resources, enough space and time, for us all to be well.

I write this to say, I have witnessed and cultivated models of this, where we embody and engage the very things we're dreaming up. And even if only for a quarter of the year in one small classroom in the corner of the world, we are curating our own pockets of care and that ripples out into other possibilities, cross pollinating new modes of care from the classroom to the clinic and beyond.

Models like the Communiversity classroom where one half of the class is for community teach-in panels and the other half is for creative processing time where we engage our art of choice and then process information collectively. And the Black Women's Health and Livelihood Initiative in the National Center of Excellence in Women's Health at UCSF, who hosts the Black Wellness Clinic once a month, where Black patients can see Black providers on the 7th floor, and then experience a community-based healing circle on the 1st floor (Ramona Webb, who is the artist in residence of the space, was one of our featured panelists and shared more about this sacred vision in our Black Birthing and Matrilineal Healing course). Models like Kyndred by Kimbritive, a wellness space that considers and prioritizes the culturally relevant enjoyment of sensorial experience of Black women in the clinic: from Black music to Black art on the walls (Brittany Brathwaite, a PhD candidate at CUNY, founder of Kyndred, and student in the Communiversity course, learned about the UCSF Black wellness clinic in our course, which helped her to expand this vision. And while we cannot in any way take credit for the birthing of this sacred vision—Brittany had had this vision far before arriving to the course—she did share that the classroom space gave her the opportunity to reimagine what all could be possible for her culturally-relevant community clinic space).

These models invite us to think about how the classroom and the clinic may inform each other. And while these models may not be totally all encompassing to alleviate medical harm and neglect, they are small moments that bring us closer and closer to the world we want to see, the wellness we want to see, for ourselves, our care providers, and our communities. This is a central piece of the sacred healing vision that my Grannie Ethel Mae has gifted to me: a grounding ancestral vision for wellness that contributes to the liberation of our lineage, and to a larger legacy of care that places marginalized peoples at the center.

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## Author Bio

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As founder of blackwomxnhealing, ree curates courses, publications, and exhibitions with everyday Black women at the center. She is the 2024 Poet in Residence at the Museum of the African Diaspora, and a Contributor in Residence for Columbia University's *Synopsis* Health Humanities Journal. Her first book, *mourning my inner[blackgirl]child*, was published in 2021.

ree received her PhD from UC Berkeley, her MA from UCLA, and her BA from Spelman College.

For further resources [click here](#).