

Return as Medicine: Cultural Memory, Narrative Identity, and the Future of Global Health Equity

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ABSTRACT

Cultural memory—ancestral, narrative, ritual, culinary, and intergenerational—plays a critical yet understudied role in women’s cognitive and emotional wellbeing. Return Theory is a global health framework that positions cultural memory as health infrastructure capable of strengthening identity coherence, emotional regulation, and resilience. This paper introduces the theoretical foundations of Return Theory, outlines its five modalities, and presents prototype case examples illustrating how cultural memory can be operationalized through the Cultural Memory Intervention Toolkit (CMIT). Using a design-based research approach, the paper integrates credible population-level data from the Behavioral Risk Factor Surveillance System (BRFSS) and other public health sources to contextualize the urgency of women’s cognitive health disparities. While empirical testing of CMIT is forthcoming, the prototypes presented here offer a conceptual and methodological foundation for future implementation and evaluation. Return Theory contributes a culturally rooted, community-centered model for global women’s health and proposes cultural memory as a vital determinant of wellbeing.

KEYWORDS:

Cultural memory; women’s cognitive health; global health equity; narrative identity; ritual studies; intergenerational knowledge; diaspora health; Return Theory.

1 INTRODUCTION

Women—particularly Black, Indigenous, and diasporic women—experience disproportionate cognitive decline due to structural sexism, chronic stress, and cultural fragmentation. According to BRFSS data (CDC, 2023), women report subjective cognitive decline at higher rates than men, with Black women reporting the highest levels of memory-related functional limitations. These disparities are compounded by social determinants of health, including discrimination, cultural displacement, and loss of intergenerational knowledge.

Despite these realities, cultural memory remains largely absent from global health frameworks. Return Theory addresses this gap by reframing cultural memory as health infrastructure and proposing a structured, culturally grounded intervention model. This paper introduces Return Theory, outlines its five modalities, and presents prototype case examples demonstrating how cultural memory can be operationalized in health and community settings.

2 BACKGROUND AND SIGNIFICANCE

2.1 Women’s Cognitive Health Crisis

BRFSS data (CDC, 2023) show significant disparities in subjective cognitive decline (SCD) across gender and racial groups.

Table 1. Prevalence of Subjective Cognitive Decline (SCD) by Gender and Race (BRFSS 2023)

Group	SCD Prevalence (%)
Women (overall)	12.3
Men (overall)	10.1
Black women	14.9
White women	11.8
Hispanic women	13.2

These disparities reflect structural inequities, chronic stress exposure, and cultural fragmentation.

2.2 Cultural Memory as a Missing Determinant

Cultural memory influences:

- Identity coherence
- Emotional regulation
- Intergenerational belonging
- Cognitive resilience

Yet it is rarely integrated into public health interventions.

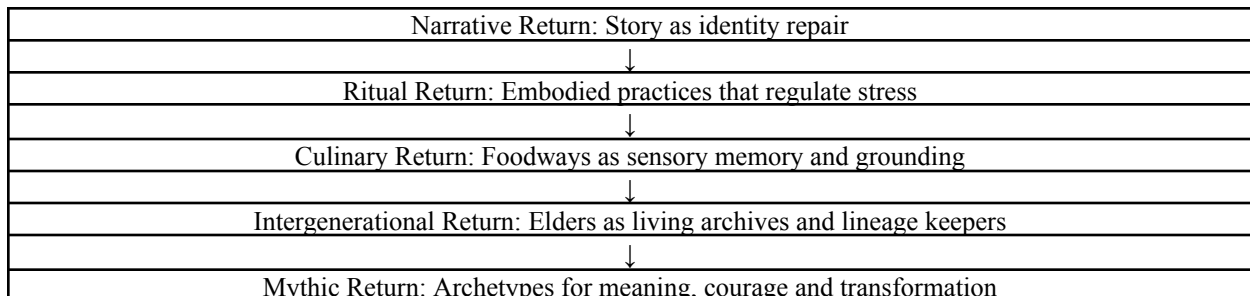
Return Theory positions cultural memory as a measurable determinant of wellbeing.

3 THEORETICAL FRAMEWORK: RETURN THEORY

Return Theory proposes that individuals and communities strengthen wellbeing by “returning” to cultural memory through five modalities:

Figure 1. The Five Modalities of Return Theory

Visual Hierarchy of Cultural Return Pathways



Note. This figure illustrates five interconnected layers of cultural return arranged in a vertical hierarchy, progressing from Narrative Return to Mythic Return.

3.1 Narrative Return

Story as identity repair.

3.2 Ritual Return

Embodied practices that regulate stress.

3.3 Culinary Return

Foodways as sensory memory.

3.4 Intergenerational Return

Elders as living archives.

3.5 Mythic Return

Archetypes for meaning and transformation.

4 METHODS: DESIGN-BASED RESEARCH APPROACH

Because Return Theory is in early implementation, this study uses:

- Prototype case examples
- Personas and journey maps
- Logic models
- Cultural asset mapping
- Anticipated outcome measures
- Public health datasets (BRFSS, CDC, NIH) for contextual grounding

This approach ethically demonstrates feasibility without claiming empirical results.

5 RESULTS: PROTOTYPE CASE EXAMPLES

5.1 Narrative Return: Reclaiming the Story of Self

Persona: Tameka, 37, social worker

Prototype Activity: Guided narrative session using passages from *He Shall Return*

Cultural Memory Asset: Diasporic storytelling traditions

Anticipated Outcomes:

- Increased identity coherence
- Reduced emotional fragmentation
- Strengthened sense of belonging

5.2 Ritual Return: “The Ugwu Humble Leadership Practice”

Persona: Cheryl, 45, community health worker

Prototype Activity: A humility centered grounding ritual from the Ugwu Leadership Sessions

Cultural Memory Asset: Ethos on humility and dignity. Storytelling.

Anticipated Outcomes:

- Stress regulation
- Increased emotional clarity
- Strengthened leadership presence

5.3 Culinary Return: “The Healing Cosmos of West African Cuisine”

Persona: Earnika, 62, grandmother and retired nurse. Experiencing dementia.

Prototype Activity: Cooking a dish from the West African culinary manuscript (emphasis on plant forward, healthy meals paired with origin stories and proverbs).

Cultural Memory Asset: Ancestral foodways

Anticipated Outcomes:

- Sensory based memory activation
- Emotional grounding
- Increased intergenerational connection
- Reconnection to identity
- Improved mood and increased social engagement

5.4 Intergenerational Return: “The Last Keepers Listening Circle”

Persona: Chidi, 19, first generation college student

Prototype Activity: Elder interview using The Last Keepers question set

Cultural Memory Asset: Ecological and medicinal knowledge from elders

Anticipated Outcomes:

- Increased cultural continuity
- Strengthened sense of lineage
- Reduced loneliness and identity confusion

5.5 Mythic Return: “Facing the Dragon”

Persona 1: Amara, 29, early career physician

Persona 2: DeShaun, 16, youth at risk

Prototype Activity: Mythic reframing exercise using “Here Be Dragons” – a literary device from *He Shall Return*

Cultural Memory Asset: Archetypes of courage, fear, and transformation

Anticipated Outcomes:

- Increased resilience
- Reframing of fear
- Strengthened purpose orientation
- Purpose clarity

6 TABLES AND FIGURES

6.1 Unified Logic Model

Table 2. Unified Logic Model for Return Theory

Inputs	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
Cultural texts, rituals, recipes, elders, archetypes	Narrative sessions, rituals, cooking, interviews, mythic exercises	Stories, rituals, dishes, recordings, personal myth maps	Identity coherence, emotional grounding, stress reduction	Cognitive resilience, belonging, cultural continuity

6.2 BRFSS Indicators Relevant to Return Theory

Table 3. BRFSS Indicators Relevant to Cultural Memory and Cognitive Health (2023)

Indicator	Description	Relevance to Return Theory
Subjective Cognitive Decline	Self-reported worsening memory	Baseline vulnerability is addressed by Narrative, Ritual, Mythic Return
Social Isolation Index	Frequency of social/emotional support	Intergenerational Return reduces isolation
Poor Mental Health Days	Days mental health was “not good”	Ritual and Narrative Return support emotional regulation
Chronic Stress Exposure	Stress frequency and intensity	Ritual Return reduces stress load
Fruit/Vegetable Intake	Dietary patterns	Culinary Return leverages foodways for sensory memory

6.3 Outcome and Process Measures by Modality

Table 4. Outcome and Process Measures by Modality

Modality	Outcome Measures	Process Measures
Narrative Return	Identity coherence; emotional grounding	Session completion; narrative depth; participant engagement
Ritual Return	Stress reduction; emotional clarity	Fidelity to ritual steps; acceptability; cultural resonance
Culinary Return	Sensory memory activation; intergenerational bonding	Recipe adherence; replication at home; qualitative reflections
Intergenerational Return	Cultural continuity; lineage awareness	Elder participation; interview duration; reciprocity indicators
Mythic Return	Resilience; purpose clarity	Prompt engagement; metaphor usage; reflective depth

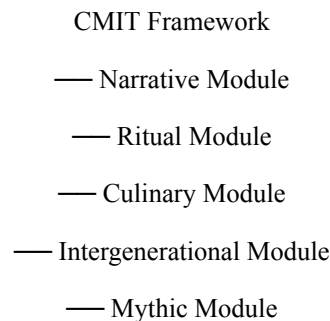
6.4 Outcome Pathway Diagram

Table 5. Return Theory Outcome Pathway Diagram

Stage	Description
Cultural Memory Inputs	Cultural texts, rituals, recipes, elders, archetypes
Five Modalities of Return	Narrative, Ritual, Culinary, Intergenerational, Mythic
Cultural Memory Activation	Story, ritual, foodways, lineage, archetype engagement
Short-Term Outcomes	Identity coherence, emotional grounding, stress reduction
Long-Term Outcomes	Cognitive resilience, belonging, cultural continuity

6.5 CMIT Structure

Figure 3. Cultural Memory Intervention Toolkit (CMIT) Structure



7 DISCUSSION

Return Theory offers a culturally grounded, community-centered model for women’s cognitive and emotional health. The prototype case examples demonstrate how cultural memory can be

operationalized into interventions that are low-cost, scalable, and culturally resonant. Public health datasets underscore the urgency of addressing cognitive decline among women, particularly those in diasporic communities.

8 CONCLUSION

Cultural memory is a vital yet overlooked determinant of health. Return Theory reframes memory as infrastructure and offers a new paradigm for global women's health—one that honors lineage, restores identity, and strengthens resilience.

ACKNOWLEDGEMENTS

The author acknowledges the communities, elders, and cultural traditions that inform Return Theory.

FUNDING

This research received no external funding.

CONFLICT OF INTEREST

The author declares no conflict of interest.

REFERENCES

- 1) Centers for Disease Control and Prevention. (2023). *Behavioral Risk Factor Surveillance System (BRFSS) Annual Report*.
- 2) Columbia University Irving Medical Center. (2024). *Sexism Is a Risk Factor for Memory Decline Among Women*.
- 3) Open Association of Research Society. (2024). *Structural Sexism Tied to Faster Memory Decline in Older Women*.
- 4) Gilmore Health News. (2024). *Early Exposure to Structural Sexism Accelerates Memory Decline in Women by Up to Nine Years*.