

Ren's Reflection Round-Up: Finding Your Healing Lens



Image: Courtesy of Scottsdale Community College, 2024.

<https://www.scottsdalecc.edu/news/2024/scc-named-among-moviemakers-30-best-film-schools>

When first hearing the title and topic of the *Finding My Healing Lens* webinar, I was highly intrigued by it, but had no idea what a “healing lens” was. Is it similar to a reframing of thoughts, or changing perspective from more negative to positive? I found out: not really! Finding your “healing lens” in life goes deeper than that. When searching for your own healing lens, you must ask yourself self-reflective questions and reflect on all experiences from childhood to the present day. This allows you to analyze how your life and the social context surrounding your life has shaped you and how your experiences, positive and negative, have

affected you, and your mindset going into challenging situations. The “healing lens” framework argues that anyone can grow, change, and learn from any experience, even the most uncomfortable ones. The key factor to finding your healing lens is analyzing yourself and putting in the work, even uncomfortable work, to create the change you want to see in your overall wellness.

The presenter of this February webinar was Brandon Bond, a public health and social work professional specializing in interdisciplinary mental health from the organization *Active Minds*. This makes Brandon’s perspective a great one to learn from as he has not only disclosed overcoming mental health issues and adversity himself, but his specialization in interdisciplinary mental health; mental health from multiple perspectives and professions; is great for looking at complex societal issues like mental health, particularly men’s mental health. Brandon started his presentation and I was shocked by some of the statistics he began to share about men’s mental health on college campuses, including the fact that 35% (that’s seven in every twenty!) college-aged men would NOT consider seeking help from a mental health professional if a personal problem was highly bothering them. I did not realize there was still so much stigma in men’s mental health. Once Brandon began to discuss his identity and cultural background to create context for his personal “healing lens” and experiences in life, I began to realize how finding one’s “healing lens” ties in very nicely with the same ideas that the framework of intersectionality upholds. Different factors and variables in one’s life deeply affect how they experience and view the world compared to another person, even a person from the same or similar demographic groups as them. It is crucial in these frameworks to consider: How does one’s life experience and particular perspective affect how they access and approach mental health care and protection of their sense of self?

Historically, the American medical field has harmed and pathologized Black bodies and people, beyond even the infamous Tuskegee Syphilis Study. The Tuskegee Syphilis Study was an experiment conducted in Alabama by the U.S. Public Health Service on Black men 25 years of age or older. Experimenters did not provide informed consent to these men, which is highly unethical, and purposefully gave these men syphilis to “observe the natural history of untreated syphilis” (Centers for Disease Control and Prevention, 2024). Essentially, the U.S. Public Health Service conducted a state-sponsored study to watch Black men progressively die of syphilis, affecting their wives and other people they may have been intimate with along the way, without providing any form of treatment to participants and without informing the participants of what disease they were being infected with. This was the most high-profile “legitimized” instance of medical/experimental racism in America I was familiar with before this webinar. Brandon shared that there were mental illnesses specifically designated to Black people, pathologizing Black slaves who wanted to be freed; as anyone would; and labeling them under many racist, historical stereotypes which I will not repeat. The important takeaway from this disturbing history is: when people of color do not trust the American medical system more than their white counterparts, it is likely rooted in the historical inequities faced by those populations. There are lessons and traumatic experiences passed down generationally due to these inequities, and when a certain group causes harm to communities, those communities do not simply forget. This is why the American medical system must take extra care and time when reaching out to historically oppressed groups, like Black men, who experience some of the highest forms of stigma around mental health concerns in their community.

Oftentimes, when someone is already experiencing oppression in their daily life, it can be difficult to give up the pieces of your identity you do have control over. If you cannot control

how others may think of you because of your race, gender, sexuality, or any other immutable fact about yourself, it can be easier to hide the pieces of perception you can control. For example, a social-defined “feminine” man may decide to act more “masculine” or “tough” around his friends as a way to control their perception of him and remain “in” the dominant group. After this webinar I learned that this is one of the biggest motivating factors behind why men, particularly men of color and Black men, struggle so heavily with expressing mental health issues. There is already a stigma around sharing mental health issues, and emotions other than anger are often mocked when men express them in American culture.

Due to foundational issues in the way American/Western societies view gender, not as a spectrum but as a binary, there have been gender roles created for us that we may or may not want to follow. These gender roles hurt all of us, even men, especially when men have been given messages consistently in our media and culture which tell them that to be “tough” and “masculine” they must not show emotion. When I think of this, I primarily think of your typical action movie hero. Even after all his trauma, even after friends or loved ones die, maybe he sheds a single tear, but he gets back up to seek vengeance. This is not a typical or normal response in the real-world. Obviously, when losing a loved one, when experiencing trauma or extreme stress, it is okay to cry or scream or feel afraid. But we have sent messages to men in our culture consistently, that sadness, fear, and doubt, are not emotions they are allowed to display. The only emotion that is accepted at all times is anger, due to its association with physical violence and holding power over others, some of the more toxic forms of masculinity.

With this context, it is understandable that someone would want to take control over their gender expression, as that is one of the few things we have control over in our daily lives. Due to the unrealistic gender roles we have in America and within our wider media culture,

many people may feel disconnected with their gender assigned at birth or with the way their gender is expected to behave or act in Western culture. When you lose control of a core piece of your identity and sense of self; your gender; it can be difficult to control how others perceive you, and that feeling can be highly uncomfortable. Sometimes people may view us in a way we would not view ourselves, and that can be frustrating. This is one reason why some men and other people may find themselves overcompensating for their masculinity with socially-defined “masculine” behaviors, in an unproductive, and potentially harmful, way.

Another piece of Brandon’s presentation I found impactful was creating true spaces for belonging and inclusion. Brandon shared a story about being on his university’s campus and seeing a plethora of “You Belong Here!” related branding and promotional material, but stated that he had to go far off-campus to find a proper barber for his hair type. These two experiences create a clear dissonance, and hearing Brandon’s perspective forces me, as a white social worker, to move out of my privilege and into the perspectives of others. How can we truly create more inclusive campuses which do not just *say* that all students belong here but which actually show and prove that a university invests in and cares about each and every one of its students? I challenge myself to consider this as I near graduation this semester, but I challenge anyone reading this to think of this every time they walk on their campus, like I now have.

It is important to remember that despite existing social stigmas, mental health care matters, impacts the entire body, and affects us all. Crying is not feminine; yelling is not masculine, these are emotions and actions which our society has gendered but which everyone feels. If you are reading this and struggling to reach out for help, you are valued and there are resources out there and, more importantly, other people like you who you can connect with.

If you or someone you know is experiencing a mental health crisis, please call or text 988, or text “4hope” to 741-741 for free, private, life-saving resources. You belong here, you are enough, you are loved.



Image: Courtesy of University of Illinois Urbana-Champaign, n.d.

<https://studentaffairs.illinois.edu/about/inclusive-excellence>

