

## Abstract

Womanist Care for Black Men and Womanist ArtCare as Institutional Interventions for Black Male Wellness examines the disproportionate confinement, restraint, and surveillance of Black men within hospital settings and argues that these practices are not incidental but structurally embedded. Situating these realities within the enduring afterlives of slavery, medical apartheid, the prison industrial complex, and the racialized deployment of psychiatric and medical authority, this dissertation contends that Black male bodies continue to be read through violent scripts of danger, deviance, and disposability. These readings manifest clinically in coercive care practices that compromise dignity, agency, and spiritual well-being.

In response, this project advances Womanist Care for Black Men and Womanist ArtCare as institutional interventions. Drawing from Womanist Clinical Pastoral Theology and engaging critical artist interventions, the study proposes a reorientation of chaplaincy and clinical practice that confronts racialized harm at the level of narrative, gaze, and institutional imagination. Methodologically, the dissertation employs the Womanist Clinical Narrative Method, analyzing Black male memoirs, case studies, and accounts of clinical encounter to access Black male interiority—an interiority frequently obscured by trauma, stereotype, and constrained masculinities shaped by racialized oppression.

Alongside narrative analysis, the project integrates Black artistic and cultural production as theological and clinical resources. It argues that Black art does not merely represent suffering but functions as intervention—disrupting violent gazes, re-narrating Black masculinity, and creating spaces of co-spectatorship and co-creation within clinical contexts. This integration gives rise to ArtCare, a praxis that combines Womanist theological insight, narrative repair, and critical artistic engagement as modes of spiritual and institutional transformation.

The dissertation asserts that racialized trauma constitutes moral and spiritual injury that exceeds conventional biomedical and psychological frameworks. Therefore, healing requires more than symptom management; it requires myth-making, narrative revision, and the interruption of institutional logics that render Black men disposable. By positioning Womanist Care and Womanist ArtCare as structured, replicable institutional strategies, this study offers a model of chaplaincy that is historically conscious, artistically grounded, and ethically disruptive. Ultimately, it calls for clinical institutions to move beyond managing Black male bodies toward cultivating conditions in which Black men and their families can survive, flourish, and be seen as fully human.