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**Fighting to Rest: Exploring Cultural, Spiritual, and Community-Based Responses to
Anxiety in Black Women**

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Abstract

Black women in the United States experience disproportionately high rates of anxiety, yet their mental health needs remain overlooked within counseling research and practice. This paper explores cultural, spiritual, and community-based responses to anxiety, centering protective factors such as self-esteem and spirituality as vital sources of resilience, coping, and meaning-making. Drawing on Intersectionality, Black Feminist Thought, and the Multicultural and Social Justice Counseling Competencies (MSJCC), the paper situates anxiety within the broader context of systemic inequities, cultural stigma, and the “Strong Black Woman” narrative. Evidence-based practices, including narrative therapy, Exposure and Response Prevention (ERP), polyvagal-informed strategies, and mindfulness adapted to Black diasporic traditions, are considered alongside community-based supports such as Sister Circles and faith-based outreach. The paper concludes with implications for clinicians, and community stakeholders, and calls for future qualitative and participatory research that amplifies and centers Black women’s lived experiences with anxiety.

Keywords: Black women, anxiety, self-esteem, spirituality, culturally responsive counseling, community-based interventions

Fighting to Rest: Exploring Cultural, Spiritual, and Community-Based Responses to Anxiety in Black Women

Disparities exist in the mental health treatment of minorities and are rooted in a documented history of racial hierarchies that have shaped our current understanding of mental health as a social construct (American Psychological Association et al., 2021). Cogburn et al. (2024) further attribute racial inequalities to the increased morbidity and detrimental outcomes of mental illness within the Black American community. Additionally, the bio racist framing of diagnostic criteria by the DSM fails to account for the impacts of racism, contributing to public health practices that disproportionately harm Black Americans (Cogburn et al., 2024). Auguste et al. (2023) identifies this as “the historical efforts to oppress and control Black people in the United States” (pg. 1282). Thus, creating a need for mental health professionals to address the history of anti-Blackness that over-pathologized Black people in ways that harmed the community and upheld efforts to maintain control and superiority. As a result of past experiences, Black communities still experience mistrust of mental health support, which creates a barrier to receiving mental health care (Auguste et al., 2023).

With double minority status, Black women face an understudied, yet higher risk for anxiety disorders, such as general and social anxiety (Burke et al., 2022). Unfortunately, in the

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larger context of evidence-based treatment, the needs of Black women are overlooked and poorly understood (Jones et al., 2020). Therefore, in effort to advance the support of Black women facing mental health concerns, it is imperative to move the needle on understanding ways to effectively treat common mental health issues. Based on a study conducted by the National Institute of Mental Health (NIMH), anxiety is the number one mental health problem among American women (Bourne, 2015). A woman's experience with anxiety can begin in early childhood, with symptoms often increasing during adolescence and advancing into a chronic condition if left untreated (Bourne, 2015).

Living with untreated anxiety can significantly diminish quality of life, as women with anxiety often face difficulty in their relationships, finances, work performance, and physical health as a result (Bourne, 2015). While this provides insight into the prevalence of anxiety among American women, it overlooks the experiences of minority subgroups by failing to account for the diverse sociocultural, racial, and systemic factors that shape their lived realities. This is most often due to Black women being aggregated into larger groups, either subsumed within the broader Black population or folded into generalized women's issues, which obscures their unique experiences (Neal-Barnett & Crowther, 2000). Therefore, continued research and comprehensive support are essential to address the full spectrum of Black women's lived experiences with anxiety.

To understand the lived experiences of Black women navigating anxiety, it is important to conceptualize them through a theoretical lens. Intersectionality, coined by Kimberle Crenshaw (1989), offers a critical framework for capturing the interconnected and compounded nature of oppression experienced by Black women (Crenshaw, 1989). It highlights how race, gender, class, and sexuality intersect to shape lived experiences, emphasizing how Black women's realities

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cannot be fully understood by isolating any single identity (Crenshaw, 1989; Jordan- Zachery, 2007; Smith, 2013). This term provides a lens to see the multiple identities of Black women, but also how the experiences of having these multiple identities can manifest into anxiety.

Additionally, Black Feminist Thought (BFT) provides a foundational framework designed with the lived experiences of Black women at the forefront. BFT was created by African American women to clarify a standpoint of and for African American women (Collins, 2000). BFT recognizes Black women as agents of knowledge and experiences and provides a space for them to tell their own narrative. Because of the existence of BFT, this theory creates a space for Black women that allows them to explore their emotional and mental health without it being minimized, overlooked or pathologized. BFT validates the internal and external stressors Black women face and acknowledges their resilience while affirming their right to be vulnerable, seen, and supported.

Lastly, the Multicultural and Social Justice Counseling Competency (MSJCC) framework provides a critical applied lens for mental health practitioners and offers a framework to implement multicultural and social justice competencies into counseling theories, practices, and research (Ratts et al, 2016). This framework emphasizes the importance of counselors developing awareness, knowledge, and skills to competently engage with clients from diverse backgrounds. When working with Black women, it is important that clinicians understand the ways in which racism, gendered stereotypes, and cultural expectations influence help-seeking behaviors and emotional wellbeing amongst this population. MSJCC also acknowledges the ethical obligation for clinicians to integrate cultural humility and advocacy into therapeutic practice.

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Together, Intersectionality, Black Feminist Thought and Multicultural and Social Justice Counseling Competency provide an understanding to the concept of anxiety for Black women and provide space for them to unpack that experience. It highlights Black women's mental health as a socially and culturally situated phenomenon that warrants increased research attention. By incorporating these frameworks, we ensure that Black women's mental health is examined with depth, dignity, and cultural responsiveness. This reviews the impact of anxiety on Black women and explores protective factors such as self-esteem and spirituality. It brings together existing research and theory to emphasize culturally responsive practices and community-based supports, while outlining implications for clinicians, counselor education, and community stakeholders. Finally, it calls for future research that amplifies Black women's voices and centers their lived experiences in the study and treatment of anxiety.

Prevalence and Severity of Anxiety in Black Women and the Black Community

Howell et al. (2001) examined disparities in Generalized Anxiety Disorder (GAD) across White, Black, and Hispanic women. Notably, among women under 30, Black women reported significantly higher rates of anxiety (10.6%) compared to White (5.4%) and Hispanic (1.8%) women in the same age group. This trend persists through ages 30-44 and declines at ages 45+, raising questions about how anxiety is reported and experienced in Black women as they age (Howell et al., 2001). A more recent study conducted by Lacey et al. (2015) found that Black women under 50 had significantly higher chances of experiencing anxiety. Black women who reported experiencing discrimination daily were twice as likely to have anxiety in comparison to women who did not have these experiences (Lacey et al., 2015), which shows how negative experiences can contribute to anxiety. Other negative experiences that increased anxiety included

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physical abuse and intimate partner violence (Lacey et al., 2015). Nearly two decades following the Howell et al. (2001) study, national data continue to reflect similar findings. A 2019 National Health Interview Survey (NHIS) conducted by the Center for Disease Control (CDC) showed that 14.6% of Black adults report moderate to severe anxiety symptoms, which is higher than other Hispanic (14.5%) and Asian adults (8.5%), and slightly lower than White Americans (16.5%) (Terlizzi et al., 2020). Additionally, a study of GAD during the COVID-19 pandemic found that social disparities contributed to higher rates of GAD in Black adults (Ma et al., 2025). As with previous literature, these studies fail to disaggregate anxiety data for Black women, indicating the need for further research.

Given the consistent prevalence of anxiety among Black women, it is essential to understand how the symptoms of anxiety present within this population. Anxiety often manifests through somatic symptoms associated with pathology including feeling tense or uptight, shaky or jittery, jumpy, strange, weird, or unreal, restless and on edge, dizzy or faint, chest pains, heart racing, stomachaches, sweaty or cold hands (Kingery et al., 2007). Somatic symptoms have been linked to higher severity of anxiety and Black youth have been found to exhibit high levels of anxiety sensitivity in comparison to white counterparts. Kingery et al., (2007) found common symptoms to include feeling tense or uptight, restless and on edge, stomachaches, chest pains, sweaty or cold hands. Mental health concerns tend to manifest as somatic symptoms in Black adults and youth indicating the importance of clinicians assessing for somatic symptoms to provide intervention strategies (Kingery et al., 2007). Therefore, inquiring about physical symptoms is necessary in treatment environments to aid in properly diagnosing and treating anxiety in Black women.

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Historical Trauma, Systemic Factors and Barriers to Mental Health Treatment

Beyond the somatic expression of anxiety, the historical and systemic contexts in which Black women experience mental health challenges profoundly influence how they access, engage with, and respond to treatment. Cultural stigma and internalized societal norms remain major barriers to seeking mental health care (Ward & Heidrich, 2009; Watson & Hunter, 2015). Messages that emphasize strength, independence, and emotional endurance often discourage vulnerability, making many Black women hesitant to seek help (Wilson, 2024). Mistrust in medical and mental health systems is longstanding. Historic violations have left a lasting imprint of mistrust toward healthcare systems among many Black women (Watson & Hunter, 2015). That mistrust is not only rooted in the past, but reinforced by present-day systemic racism, including unequal access to care, disparities in treatment quality, and the underrepresentation of Black professionals in mental health spaces (Ward & Heidrich, 2009). As a result, many Black women approach healthcare settings with caution, often anticipating cultural insensitivity or dismissal of their concerns (Watson & Hunter, 2015). Black women report experiences of pain dismissal, misdiagnosis, and neglect, which further break down trust and contribute to underutilization of available resources (Wilson, 2024; Watson & Hunter, 2015). A lack of representation among Black mental health professionals amplifies these concerns, often resulting in culturally insensitive care and feelings of alienation (Watson & Hunter, 2015; Modeste-James et al, 2024). When providers lack cultural awareness, they are limited in their ability to effectively support the unique lived experiences of Black women.

In addition to cultural barriers, structural challenges including economic hardship, inadequate insurance, limited transportation, and provider shortages create additional obstacles to receiving quality care (Watson & Hunter, 2015; Ward & Heidrich, 2009). Even for those with

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insurance, issues such as insufficient coverage, difficulty finding culturally competent providers, and inconsistent quality of care often hinder meaningful engagement in treatment (Watson & Hunter, 2015; Tervalon & Murray-Garcia, 1998). Societal and cultural expectations often place a heavy emphasis on resilience, independence, and emotional strength for Black women, making it difficult to openly acknowledge mental health challenges (Ward & Heidrich, 2009). As a result, many Black women feel the need to carry their distress quietly, without turning to professional help or outside resources (Ward & Heidrich, 2009). These deeply rooted expectations continue to shape how and when women seek support, often leading to delayed care or untreated concerns.

Self-Esteem and Anxiety Management

While cultural and structural barriers create substantial obstacles to accessing care, research also highlights the role of internal resources that foster resilience. Self-esteem emerges as a critical factor in how Black women manage anxiety. Self-esteem, defined as a person's appraisal of his or her value (Hall et al., 2019), is a critical component in how people perceive, experience, and manage anxiety. High self-esteem has consistently been identified as a protective factor against stress and other adverse mental health outcomes (Hall et al, 2019). For Black women, self-esteem is particularly significant, as research has shown a correlation between self-esteem and anxiety (Hatcher, 2007). Lin and Yusoff (2013) found that self-esteem moderates the effects of stress on psychological functioning, suggesting that when individuals hold a positive sense of self-worth, they are better able to regulate emotions, reframe stressors, and engage in healthier coping strategies. Despite the known relationship between self-esteem, coping and mental health outcomes, including anxiety, there is very little research on these constructs with Black women.

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Self-esteem is a complex construct in Black women. There are multiple factors, such as sociocultural, historical, and structural forces that influence the ways that Black women view themselves and the ways that their worth is affirmed in society (Collins, 2000; hooks, 2000). Black women have been viewed as resilient and able to endure adversity, frequently at the expense of their emotional well-being (Godbolt et al, 2022). The “Strong Black Woman” narrative reinforces the expectation to manage problems independently and minimize emotional expression, often leading to internalized stress and psychological strain (Wilson, 2024). While often seen as empowering, this narrative discourages expressions of vulnerability or reaching out for support, framing emotional endurance as something that should come naturally (Davis, 2015). Talking about emotional pain may feel like failing to live up to the strength expected by family, community, and culture (Wilson, 2024). These pressures are reinforced through community and religious messages that praise perseverance and emotional control (Mattis, 2000). If Black women feel they are falling short of this ideal, it can result in viewing themselves as a “failure,” further complicating their experience of anxiety and diminishing self-esteem (Hall et al., 2021).

At the same time, cultivating positive self-esteem can serve as a powerful protective factor in anxiety management. Research shows that individuals with higher self-esteem are more likely to employ adaptive coping skills, such as problem-solving, emotional regulation, and cognitive restructuring, which reduce the intensity of anxiety symptoms (Lin & Yusoff, 2013). Self-esteem also provides a buffer against negative self-talk and catastrophic thinking patterns that fuel anxiety, allowing Black women to approach challenges with confidence and psychological flexibility. When rooted in a strong sense of worth, Black women are better

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positioned to set boundaries, advocate for themselves, and resist internalizing discriminatory messages that exacerbate stress.

Culturally responsive therapeutic interventions can also support Black women in cultivating and sustaining self-esteem by affirming both individual strengths and collective identity. Culturally responsive interventions, such as counseling, group therapy, and sister circles that affirm racial and gender identity and address isolation, role strain, and faith, have been shown to enhance self-esteem and reduce anxiety (Neal-Barnett et al., 2011). By validating lived experiences, these interventions promote self-compassion, reduce self-blame, and help women reframe challenges in ways that foster growth rather than internalized distress. Ultimately, high self-esteem provides both the psychological foundation and practical tools for Black women to navigate stressors with resilience, reducing the burden of chronic anxiety.

Spirituality/Religious Coping and Challenges and Limitations

Black women have historically been the backbone of religious institutions and identified as more religious than other racial and ethnic populations (Cox & Diamant, 2018). However, their religious affiliations and practices are far from monolithic. Black religious expression spans Christianity, Islam, Judaism, Traditional African Religions, and more. Although most Black women identify as Christian, it is important to recognize the diversity of their spiritual landscapes (Mohamed, 2021). Religion and spirituality, though often used interchangeably, differ notably among Black women: religion involves external, collective rituals and practices, while spirituality is a personal, internal experience (Avent Harris, 2021; Dalton-Smith, 2017; Mattis, 2000, 2002). Spiritual coping refers to individual strategies for managing stress through these internal practices. These strategies include prayer, fasting, meditation, reading sacred texts, affirmations, participation in spiritual communities, candle burning, singing, and worship

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(Graham, 2016; Mattis, 2002). Research demonstrates that spiritual coping has been especially beneficial for Black women in various domains: managing work-related stress (Bacchus & Holley, 2004), participating in health interventions (Parks, 2007), and achieving academic success at both historically Black colleges and universities (HBCUs) and predominantly white institutions (PWIs) (Walker & Dixon, 2002; Robinson-Wood, 2009). Themes emerging from practiced spirituality among Black women include self-preservation, applied understanding, peace, a positive outlook, and acceptance (Graham, 2016).

While spiritual coping can offer substantial benefits, it may also, in some cases, delay or prevent Black women from seeking professional mental health care. Cultural norms and a strong emphasis on religion often discourage external disclosure, emphasizing privacy, coupled with the stigma surrounding mental health, making it difficult to discuss emotional or psychological concerns within familial or communal spaces as well as with mental health professionals (Watson & Hunter, 2015). Spiritual coping can promote emotional avoidance which can intensify and manifest as spiritual bypass- the use of spiritual practices to avoid- rather than acknowledge or address psychological concerns (Avent Harris, 2021). To effectively support Black women, practitioners must continue to deepen their understanding of culturally rooted stigmas, promote emotional openness, and offer interventions that are not only clinically effective but also spiritually and culturally affirming.

Evidence-Based Interventions for Black Women with Anxiety

Culturally Responsive Therapeutic Approaches

Research shows that Black women have consistently needed connection, understanding, and safety in order to reach goals and effectively address their mental health concerns, especially anxiety (Coleman, 2023). Studies have also found that oppressive systems have led to the

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increased use of alternative treatment methods outside of traditional Western medicine to address the mental health of Black women (Bogan & Harr, 2025). Rooted in Black feminist modalities, researchers found key pillars to well-being amongst Black women to include communal care and communication, art as a form of creative expression, and spirituality (Neal-Barnett et al., 2011). Additionally, Barnes (2016) found that family support was perceived as a protective factor against severity of anxiety and fear symptoms. Studies such as these can be utilized as anchors for identifying, creating, and adapting culturally responsive therapeutic approaches to support the mental health treatment of Black women.

Gilling (2016) identified narrative therapy to understand behavior through the lens of individual experiences is an effective means of treatment. This allows the therapist to explore the individual's constructs of mental and emotional well-being with intentionality (Gilling, 2016). Coleman (2023) identified that while Black women share commonalities, it is important to understand the individual experience of a Black woman instead of leading with assumptions based on race alone, which could, conversely, invoke feelings of anxiety. Essentially, having a greater understanding of the experiences of Black women and mental health disparities within the community can aid in the development of targeted treatment efforts, but should not compromise the power of each woman's individual story and experience. Gilling (2016) found that the use of narrative therapy made room for the possibility of positive change within clients beyond traditional frameworks of behavior. However, the implications of this study are limited, as it does not explicitly highlight the impact of narrative therapy with Black women.

Another clinical tool that is commonly used in the treatment of anxiety is mindfulness. Latunde (2022), found that Black women tend to utilize Christian mindfulness as a means of connection to God and using godly wisdom to navigate difficult situations and environments.

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Christian mindfulness occurs through hymnals, movement, and call-and-response activities that alleviate suffering and oppression through hope in God. Conventional forms of mindfulness lack an understanding of cultural and spiritual knowledge that might yield an approach to mindfulness that is rooted in liberation and justice (Latunde, 2022). Some culturally specific mindfulness practices may include free-style meditation, justice-centered writing, engaging in historical reflection that centers the struggles and resilience of Black communities across generations, and wellness activism (Latunde, 2022).

Community-Based and Peer Support Interventions

The intersection of race and gender creates a unique set of stressors for Black women that increases their vulnerability to mental health disorders (Zare, et al., 2023). To better support this population, mental health professionals must utilize multifaceted approaches that leverage techniques and strategies attuned to the unique experiences of Black women. Although future research is needed to develop and evaluate culturally sensitive interventions that target anxiety in Black women, multiple studies have demonstrated peer-based mental health support, familial involvement, and community engagement (Johnson & Rogers, 2019; Puckett et al., 2019). These forms of support are often perceived as culturally responsive alternatives to Western therapeutic models due to their emphasis on shared experiences, community contexts, and cultural strengths that promote positive mental health. Sister circles, as one such peer-based intervention, demonstrate how these culturally responsive approaches can be operationalized in practice (Neal-Barnett et al., 2011). Sister circles can, and have, taken several forms throughout time but are generally defined as focused support groups composed of women within established Black women's organizations who share common experiences with anxiety and related concerns (Neal-Barnett et al., 2011). Within these informal healing spaces, Black women receive

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education, support, and validation, building on preexisting communal bonds. Zare et al. (2023) found that sister circles are an intervention for African American women with depression effectively reducing depressive symptoms over time, suggesting that sister circles are useful in providing an environment where kinship and shared experiences can begin to facilitate the process of healing.

Community-based and peer support interventions have emerged as vital evidence-based approaches for addressing anxiety among Black women, creating culturally responsive environments that affirm identity while promoting healing. Sister circles culturally adapted psychoeducational groups, and other peer-led models provide collective therapeutic spaces where Black women can process anxiety-related concerns, develop adaptive coping mechanisms, and experience solidarity through shared narratives of racialized stress and gendered discrimination (Neal-Barnett et al., 2011). Such interventions directly counteract the isolating nature of the Strong Black Woman schema, which frequently inhibits emotional expression and discourages help-seeking behaviors (Watson-Singleton et al., 2019; Beauboeuf-Lafontant, 2009).

Research demonstrates that peer support networks rooted in cultural familiarity reduce psychological distress while fostering self-efficacy and sustained mental health engagement (Alang, 2019; Lindsey et al., 2010). When these spaces include Black female clinicians, they strengthen cultural congruence, diminish stigma, and build trust, while also grounding interventions in the sociohistorical realities shaping Black women's well-being, including racial microaggressions, intergenerational trauma, and systemic inequities (Parham et al., 2016; Hook et al., 2016; Comas-Díaz, 2016; Bryant-Davis & Ocampo, 2006). Group interventions that integrate core cultural values such as spirituality, communalism, and resilience show marked effectiveness in reducing anxiety symptoms (Conner & Yeh, 2018; Watson & Hunter, 2015).

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These community-based and peer-centered approaches serve as vital complements to conventional therapeutic practices, bridging the gap between empirically supported interventions and culturally meaningful mental health care for Black women.

Implications and Call to Action

Strategies for Clinicians

Recognizing that anxiety often presents differently in Black women, clinicians must develop cultural competence to tailor interventions and services that resonate with clients, thereby improving retention and treatment outcomes (Carter et al., 2012). Neal-Barnett et al. (2011), identified Sister Circles as an effective means of anxiety treatment for Black women. Studies have also found that developing interventions that allow Black women to address feelings of isolation, the responsibility of multiple roles, and faith is critical to treatment and effective in a support group setting (Neal-Barnett et al., 2011). The use of narrative therapy is also effective with Black women as it prompts discussion of various cultural issues by aiding in the reduction of panic, avoidance behavior, state and trait anxiety, and anxiety sensitivity (Carter et al., 2012). Religion and spirituality are often used to help Black women manage anxiety; however, practices rooted outside of Christianity, such as mindfulness with Buddhist origins, can sometimes raise concerns or be misinterpreted as conflicting with their faith (Neal-Barnett et al., 2011). Without adaptation, these techniques may unintentionally reinforce cultural mistrust. Therefore, when incorporating non-Western methods, it is crucial to clearly communicate that using mindfulness to address anxiety does not require changing or abandoning personal beliefs (Neal-Barnett et al., 2011).

Clinicians may also consider the use of Cognitive Behavioral Therapy and Exposure in treating Black women with anxiety (Carter et al., 2012). A lesser-known extension of CBT is

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Exposure Response Prevention (ERP), which has been identified as the gold standard treatment of obsessive-compulsive disorder and is effective in the treatment of other forms of anxiety disorders (Dymecki, 2023). ERP consists of two key components: exposure, defined as planned and repeated confrontation with obsessional cues, and response prevention, which involves refraining from compulsive rituals (Dymecki, 2023). This is designed to neutralize the experience of anxiety by helping clients to change the fear structure by using exposure to shift the meaning of stimuli, which in turn leads to a reduction in anxiety responses (Dymecki, 2023). For Black women, ERP helps to address excessive shame and fear and achieve significant clinical improvement (Williams et al, 1998). Friedman et al. (2003) determined that ERP was effective for multiple racial groups in the treatment of OCD. Among Black participants, who were predominantly women, 42% exhibited comorbid Generalized Anxiety Disorder and OCD. The study also noted cultural barriers to treatment, with Black participants expressing concerns of being viewed as “crazy” (pg. 399) and having greater difficulty with access to specialized treatment (Friedman et al., 2003).

Williams et al. (2012) emphasized the need to demystify and increase access to CBT for minority communities to improve anxiety treatment among African Americans. Pinciotti et al. (2025) introduced justice-based ERP, a culturally sensitive adaptation of ERP that aligns with clients’ lived experiences and identities, reducing marginalization related to race, gender, age, disability, and socioeconomic status. Use of justice-based ERP requires the clinician to exhibit increased sensitivity to the client's identity and identify fears associated with their identity (Pinciotti et al., 2025). This translates to work with Black women, as clinicians must provide a safe space for identity exploration to effectively address experiences and fears directly connected to the client’s whole identity. Clinicians should consider training in ERP, and extension of CBT,

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to implement exposure into anxiety treatment (Deacon et al., 2013). Clinicians currently using CBT to treat anxiety may also benefit from training in the use of justice-based ERP, as well, to provide additional support to Black women with anxiety.

Polyvagal Theory highlights the role of the vagus nerve in regulating anxiety and other mental health conditions through body-based interventions (Porges, 2022). This is relevant for Black women as somatic symptoms linked to anxiety often emerge in adolescence (Kingery et al., 2007). While research is limited on the use of Polyvagal Theory with Black women specifically, its emphasis on safety is critical, given the historical and ongoing experiences of unsafety among Black Americans (Coleman, 2023). Clinicians can foster a sense of safety through techniques such as rhythmic breathing, sighing, chanting, and prosody, which support vagal activation (Dana, 2018). Teaching clients to identify emotionally safe words and engage in body-oriented therapies can enhance self-regulation and promote healing. Additionally, mindfulness, including music-based approaches rooted in Black diasporic traditions, has been shown to reduce anxiety and improve present-moment awareness (Jones et al., 2023). Movement and techniques like SIFTing (i.e., sensory, images, feelings, thoughts) further engage the nervous system and support holistic care (Dana, 2018). Clinicians should stay informed on these culturally relevant, body-based strategies to better support Black women in anxiety treatment.

Strategies for Community Outreach

Social support networks, including family and community connections, serve as vital protective factors for Black women by providing multidimensional assistance that encompasses informational, emotional, and instrumental support (Wilson, 2024). Neal-Barnett et al (2011) emphasizes that partnering with the community is a critical prerequisite for successful outreach within Black populations. This underscores the importance of clinicians engaging and

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collaborating with the diverse communities that Black women are part of to help develop culturally sensitive, accessible, and cost-effective mental health resources.

Faith-based organizations play a pivotal role in promoting mental health awareness and reducing mental health stigma (Mattis, 2000). It is well documented that seeking help from religious practitioners for psychological distress is commonplace within the Black community (Avent et al., 2015; Taylor et al., 2004). Clinicians who cultivate partnerships with faith-based organizations and religious or spiritual leaders to provide mental health education and services may make the help-seeking process more appealing for Black women, thereby making them more willing to engage with broader mental health resources.

Based on research conducted in other underserved and minority populations, community-based workshops demonstrate potential for supporting Black women experiencing anxiety (Jameson et al., 2012). Sister circles, previously discussed as a peer-led support model, can be utilized as a space where a range of topics including psychoeducation on anxiety, anxiety management strategies, and mindfulness-based skills training can be covered. These workshops aim to foster community among Black women with anxiety, providing accessible and culturally relevant treatment that aligns with the principles of BFT. Furthermore, workshops and collaborations with faith-based organizations can cultivate mentorship connections between Black women in the community and Black women clinicians. Establishing mentoring programs that connect Black clinicians with Black women aspiring to enter the mental health field can create supportive peer and professional networks that demystify the help-seeking process and potentially increase the representation of Black women within the mental health professions (Ajluni & Michalopoukou, 2025).

Future Research

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Future research must address the persistent gaps in understanding Black women's experiences with anxiety, moving beyond generalized data to examine their unique cultural, spiritual, and community-based coping strategies. Scholars should consider qualitative research on the lived experiences of Black women with anxiety, perceptions of effective treatment, and quantitative evaluations of interventions, such as narrative therapy, exposure response prevention, and community-based healing groups such as sister circles. Future research should also explore the integration of ERP, cultural competence, communal support, and neuroscience in treatment. As more Black women shift from traditional Christianity toward broader spiritual identities, studies must examine how this shift affects anxiety and help-seeking behaviors. Additionally, community-based participatory research is needed to center Black women's voices in study design, data collection, and dissemination. This includes research methods that allow Black women to share their stories, co-interpret findings, and create culturally grounded tools and resources based on their language, values, and definitions of healing.

Conclusion

Black women's experiences with anxiety cannot be fully understood without acknowledging the historical, cultural, and systemic forces that have shaped both their mental health outcomes and their access to care. This paper has emphasized how anxiety manifests uniquely within this population, often intensified by the Strong Black Woman narrative, cultural stigma, systemic inequities, and the underrepresentation of Black voices in mental health research. Yet, despite these challenges, protective factors such as self-esteem and spirituality remain powerful sources for coping, resilience, and healing. When nurtured through affirming cultural messages and community-based support, self-esteem functions not only as a buffer against anxiety but also as a foundation for advocacy, boundary-setting, and emotional

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regulation. Likewise, spirituality, expressed through diverse personal and religious practices, continues to serve as a vital source of meaning-making, connection, and hope for many Black women.

“Fighting to rest” is not merely about the absence of anxiety, but about affirming Black women’s right to vulnerability, wellness, and joy. Advancing this work requires interventions that weave protective factors into culturally responsive approaches. Evidence-based practices such as narrative therapy, justice-centered ERP, mindfulness grounded in spiritual traditions, and somatic methods informed by Polyvagal Theory gain strength when applied through a cultural lens. Community-based supports, including Sister Circles and partnerships with faith-based organizations, expand access and create affirming spaces for healing. Ultimately, supporting the mental health of Black women requires a collective commitment: clinicians must practice cultural humility and advocate for systemic change, while community stakeholders must sustain safe, accessible, and culturally rooted environments that affirm Black women’s humanity, resilience, and worth.

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