

THE CATHOLIC UNIVERSITY OF AMERICA

A Phenomenological Study of HIV/AIDS and Health Promotion Among  
African American Women

A DISSERTATION

Submitted to the Faculty of  
National Catholic School of Social Service  
Of The Catholic University of America  
In Partial Fulfillment of the Requirements

For the Degree

Doctor of Philosophy

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By

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Washington, DC

2016

A phenomenological study of HIV/AIDS and health promotion among  
African American women.

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African American women continue to be at the forefront of the discussion of health disparities, especially as related to Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). Nationally, African American women account for 64% of new HIV diagnoses among women, and AIDS is one of the top ten leading causes of death for African American women aged 15-64 years. Notwithstanding HIV/AIDS, African Americans continue to experience disparities related to physical health and mental health outcomes, as compared to the larger U.S. population. Although there has been a wealth of research examining HIV/AIDS prevention programs targeting African American women, the ways in which participants understand and create meaning from these interventions are lacking in the literature.

Several qualitatively oriented papers have discussed themes derived from the lived experience of persons living with HIV/AIDS, however, the collective patterns of shared meanings and experiences (personal and cultural) that create a sense of purpose, and understanding to an individual's life as it pertains to HIV prevention have not been explored. The purpose of this qualitative study was to examine how the participants of the Healer Women Fighting Disease Project in Austin, Texas understand themselves in relation to the intervention. The Healer Women Fighting disease intervention is an African-centered HIV prevention program that includes a general health component to address preventive health alongside HIV/AIDS prevention. One component of the intervention focused on sacred stones (i.e., Healing Stone) as a traditional African healing tool used for African American women's health and mental health.

Using Afrocentric theory as the basic framework for this program, the African Centered Behavioral Change Model was based on the principle of re-instilling traditional cultural values into African-descent people based on the premise that African Americans, for the most part, survived historically based on Afrocentric worldviews and African values and traditions. The data for the study were secondary data of journals written by women over an eight-week period who participated in the Healer Women program, a systematic random sample of the 60 journals (from the original study) was used to select 20 journals for analysis for this study. Phenomenological analysis was used to elicit themes, ultimately leading to five major themes, three of which had subthemes. The themes that emerged during the coding and analysis process included: turning to a higher power (subthemes: leaning on faith and practicing faith); self-care (subthemes: thinking, identifying and practicing); sense of true self (subthemes: becoming, I can imagine, and I am), healing from previous pain, and sense of purpose and meaning. Findings suggest that the sacred stones held strong resonance for the women and strongly impacted their commitment to better health and mental health. Further, creating meaning within the context of the women's African heritage was the key to achieving behavioral change, and empowering the women to make healthier life choices. In addition, the findings suggest that incorporating African cultural values in the lives of African American women promotes, physical and mental well-being, spirituality, healing, a sense of authentic self, and purpose and meaning. Therefore, as health disparities continue to rise in this population, Afrocentric and effective prevention programming is desperately needed. This research highlights that social work and public health prevention programs aimed at eradicating HIV/AIDS and promoting wellness for African American women should include African cultural values and principles as the core of the intervention in order to yield positive outcomes among this population.

This dissertation by Shakila Lasha Flentroy fulfills the dissertation requirement for the Doctor of Philosophy degree in Social Work, approved by Joseph J. Shields, Ph.D., as Director, and by Lynn Milgram Mayer, Ph.D., and Karlynn BrintzenhofeSzoc, Ph.D., as readers.

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Joseph J. Shields., Director

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## DEDICATION

To my dear grandmother (Little Mama), Georgia Y. Taylor, who taught me the importance of hard work and dedication. You are my sunshine!

To my beautiful mother, Seymoura Flentroy, who taught me to never give up and follow my dreams. I love you!

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## ACKNOWLEDGMENTS

I would like to thank God for guiding me to and through this journey. Without his love and guidance I would not be here today. These past seven years I have learned so much about academics and about myself. I am so thankful for all of it, the difficult days and the good days. Throughout it all I couldn't have finished this journey without the immeasurable support of some key people and I would like to take this opportunity to express my gratitude.

I would like to express my gratitude to all those who have made my dream come true. My utmost gratitude goes to the Chair of my committee, Joseph J. Shields, Ph.D., for his support and guidance throughout this process. In addition, a special thank you to Lynn Milgram Mayer, Ph.D., who provided constructive feedback as my first reader.

I am also indebted to my second reader Karlynn BrintzenhofeSzoc, Ph.D., who supported and mentored me throughout my graduate program. Dr. B recognized my capability and guided me towards it.

I would like to thank Dorie J. Gilbert, Ph.D., who advised me, inspired me and made me believe in myself throughout my graduate work.

I would also like to thank the participants of this study for their unique experiences. It is my hope that this work will continue beyond this dissertation.

I also acknowledge the sacrifice, love, and support of my partner Rockelle who encouraged me through this journey and motivated me to complete my work. I love you!

Finally, to my amazing friend, mentor, and second mother Paula, you have always believed in me and inspired me to be great. Thank you for your love, support, and encouragement through this process and throughout my life. You have always been there for me and I am forever grateful.



## CHAPTER I

### INTRODUCTION TO THE STUDY

African American women (the term African American Women and Black women are used interchangeable throughout this dissertation) continue to be at the forefront of the discussion of health disparities, especially as related to Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (Centers for Disease Control [CDC], 2014). There has been a wealth of research examining HIV/AIDS prevention programs targeting African American women to promote behavior change as the primary outcome goal (Jenkins & Kennedy, 2013; Wingood et al., 2011; Wingood et al., 2013). Further, researchers have typically focused on interventions that address condom use (El-Bassel et al., 2003; El-Bassel, Calderia, Ruglass, & Gilbert, 2009); substance use (El-Bassel, Gilbert, Rajah, Foleno, & Frye, 2000); or interpersonal communication skills with a partner (Wyatt et al., 2004). However, the ways in which participants understand and create meaning from these interventions are lacking in the literature.

Several qualitatively research studies have discussed themes derived from the lived experience of persons living with HIV/AIDS who describe meaning created post -diagnoses (Dibb & Kamalesh, 2012; Phillips, Moneyham, Thomas, Gunther, & Vyavaharkar, 2011; Unger & Collins, 2005). Yet, the collective patterns of shared meanings and experiences (personal and cultural) that create a sense of purpose, and understanding to an individual's life as it pertains to HIV prevention have not been explored. While others have documented safe sex as prevention (Anaebere et al., 2013; Davis et al., 2016; Hunter & Tilley, 2015) I found no studies that explored how participants constructed meanings of safe sex, or what is presented in HIV/AIDS prevention interventions, pre-diagnosis. Exploring this dimension is significant to understanding why and how individuals participate in preventative measures, and will support social workers and health professionals alike, especially those who focus on African American

women and HIV/AIDS programs, to develop programs to effectively fit the specific needs of this population.

This constructivist qualitative research design is a phenomenological analysis of participant's journals, which were a part of the Healer Women Fighting Disease Prevention Project (hereafter, Healer Women). As an Afrocentric intervention, Healer Women addresses mental health, quality of life, and structural barriers for African American women by fostering a general sense of positive self-regard and health promotion (Gilbert & Goddard, 2007). Based on the African Centered Behavioral Change Model (Gilbert & Goddard, 2007; Nobles & Goddard, 1993; Nobles, Goddard, & Gilbert, 2009), the program's objective was to enhance the resilient capacity of African American women so that they are better able to engage in health promotion and life-sustaining activities.

### **Background, Purpose, and Rationale**

Nationally, African American women account for 64% of new HIV diagnoses among women, and AIDS is one of the top ten leading causes of death for African American women aged 15-64 years (CDC, 2013a). Notwithstanding HIV/AIDS, African Americans continue to experience disparities related to physical health and mental health outcomes, as compared to the larger U.S. population. According to the CDC (2011), cancer, cardiovascular disease, obesity, diabetes, depression, and HIV/AIDS are the leading health and mental health conditions with the largest disparities among African American women. Poverty, lack of accessible healthcare, mistrust of medical and other institutions, institutionalized racism, and a sense of fatalism have all shaped the disease disparities for African American women (U.S. Department of Health and Human Service, 2013). As a consequence, African American women have higher mortality rates caused by these disease than any other racial or ethnic group (CDC, 2011), mainly due to later stage at diagnosis (Anderson, Chandra, & Mosher, 2005) and lack of belief of being at risk (Bradley, Sales, Murray, & DiClemente, 2012; Sales, DiClemente, Davis, & Sullivan, 2012).

Individually, these health concerns, many of which are preventable, arise from particular etiological factors; however, collectively, they sound an alarm for social workers and other health professionals to improve prevention efforts.

Among the health conditions stated above, HIV/AIDS has had the most disproportionate impact on African American women, and the African American community in general. Although they represent only 12% of the U.S. population, African Americans now account for over 44% of new HIV infections (CDC, 2015). During the onset of the HIV epidemic, African American women were likely to contract the virus from intravenous drug use (Fullilove & Fullilove, 1999; Gilbert & Wright, 2003). Although the rate of women contracting HIV through intravenous drug use has decreased, (Lawrence et al., 1998) African American adult women and adolescents exposed to the virus through high-risk heterosexual contact has increased (CDC, 2008b; Laurencin, Christensen, & Taylor, 2008). According to the CDC (2015), 87% of African American women with HIV reported being infected from heterosexual contact. These adverse figures underscore the imminent need to understand and clarify the factors that influence the practice of HIV-preventive behaviors among African American women.

Over the past three decades, gender-specific HIV prevention programs have been developed, but few have specifically targeted African American women (DiClemente & Wingwood, 1995; Lauby, Smith, Stark, & Adams, 2000; Wingwood & DiClemente, 2006). There is a dearth of literature examining the outcome of prevention interventions (El-Bassel, Caldeira, Ruglass, & Gilbert, 2009; Laughon et al., 2007; Wingood & DiClemente, 1998; Wyatt et al., 2002), decision making processes as it relates to HIV/AIDS (Davis, Sloan,

MacMaster & Kilbourne, 2007; Foreman, 2003); and interpersonal communication skills (Wyatt et al., 2004) among African American women. However, limited studies have incorporated African and African American traditional values as protective factors for not contracting HIV/AIDS (Nobles, Goddard & Gilbert, 2009).

An alternative strategy for HIV prevention with African American women is the African-Centered Behavior Change Model (Nobles & Goddard, 1993). The model emphasizes the socio-cultural context of individual and relational responses to oppressive structural forces such as internalized oppression, which can express itself in as depression, sense of disenfranchisement, psychological suppression of risk, and fatalism. In essence, an African-centered model represents the fact that as human beings, people of African ancestry have the right and responsibility to “center” themselves in their own subjective possibilities and potential. Through the re-centering process they reproduce and reconstruct the positive aspect of their personal and ancestry trajectory (Nobles & Goddard, 1993). Bontempi and colleagues (2008) state that the best prevention strategy is one that promotes positive development rather than prevents a particular dysfunctional behavior.

### **Background Information**

#### **A brief history.**

Actual trends of HIV transmission patterns and social perceptions of who is being infected have shifted throughout the history of the disease. This is the result of a dramatic shift over the last 30 years with respect to the social groups most likely to be infected with HIV. During the beginning of the epidemic in the early 1980’s, the primary mode of transmission was attributed to sex between men and as a result was named the “gay white men’s disease” (Dowdle, 1983; Mays & Cochran, 1988) or “gay-related immune disorder” (Averitt, 2000). It was not until 1984 that the human retrovirus known as HIV was identified as the primary cause for the development of AIDS (Avritt, 2000).

The CDC has compiled a comprehensive list of modes of HIV transmission: men who have sex with men, sharing needles, high-risk heterosexual contact, perinatal, blood transfusions, hemophilia, and other causes not reported or identified (McNair & Prather, 2004). In the late 1980's and early 1990's, researchers noted a sharp rise in HIV infection due to injection drug use, sexual risk with a partner, and perinatal exposure (Strug, Grube, & Beckerman, 2002). However, with advances in pharmacotherapy, a shift in those being affected by the disease began to change as a result of HIV/AIDS becoming a chronic illness thus extending people's lives (Strug et al., 2002). In 1992, HIV/AIDS diagnoses attributed to heterosexual contact exceeded injection drug use for the first time (O'Leary & Jemmott, 1995).

The number of women contracting HIV through heterosexual contact increased rapidly during the early '90s (Strug et al., 2002). High-risk heterosexual contact was and still is the primary mode of infection for female adults with HIV/AIDS; 87% of women and teenage girls with HIV/AIDS had contracted it through high-risk heterosexual contact (CDC, 2015). During this time, rates of infection for African American women and Latina women were disproportionate compared to white women. African Americans as a whole have outnumbered whites among persons living with HIV/AIDS (hereafter PLWHA) and deaths since 1996, and in the number of new HIV diagnoses (CDC, 2000). This racial disparities continues to hold true to date (CDC, 2014).

Responses to the HIV epidemic focused mainly on reducing behaviors associated with sexual activity and needle sharing (Watkins, 1988). Widely used messages encouraged the general public to consider abstinence as a method to prevent the spread of HIV through sexual contact (Koop, as cited in Mays & Cochran, 1988). Moreover, when abstinence was impossible, the use of condoms was suggested (Mays & Cochran; Watkins, 1988). Public health officials viewed the disease in terms of the gay community and learned to involve them in decision making regarding laws and programs to best fit their needs (Dalton, 1989).

Nonetheless, HIV education and prevention methods lagged in terms of developing strategies to target African American women and to assist them with safer sexual practices (Dalton, 1989; Mays & Cochran; Peterson, 1988).

**Incidence and prevalence of HIV/AIDS.** The HIV/AIDS epidemic has become a serious challenge among social workers and health professionals alike. Since the first case of HIV/AIDS was reported in 1981, millions of people around the world have become infected with the disease, and the epidemic has claimed millions of lives. Globally, in 2012 there are an estimated 35 million PLWHA up from 29.5 million in 2001 (UNAIDS, 2013) including more than one million in the United States (CDC, 2014). While cases of HIV/AIDS have been reported throughout the world, most people living with HIV/AIDS reside in low and middle-income countries, particularly in sub-Saharan Africa (UNAIDS, 2013). Sub-Saharan Africa, the hardest hit region, is home to two-thirds (70%) of PLWHA even though it makes up only 11–12% of the world’s population (UNAIDS, 2013). Furthermore, women comprise 57% of PLWHA in this same region. HIV is a leading cause of death worldwide (UNAIDS, 2013), and among the top five causes of death among African American women in the United States (CDC, 2011).

Compared to other countries, the United States accounts for between one and five percent of the 38.6 million HIV infections worldwide (UNAIDS, 2009). The CDC estimates that 1.2 million persons in the United States are living with HIV/AIDS (CDC, 2011). Additionally, there are 40,000 new HIV infections in the U.S. each year and it is estimated that approximately 25% of the people infected do not know their status (Kaiser Family Foundation [KFF], 2011). African American women accounted for the majority of HIV diagnoses among women in the South (71%), Midwest (61%), and Northeast (60%) (CDC, 2011). By the end of 2010, KFF reported that in the U.S., over half (60%) of women living with HIV were African

American women. Although HIV-related mortality has declined overall in the U.S. since 1995, African American women are still disproportionately represented. The 70% decline in deaths is mainly due to the prelude of highly active anti-retroviral therapy (HAART), however these results can also be credited to the decline in annual new HIV infections in the 1990's as compared to the prior decade (KFF, 2009).

**HIV/AIDS and African American Women.** HIV/AIDS continues to disproportionately affect the African American community (Farel et al., 2013). For instance, the prevalence rate for Black men in 2013 was six times the rate of white men (CDC, 2015), however, African American women were 20 times the rate of white women and 10 times the rate of Hispanic women (CDC, 2014). African American women continue to be at the forefront in terms of new HIV/AIDS cases and other sexually transmitted diseases in which they are disproportionately affected (CDC, 2014; Gomez, 2011). Similar to the trends among Blacks as a whole, African American women account for more deaths due to HIV/AIDS than any other group of women, and they represent the majority of women living with the disease (CDC, 2014; KFF, 2014). Furthermore, AIDS is the leading cause of death among black women between 25 and 34 years of age and the third leading cause of death among those between 35 and 44 years of age (CDC, 2011).

The CDC (2014) reported that the majority of African American women are infected through high-risk heterosexual contact (89%), and when compared to other racial groups, they are contracting HIV through high-risk heterosexual contact more frequently (Prejean et al., 2011). Studies have shown that women are at higher risk of contracting HIV from their male counterparts (CDC, 2011; DiClemente, David, & Sullivan, 2012; KFF, 2014; Siemieniuk, Krentz, & Gill, 2013), as HIV is transmitted more efficiently from men to women during sexual intercourse without a condom. In addition, women with other sexually transmitted infections are at increased risk for contracting HIV. For example, being infected with gonorrhea and

syphilis, greatly increases the likelihood of getting or spreading HIV (Division of STI Prevention, 2009).

Notwithstanding the disparity in HIV/AIDS for African American women, the reasons for such disparity remain unsettled. Individual risk behaviors have been suggested to be the primary cause that may put African American women at higher risk for HIV. The CDC (2012) reported that over 65% of African American high school students report having had sexual intercourse. Of the students who reported having sexual intercourse, 15% had sexual intercourse before the age of 13, 29% had sexual intercourse with more than four persons, and 38% report not using a condom during their last sexual encounter. Equally important, research studies associate a higher number of lifetime sexual partners with increased risk of HIV infection, and African American young women are more likely to have four or more sexual partners by the age of 20 than whites and Latinas (CDC, 2008).

Cultural factors and lower socioeconomic status, oppression/discrimination, and inadequate access to health care, often place African American women at higher risk for HIV infection than other racial/ethnic groups (Office of Minority Health, 2006). This population has a long history of facing dangerous situations that normally are not experienced by middle class groups, and are adept at accessing resources to overcome these stressors (CDC, 2010; Mason, Ogden, Berreth, & Mating, 1986; Wyatt et al., 2011). A focus on immediate survival needs means they have less time and energy available to focus on more abstract, future-oriented concerns. Particularly, survival needs that rank as most important to this population are: shelter, personal safety and safety for their children, and obtaining financial resources (Moreno, El-Bassel, & Morrill, 2007). Furthermore, even if HIV was perceived as a high concern, some women do not have the resources to reduce their risk (Mays & Cochran, 1988).

In contrast, the reasons behind HIV/AIDS disparities for African American women are far more complex than socioeconomic status. Researchers have begun to examine social and



cultural factors that could be contributing to decisions to engage in risky sexual behavior. To date, issues around power differentials in heterosexual relationships, the sex-ratio imbalance in the Black community, childhood sexual abuse, and the lasting effects of historical oppression and racism are being postulated as significant contributors to the HIV/AIDS disparity for African American women (Goparaju & Warren-Jeanpiere, 2012; Sales, DiClemente, Davis, & Sullivan, 2012; Wyatt et al., 201). Uncovering and addressing the unique needs of this population will allow researchers to create a comprehensive etiology of HIV/AIDS disparities among African American women.

### **Health Disparities and African American Women**

There are continuing disparities in the burden of mental health, illness, and mortality experienced by African Americans as compared to the U.S. population as a whole. Statistical reviews of the disproportionate toll of certain diseases on African American women highlight the need for prevention, treatment, and resources toward reducing the loss of life (U.S. Department of Health and Human Services, 2010). According to reviews from the Office of Minority Health (2009), cancer, cardiovascular disease, obesity, diabetes, depression, and HIV/AIDS are the leading health and mental health disparities among African American women. Individually, these health and mental health concerns arise from particular factors and prevention needs; however, collectively, they sound an alarm on the need for improved prevention efforts.

Cancer, especially breast, colorectal, pancreatic, and lung, is more fatal for African American women than their racial/ethnic counterparts (Office of Minority Health, 2009). For breast cancer, African American women have higher mortality rates than any other racial or ethnic group, although the rate of newly-diagnosed cases of breast cancer is 20% lower than in White women (CDC, 2010; Lund et al., 2010; Ma et al., 2013; O'Brien et al., 2010). African American women are 30% more likely to die from breast cancer, compared to White and Latino

women (CDC, 2013a), and are more likely to have an aggressive subtype of breast cancer that is associated with higher mortality (Ma et al., 2013). Breast cancer screening rates are low among vulnerable populations, which include the poor, uninsured, and underinsured, and as a result this leads to higher mortality rates among this population subgroup (Lund et al., 2009; O'Brien et al., 2010; Sachev et al., 2010). The racial disparities mentioned above suggests that African American women are experiencing additional biological differences, possible environmental factors, including racism and discrimination, and access to care and treatment which in turn places this group at an increased risk for breast cancer (Gerend & Pai, 2008).

Additionally, African Americans suffer the most from cardiovascular disease and stroke. Heart disease is the leading cause of death among African Americans and stroke is the fourth leading cause (American Heart Association, 2013; CDC, 2013; Mosca, Mochari-Greenberger, Dolor, Newby, & Robb, 2010). In women, being overweight and obese, having diabetes and high blood pressure are all risk factors for heart disease and stroke. Studies suggest that African American women are more likely to have high blood pressure (Mosca et al., 2010; Office of Minority Health, 2009), and are disproportionately affected by obesity and diabetes than their white counterparts (American Heart Association, 2013). African American women are especially affected, with nearly 15% of African American women over 20 years of age having diabetes, in comparison to 8.5% of men in the same age group (CDC, 2010). Smoking and substance abuse also negatively impact the health of African American women (CDC, 2010).

Moreover, depression and stress exacerbate the problems facing African American women. Sixty percent of African American women have symptoms of depression, according to the national study conducted for the Black Women's Health Imperative. Research indicates that the stress in the lives of African American women contributes to poor physical health and other health outcomes (Dalmida, 2006; Heath, 2006). Stress related to racism and discrimination may underlie the poor diet and resulting obesity among black women and may be associated

with the high prevalence of high blood pressure and diabetes (Women of Color Health Data Book, 2008).

### **Theoretical Framework**

The study will be guided by Afrocentric theory and Symbolic Interaction theory. Afrocentric theory is grounded in the notion that resilience, for African-descent persons, rests on the development of an identification and acceptance of a culture based on knowledge of its African heritage and the promotion of behaviors, thoughts, and emotions that foster life-affirming practices (Asante, 2007). In short, the reclamation of positive cultural and value orientation is a key healing phenomenon (Hilliard, 2003; Nobles & Goddard, 1993). One value system is the *Nguzo Saba*, or the seven principles representing “guiding principles” which have sustained African American people and communities (Schiele, 1997). These seven principles are: *unity* (striving for unity in family, community, and race); *self-determination* (defining, naming, and creating for oneself); *collective work and responsibility* (building and maintaining community and solving problems together); *cooperative economics* (building and maintaining the economic base of the community); *purpose* (restoring people to their original traditional greatness); *creativity* (enhancing the beauty and benefits of self and community); and *faith* (belief in the righteousness of the black struggle). Another value system for guiding the life and behavior of African Americans is rooted in the principles of *Maat*, a philosophical, spiritual, and cultural system that “reflects principles for living” holistically (Parham, 2002, p. 41). Based on Afrocentric theory, the driving principle of the *African-Centered Behavior Change Model* is that behavioral change in African American populations is determined by minimizing the effects of the *Maafa* (dehumanizing and oppressive structural forces) and maximizing *Ma’at* (sense of veneration or self-respect and personal authenticity). By reinstalling traditional African and African American cultural values, or protective factors, the shift from “at-risk

behavior” to “health promotion behavior” is accomplished through the techniques of cognitive restructuring, cultural realignment, and character refinement.

Symbolic interaction theory is based on the idea that the individual undergoes a process of interpreting his/her environment, and uses the individual’s values and beliefs to do so. Blumer (1969) conceptualizes the nature of symbolic interactionism as centered on three premises: meaning, social interactions, and interpretation. First, he argued that human beings act towards things based on the meaning that is associated with them. Second, Blumer offers that meanings are social products that are formed through interactions with others. Finally, meaning and interactions among individuals undergo an interpretative process at varying degrees with things encountered in everyday life. All of these concepts are relevant in understanding the way African American women define themselves according to health promotion efforts.

### **Purpose of the study**

The purpose of this qualitative study is to examine how the participants of the Healer Women Fighting Disease Project an African-centered HIV prevention program that includes a general health component to address preventive health alongside HIV/AIDS prevention, understand themselves in relation to the intervention. Utilizing phenomenological methodology, this study will explore how the participants make meaning of the intervention, and incorporated it into their mindset as described through journals.

Phenomenology is well suited for the examination of understudied populations because it provides rich text and deep meaning of lived experiences through the participants own words and descriptions (Creswell, 2007). Phenomenological analysis is used to facilitate an understanding of the essential meaning of the participants experience in the intervention. The common themes and shared experiences of the women are the focus of the study. The data for the study were secondary data of journals written by women over an eight-week period who

participated in the Healer Women Fighting Disease Project in Austin, Texas. A phenomenological analysis of the text was completed following the final data collection and transcription of journals. The researcher will use a combination of the various approaches to phenomenological analysis as described by Moustakas (1994).

### **Research Question**

How did African American women in the *Healer Women Fighting Disease Prevention Project* experience the intervention components and demonstrate meaning in their daily lives as described in their journals?

### **Significance to Social Work**

As a profession, social workers have been at the forefront in providing macro and micro services to PLWHA and HIV prevention resources. During the beginning of the epidemic, social workers provided PLWHA end of life counseling and assisted with community resources and housing (Strug et al., 2002). In the 1990's social workers were instrumental in fighting stigma towards those with the illness, and supplied PLWHA needed resources like medicine, access to medical care, and fighting for civil rights (Strug et al., 2002).

Currently, social workers continue to fight to reduce the number of people infected with HIV each year and provide a wide range of services to PLWHA. Social workers can be found working at both the micro and macro levels in the prevention and treatment of HIV/AIDS. On the micro level social workers provide grief counseling, community resources and access to medical care, job and housing resources, and assistance with disclosure of their disease to family and friends. Additionally, on a macro level, social workers have been influential in working on policy agendas such as the Ryan White Act and The Minority AIDS Initiative. Internationally, social workers work with government officials in efforts to decriminalize homosexuality, and provide global federal funding to PLWHA.

Current HIV/AIDS surveillance in the U.S. indicates a continued need for social workers and public health officials alike to provide HIV prevention to women of color and other racial and ethnic groups who are disproportionately affected by this disease. Currently, gaps in the literature exist on how participants, specifically African Americans participants, understand and interpret information offered through prevention programs. This study will contribute to the social work knowledge base by understanding how meaning is created and constructed by African American woman participating in a HIV/AIDS prevention program. Furthermore, this knowledge will inform developers of prevention programs focused on African American women and HIV/AIDS by providing information that is difficult to gather through surveys, interviews, and other traditional data collection methods. Equally important, journaling creates an avenue for people who have been marginalized to express their authentic voice, which otherwise can be silenced through use of traditional interviewing. Eliciting data that aptly describes experience through journals and other expressive forms can provide valuable information otherwise overlooked for social workers and those designing and implementing interventions to remedy critical social problems (Gerstenblatt, 2013).

### **Professional interest**

As an African American women and researcher, I have been directly and indirectly affected by the plight of HIV in the African American community. For three years post-masters, I worked as a Medical Social Worker and provided crisis support counseling to newly diagnosed African American women, and witnessed firsthand the plight of women being infected. Although the hospital's patients were predominately white, the majority of new cases of HIV were among African American women. Moreover, being a woman of African descent, I am directly affected by images of women in Africa and here in the United States who are infected with HIV at alarming rates. As a researcher, and a member of this community, my

hope is to bring a different perspective to the knowledge and understanding of HIV/AIDS sexual risk behavior among African American women.

### **Summary**

This chapter provides background information on HIV/AIDS, African American women in general, health disparities, and African American women and HIV/AIDS. The chapter concludes with the relevance and rationale for this study. Chapter 2 reviews the empirical literature regarding HIV/AIDS and other health promotion interventions targeting African American. In addition, non- traditional data collection methods will be explored. The limitations of the literature are discussed and the research objectives are described. The chapter then goes on to discuss the conceptual and theoretical framework for this study, Chapter 3 presents the qualitative research methodology of this dissertation executed through daily journals written by participants in the Healer Women program. Chapter 4 relays the results of this study and displays the data through transcript excerpts. Finally, chapter 5 discusses the results of the study as related to previous empirical literature. The implications for social work practice, education, and policy are discussed, as well as the limitations of the study and future directions for research.

## CHAPTER II

### REVIEW OF THE LITERATURE

The number of factors that intersect to heighten HIV risk for African American women is at times overwhelming. Given that many of these factors are structural in nature, interventions at the structural and community level are increasingly important (Adimora, Schoenbach, & Floris-Moore, 2009; Peterson & Jones, 2009). Furthermore, interventions addressing risky sexual behavior among Black women have focused on individual risk factors such as: substance abuse, childhood sexual abuse, relationship status, multiple partners, and poverty indicators (Cufee, et al., 2007; Wenzel, et al., 2007; Wyatt et al., 2002) that place Black women at risk for HIV. Additionally, studies have focused on perceived relationship power and its link to sexual risk behavior (Bowleg et al., 2000; Bontempi et al., 2008; Fullilove et al., 1990; Wingood & DiClemente, 2000), and on how a strong sense of ethnic identity can be a protective factor for African American adolescent girls (Belgrave et al., 2000; Townsend, et al., 2006). Therefore, in order to address the plight of HIV/AIDS among Black women, an ecological perspective will be utilized to provide an explanation as to why Black women are at risk for being infected with HIV.

#### **Risk Factors**

El-Bassel, Caldeira, Ruglass, and Gilbert (2009) addressed risk factors among African American women with respect to increased HIV risk by summarizing the risk factors into an ecological perspective. The authors' ecological perspective consisting of four levels of risk factors:

1. The ontogenetic system, which refers to personal factors such as child abuse, posttraumatic stress disorder (PTSD), and substance abuse;
2. The microsystem, which refers to interactional and relationship contexts, such as



- relationship dynamic and fear of intimate partner violence (IPV);
3. The exosystem, which refers to external stressors, such as poverty and lack of access to HIV prevention services; and
  4. The macrosystem, which include the broad cultural values and belief systems (e.g., gender roles, gender inequalities, social norms, attitudes towards sexual activity, safe sexual practices). (p. 996)

The above ecological perspective will be used as a model for risk factors that are associated with placing African American women at risk for HIV infection.

### **Ontogenetic System**

African American women specifically those who are economically disadvantaged are at an increased risk for childhood sexual abuse (CSA) (Laughon et al., 2007; Wingood & DiClemente, 1998; Wyatt et al., 2004). Furthermore, studies document that women who experience CSA are likely to display symptoms of PTSD, depression, and substance abuse or dependency disorders (Kingston & Raghavan 2009; McCutcheon et al., 2010; Sikkema, Hansen, Meade, Kochman & Fox, 2007). Research also has demonstrated a link between CSA and adult risk for sexually transmitted infections (Hillis et al., 2000). Wyatt, Carmona, Loeb, and Williams (2005) found that women who have a history of CSA have a sevenfold increase in HIV-related, high-risk sexual and reproductive behavior. These risky behaviors include: early onset of sexual activity (Wyatt et al., 2005), inconsistent use of condoms, and multiple partners (Johnsen & Harlow, 1997).

Substance abuse plays a major role as a coping mechanism for women who have experienced CSA (Mclean, Morris, Conklin, Jayawickreme, & Foa, 2014). At the same time, substance abuse impairs judgment and negotiation skills; increases the likelihood of trading sex for money or having unwanted sexual intercourse; increases the chance of having multiple partners; and decreases the chance of using condoms (El-Bassel, Gilbert, Rajah, Foleno, &

Frye, 2003). Furthermore, research suggests that African American women with histories of CSA are more likely to have substance abuse problems than women without history of CSA (Johnson & Harlow, 1997). Wyatt et al. (2004) and Sikkema et al. (2006) advocated that prevention programs should incorporate CSA among African American women and its link with HIV infection as a strategy to reduce the spread of HIV among this population.

The intervention designed by Wyatt et al. (2004) was one of the first HIV prevention programs to address the effects of CSA on African American and Latina women. Their findings suggest that an interpersonal communication skills building intervention was efficacious in reducing self-reported HIV risk behaviors among African American and Latina women who were HIV-positive and had a history of childhood sexual abuse. Of the 147 HIV-positive women assigned to the intervention, they were more likely to report sexual risk reduction at posttest. Similarly, Sikkema et al. (2007) found that a trauma-based intervention delivered in a group setting that addressed CSA and HIV-related risk was efficacious in reducing trauma related symptoms and promoting healthy coping strategies associated with CSA.

Research shows that in order to reduce HIV risk among African American women, prevention programs must assess women for CSA (Jones et al., 2010; Sikkema et al., 2007; Wyatt et al., 2004). In addition, substance abuse and PTSD should be assessed and incorporated into the intervention to yield long-term risk reduction behavior among African American women (El-Bassel et al., 2009).

## **Microsystem**

African American women who have a steady sexual partner (serial monogamy partner) report inconsistent use of condoms or not using condoms at all (Inungu et al., 2009; Lewis, Miguez-Burbano, & Malow, 2009; Trepka et al., 2008). Studies show that most women living with HIV or AIDS were infected through heterosexual intercourse with a steady partner (CDC, 2012). Furthermore, African American women who report being physically abused are significantly less likely to use condoms or negotiate condom use compared to women in non-abusive relationships (DiClemente & Wingood, 2009). Moreover, the imbalance of African American men compared to African American women also contributes to the inconsistent condom use among women (Nora et al., 2012; Steven-Watkins et al., 2013). The gender-ratio imbalance between African American men and women was suggested over a decade ago to increase HIV-related risk behavior among African American women (Wyatt, Forge, & Guthrie, 1998). Further, among a sample of African American college students, women believed the gender-ratio balance facilitated compliance with men's preferences to refrain from using condoms to "secure a sexual partner" (Ferguson et al., 2006).

El-Bassel et al. (2009) found that, in order to increase condom use among African American women, prevention programs should engage both the woman and her partner in HIV educational sessions. For example, El-Bassel et al. (2005) found that among African American and Latino couples at one year follow up, couples who engaged in education together were more likely to report consistent condom use, and reported few unprotected acts. The above study demonstrates lasting results for addressing condom use among women and couples; however, it does not take into account women who are experiencing physical intimate partner violence (hereafter IPV) who are less likely to have a voice in their relationship (Rountree, Bagwell, Theall, McElhaney, & Brown, 2014).

Studies conducted among African American women have found that experiencing

physical IPV increases the likelihood of HIV and other sexually transmitted infections (hereafter IPV) (Overstreet, Willie, Hellmuth, & Sullivan, 2015 ). Furthermore, Beadnell, Baker, Morrison, and Knox (2000) found that African American women are at increased risk for IPV when compared to other racial groups. When taking into account IPV, women are less likely to participate in HIV-related couples groups because of fear of violence from their partner (Beadnell et al.). Therefore, HIV prevention programs targeting African American women who are at risk for IPV should address relationship safety, skills to negotiate condom use, and HIV risk reduction skills (El-Bassel et al., 2003; Rountree et al., 2014).

### **Exosystem**

African American women who are of lower socioeconomic status often live in neighborhoods with high levels of substance abuse, HIV infection, and other STIs, and have inadequate access to HIV prevention programs (DiNenno, Oster, Sionean, Denning, & Lansky, 2012; Jipguep, Phillips, & Cotton, 2004; Robinson, Scheltema & Cherry, 2005;). Furthermore, poor black women are less likely to consider their own personal risk of becoming infected with HIV due to the realities of their social context (Davis, 2014; Polansky, Teti, Chengappa, & Aaron, 2015). A focus on immediate survival needs means they have less time and energy available to focus on more abstract, future-oriented concerns. Particularly, survival needs rank as most important to this population: shelter, personal safety and safety for their children, and obtaining financial resources (Stratford et al., 2008). Furthermore, even if HIV was perceived as a high concern, some women do not have the resources to reduce their risk (Stratford et al., 2008).

The stressors noted above have negative psychological consequences that place African American women living in poverty at high risk for HIV and AIDS (El-Bassel et al., 2009). Hasnain, Levy, Mansah, and Sinacore (2007) found that adult African American drug users with less than a high school diploma were more likely than their better-educated counterparts to

engage in HIV risk behavior. The World Bank (2002) argues that non-specialized education is the most effective intervention against preventing HIV/AIDS. Melton (2014) interviewed 30 HIV-positive Black women and found that participants expressed education attainment as a key factor in improving health outcomes among Black women.

Moreover, in order for prevention programs to be effective in reducing risky sexual behavior among poor African American women, their social and economic environment must be fully addressed (El-Bassell et al., 2009; Wingood & DiClemente, 1992). There are few studies that have focused on incorporating stressors that hinder low-income women's ability to perceive HIV as a risk. One of the few studies focused on improving African American women's environments in order to reduce HIV risk was Wechsbery et al. (2004). The authors found that improving housing, employment, and access to HIV programs was a strong predictor of reducing unprotected sexual activity.

### **Macrosystem**

Studies suggest that the imbalance of African American women compared to African American men results in women having less interpersonal power in relationships (Bontempi, Eng, & Quinn, 2008; Ferguson, Quinn, Eng, & Sandelowski, 2006; Logan et al., 2002; Jipguep et al., 2004). Under these conditions, men have more choices for potential partners while women experience more competition and experience more relationship insecurity. Furthermore, African American men are more likely than African American women to become incarcerated, to be unemployed, and to have lower life expectancies, while homicide rates among men are also higher, further reducing the number of available, attractive partners (Gaiter & O' Leary, 2010; Guerino, Harrison, & Sabol, 2012). This in turn, interferes with women's ability to discuss condom use, due to apprehension that the topic might lead to conflict and endanger the future of the relationship (Logan et al., 2002). Further, prevention efforts targeting African American women would be greatly strengthened if interventions referenced how

they experience and perceive sexual partnerships (Wyatt, Williams, & Myers, 2008).

Research that has explored the effects of relationship power for African American women shows that the greater a women's perceived relationship power is, the higher her reported rates of condom use, birth control, and control over sexual decision-making (Bontempi et al., 2008). Furthermore, social norms (i.e., family, church, society) also play a role in a women's perceived relationship power (Ferguson et al., 2006). For example, Dancy and Berbaum (2005) found that African American women who were not constrained by social norms (i.e., women should not discuss condom use or sex unless the man brings up the topic) were more likely to engage in HIV-protective behavior.

Prevention programs that focus on social norms and sexuality are limited for African American women (El-Bassel et al., 2009). However, there are some studies that have focused on cultural factors in explaining sexual attitudes among African American girls. Belgrave, Marin, and Chambers (2000) found that ethnic identity was a significant predictor of less risky sexual behavior among adolescent females aged 10 to 13. Townsend and colleagues (2006) further investigated ethnic identity and Afrocentric values in understanding high-risk behaviors among African American adolescents. Findings revealed ethnic identity was related to perceived behavioral control and peer norms while Afrocentric values predicted peer norms and attitudes. The studies highlight the importance of ethnic identity among African Americans as a protective factor in reducing risky sexual behavior. Continued efforts are needed to enhance prevention programs at the Macrosystem level, which might include involving the Black Church or incorporating Afrocentric theory as a basis for developing prevention programs for African American women.

## **Protective Factors**

### **African Americans and Spirituality**

Religion and spirituality play an important role in the lives of many African Americans

(Taylor & Chatters, 1986). Studies also show that African Americans report spirituality remaining important even when they have disengaged from religious institutions (Nunn et al., 2013). Religion and spirituality “both focus on the sacred or divine, a beliefs about the sacred, the effects of those beliefs on behavior, practices used to attain or enhance a sense of the sacred, and experiences of spiritual or religious states of consciousness” (Wuff, as cited by George, Larson, Koenig, & McCullough, 2000, p. 103). On average, African Americans tend to be more religiously involved than other ethnic groups in the United States (Chatters, Taylor, & Lincoln, 1999; Levin & Taylor, 1997) and are more likely to attend church service, read religious material, and watch/listen to religious broadcasting (Chatters, Taylor, Bullard, & Jackson, 2008). Specifically, this holds true for African American women, particularly those who are older (Chatters et al., 1999). Furthermore, the African American church historically has been an organization in the community that serves functions that go beyond organized worship (Lincoln & Mamiya, 1990). For example, many African American churches offer health related programs, and in some cases social services to their members.

It has been suggested that there is a positive association between religiousness and health-related outcomes and disease states. These include but are not limited to heart disease, hypertension, cancer, health-related behaviors, and mortality (Koenig, McCullough, & Larson, 2012). Indeed, it is well documented that African Americans suffer a notable burden of chronic diseases and other health problems (U.S. Department of Health and Human Services, 2010). Therefore, given the high levels of religious involvement (Taylor, Chatters, Jayakody, & Levin, 1996) and health disparities among the African American community, the study of the religion-health connection is particularly relevant.

### **Religion-Health Connection**

In a review of the literature, religiosity and spirituality serve as protective factors for both physical and mental health, and have positive influence on healthier lifestyles, greater

social support, and improved psychological coping with stress (Ellison & Levin 1998; Roff et al., 2005). Regardless of denomination, people who report high levels of religious involvement engage in fewer risky health behaviors (Kark, Shemi, & Friedlander, 1996). Such behaviors might reflect the general belief of the body as a temple of God (George et al., 2000). Koenig (2012) listed a number of behaviors which religious involvement may impact, including weight control, diet, risky sexual activity, and illegal drug use or drinking alcohol excessively. In a qualitative study, 31 African American men and women completed semi-structured interviews about their views on religion and health (Holt, Lewellyn, & Rathweg, 2005). The main themes noted were that God has a role in health (e.g., spiritual health locus of control), religiousness helps cope with stress, religiousness brings positive affect, and religion and/or scripture provides a basis for healthy lifestyle. .

In reviewing the literature, sense of meaning was identified as a key mediator for the religion-health connection (George et al., 2000). George and colleagues found that religion benefits health by providing a sense of coherence and meaning so that people understand their role in the universe, their purpose of life, and develop the courage to endure suffering. They further hypothesized that people who have a strong religious involvement can minimize the risk of suffering if they find meaning in that suffering. Although empirical literature suggests the positive influence of religious involvement in health, not all religious influences are positive.

People who violate religious norms may experience feelings of shame or guilt, or they may fear the illness is a punishment from God (Ellison & Levin, 1998). Studies suggest that HIV (Kaldjian, Jekel, & Friedman, 1998; Kopelman, 2002) and cancer (Burker, Evon, Sedway, & Egan, 2005) may be viewed as a punishment of one's wrongdoing or sin. For example, homosexuality has traditionally been denounced as a sin in black churches. Harsh criticism of homosexuality has long been acceptable practices in many black churches. Indeed, many have avoided HIV prevention efforts due to the association of HIV/AIDS with homosexuality and



the negative stigma attached to discussing sexuality and condom use (Adler et al., 2007; Smith, Simmons, & Mayer 2005; Ward, 2005). In turn, HIV stigma has had a negative impact on the health of African Americans, particularly Black men who tend to keep their homosexuality a secret from their female partners in order to identify as a non-gay male (Han, Rutledge, Bond, Lauby, & LaPollo, 2014). As a result, some scholars argue that this phenomena has contributed to the high HIV infections among African American women (Bond et al., 2009; Dodge, Han et al., 2014; Jeffries, & Sandfort, 2008).

### **Summary**

In examining factors that might influence African American women to engage in sexual risk behavior, the empirical literature tends to focus more on individual or psychological factors. Sexual risk behavior is the fundamental reason why an African American woman contracts HIV/AIDS, however in order to reduce the incidence of the illness in this population one must understand the core reasons why they are engaging in risky behavior to begin with. Scholars are beginning to postulate different social and cultural influences on sexual risk taking behavior among African American women. Because of their vulnerability to HIV and other sexually transmitted infections, these socio- cultural influences must be understood in the context of African American women. Gender rules and social norms, power imbalances in relationships, and the role of religiosity, and ethnic identity, all need to be further examined among the sub-group population of African American women. Understanding contextual and socio-cultural risk and protective factors can serve as a useful reference for understanding factors of HIV risk among African American women and to identify effective strategies to be incorporated into prevention models.

### **Theoretical Framework**

The research literature has identified several concepts that shape HIV/AIDS-related risk factors. This section looks at two theories which shape the understanding of HIV/AIDS related

risk among African American women, and the theories support the change that is expected from the Healer Women intervention: Afrocentric theory and Symbolic Interactionism.

### **Afrocentric Theory**

Afrocentric theory is grounded in the notion that resilience, for persons of African-descent, rests on the development of an identification and acceptance of a culture based on knowledge of its African heritage and the promotion of behaviors, thoughts, and emotions that foster life-affirming practices (Asante, 2007). Its primary goal is to promote reclaiming one's African consciousness as opposed to dwelling on existing oppression (Asante, 1999). In short, the reclamation of positive cultural and value orientation is a key healing phenomenon (Hilliard, 2003; Nobles & Goddard, 1993).

**Key concepts.** Afrocentric is defined by Asante (2007) as “a paradigmatic intellectual perspective that privileges African agency within the context of African history and culture trans-continentially and trans-generationally” (p. 2). Molefi Kete Asante, an African Studies professor and Pan African scholar, is considered the forefather of the Afrocentric theory. Additionally, other contemporary scholars have identified an Afrocentric approach to philosophy and human behavior and have added to the current knowledge base of what has come to be known as the Afrocentric paradigm (Mazama, 2001). The previous scholarship of the Senegalese historian, Cheikh Anta Diop, influenced the development of Afrocentric theory (Howe, 1998; Martin, 2002); however, it was Asante who developed “an elaborated, systemized intellectual approach on the centrality of the African experience, that is Afrocentricity” (Mazama, 2003, p. 394). Other theories, such as the ethnic sensitive model (Devore, 1981) and the anti-racist model (Graham, 2007), adapt existing models with attention to race and ethnicity and an emphasis on practitioner cultural competency. Comparatively, the Afrocentric model is centered on the concept of African agency (meaning the authentic self), and distinguishes those who seek agency from those who seek addition. The concept of

agency being that African people must be seen and see themselves as agents rather than spectators in the historical and contemporary context (Asante, 1999). In the literature, Afrocentric and African Centered are used interchangeably, though they have no political or definitional difference (Gilbert, Harvey, Belgrave, 2009; Schiele, 1996). As well, African American and Black American are also used interchangeably, depending on the author's reference of terms.

Schiele, Harvey, and Rauch introduced an Afrocentric paradigm for social work practice over a decade ago (as cited in Gilbert et al., 2009), and although Afrocentric practice is relatively new to social work, roots of black social work can be traced to the "race work" (Martin, 2002) of free black people in the 19th century. Imbedded in this work were the values of kinship, communal ties, spirituality, and perhaps an unconscious blending of the African concept of destiny and the Christian concept of predestination. The National Urban League was established in 1919 as a social work and community-planning agency to expand opportunities and advocate for black Americans in the areas of social service, union membership, and vocational education. During the Great Depression and the government sponsored New Deal, black social workers moved into mainstream social work as part of large institutions and were required to carry out policies that diminished the communal and spiritual values practiced in race work (Martin, 2002). The emergence of Afrocentric theory in social work represents a return to traditional African values of spirituality, kinship, and communal ties into black social work practice (Martin, 2002). Interventions based on Afrocentric theory are gaining in momentum with promising evidenced based results in many areas of social work practice (Gilbert et al., 2009).

The Afrocentric paradigm goes beyond a strength based and cultural sensitivity model. It is a complimentary, holistic perspective that emerged as a response to traditional theoretical approaches that failed to consider the worldviews of historically oppressed populations.

Afrocentric approaches address the totality of African Americans' worldview and existence, including their experiences of collective disenfranchisement and historical traumas as a result of slavery, segregation, and the resulting racial disparities (Gilbert et al., 2009). Reliance on Eurocentric theories of human behavior to understand the experience and ethos of African Americans omits a critical assumption of the Afrocentric paradigm. The Afrocentric paradigm asserts that social science theories result from the unique experiences and cultural vantage point of the theorist, and furthermore, many Eurocentric theories are considered by many Afrocentrist to be implicitly oppressive and therefore are not appropriate for use with people of African descent (Schiele, 1996).

Afrocentricity has three objectives:

- 1) promote alternative social science paradigm reflective of the cultural and political reality of African Americans;
- 2) dispel negative myths about people of African descent by legitimizing and disseminating a worldview that goes back thousands of years and exists in the hearts and minds of many people of African descent, and
- 3) to promote a worldview that will facilitate human and societal transformation toward spiritual, moral, and humanistic ends and that will persuade people of different cultural and ethnic groups that they share a mutual interest in this regard. (Diop, 1978, p. 89).

The three assumptions about human beings as it related to Afrocentric theory are: 1) Human identity is collective; 2) the spiritual and nonmaterial aspect is just as important as the material; and 3) the effective approach to knowledge is epistemologically valid (Schiele, 1996).

The following discussion will include a critical analysis, utilizing Fisher's framework (1971) of Afrocentric theory including the structural characteristics.

**Structural Characteristics.** The concept of African agency, centeredness, and location form the nexus of Afrocentric theory. These concepts reflect the belief that history and culture define identity, and identity determines our material and spiritual place in life. “To practice one’s culture and apprehend oneself in a manner that is consistent with one’s history, culture, and biology, is to be centered, or to proceed to one’s center” (Mazama, 2003, p. 25). In contrast, dislocation occurs when one lives on “borrowed cultural terms” (Asante, 2003, p. 45) and constructs reality through another group’s center. The concept of center includes African identity and a tendency towards that identity, which is largely determined by the ability or inability to assume agency that is predicated upon a reverence, or lack thereof, for the ancestors (Asante, 2007; Mazama, 2003; Modupe, 2003).

Afrocentric theory can be described as non-reductionist; that is, the phenomenon is explained without oversimplification. Afrocentric theory includes a historical, cultural, and spiritual premise that retains conceptual meaning in its application to the African Center Behavioral Change Model. Moreover, the non-reductionist trait of this theory is what leads to a comprehensive interpretation and scholarship in a broad range of disciplines including education, psychology, social work, and history (Asante, 2007; Mazama, 2003; Schiele, 1996; Toure, 2003).

Afrocentric theory is not just a conglomeration of African values, rather a conscious approach to the agency of African people within the context of their own history, a reclamation or cultural recovery of ideas, beliefs, worldviews, and histories that were lost in the encounter with slavery, and further repressed by oppression, racism, and European hegemony. Cultural repression is attributed to many of the social problems faced by African Americans and has made them vulnerable to cultural estrangement, has reduced black collectivism, and increased spiritual alienation (Schiele, 2005). In this aspect Afrocentric theory is deterministic as it seeks to establish causal relationships, and utilizes these concepts to minimize and address problems

disproportionately affecting people of African descent. The incorporation of traditional African American culture is a safeguard from the adverse effects of Eurocentric domination (Asante, 2007; Schiele, 1996). Asante (2007) emphasizes a need for more than knowledge from the Afrocentric perspective, rather, he states a compelling need for doing, and in the actual doing lives of the oppressed are transformed.

### **Ontology and Epistemology**

Afrocentric epistemology is derived from a combination of historical knowledge and intuition. History is a critical source of knowledge, more specifically African history, values, and traditions. Once this knowledge is acquired an individual can be placed in the context of African history, as a result, this perspective can be used to judge the reality of any phenomenon. In contrast to Eurocentric epistemology, which assumes an order in the world that is scientifically proven and can be imposed, Afrocentric epistemology assumes transcendent order and a way of knowing through a combination of historical basis and intuition (Harris, 2003).

Cokely's (2003) Afrocentric/African Psychological model delineates the Afrocentric epistemology and the Eurocentric epistemology. Afrocentric psychology is defined as Emphasis on Affective-Cognitive-Synthesis, and Eurocentric psychology is defined as Emphasis on Cognitive Over Affective Process. Furthermore, Schiele (1995) discusses the Afrocentric emphasis on feelings is akin to social work's history of emphasizing feelings in practice. Myers refers to "the Afrocentric epistemology of self-knowledge as the basis of all knowledge" (p. 127); therefore, an honest examination of the self is an important first step in approaching a deep level of analysis. Such an examination includes the questioning of assumptions and how they influence an individual's version of truth and how those truths shape perception of the past, present, and choices for the future (Myers, 2003).

According to Harris (2003), "Afrocentric ontology is characterized by notion of communal existence and stated as follows; we are, therefore I exist. This communal orientation is in

contrast to the Eurocentric orientation characterized by Rene Descartes' assertion, 'I think, therefore I am' " (p. 114 - 115). To sum up, an Afrocentric ontology is one which is communal; therefore, individuals find their worth, and their most sublime expression of existence in relationship to a community, to nature, and in relationship to some supreme idea or being. The ontological value of community and interconnectedness emphasize a harmony with forces that seem external; however, they are also expressions of individual potential. Eurocentric ontology values the individual, and the individual finds his or her potential realized in an individual ascent, in opposition to man, nature, or a supreme idea and being. Cokely's (2003) Afrocentric/African Psychological model delineates Afrocentric ontology as a spiritual basis of nature and Eurocentric ontology as a material basis of nature.

### **Symbolic Interaction**

**Key concepts.** As a theory, symbolic interactionism proposes a concentration on an individual's system of meanings which guides them toward action as one's appraisal of self and one's understanding of inner feelings are pivotal influences on behavior (Ephross & Greene, 1991). The term symbolic interactionism was conceived by Herbert Blumer in 1937 however can be traced back to the philosophical teachings of Charles Horton Cooley and George Herbert Mead (Robbins, 2006). Both Cooley and Mead are considered the forefathers of modern symbolic interactionism (Forte, 2001; Robbins, 2006). In fact, Herbert Blumer, a student of George Herbert Mead, coined Mead's interactionist thought as "Symbolic Interactionism" (Robbins, et al., 2006). Blumer advanced Mead's work by elaborating on the interactionist perspective and its methodology while developing a theory of society.

In 1934, Mead developed the concept of the "Mind, Self, & Society" which resulted in the symbolic interactionism structure (Blumer, 1969). Mead viewed human beings as having a "self", meaning that an individual is an "object" to himself and can "perceive himself, have conceptions of himself, communicate with himself, and act toward himself" (Blumer, 1969, p.

62). The self is a process, and is in constant change created upon social interactions with others (Mead, 1934). Lastly, Blumer expressed this perspective and identified its three basic premises: (1) humans act toward things on the basis of the meanings that things have for them; (2) the meanings of things are derived from social interaction; and (3) these meanings are dependent on, and modified by, an interpretive process of the people who interact with one another. In sum, people act based on symbolic significances they find within any given state (Ingoldsby, Smith, & Miller, 2004). Therefore, human beings interact with the symbols, developing connections around them. The goals of social interactions with other individuals are to form collective meaning.

***The three premises of symbolic interactionism.*** Blumer proposes that symbolic interactionism is based on three basic premises. The first premise relies on that human beings act toward objects centered on the meanings that they give the objects (Blumer, 1969). These objects consist of all things human beings can experience including physical objects, such as plants or table; other human beings, such as mother or a doctor; categories of human beings, such as friends or enemies; institutions such as a jail or a government; guiding values such as trustworthiness or individual freedom; and the actions of others such as their desires or orders (Blumer, 1969). This structure of meanings aids in shaping and motivating the person to action and is the basic component in influencing one's own behavior.

The second component of symbolic interactionism is that the meaning of all objects is established from social contact between human beings (Blumer, 1969). The meaning of an object progresses from the ways that human beings act toward that person in relationship to the object, either positively or negatively. Symbolic interactionism perceives meanings and classifications as social products developed from the connections of individuals (Blumer, 1969). Human behavior is seen as an endless series of acts and social analyses (Ephross & Greene, 1991).



The third component of symbolic interactionism proposes that meanings are transformed through the interpretive process of human communication and dealing with objects the individual encounters (Blumer, 1969). The individual, “selects, checks, suspends, regroupes, and transforms the meanings in the light of the situation in which he is placed” (Blumer, 1969, p. 5). Blumer proposes that understanding of meanings should not be assumed as a repetitive use of formerly recognized meanings but as a method in which meanings are constantly being revised and consumed to create action in a given situation.

Blumer’s development of symbolic interactionism can be applied to understanding sexual risk behaviors among African American women. For example, African American women’s generalized other is essentially two groups, the dominant culture, and the Black community. According to Blumer’s explanation, African American women will respond toward things, for example, safer sex behaviors, and alternatively requests for promiscuous sex and non-monogamous relationships, centered on the meanings they have for them. Those meanings are not necessarily prescribed by the dominant culture; however, African American women find meaning from their social connections, cultural experiences, and the unique conditions of growing up in their environment. In particular, the African American community as a whole has its own social norms that differ from the dominant culture. It could be concluded that the dominant culture’s meaning of the importance of monogamous relationships may not directly translate to African American women and their experiences and/or interpretations. According to symbolic interactionism, African American women may obtain a different meaning about monogamous relationships based on their interactions, or interpret the meaning in a different way based upon their values and beliefs. Furthermore, the social interactions that are encountered from the dominant culture, as related to their sub-culture is likely to differ based on the social norms created in that group.

***The looking-glass self.*** Charles Horton Cooley was a sociologist who was associated with the Chicago School even though he was a professor at the University of Michigan. Cooley (1909/1962) is best known for his concept of the “looking-glass self”. The looking-glass self is based on the thought which explains that individuals see themselves as they think others see them (Ingoldsby et al., 2004). Thus, individuals imagine how he/she appears to others as well as the judgment that others may be placing on our appearance (Cooley, 1962). Cooley suggests three components to this concept: first, we imagine how we appear to others, next we imagine the thoughts and feelings on what we think others are thinking about our own appearance, and lastly, we create feelings about ourselves based upon these views. Therefore, we develop two distinct feelings, pride and shame, in response to others (Robbins, 2006). The longing to prevent the self-reflection of shame becomes the reason for at risk sexual behavior and continues to shape the individual’s personality (Cooley; Robbins, 2006). For example, relationship advice from an African American woman who is single will not be received to the same extent as a woman who is in a relationship (even if the relationship is unhealthy).

Cooley’s (1962) symbolic interaction concept of the looking-glass self can be applied to better understand African American women’s engagement in risky sexual behavior. This concept would suggest that an African American woman would try to avoid shameful feelings as a result of a negative response from her peers to her single status or a negative response from her partner to her wanting to use condoms (Noar et al., 2012). Furthermore, her friends and the African American community might place her to a lower social status as the result of not being in a monogamous relationship, which would be the social norm in the Black community. One’s desire to avoid shame could result in the woman compromising her values and behavior (including monogamy and safer sex practices) in order to view herself as being socially acceptable. As a consequence, African American women might stay in “semi – monogamous” relationships, and not use condoms to avoid negative views from the Black community, and

experience feelings of shame.

Comparably, the looking-glass concept can be applied to women who are in a relationship with a partner who has negative perceptions about safe sex practices (i.e., condoms). For example, a Black woman who has a male partner who has negative views about condom use, such as using condoms means the woman is promiscuous or that she does not trust her partner, can result in feelings of shame for the woman. In turn, African American women may compromise their values on practicing safe sex which increases their risks of contracting HIV/AIDS and other sexually transmitted infections.

***Personality development and the generalized other.*** Mead (1934) proposed three developmental stages of personality: the preparatory stage, the play stage, and the game stage. In the *Preparatory stage*, the infant imitates motions, movements, and sounds of others. For example, the infant might imitate a funny face shown to them by a caregiver. These imitative actions are important because as the infant begins to view roles and actions apart from themselves, he or she begins the process of becoming mindful of the self as an object (Charon, 2001).

In the *Play stage*, this is the start of the child being able to recognize and manipulate symbols through the use of language (Robbins, 2006). For example, imitations in the first stage, are now symbolic and the child has created meaning from them. In this stage roles are important to the child, such as grandmother, sister, nurse, and police officer. The child is able to comprehend and imitate the particular actions of these roles and the activities now contain meaning. At this stage, children can now act out certain roles and have a better understanding of the roles, thus beginning to recognize the different roles in society outside of themselves (Robbins, 2006). The child's sense of self is still in development at this stage (Meltzer, 1978).

In the third stage, the *Game stage*, the development of the "self" is completed (Meltzer, 1978). The child includes "rules" into play-acting and the understanding about others' behavior

becomes generalized. This “generalized other” allows the child to view things from others’ viewpoints, for example, the viewpoint of society. This allows the child to understand the meanings and beliefs of others, increase the appropriateness of their actions, and influence their behavior and conduct (Robbins et al., 2006).

The idea of the “I” and the “Me” are developed from the concept of the generalized other (Mead, 1934). The I refers to the individual, spontaneous part of the self and coincides with the uncontrollable tendencies of humans (Ephross & Greene, 1991). It is mainly the impulsive part of an individual’s experience (Meltzer, 1978). The Me represents the “organized set of attitudes and definitions, understandings, and expectations common to the group” (Meltzer, 1978, p. 19). The Me internalizes social norms and perspectives of others while helping the individual to conform to the social expectations of the group (Ephross & Greene).

The total self is comprised of both the I and the Me. Mead (1934) suggests that all acts begin in the form of an I and concludes in the form of the Me. The I symbolizes the start of the act prior to being influenced by the expectations of other individuals (the Me). Furthermore, the I reflects on the Me as in a subject and object fashion (Robbins et al., 2006). For example, when reflecting “I am an African American woman”, the subjective self, I reflects on the objective social role (woman) or the Me (Robbins et al., 2006).

Mead’s concepts of the I and the Me and the “generalized other” can be applied to better understand African American women’s attitudes toward sexual risk behavior. As an African American woman develops they start to understand that others have views and expectations about her role as a Black women, and as a result, she starts to recognize the meanings and expectations of being a woman in society and can alter and direct her behavior to adhere to the beliefs of society (Robbins et al., 2006). For example, if an African American woman interprets the social norm for her role as a woman is that she is married or in a monogamous relationship then she will try to follow the expectations of society. As a scarcity of marriage-eligible

African American men exists in the Black community particularly for college educated African American women (Stevens-Watkins, Knighton, Mitchell, Oser, & Leukefeld, 2013), as a result, an African American woman may compromise her values and belief to adhere to generalized other's perception of her role, such as being in a non-monogamous or semi-monogamous relationship (Ferguson et al., 2006). As a result of this possible compromise, African American women are placing themselves at risk for HIV/AIDS or other sexually transmitted infections.

**Symbolic interactionism and empirical methodology.** Blumer suggest that the empirical world of symbolic interactionism is the normal world of group life and conduct, and its methodological attitude is one of direct observation and understanding of the experiential social world (Blumer, 1969). Blumer also explains that if researchers wanted to better understand a phenomenon, they must study the individual in their natural environment.

The methodology that Blumer (1969) offered relied on Cooley's idea of sympathetic introspection, which entailed the researcher being able to connect with their participants or the people they were interested in studying (Robbins et al., 2006). In order to understand how people interpreted objects and the meaning they attached to them, qualitative methods, such as participant observation and nondirective interviewing, are more suitable methodologies to be used in the study of social life (Robbins, et al., 2006). Blumer (1969) also suggested that researchers should not attempt to generalize their findings or make universal predictions from studies, but should understand that multiple realities exist and each person creates their own realities through their own interpretations. This methodology supports the decision to use qualitative methods to explore the lived experiences of African America women's journals written over the course of an Afrocentric intervention.

## Summary

To summarize, symbolic interactionism focuses on how the self develops through social interaction and considers the meanings attributed to human behavior through these interactions (Ephross & Greene, 1991). It provides essential significance to interactions and the way participants in social situations interpret the self, others, and the situation (Forte, 2004).

People obtain their self-worth and self-conception through their interactions with other people. Subsequently, they create meanings from these interactions and, according to Cooley (1909/1962), will experience pride or shame. In order to avoid shame the individual will alter and change their behavior based on society's views and beliefs of the individual's proposed role. Therefore, in order to change behavior one must learn new meanings and systems of meanings so that various events can be experienced differently (Ephross & Greene, 1991).

Consequently, African American women at risk for HIV/AIDS understand messages of safe sex behaviors and monogamy, however the messages are different with adhering to other expectations of the dominant culture. African American women have been socialized by the dominant cultural to believe that they should be married or in a monogamous relationship. If a woman does not subscribe to this expectation, otherwise known as the generalized other (which comprises more than African American women), she is subjected to feelings of guilt, shame, and stigma. There is a strong possibility for African American women to experience feelings of guilt or shame attributed by society as there appears to be a shortage of eligible African American men (Stevens-Watkins, Knighton, Michelle, Oser, & Leukefeld, 2013). According to Symbolic interactionism, in order to avoid shame based on both expectations, African American women will change their behavior to meet one of the generalized other's assigned role definition. This behavior change may mask in the form of sexual risk behavior in order to appear to themselves as meeting the dominant culture's expectations (being married) and the Black community's ideal (being in a monogamous relationship) to avoid shame and stigma.

## Meaning Making

The creation of meaning from life-changing experiences influences an understanding of the self, and promotes help-seeking and health-promoting behaviors. Jacobson et al. (2006), states that meaning making is defined as “accumulated patterns of shared meanings and experiences (personal and cultural webs of significance, schemas and scripts) that contribute a sense of purpose, belonging and religious-existential understanding to an individual’s life and life experiences” (p 40). Furthermore, meaning-making is necessary when conditions “violate core assumptions about how the world functions and shatter beliefs about a person’s security, invulnerability and sense of predictability” (Armour, 2010, 441).

Much of the existing research of meaning-making has been influenced by Western traditions that view meaning-making as a solely individual task (Park, 2010), achieved through self-reflection. However, Merriam and Ntseane (2008) documented that the non-rational framework of meaning-making is perhaps more important than individual critical self-reflection. This implies that the current literature on meaning-making may not be applicable to diverse groups of people, particularly those who embrace non Western/European hegemonic values. Meaning can be derived from both global and situational contexts (Park & Folkman, 1997). In the context of the *Healer Women Project*, global meaning includes African values of interdependence, collectivism and a relationship with ancestors, and situational meaning includes the Black woman experience living in a non-African cultural context. Meaning-making is found in the process of resolving any inconsistencies or discrepancies between situational and global meaning (Armour, 2010; Park, 2010; Park & Ai 2006).

Culture, a “highly complex, continually changing system of meaning that is learned, shared, transmitted and altered from one generation to another” (Chun, Moos, & Cronkite,

2006, p 31), permeates the meaning-making process in a bidirectional way (Theron & Theron 2011). The two poles of culture, individualist and collectivist, provide the context for norms, beliefs, values and behaviors. Culture within the context of the Healer Women Project focuses on the Afrocentric value of collectivism and interdependence, where individuals are working together in a group setting exchanging new knowledge and sharing experiences. Additionally, individual participants are creating meaning from this framework that stresses the importance and value of collectivism using the resources of group process, the healing stones, journaling, and additional intervention components that are grounded in Afrocentric values. Therefore, developing interventions that promote these values allows people of African descent to create meaning within the context of their African heritage.

### **Summary**

This chapter presented an overview of existing literature and research on risk factors associated with placing African American women at risk for HIV/AIDS. Further, Afrocentric theory focuses on the notion that resilience for African-descent persons rests on the development of an identification and acceptance of a culture based on knowledge of its African heritage and the promotion of behaviors, thoughts, and emotions that foster life-affirming practices. These two theories are important in understanding factors placing African American women at risk for HIV, particularly social and cultural influences that are associated with sexual risk behavior.

Furthermore, the chapter focused on symbolic interactionism as a useful theory to better understand the sexual risk or protective behavior and attitudes of African American women. Symbolic interaction views culture as distinctive, and as an influence on the meanings individuals place on the various interactions and experiences with others. These meanings are important in affecting human behavior and as a result will allow us to understand why individuals act in certain ways in society.



The following chapter will discuss the methods used in this study to provide an in-depth understanding of African American women's journals, and enable a greater understanding of their experiences and the meanings ascribed to them.

## **CHAPTER III**

### **METHODOLOGY**

The previous two chapters provided an introduction of the question under study (How did African American women in the *Healer Women Fighting Disease Prevention Project* experience the intervention components and demonstrate meaning in their daily lives as described in their journals?) and a review of the literature and theory that supports the research question. In this chapter, the methodology that was utilized in this study is described. This constructivist qualitative research will use a phenomenological methodology as the primary analysis of the participant's journals, which were a part of the *Healer Women Intervention located in Austin, Texas*. The participants were instructed to journal daily based on their perception of the intervention components and how it pertained to their daily lives. The basics of qualitative research and the methodological outline will be discussed in this chapter.

#### **Constructivist Paradigm**

##### **Ontology**

A constructionist ontology was used in this study to frame the research design and explore the research question. The ontology is relativist, meaning multiple realities exist as mental constructions of individuals are created. Phenomenology is essentially the study of the lived experience or the life world (Van Manen, 1997) with emphasis on the world as lived by a person, not the world or reality as something separate from the person (Valle, King, & Halling, 1989). According to this perspective there is no absolute truth or valid reality, as realities are created through different lived experiences and have subjective values according to differences in perception and consideration. The participants in Healer Woman are diverse in life experiences, therefore, each individual person has multiple realities based on their lived experience.

## **Epistemology**

Epistemologically, phenomenology sees a relationship between the knower and the known (Polkinghorne, 1983). Our interaction with the environment and our lived experiences shape how we construct our individual realities. Essentially, knowledge is co-constructed for a specific place and time, based on a dialogical process that occurs between the knower and the known where the two are intricately connected. Unlike other frameworks, phenomenology challenges the notion of value-free research, and attempts to attain such a stance have resulted in the loss of certain kinds of knowledge about human experience, such as meaning making (Cotterill & Letherby, 1993; Jagger, 1989). Polkinghorne viewed research as a human activity in which the researcher as knower is central. Denzin and Lincoln (2000) viewed the investigator and the investigated as interactively linked in the creation of findings, with the investigator as a passionate participant. Knowledge development is therefore a collective endeavor that takes place through an inquiry process that is inductive and value laden.

The participants in this study created meaning by journaling their experiences in the Healer Women program. As such, they incorporated meaning into how their experience in the program influenced how they experienced the world. The researcher co-constructed the stories by interpreting and constructing common themes from the raw data. Further, the researcher attempted to let the participants tell their own stories through their journals (Creswell, 2007) by using segments of their journals verbatim, acknowledging that the researcher has a different lens or reality that she is using to interpret the story. These approaches are used to gain a better understanding into the person's reality as it pertains to how they view the world. Becker (1992) posits, "to understand people, we must understand their contexts- the worlds or situations in which they live. To separate person and world is false; to be a person is to be in a world" (p. 13). Therefore, a constructionist framework posits human beings are creating their perceptions of the world using a lens informed by social and cultural experiences.

Interpreting a phenomena from the experience of participates in an intervention told directly through their own words, provides an opportunity to interpret meaning in the setting where the understanding and meaning making occurred. From a social constructionist perspective, the construction of a personal narrative served as a metaphor for the rebuilding of memory in the process of the actual construction. Phenomenology provides a perspective to interpret the polarity of rebuilding memories of what one's life encompass when they experienced the phenomena (Lavery, 2003), which in turn allows the researcher to gain an understanding into the reality of the phenomena.

## **Research Design**

### **Methodology**

This study employed phenomenology as the philosophy that guided the inquiry into meaning created during participation in an Afrocentric intervention and the structure for uncovering the essence of the phenomenon for professionals and researchers. Phenomenology is well suited for the examination of understudied populations because it provides rich text and deep meaning of lived experiences though the participants own words and descriptions (Creswell, 2007). It provides an in-depth understanding of the meaning of experiences (Patton, 2002). As an approach, phenomenology aims at describing how people experience a particular phenomenon, “how they perceive it, describe it, feel about it, judge it, remember it, make sense of it and talk about it to others” (Patton, 2002, p.104). As a research methodology, phenomenology is “grounded in existential philosophy and seeks to uncover meaning and essences in experience so that understanding is facilitated. It focuses on lived experiences with human phenomenon and their transactional relationships” (Lauterbach, 1993, p. 136).

Methodologically, the investigator and research participants undergo a process of interpretation and interaction to create meaning. The primary aims are understanding and the

reconstruction of experience and knowledge to gain in-depth meaning into the shared experiences among the participants. Therefore, as a researcher, it is important to address issues of reliability and validity through the examination of rigor, trustworthiness, credibility, and authenticity (Beck, 1993; Denzin & Lincoln; Hall & Stevens, 1991) to insure the quality of the research.

### **Sample**

For the original study a non-random, purposeful sampling plan was utilized. Women who identified as African American or of African descent were recruited through flyers posted in the community (i.e., churches, community centers) and were at least 18 years of age. No other criteria were required to be a participant in the study. Sixty participants completed the intervention of the original study. For this study, a systematic random sample of the 60 journals was used to select 20 journals for analysis. Using a small sample size of 20 is a desired sample size for phenomenological methodology (Creswell, 2007). Only the 20 randomly selected journals were transcribed into word documents.

### **Intervention**

Afrocentric interventions are based on the principle of re-instilling traditional cultural values into African-descent people based on the premise that African Americans, for the most part, survived historically based on Afrocentric worldviews and African values and traditions (Asante, 1988). Afrocentric values and traditions include interdependence, collectivism, transformation, and spirituality. Endorsement of Afrocentric values has shown to increase self-esteem, self-worth, hope, sense of belonging, and academic achievement and to decrease depression, substance abuse, and HIV/AIDS risk behavior (Gilbert, Harvey, & Belgrave, 2009). The paradigm incorporates three major assumptions about human existence: 1. Human identity is a collective identity; 2. The spiritual or nonmaterial component of human beings is just as

important and valid as the material component; and 3. The affective approach to knowledge is epistemologically valid (Asante, 1988).

A critical component of Afrocentric interventions are the role of spirituality in the lives of African descent persons (Parham, 2002). Spirituality is shown to have an impact on structuring interpersonal relationships, definitions of community (Mattis & Jagers), folk healing practices (Jackson, 1997), coping, and physical and psychological well-being of African-descent persons (Chatters, Taylor, Bullard, & Jackson, 2009). These findings suggest that spirituality influences virtually every aspect of life for African-descent persons and should be incorporated into Afrocentric interventions or counseling.

As an Afrocentric intervention, the Healer Women Fighting Disease Prevention Project addresses mental health, quality of life, and structural barriers for African American women by fostering a general sense of positive self-regard and health promotion (Gilbert & Goddard, 2007). Based on the African Centered Behavioral Change Model (Gilbert & Goddard, 2007; Nobles & Goddard, 1993; Nobles, Goddard, & Gilbert, 2009), the program's objective was to enhance the resilient capacity of African American women so that they are better able to engage in health promotion and life-sustaining activities. Spirituality, along with traditional African principles, can be a useful component for practitioners assisting African-descent people in their healing process. These two principles were utilized in the Healer Women Fighting Disease Project, which included a general health component to address preventive health alongside HIV/AIDS prevention. The intervention was delivered in structured training sessions held in facilities provided by the City of Austin. Women who participated in the program received a bi-weekly 8-week intervention or a Saturday only- 6 week intervention targeting change in the context of *Cultural Re-alignment* (how they feel about themselves as Black women), *Cognitive Restructuring* (feelings about their life), *Character Refinement* (having a health promotion attitude), knowledge of HIV/AIDS, and preventive health.

The curriculum was delivered by trained African American female facilitators in a community-based setting and included behavioral skills practice, group discussions, lectures, role-playing, prevention video viewing, and take-home exercises. Originally funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the intervention was evaluated based on a quasi-experimental, two group pre-post design with an intervention and a comparison group (Nobles, Goddard, & Gilbert, 2009) and is now included in SAMSHA's National Registry of Evidence-based Programs and Practices. The Healer Women intervention is a manualized, evidence-based model (Nobles, Goddard, & Gilbert, 2009).

### **Overview of program modules**

#### **Week 1: Foundation of the African Centered Behavior Change Curriculum**

Defining Life-Affirming Principles

Exercises: Understanding Key to Behavioral Change

Healing Ritual

Exercise: Remember & Reveal Essence

Exercise: Uncovering One's Nature

#### **Week 2: Reclaiming Authenticity: Looking at Ourselves and Our Community**

Exercise: Self- Image (Reel versus Real)

Exercise: Know Thyself

Exercise: Three Questions of Identity

Guide to Creating Healing Rituals

#### **Week 3: The Meaning of Black Womanhood**

Exercise: Images of Black Woman Discussion Stimuli

Exercise: Black Woman's Voice

Strong Black Women poem

**Week 4: Values Clarification, Who am I and What do I Stand For?**

Exercise: Roots of the Soul

Exercise: Community Wellness Veneration

**Week 5: Health Promotion through Prevention—Mental & Physical Health**

Guest Speakers: Mental Health Provider (Community Psychologist) and Trained

Nutritionist

General Health Information and Interactive Discussion, Videos on health disparities and

Blacks, Dissemination of Information for health screenings and mental health resources

**Week 6: Health Promotion through Prevention—HIV/AIDS, Substance Abuse**

Exercise: Dramatic Consciousness-HIV/AIDS

Exercise: Dramatic Consciousness-Substance Abuse

**Week 7: From Information to Action—The Road to Change**

Exercise: Making the Invisible Visible

**Week 8: Where Do We Go From Here: A Path and Plan**

Exercise: Life Goals Discussion

Personal Change Affirmation Form

Self-Healing Commitment Form

**Weekly Journaling**

In addition to the curriculum components, women in the intervention group also did weekly journaling about their experience as participants in the intervention.

**Healing Stones**

Another component of the program was the use of the sacred stones, a series of stones meant to serve as a stimulus for deeper self-reflection relative to the women's own self-healing potential. Nine sacred stones (blue lace agate, amethyst, lapis lazuli, pyrite, red jasper,



amazonite, sodalite, turquoise, and pebble) were placed in a bowl. As part of the weekly opening ritual, each woman was invited to choose a stone to reflect on for that week. The use of the sacred stones was based on the African ontological conception of matter. Traditional African beliefs include the idea that all things are of the spirit world and all things are of the same substance, thus, it is expected that the vibratory force of a person can be drawn to a like-minded force in a particular sacred stone. Therefore, when the women reached in the bag and pulled out a stone, which stone represented her inner self (the feeling self) at the time or whatever matter or issues she was dealing with. As a result, the stone of choice was not coincidental but purposeful.

The qualities, appearance, and focus of the sacred stones are as follows (Walker, 1989):

**Blue Lace Agate:** This gem stone is believed to be associated with the power to discern truth and accept circumstances. It is thought to be a powerful healer stone. It is said to have the ability to drive away bad dreams, remove earthly obstacles, banish fear, and protect one from danger. This gem is associated with emotional tranquility, expressiveness. The gem appears blue in color which symbolizes contemplation.

**Amethyst:** This gem stone is believed to be associated with the power to purify and regenerate consciousness. It provides clarity of the mind and facilitates attainment of higher potential while cutting through illusions. Enhances spiritual awareness, meditation, psychic abilities, and provides strong protective and healing qualities. The gem appears deep purple in color symbolizing royalty.

**Lapis Lazuli:** This gem stone is believed to be associated with the power to release tension, stress, and anxiety. It provides mental clarity, creativity, and the ability to communicate with the higher self. The gem appears blue with a gray undertone.

Pyrite: This stone is believed to be associated with influencing a more positive outlook on life, enhancing emotion stability, and strengthening will power. The stone appears metallic gold.

Red Jasper: This stone is associated with heightening one's survival instinct and strengthens one's will power. The main focus is dealing with one's will power and the need to address their physical needs. The gems will appear in all colors, however, for the purpose to the intervention, the red jasper stone was used.

Amazonite: This scared stone is associated with the power to clear one's mindset of their own harmful tendencies and the ability to release negative energy. The main focus is to strengthen relationships among intimate, family, and friend. The gem appears greenish in color.

Sodalite: This blue gem provides clarity for communication and alleviates fear. The purpose of the gem is to eliminate confusion and provide life's direction.

Turquoise: This blue stone is associated with creative expression, peace of mind, emotional balance, and friendship. It is used to balance male/female relationships and brings forth the qualities of mental and spiritual clarity. Turquoise is believed to be the healer of the spirit.

Pebble stone: The pebble stone is associated with the power to uncover one's true self, and provides clarity of one's current struggles and fears. This stones focuses on dealing with one's willingness to openly discuss their problems and deal with them head on.

### **Data Analysis**

The data for this study were the journals written by African American women who participated in an Afrocentric HIV/AIDS health promotion intervention in Austin, Texas. The journals were completed over a ten week or eight week period between August 2010 and October 2010. The researcher used a combination of the various approaches to phenomenological analysis as described by Moustakas (1994): (1) recording a list of

assumptions about the women and their experience in the intervention to approach the research with “a sense of newness” (Anderson & Spencer, 2002, p. 1341); (2) bracketing the researcher’s personal experience as an African American woman working with women of similar backgrounds; (3) conducting a naïve reading to study the entirety of the data; (4) creating significant statements from the raw data (5) creating meaning units from the significant statements; (6) reducing and eliminating data that does not pertain to the experience of being a women participating in the Healer Women Intervention; (6) eliminating repetitive and overlapping meaning units; (7) categorizing meaning units into clusters of meaning (themes); and (8) test themes against the entirety of data (validated by the full text of journals).

Husserl (1970) proposed that one needed to bracket out the outer as well as individual biases in order to successfully achieve an understanding of the experience of the participants. However, the researcher’s position as an African American women and member of the community cannot be ignored and was addressed through adhering to the phenomenological procedures of writing assumption statements, bracketing, writing field notes throughout the analysis process, and peer review. Prior to performing the analysis the researcher recorded a list of assumptions about the population being studied in an effort to address the research with a “fresh perspective” (Creswell, 2007). Organization of data began when the researcher carried out a naïve reading and studied the entirety of the data, all transcribed journals.

After the naïve read, the researcher began the second step of analysis by listing every expression relevant to the intervention experience (Moustakas, 1994). As the researcher gained an overview of the participants’ experience, the data were reduced by listing all statements and eliminating those that were repetitive, vague, or overlapping. This process allowed the researcher to obtain the meaning units or invariant constituents identified in the transcripts (Moustakas, 1994). These meaning units were then clustered or categorized into themes. The researcher uncovered common threads or concepts that linked participant experiences together

in order to create themes which were again reduced by removing overlapping or repetitive statements. The themes were validated by checking them against the complete transcriptions of journals, making sure they were either explicitly expressed or compatible. The reliability of the themes were assessed through peer checking using a panel of experts on qualitative methods (Padgett, 1998; Rolfe, 2006).

### **Trustworthiness and Rigor**

Qualitative methods considers the role of the researcher as a major participant in the study. A credible study “is one that is carried out fairly and ethically and whose findings represent, as closely as possible, the experiences of the respondents ... trustworthiness is earned by rigorous scholarship” (Padgett, 2008, p.184). In order to establish rigor, it is crucial that a qualitative study include information about the researcher that could have influenced data collection, analysis, interpretation, and conclusions. This may include the personal connections that the researcher has with the participants, the issue, and the context. The task of the researcher is to maintain *intellectual rigor* while making sense of all the information collected (Patton, 2002).

There are six strategies used for establishing rigor and enhancing trustworthiness: prolonged engagement, triangulation, peer debriefing, member checking, negative case analysis, and an audit trail (Padgett, 2008). As a researcher, I recognized the importance of establishing rigor and enhancing trustworthiness, therefore, three strategies were utilized for this study to increase credibility (Creswell, 2007; Padgett).

Triangulation is the method of using multiple sources to achieve a complete understanding of the setting and the research topic (Lincoln & Guba, 1985; Padgett, 2008). Social scientists argue that looking at a phenomena from multiple sources increases rigor and accuracy of the data (Neumen, 2000). According to Padgett (2008), four types of triangulation are outlined: theory, methodological, observer, and data. Theory triangulation was utilized for

this study. Theory triangulation refers to using more than one theory to interpret the data (Padgett). In this study, Afrocentric theory and symbolic interaction were used to interpret the women's journals. Combining the two theories with the data set provided a more accurate view of the findings.

Peer debriefing is another method of establishing trustworthiness as it allows the researcher to discuss the emotional issues associated with qualitative research, provides an external check of bias, and offers diverse feedback and ideas regarding the development of themes in the data (Creswell, 2007; Padgett, 2008). According to Lincoln and Guba (1985), the role of the peer debriefer keeps the researcher honest and asks hard questions about methods, meanings, and interpretation. This researcher participated in meetings, approximately once a month, during the data analysis process with other researchers who were conducting qualitative studies

Finally, an audit trail was used as the third method to increase rigor. Leaving an audit trail means documenting each step taken in data collection and data analysis for other researchers to use if needed to confirm and verify the findings (Padgett, 2008). Providing an audit trail increases rigor creditability and decreases research bias by providing detailed information that supports analysis and interpretation of the data (Creswell, 2007). An audit trail was maintained by the researcher throughout the study, which included research memos detailing the intellectual process, reflections, and procedures of the study. Copies of the transcribed 20 journals, memos documenting the decisions made during the data analysis, and the reflexive journal containing personal connection to the data (Charmaz, 2006; Lincoln & Guba, 1985).

### **Ethical Consideration**

The co-constructing of knowledge and the relationship between the researcher and participant raises ethical concerns in qualitative research. The researcher has an obligation to

the participants to insure no harm is endured during participating in the study (Marshell & Rossman, 1999). Further, the participants must be protected from physical and psychological harm during the study, and the researcher cannot deceive or force participation (Padgett, 2008). More importantly, confidentiality and privacy of the participants must be protected, and informed consent must be given before participating in a study (Padgett).

All participants gave informed consent to participate in the original study, which was approved by the university institutional review board (IRB) for research with human subjects at the University of Texas at Austin. This study is a secondary data analysis of journals written by participants in the Healer Women program, all of the names of the participants have been de-identified to maintain anonymity. This study was determined to be exempt by the CUA IRB. Access to the journals were provided only to the researcher and her PhD chair. Original journals were kept in a locked cabinet and all the data analyses were conducted on a password protected computer.

### **Reflexivity**

According to Probst and Berenson (2014) “reflexivity is generally understood as awareness of the influence the researcher has on what is being studied and, simultaneously, of how the research process affects the researcher.” (p. 814). Reflexivity refers to self-reflection, self-criticism, and biases held by the researcher engaged in the field of study (Padgett, 2008). Understanding ones biases and being self aware is an essential part of qualitative research and should occur throughout the research process (Crabtree & Miller, 1999). For Longhofer and Floersch (2012), reflexivity is “our human capacity to consider ourselves in relation to our contexts, and our contexts in relation to ourselves” (p. 513). In essence, reflexivity allows the researcher to approach the data with an honest and authentic view, which adds to the dimension of the research and depth of the participant’s words and experiences.

Reflexivity is an ongoing process and occurs throughout all stages of the qualitative research process (Hennink, Hutter, & Bailey, 2011). Therefore, as I reflect on my position as an African American woman, a member of the African American community, and a social worker, I am compelled to understand the complexity of how these roles influence the research cycle. As an African American woman, I am faced with the fear of being a part of a community that has the fastest growing rate of HIV infection of any other group; and I carry the weight of educating my friends and family about HIV/AIDS on my shoulders. However, it was not until my PhD studies that I was able to immerse myself into the literature and gain a better understanding of risk factors affecting Black women. As a Black woman, contracting HIV has always been in the back of my mind, almost a fear I still carry around. Therefore, working with Black women through prevention programs was a way to give back the knowledge I gained from my research, and provided an in-depth understanding of how Black women (including myself) can protect themselves from this disease.

### **Summary**

This chapter discussed the methodology used in this research. A constructivist epistemology provided understanding into the multiple realities that exist among the participants as it pertains to the Healer Women intervention. The journals written by the participants were analyzed using phenomenological analysis as described by Moustakas (1994). Phenomenology allowed the investigator to co-construct meaning along with the participants by interpreting and creating commonalities among the participants. This methodology is well suited for the examination of understudied populations and topics because it provides rich text and deep meaning of lived experiences through the participants own words and descriptions (Creswell, 2007). Furthermore, phenomenology allows the researcher to search for “meaning units” that reflect various aspects of the lived experience (Leedy & Ormrod, 2005; Patton, 2002).

The following chapter will present findings from this research study. The data is represented by qualitative findings that will attempt to offer the reader a better understanding of this research study.



## CHAPTER IV

### FINDINGS

The objective of this study was to conduct a phenomenological inquiry into the concept of how African American women participating in the *Healer Women Project* understand themselves in relation to the intervention, and how they create meaning as described through their journals. For this study, a systematic random sample of the 60 journals was used to select the 20 journals. Symbolic interaction theory and Afrocentric Theory provided the lenses through which the data were viewed. This chapter will present the themes that emerged from the data using phenomenology as described through Moustakas's method.

#### Research Question

How did African American women in the *Healer Women Fighting Disease Prevention Project* experience the intervention components and demonstrate meaning in their daily lives as described in their journals?

#### Data Analysis

The 20 journals from the participants offered a description of their experience. Some of the details included self-care, understanding spirituality, and sense of purpose and meaning. The participants also discussed how the intervention helped them find purpose, a path of healing from previous pain, and findings their authentic self. Their journals provided rich data regarding the meaning making process of African American women participating in an HIV/AIDS intervention.

The key findings are organized in this chapter according to five major themes: self-care, turning to a higher power, sense of authentic self, healing from previous pain, and sense of purpose and meaning. Each of these themes will be discussed and the women's words will be included. Although additional themes emerged from the data, only these five will be discussed

for the purpose of this dissertation.

The data were analyzed according to the Moustakas (1994) method. In hermeneutic phenomenology validity refers to the fact there are no internal contradictions within the study (Armour, Rivaux, & Bell, 2009). These validated themes were labeled as the core of the experience and were used to develop textural descriptions. The textural descriptions are considered “what” the participants experienced with the phenomena and include verbatim examples from the transcribed journals (Creswell, 2007). The structural descriptions, which are “how” the experience happened were formed by reflecting on the setting and context in which the phenomena was experienced (Creswell). Finally, the essence of the phenomena was constructed from the integration of the textural and structural descriptions into the meanings and themes of the experience. This final synthesizing of the data resulted in the creation of a composite description of the lived experience for the group as a whole.

From the 20 journals, 156 significant statements were extracted. Table 1 includes selected examples of these statements and their formulated meaning units. Arranging these meaning units into clusters resulted in six basic themes, as well as subthemes associated with each basic theme. Table 2 contains two examples of theme clusters that emerged from their meaning units.

Table 1:

*Selected Examples of Significant Statements from Participants Journals and Related Formulated Meanings*

<i>Significant Statement (Textural Descriptions)</i>	<i>Meaning Units (Structural Descriptions)</i>
I would like to learn to relax and meditate. I choose the Red Jasper Power Stone... I'm thinking this stone is to help me address my physical need to get back in shape. For my health, it is an urgent situation.	Thinking about self-care Stone as a guide to understanding the importance of self-care
I am diligently working to be my authentic self. I am more focused on myself spirit, mind and body than I have ever been. I have declared or affirmed that this is "me time"	Becoming aware of one's authentic self
I begin my day with meditation, prayer, praise, worship and affirmations	Practicing faith
I need healing from smoking, lack of exercising so that my I can stop taking all these MEDS	Identifying new ways to become healthy
My meds for my HIV causes my muscles to ache and there is no amount of meds or pain killers can remove that pain but I pray a lot which helps.	Leaning on faith to cope with illness
I chose the Red Jasper gem stone. This stone was relevant for me because I am currently focused on my physical health. I have been committed to the physical health of my body since 2007 and have been consistent in learning my body.	Linking the stone to self care

Table 2:

*Example of Two Clusters With Their Associated Formulated Meanings Units*

Associated Meaning Units	Cluster/Themes
<ul style="list-style-type: none"> <li>• Applying the authentic African centered behavior change model toward helping other women</li> <li>• I have been trying to get them (women in her life) to either love the one they are with or leave the situation totally</li> <li>• I am able to positively affect my family and community.</li> <li>• I have been talking to everyone to see how serious the situation (HIV/AIDS) can be</li> <li>• Maybe the ritual of coming to class is becoming a positive force in my life</li> <li>• I feel calmer since starting this project. It feels good to be in the presence of other black females</li> </ul>	<p>Purpose and meaning</p>
<p>Leaning on Faith</p> <ul style="list-style-type: none"> <li>• I trust and believe that God will work it all out for me.</li> <li>• I know that I can do all things through Christ that strengthen me.</li> <li>• I believe that the Father is the healer of my spirit and giver of life</li> </ul>	<p>Turning to a Higher Power (subthemes: leaning on faith, and practicing faith)</p>
<p>Practicing Faith</p> <ul style="list-style-type: none"> <li>• I read the word and spoke the scriptures and sang praise songs</li> <li>• I'm beginning to do my positive affirmations in the mornings</li> <li>• I begin my day with meditation, prayer, praise, worship and affirmations</li> </ul>	

## Results

Five essential themes emerged from participants' journals: (1) turning to a higher power; (2) self-care; (3) healing from previous pain; (4) sense of authentic self; and (5) sense of purpose and meaning.

### **Theme One: Turning to a higher power**

The process of turning to a higher power included two elements: leaning on faith and practicing faith. Examples of leaning on faith were as follows: "Faith is very important in my life and I recognize this is what mainly keeps me grounded" and practicing faith is "I begin my day with meditation, prayer, praise, worship and affirmations". Therefore, it was concluded that participants leaned on faith to cope with stressful life events and practiced faith was an enactment of their spirituality (i.e., praying, worshipping, meditating). For the purpose of the study, a distinction was made between spirituality and religiosity; spirituality refers to God's presence in faith (being), while religiosity relates to God's presence in social behavior (doing). For the women in the study, their spiritual relationship with God was a source of strength that enhanced their ability to cope with daily struggles and find meaning in those experiences.

**Leaning on Faith.** Religion and spirituality were important to all of the women in the study, and made a positive contribution to their personal development and relationships with others. The women stated they found comfort, strength, and guidance through their spiritual beliefs. For example, while still grieving for the husband who suddenly passed, one participant noted how faith helped her cope: "I am seeking guidance and clarity from the Father of Light. I believe that the Father is the healer of my spirit and giver of life." In addition, participants explained how their faith in God helped them to cope with adverse life experiences, which included unemployment, health issues, and HIV infection:

Now I'm dealing with being unemployed and that is very hard for me. Because I have always had my own, and never had to ask for anything. But I trust and believe that God will work it all out for me.

While another participant relied on God to help her stay motivated and cope with her HIV diagnosis:

My meds for my HIV causes my muscles to ache and there is no amount of meds or painkillers can remove that pain but I pray a lot and stay active in my church, which keeps me motivated.

Some participants emphasized that God provided them with support and strength to cope with unknown health issues:

I chose the Red Jasper stone this week and I felt it was symbolic in that its main impact is on the physical body. I am getting ready for a repeat Pap Smear which has me worried; however, I am focusing on my inner strength and faith in God that there is a plan for me.

Spirituality not only served as a coping strategy for many women, the sacred stones (also known as healing stones) played an important role in allowing the women to reflect on daily life situations and created meaning from the stone they choose. Each week of the program, the participants picked a healing stone out of a bag; the stone represented her inner self at the time (the feeling self). As a result, the stone of choice was purposeful and represented the issue they were dealing with, for example, a participant stated: "This stone (Blue Lace Agate) fit me very well and the things that are going on in my life at this time. And I know that I can do all things through Christ that strengthen me." At the same time, another participant used the stone as a guide to understand her relationship with her spirituality, and created meaning from the stone she pulled:

I chose the Amethyst this week. The explanation says it is the stone of "spirituality and contentment." I'm certainly in a place that I have not been before. I have not ever been as in tune with my spirit and my relationship with my Father God who is the essence of my being.

**Practicing Faith.** Many respondents endorsed spirituality as an important component of their lives and worldviews. Prayer, worship, spiritual affirmations, praise songs and reading sacred texts were cited as sources of hope and comfort. Although participants cited spirituality as important in their lives more generally, the formal set of beliefs and practices associated with spirituality appeared important in their daily life narratives. Prayer and reflections were described as being therapeutic and helped participants to feel more at peace. Some participants cited the benefits of non-traditional forms of prayer for healing, including meditation: "How does meditation help me heal? It helps me heal by giving me a better understanding of things. It gives me peace for myself. That's why I meditate daily"

Another participant also described the importance of mediation to assist with healing and insight into daily life struggles:

I think rituals help heal by bringing order to your life; grounds you. I know from experience that when you feel scattered and stressed, you can't focus on healing.

Mediation is often something that I do to focus myself and reflect on healing.

The women discussed the importance of prayer, which many participants described as a primary means for enacting their spirituality. These participants stated that they communicated with a higher power (most often 'God') to acquire physical and psychological health, guidance, and healing for themselves and their loved ones. The women's journals cited the personal nature of prayer, which often occurred in individual settings outside of a church:

I basically am confronted with daily learning to pray through the rituals releases me of anger, fear, frustration and many more obstacles I face on a daily basis. When I pray and talk to the most High I find myself relieved of worry, stress, and my problems.

Another participant cited having a fight with her family and how she used prayer as a form of comfort: “I had forgot about my stone but did turn to the LORD in prayer and praise, cried and after about an hour I was okay.” In addition to prayer and meditation, other overt visible acts of spirituality were used as a coping mechanism for dealing with stressful life events. For example, a participant described reading religious writings to cope with feelings of loneliness:

I read the word and spoke the scriptures dealing with loneliness over me and sang praise songs until I felt better. Before I knew it, I was so busy doing things around my house I didn't even think about the loneliness.

### **Theme two: Healing from previous pain**

African American women are at risk for exposure to traumatic events and subsequent Post-Traumatic Stress Disorder (PTSD) based on the disparate rate of events such as personal violence, witnessing violence, and racial discrimination (Alegria et al., 2013). In addition, adverse experiences whether from childhood, or as an adult, can have an effect on one's wellbeing if left unresolved. The participants in this study expressed trauma due to loss, violence, or life events that were unresolved. They identified the healing stones (combined with journaling) as a new opportunity for healing. For example, several participants described the need to heal:

- “As I look back on the pebble stone I picked, it's all in line of what's happened in my life and that I need to heal”
- “This week has been so helpful in my recovery. AIDS has been living with me for 15 years and I have been so ashamed of it and locked down, I even USE



drugs and alcohol to try not to feel, but through this program I am learning to heal”

Journaling created an avenue for the women to express their authentic voice, which otherwise might have been silenced. In addition journaling stimulated a deeper understanding for self-reflection and aided in the women’s understanding of the self. Many women noted that journaling helped them “open up” and reflect on past. For example, a participant who thought she “had everything” reflected on her need to heal while writing in her journal.

Wow what can I say, this is all new to me. I very seldom journal, but I can feel myself opening up in this class it’s beginning to reveal itself to me. I’m learning so much about myself. Never thought I needed healing in any way, thought I was one of these sisters that thought I had it all together. House paid for, great job making a decent living, good kids, church-going Christian. By being in this class and writing in this journal it allowed me to look into my soul & realized I need some healing!

Another participant reflected on past experiences that consequently resulted in internalizing pain; however, by journaling and participating in Healer Women she learned to overcome the hurt.

I need healing my soul because I have allowed so many people & things to inflict harm upon me. I have embraced pain, for some reason, misguided and believing that I am supposed to hurt. But writing in this journal and this program is helping me with this hurt and pain, and I am thankful.

As noted in chapter three, each week of the program the women participated in a weekly ritual to reflect on for the week. The scared stones (as part of the ritual) represented the woman’s inner self or whatever situation or issues she was dealing with at the time. In addition,

the stones also helped the women to reflect on potential for self-healing. For some participants, the stones stimulated a need to heal from grief over a loss.

This week I chose the Amazonite. This stone is relevant to me because I need to continue healing from the grief of the death of my beloved man. He was truly the love of my life. And when he died, part of my soul went with him. I understand that grieving is a process. I'm blessed to be in the acceptance part of the process so the healing has begun.

For others, the stone helped them realize unresolved feelings still lingering from a previous relationship.

Last night we chose another sacred stone. I picked the Amazonite... Relevance of the stone for me? I need to release some anger. I think I carry around a lot (way to much) anger over wasted time in that poor excuse of a marriage, the hurt is still there and I need to find a way to heal.

Another participant expressed that the stone stimulated a need for forgiveness and release of anger in order to begin to heal.

I chose the Amazonite stone for the second time... Forgiveness releases me from the negative energy that will hold me back. When I was young, I remember thinking that holding a grudge would get back at the person and, in some way, vindicate me. I am so glad that I realized as I got older that the other person had moved on and my feelings had no affect on them. In fact, I was the one still hurting and thinking about what was done to me. I was the one who kept reliving the incident, thus, keeping it in the present and staying angry. Thank God, although it is not easy, I work to just let it go and move passed the hurt.

Other women used the stone as a guiding for understanding their need for complete healing of their “mind, body, and soul”.

Blue Lace Agate: It's the same as last week. What do I need healing from? There are a lot of things, things that I need to be healed from. Spiritual healing, mental healing and a lot of healing. There is life healing, and stress healing.

### **Theme three: Self-Care**

The researcher organized the self-care theme into three distinct sub-themes that captured the health journey experienced by the participants. The first sub-theme, *thinking about self-care*, is the stage in which the women realized they needed to make a health related change (i.e., I know I have a lot of stress, I want to slow down). The second sub-theme, *identifying self-care*, relates to the women's ability to reflect on new ways of becoming healthy (i.e., I want to start working out, I need to get a physical). And lastly, the third sub-theme, *practicing self-care*, highlights participant's active engagement in healthy activities (i.e., working out, eating healthy).

**Thinking about self-care.** Taking part in the healing stones activity enabled participants to reflect on becoming healthy as it related to their physical and mental health. Many noted that the healing stones helped them to find clarity which lead to the ability to think about becoming healthier. One participant reflected on her high level of stress and anxiety that contributed to her current medical condition: "I chose the Lapis Lazuli Healing Stone and it was and is very relevant for me. I have a lot of stress, anxiety and tension in my life and would like to get rid of it all." In addition, other participants noted that the stones allowed reflection on making stress related changes regarding their health. Many women in the program noted that stress was a constant factor in their life, which as a result could possibly lead to greater health problems. For example, one participant noted that the Amethyst healing stone helped her to reflect on her future self and the importance of reducing stress in her life.

I chose the Amethyst this week. The interpretation of this stone is critical for me at this point in my life to get rid of stress. As I work on my spirit, mind and body, I have

visions or perspectives about what I desire for my life in the areas of spirituality, emotional and physical health that I want to change.

On the other hand, another participant selected an entirely different stone (Lapis Lazuli) and expressed similar emotions as the participant above. Therefore, the results demonstrated that no matter which stone the participants selected, stress was commonly experienced among the women.

The stone that I have picked was the Lapis Lazuli to release tension or stress anxiety. As of now my life is revolve around stress because I have been in a long time relationship and a lot of stress with my children missing him so much, so for me it has giving me feelings of anxiety and stress. So I want to release tension as of now and find better ways to deal with my high stress. I know I need to do this as my mental health depends on it.

Some women reported needing to make physical health a priority by scheduling physical exams and developing new eating habits. This was also inline with the Healer Women curriculum that encouraged participants to receive yearly exams with their physician.

This past week I've been prioritizing getting my annual physical exam, but I've been putting it off. I also know that I need to make a list of things that can help with my stress and better eating.

**Identifying self-care.** Thinking about self-care was the beginning of one's journey of becoming a healthier person. The next step in the process was identifying healthy alternatives to living a better life. Many women in the program identified healthy activities that could lead to a healthier lifestyle: exercising, eating healthy, meditation, and receiving regular physical exams. One respondent noted that even though she received regular exams, she continued to struggle with her weight due to unhealthy eating habits and lack of exercise.

While I maintain a great relationship w/my doctor and keep my check up scheduled, I really need to take charge of my weight issues to prevent further damage to my health condition overall. If I make the personal change & commitment to eat better; cutting down on fast food, I would see results. I'm going to start a yoga class next month to help with my stress levels, but I need an exercise plan as well.

Another participant focused on healthy alternatives for coping with stress that had a negative impact on her health, including smoking and lack of physical activity.

I would like to learn to relax and meditate to balance out my stress which I know is making things worse... I need healing from smoking, lack off exercising so that I can stop taking all these MEDS and feel better.

Many respondents noted that their physical health was a growing concern. However, the women were encouraged by the program's curriculum to approach health as a total body priority. As a result, one component of the health promotion curriculum consisted of a licensed psychologist speaking on the importance of mental health care. One participant identified therapy as a healthy alternative for improving one's mental health, in particular, she reflected on how her perception of therapy has changed since participating in the program.

I thoroughly enjoyed the last two guest speakers we had. I especially enjoyed the first one (psychologist). She definitely had some assuring information, like it's OK for us to seek counseling with issues that come up in our lives (black women). I wish I would have gone to counseling for a few issues in my past life. I know that I needed counseling back then and from this point on when an issue comes up believe me I WILL seek counseling.

**Practicing self-care.** Practicing self-care was the act of participating in a healthy activity. Many respondents noted that the Healer Women program motivated them to start workout classes, eat healthy, sign up for therapy, and meditate to control their stress. The

program's health promotion curriculum, combined with the healing stones, provided the women with new ideas of becoming healthy, and as result they created meaning as it related to their life and applied it to a new (or existing) healthy regimen. Some participants noted incorporating exercise for better health.

I am in control of my physical health. Although I take medication for heart disease and high blood pressure, I have taken control of other aspects to improve my physical health. I joined a Christian work out class; (offered free by the City of Austin at different locations); the class allows me to exercise in a good and wholesome atmosphere (no cursing and drama); we have fun and everyone can see results.

Others expressed utilizing mental health services outside of the program to improve their overall mental health, for example, a participant noted the benefits of counseling resources provided through the program.

Mental health issues: I recently checked myself into Shoal Creek because I thought I was having a nervous break down. Apparently, I was under a lot of pressure from work and home and it made me feel like I was losing control. I have since then made changes to my life so that I do not feel as stressed and pressured. I take time for "ME", and I'm currently going to counseling, I called the handouts from the program.

During the two weeks focused on health promotion, guest speakers facilitated the discussions on nutrition and mental health. As discussed above, some women noted they never considered participating in therapy until the Healer Women program, while others gained a better understanding about nutrition.

The person on nutrition was extremely helpful as it reminded me "I am what I eat." The pyrite stone is still relevant as it represents the positive outlook that I am determined to have in my life by eating better and exercising. I can't believe how much better I feel just by adding more fruits and vegetables.

In addition, another participant noted that she found the nutrition module beneficial, and as a result incorporated new eating habits into her regimen.

This week as I continue to have the will power to not be saturated with self-pity, I also forge ahead with healing in the sense of proper diet and exercise. I took away a lot of good ideas from this program on how to eat better, and I hope to keep it up.

For other women, the stone provided validation of their current health path, and that improving one's health was a step in the right direction for a healthier life.

I chose the Red Jasper gemstone. This stone was relevant for me, it was actually meant for me because I am currently focused on my physical health. I have been committed to the physical health of my body since 2007 and have been consistent in learning my body and what helps to keep me healthy... At this point in my life, I am working to develop me spirit, mind/emotions, and body. I seek help when I need it and nurture myself.

#### **Theme four: Sense of Authentic Self**

Taking part in the Healer program enabled participants to reflect and process being an African American woman in the context of their African heritage. The analysis revealed the women were at different stages of their journey in developing a positive sense of self. Meaning making is often viewed as a process that one goes through. There were three stages of the process of this theme: *Becoming one's authentic self, I can imagine, and I am*. The first sub-theme, *becoming one's authentic self*, the women were actively working towards their authentic self. Many women noted, "I am diligently working to be my authentic self" while others stated, "I didn't protect or nurture myself. This class has given me a better understanding of what I was actually doing to me." The second sub-theme, *I can imagine*, focused on the women's perception of themselves in the future, or who (i.e., their self) they wanted to become. For example, "I want to be a strong woman" or "I want to be a better version of me". During the

final sub-theme, *I am*, the women reflected on who they were in relation to their authentic selves (i.e., I am proud to be a black woman no matter what happens).

**Becoming.** The women in this study gained knowledge that provided them with a firm understanding of who they are. In doing so, the women were able to create meaning through a cultural understanding that was constructed within their African heritage. Many noted that the program helped instill a sense of pride, greater self-esteem and supported their determination to retain the essential elements of their African culture. Some participants noted the importance of the program's model in helping shape their authentic self: "The African Center Behavior Change Model is in line with my goals and making me more aware of how to be my authentic self."

For others, the model helped the women understand the importance of being one's authentic self in intimate partner relationships. For example, one participant noted previously being in an unhealthy relationship and losing herself in the process.

The African Centered Behavior Change Model applies to every aspect of my life.

Whether it be a time when I was involved in an unhealthy relationship and exhibited aberrant behavior to what I now see as unauthentic behavior, I wasn't being myself.

Now I feel that I am working on being true to myself first and including family members into my circle second.

Furthermore, another participant stated that the Healer Women program helped to foster a greater sense of self that has resulted in her ability to work towards becoming her true self.

Because I had not fully embraced myself and sought "love" in the wrong way, I didn't protect or nurture myself. This class has given me a better understanding of what I was actually doing to me and how I need to work on nurturing my true authentic self.

The women in this study also reflected on obstacles preventing them from becoming their authentic selves. Many women noted high levels of psychological stress from their



families that contributed to a loss of self. Stress is not uncommon among African American women who tend to take on the superwoman complex (i.e., the role of mother, nurturer, and breadwinner) (Woods-Giscombe, 2010). However, after participating in the Healer Women program the women noted the support from the other women in the group as a contributor to becoming their authentic self, one woman noted.

Blocks that keep me from being authentically me include my inability to say no, and inability to allow children to be independent... It's been difficult to finally adjust to the empty-nest, however, through Healer Women, I've connected with women for support for a safe transition to a more authentic self.

**I can imagine.** The women in the Healer woman program reflected on their future authentic selves. For many participants, the thought of embracing their true selves was something new. Several participants acknowledged certain attributes they wanted to change, while others envisioned what would bring them closer to their authentic selves. For example, one participant attributed the guest speaking as the turning point for true self-reflection.

Every since Dr. Ballard unscrewed the lid on my life I am now able to go back & reflect all the trials & tribulation I've been thru. For so long I've had all these feelings bottle up and now that my lid is off I can move forward hopefully to the person I really want to be and embrace my true self.

Another participant noted that the stone helped her to create meaning on factors negatively affecting her to fully embracing her authentic self.

Once again I chose the Pyrite stone... I suppose its not by accident because I truly want to be a better version of me, I want to overcome my problem of procrastination, which I believe stems from a fear of imperfection, this will allow me to be true to myself and standing firm on my beliefs is the best way for me to be focus on being an authentic person in the future.

**I am.** The last step in the meaning making process, embracing one's authentic self, consisted of participants reflecting on who they were as a Black women. Participants also noted self pride in being Black women, and the importance of staying true to one's authentic self. For example, one participant attributed her success of fully embracing her authentic self to the African Centered Behavioral Change Model.

I would like to begin by stating that the Austin healer program has been really educative and glad to be learning a lot of different things every time we meet. Based on The African Centered behavior change model, I consider myself Authentic, I never thought about this before. I am a genuine person and very real; I do not act like or pretend to be what I am not. I am proud to be a black woman no matter what happens.

Some of the women reflected on their inner strength as a Black woman: "I am a courageous and powerful Black woman in my words and actions which I demonstrate in my daily life." Or "I consider myself a strong, independent Black woman who has raised two beautiful daughters and survived colon cancer, I love being me." While others noted changes they have made over the course of their life around self-esteem and self-worth: "I have gone from the girl with low self esteem to the woman I'm happy with and loves who I am."

In addition to speaking about their inner strength, some respondents admitted the importance of staying true to one's self while being a Black woman. Many women noted the negative impact that society can have on a Black woman's ability to truly embrace her authentic self, however, the woman remained true to themselves even through adversity.

African woman are often degraded, bullied with crazy stereotypes that goes around in our society, all that has not had any impact in my life. I would never change my identity and copy what is not African. I therefore conclude that I am real and authentic.

### **Theme five: Sense of Purpose and Meaning**

The participants in Healer woman conveyed a sense of empathy, eagerness, and attention to each other that created a sisterhood within the program. For many participants, meeting weekly with the women in the group was a highlight of their week. One respondent noted that she was unable to attend class during week four, however, she acknowledged that she actually missed coming to class: “I kind of miss not being in class this evening! Maybe the ritual of coming to class is giving me purpose in my life?”

Some respondents admitted they were not sure what to expect, and were skeptical whether the Healer woman project would have a positive impact on their life, much less be transformative. The relationships that formed between participants, however, were almost immediate. Several participants reported that they connected with the women in the group, and were able to bond over shared experiences. One participant noted, “I feel calmer since starting this project. It feels good to be in the presence of other black females who’ve had the same ups and downs that I have experienced during my lifetime.” Another participant stated that the sisterhood formed among the woman was a positive experience.

This journal entry is based on the red jasper stone also. The interpretation in the additional section really meant something to me as well. It states that it promotes companionship with the same gender. I was surprised there is so much support for one another at the program and women that have never met each other are choosing each other and finding common bonds. It’s just been a good experience because I am making these new acquaintances while I’m working on myself. Its great to see black women coming together to take care of themselves.

Many of the participants were excited to take the information gained in the program and share the knowledge with their family and community. The act of sharing among the woman in

the group, and translating that information into the community instilled pride in the participants. One respondent expressed, “Since the beginning of the Healer Woman classes I have been trying to get them (women in her life) to love themselves and give back the information I learned.” Another participant agreed: “I am going to get as many of my family and friends involved in Healer Woman so that their eyes are wide open like mine are.”

What many participants did not expect was the depth of sharing that would occur among the group, which put them at ease, and created an atmosphere of trust that made the participants feel safe sharing their most personal growth. This experience of authentic sharing in the group and through their journals helped make participants feel comfortable being open and honest with their families outside the Healer Women Program. One participant noted: “My husband and daughter have become totally different individuals because of me taking this class and letting them read my journals.” While another person noted, “The class and the speaker on HIV and AIDS was so powerful, I have been drawing that example to everyone to see how serious the situation can be.”

### **Summary**

This chapter provided a detailed review of the finding of the study and the themes that emerged during analysis of the journals. Raw data, including direct quotes from participants, were included to illustrate the themes that emerged. This chapter is organized according to five themes that emerged from the analysis (1) turning to a higher power; (2) self-care; (3) healing from previous pain; (4) sense of authentic self; and (5) sense of purpose and meaning. Among the themes revealed from the journals, religion and spirituality were important to all of the women, and made a positive contribution to their personal development and relationships with others. The women also relied on their faith to cope with stress and other life events.

Furthermore, the sacred stones held strong a resonance for the women and strongly impacted their commitment to better health and mental health.

Journaling provided a platform for the women to share personal, and sometimes painful, experiences that helped paint an authentic picture of each participant's life. In addition, the journals allowed the women to process their thoughts and reflect on the symbols attached to the healing stones. In turn, the women were able to reflect and create meaning from the stones, which they applied to their lives, beginning the healing process, reconnecting with their authentic selves, and their African heritage.

Equally important, the experience of the Healer Women Program gave participants a sense of purpose and meaning, helping them feel valued and valuable. Many participants entered the program wondering if they would gain anything from the program; and were initially skeptical about connecting with other women and telling their stories. What these women discovered however, were women with similar life stories and they formed friendships that continued well beyond the end of the program. The woman expressed enthusiasm for sharing their experience in the program with their family and community, which as a result provided the women with a sense of pride and purpose. The next, and final, chapter will provide a discussion and interpretation of the findings that were set forth in this chapter.

## CHAPTER V

### DISCUSSION AND CONCLUSION

This research study analyzed 20 journals written by African American women who participated in The Healer Women Program. The purpose of the study was to examine how the women interpreted the intervention components (i.e., the healing stones) and incorporated the meaning they made into their daily lives. As part of the Healer Women Program the participants were instructed to make weekly, if not more, journal entries that were a reflection of their experiences in the program, and of the change they went through. One of the significant aspects of the program was to reconnect women to their African roots as a tool to improve their overall wellness (psychosocial, emotional, mental and psychical wellness). Using Afrocentric theory as the basic framework for this program, the model was based on the principle of re-instilling traditional African and African American cultural values into people of African-descent (Asante, 2007).

A phenomenological analysis of the text was completed following the transcription of journals to gain a deeper understanding of the meaning the participants created and the impact the program's components had on the women's lives. The journals were coded using a combination of the various approaches to phenomenological analysis as described by Moustakas (1994). The themes that emerged during the coding and analysis process included: turning to a higher power; self care; healing from previous pain, sense of true self, and sense of purpose and meaning. The findings were interpreted through the lens of Afrocentric theory, symbolic interaction, and previous research relating to HIV among African American women, which were presented previously in Chapter 2, as well as how the findings have added value to existing literature will be explained in detail. Additionally, this chapter will address the strengths and limitations of the study, implications for social work education and practice, policy development, and finally, recommendations for future research.

### **Interpretation of Findings**

The following segment will deconstruct the results found in Chapter 4 regarding the themes that emerged from the data. Turning to a higher power, sense of authentic self, self care, healing from previous pain; and sense of purpose and meaning will be discussed in relationship to symbolic interaction and Afrocentric theory. Symbolic interaction and Afrocentric theory address the important constructs that are embedded in this research. For example, the stones symbolized principles of traditional African values, which allowed the participants to feel a deeper connection to their African heritage by interpreting those symbols and internalizing their meaning. According to symbolic interaction, in order to change behavior one must learn new meanings and systems of meanings so that various events can be experienced differently (Ephross & Greene, 1991). This is exactly what happened among the participants in Healer Women. Through the use of the stones, the women were able to create new meaning within the context of their heritage, which promoted healing, sense of power and strength and a deeper understanding of the authentic self. The two theories will be discussed within the context of the themes.

#### **Turning to a higher power**

A theme of the findings for this study is that relying on one's spirituality served as a coping strategy for the participants. Research suggests that historically African Americans, in particular African American women, have relied on spirituality to cope with unthinkable experiences such as slavery, racism, domestic violence, rape, as well as other forms of trauma (Potter, 2007; Stevens-Watkins, Sharma, Knighton, Oser, & Leukefeld, 2014). The participants in Healer Women noted that spirituality was a significant part of their daily lives. They derived fulfillment and comfort from their religious practices and faith in God (Ahrens, Abeling, Ahmad & Hinman, 2009; Stevens et al., 2014), and used their spirituality and faith to manage and make sense of the things that happened to them (Ahrens et al., 2009). For example, several

participants explained the importance of spirituality in their lives, and used their faith as a coping mechanism. One participant relied on her faith to make sense of being unemployed, and through her faith she found comfort and strengthen in knowing that her financial situation would improve.

A critical component of Afrocentric theory is the importance of spiritual beliefs and the central role of spirituality in the lives of African descent persons (Parham 2002). Schiele (1996) stated, “Spirituality, from an Afrocentric perspective, can be defined as that invisible universal substance that connects all human beings to each other and to a Creator or a Supreme Being” (p.287). Therefore, spirituality is the connective link between persons of African-descent and the universe (Zahan, 1979). In addition, Afrocentric theory states the importance of African descent people to have strong values towards spirituality in order to prevent alienation from spiritual and moral development (Schiele, 1996). As a result, when one’s spirit is connected to her Creator (i.e., God), she is more likely to have a higher self-worth, an increased sense of self, and an intimate connection to all people (Gilbert et al., 2009; Myers, 1988). The finding of this study were consistent with this body of literature as the participants increased their sense of true self, and demonstrated higher self-worth as a result of their spiritual connection. Furthermore, the research demonstrates that spirituality has an impact on structuring interpersonal relationships (Mattis & Jagers, 2001), facilitating healing (Jackson, 1997), and has an impact on physical and psychological well-being of persons of African-descent (Chatters, Taylor, Bullard, & Jackson, 2009).

Spirituality held strong resonance for all participants who expressed their faith as a protective factor, and inspired them to be more proactive in their wellness and helped them heal and make better life choices. For example, many women expressed being stressed from life experiences, which could contribute to adverse health outcomes (SAMHSA, 2009). Historically, African American women disproportionately experience stress as a result of



racism, race and gender based oppression, disenfranchisement, and limited resources (Beauboeuf-Lafontant, 2003). In spite of the stress the women in this study reported they experienced, praying and meditating helped to relieve their stress and cope with their problems. These findings are consistent with previous literature, which states that African Americans believe that trust in God and prayer are health-protective behaviors (Musgrave, Allen, & Allen, 2002).

These findings suggest that spirituality influences virtually every aspect of life for African-descent persons (Musgrave et al., 2002), and should be incorporated into prevention interventions or counseling techniques.

### **Sense of authentic self**

Findings from this study indicated that the participants went through a process of searching for their authentic self over the course of the program. Similar to the theoretical concepts of Afrocentric theory, meaning making requires “relearning the self” in order to “relearn the world” (Attig, 1996, 2001). For example, the women were able to process their authentic selves through journaling and participating in the healing stone ritual. One participant in particular stated that the pebble stone helped her realize that she had power and strength in being a Black woman, while another participant stated that her connection to the group helped her “transition” to her authentic self. The use of Afrocentric values and the connection to the collective self in a positive way facilitated the participant’s discovery of their authentic self. According to Nobles (1991), people of African descent place a greater importance value on the self than do people of European descent, and may obtain their sense of self through identification with African and African American culture. Therefore, an African American’s sense of self is strongly tied to her ethnic identity.

The aim of the Afrocentric idea is to give people of African descent their “African consciousness back” (Mazama, 2001, p. 388), which results in reconnecting to their African

ancestry and African agency. Afrocentricity seeks to center the psyche, self-consciousness, and experiences of African descent people in order to empower, liberate, and connect with symbolic racially relevant meaning (Asante, 1998). The use of African-centered symbols, rituals and values, played a major role in centering the Black self both psychologically and spiritually (Akoto, 1992; Diop, 1981). In addition, according to symbolic interaction, the search for the self is at the core of the theory. This concept emphasizes that the self is a reflexive phenomenon, founded on symbols and consciousness which enables humans to see themselves as subjects and objects (White & Klein, 2002). The importance of others in the formation of the self is found in the “*looking-glass self*” which explains that to some extent individuals see themselves as they think others see them (Ingoldsby et al., 2004). Thus, African American women imagine how they appear to others as well as how they think others may be judging their appearance. Therefore, by providing African American women with a safe cultural space where they could express their cultural pride and recognize internalized stereotypes, the women gained a positive sense of self, an important coping strategy in a society where their “Blackness” is often devalued and viewed in a negative light (Brown, White-Johnson, & Griffin-Fennell, 2013).

Belgrave et al. (1997), found that among African American adolescents, Afrocentric values promoted the development of a positive sense of self, and healthy practices, particularly around risky behaviors. This is consistent with findings from this study where participants expressed embracing their authentic selves, which ultimately facilitated behavioral change (i.e., self care and healing). Furthermore, Gilbert and colleagues (2009) found that endorsing Afrocentric values have shown to increase self-esteem, self-worth, hope, sense of belonging, as well as decreased depression, and HIV/AIDS risk behavior. This also holds true for this study as the findings suggest that the sacred stones held strong resonance for the women and strongly impacted their commitment to better health and mental health.

## **Self Care**

The core of Afrocentricity is grounded in acknowledging the history, spirituality, culture, and distinctive experiences of Black people. It promotes relevant artifacts of African culture, ideology, and worldview (Asante, 1998, 2003; Kambon 1998), and infusing them into the lived experiences to advance mental, spiritual, psychological, and physical well-being of African descent persons. A strong sense of ethnic identity is connected to physical well-being for African American women (Eyler, Baker, Cromer, King, Brownson, & Donatelle, 1998; Fallon, Wilcox, & Ainsworth, 2005; Harrison & Moore, 2007). The current study supports these finds, as the women participating in the Healer Women program expressed a deep connection to their African heritage and being a Black woman.

The participants in this study made a commitment to changing their physical health by increasing daily physical activities and eating healthier. For example, some participants stated that the stones helped them increase their commitment to improved physical health and healthier eating habits, while other participants stated that the program as a whole prompted positive health habits. This is an important finding given that African American women are the least physically active demographic group in the United States (CDC, 2010), and are disproportionately burdened with medical conditions associated with inactivity, including colon and breast cancers, overweight/obesity, type II diabetes, and cardiovascular disease (United States Cancer Statistics, 2010). Along with making a commitment to improved physical health, the participants also expressed a desire to seek counseling services and practice positive self-care techniques to reduce their stress levels. Furthermore, the findings from this study add to the literature on the value of incorporating Afrocentric values in the development of programs to encourage and sustain healthy and active lifestyles among Black women (Pittman, 2003).

## Healing From Previous Pain

Healing is an ongoing process and is defined as “a sense of well-being that is derived from an intensified awareness and integration among all dimensions of one’s being” (Coward & Reed, 1996, p. 278). Therefore, in order to heal one must go through an active process of self-reflection and acknowledgement of pain and a “transformation of consciousness is required” (Mazama, 2003, p.). The participants in Healer Women went through a process of healing by creating meaning from the healing stones, self-reflecting and acknowledging their pain in the journals, and through the collective activities of the program. In Bell Hooks’s (1993) book, *Sisters of Yam: Black Women and Self-Recovery*, hooks discusses the healing power of collectivism among African American women participating in a support group and the importance of the shared experience. In addition, programs which specifically target Black and women promote comfort and a safe place to disclose their experiences, which can result in healing and empowerment (Hooks, 1993). For example, many of the women in Healer Women expressed a connection with the women in the group for support and strength, and how this connection helped them heal and uncover a deeper understanding about themselves.

The Healer Women Program created a safe environment for women to connect with other Black women and the use of journals also supported the healing process. The use of journaling as a healing technique can be defined as “...the act of writing down thoughts and feelings to sort through problems and come to a deeper understanding of one’s self and the core issues of one’s life” (Johnson, 2012, p. 367). Johnson (2012) found that journaling and assigning culturally relevant bibliography readings had a positive impact on the recovery of African American participants who had histories of substance abuse disorder. Furthermore, Kinney (2006) found that journaling was also a useful recovery tool when working with African Americans, particularly around alcoholism and PTSD. The women in this study indicated that the journals helped them to self-reflect and gave them courage to acknowledge their pain to

order to move forward. Moreover, many of the women expressed they were unaware they needed healing before the program, and praised journaling as a helpful tool in their recovery. The Healer Women Program components helped validate the women's experiences and empower them to constructed new realities and meaning to aid in their healing process.

Humans are in the world making sense of it (Crotty, 1998); however, this description would be misleading if not contextualized in a historical and social perspective. The women in this study wrote about their experience in the program and the meaning they attached to the African healing stones was expressed in their journals. Documenting the experience of participating in the program by journaling, along with the collective process of connecting with other Black women with shared experiences, provided an opportunity to interpret meaning in the setting where the understanding and meaning making occurred. In short, reclaiming one's African culture was a positive experience for the women, and key for survival and healing for a person of African descent (Hilliard, 2003; Nobles & Goddard, 1993). From a social constructionist perspective, the choice of healing stones and processing associated meanings in journals facilitated meaning making and ultimately healing.

### **Sense of purpose and meaning**

Afrocentric theory is constructed on a value system (*Nguzo Saba*: set of guiding principles) for African Americans that can assist social workers in addressing social problems within the Black community. Among the seven principles (ie., unity, self-determination, collective work and responsibility, cooperative economic, purpose and meaning, creativity, and faith), purpose and meaning was a major theme in this study (along with self determination and faith). Afrocentric theory posits these are "the minimum set of values African Americans need to rescue and reconstruct their lives in their own image and interest and build and sustain an Afrocentric family, community, and culture" (Karenga, 1996, p.543). The women in this study expressed that participating in Healer Women gave them a sense of purpose outside of

themselves. For example, the women were eager to share the information and cultural knowledge they gained from the program with their family and community, specifically around health, well-being, and pride for being a Black woman. For some women, sharing their knowledge with other women in their community not only empowered and gave them a sense of purpose, it also provided them with validation of change within themselves. The challenges and obstacles the women overcame from participating in the program provided them with strength, self-appreciation, and a positive racial identity, and as a result, they expressed a desire to heal other women in their community. Using a social construction framework, the women in this study created a more positive sense of self based on their experience with the Healer Women Program rather than rely on the more negative stereotyping of African Americans based on the dominant culture's racist depiction of African Americans and omission of their strength, contributions, and accurate historic experiences (Schiele, 1996). As a result, new meaning and purpose were created. Additionally, use of African values and principles allowed the participants to sustain the collective experience outside of the program.

### **Summary**

The findings from this qualitative study suggest that Afrocentric theory and symbolic interaction are appropriate lenses through which to view African American women who participated in an Afrocentric HIV/AIDS health promotion program. The findings of this study demonstrated the importance of spirituality in the lives of African Americans and how a strong connection to one's faith can be a protective factor for self-love, healing, and well-being among people of African descent. The findings also support the importance of integrating African values and principles into interventions intended to promote healing, cultural knowledge, and behavioral change around wellness and mental health. The collective experience among the participants was a powerful one, the lasting bonds that were formed and their new realities

constructed allowed the women to see themselves and others as part of an “interdependent web” (Schiele, 1997, p. 289) connected through their African culture and heritage.

### **Strengths and Limitations of this Study**

#### **Study Strengths**

An important strength of this study was the qualitative methodology which allowed the researcher to gain a deeper understanding of the lives and perspectives of this marginalized population. The use of journaling created an avenue for the women to express their authentic voice, which otherwise could be silenced through use of traditional interviewing for reasons that include shame, lack of time to reflect, and discomfort with articulating their feelings. Eliciting data that aptly described their experience through journals provided valuable information otherwise overlooked by social workers and those designing and implementing interventions to remedy critical social problems (Gerstenblatt, 2013). In addition, this unit of analysis allowed the women to emphasize the aspects of their experience that were most important to them told directly through their own words, and self-reflect and create meaning in a setting they were most comfortable in. Interpreting phenomena from the experience of participants in an intervention told directly through their own words, provided an opportunity to interpret meaning in the setting where the understanding and meaning making occurred.

Another strength of this study was the use of phenomenological methods to analyze and interpret the data. Phenomenology focuses on shared experience and commonalities, and the analysis interpreted the women’s account of their rich personal experience participating in Healer Women and the lived experiences of participants. The researcher co-construct the stories by interpreting and creating common themes among the participants. Further, the researcher attempted to let the participants tell their own stories through their journals (Carter, 1993) by

using segments of their journals verbatim, acknowledging that the researcher had a different lens that she was using to interpret the story.

Another strength of this study was the insight provided in how meaning is created among African American women whose voices have historically been omitted. Understanding how African American women create meaning in a HIV/AIDS health promotion prevention program that promotes positive association with African centered principles, and values makes this study an important contribution to the knowledge base given this population is disproportionately affected by HIV/AIDS and a number of other serious health conditions.

### **Study Limitations**

A limitation of this study could be the use of secondary data. It would have been helpful for the researcher to have interacted with the participants in order to conduct a focus group to increase member checking and further explore what participants described in their journals. Another potential limitation was the inconsistent journal entries by some participants. It would have been more illuminating if some of the women would had written more consistently, however, similar to an interview, there are different participants who choose how much they want to disclose. Further research would benefit from follow up and perhaps focus groups and interviews with the participants.

As a qualitative study, the findings are in no way representative or generalizable. A limitation of the study is the small sample size limiting generalizability. Qualitative methodology supports a constructivist ideology which states that human phenomena are socially constructed therefore, generalizability is not the aim (Denzin & Lincoln, 2005). The limited sample was successful in giving a glimpse into the lived experience among African American women participating in a health promotion intervention; however, further research is needed with a larger sample size. Another limitation of the study was the lack of descriptive data on the participants, this information would have allowed the researcher to better



understanding the demographic of the sample.

### **Implications of Findings for Social Work**

The outcomes of this dissertation research are informative to prevention policy, social work education, and practice and research. The implications of this research study will set forth an agenda for action in policy, social work education, practice, and research to develop prevention programs targeting African American women.

#### **Policy implications**

Prevention policies have recently begun to focus their efforts on minorities and African American women regarding HIV/AIDS. For example, the Minority AIDS Initiative was created to address the high incidents of HIV/AIDS infections among ethnic minorities (Fullilove, 2006). Unfortunately, funding specifically allocated for African American women is currently inadequate. The findings from this study indicate the need for policy makers to increase funding for Afrocentric prevention programs targeting African American women in order to aid in reducing HIV infection among this population and address other health disparities.

Social workers are on the frontline of working with clients who experience social, mental health, and health disparities and they are in the best position to advocate for their clients at the local, state and federal levels. Policy makers should consider Afrocentric programs as a positive alternative to traditional theoretical approaches, and provide support and funding specifically targeting these programs. Many health and mental health disparities among African Americans can be traced back to historical trauma resulting from slavery, racism, and societal oppression (DeGury-Leary, 2005). Therefore, prevention programs need to adapt and take into consideration the impact and the legacy slavery and oppression on African Americans. The findings from this study demonstrate that the women were able to begin the healing process associated with psychological trauma, and many of them found their authentic voice through journaling and reconnecting to their African heritage.

Afrocentric programs address the entirety of the individual's existence by acknowledging "that the best prevention strategy is a plan that promotes positive development rather than prevents a particular dysfunctional behavior" (Gilbert & Goddard, 2007, p. 109). In addition, these programs address the historical psychological trauma associated with the Black experience by re-instilling traditional African and African American cultural values in people of African descent (Schiele, 1996). Therefore, advocacy for funding program development and research that incorporates Afrocentric theory is required to substantiate Afrocentric interventions as evidence based practice.

Social workers are in a pivotal position to advocate for policy change in prevention programs. Because the social work profession is committed to cultural sensitivity and continued building of cultural knowledge, social workers are well suited to advocate for promoting Afrocentric programs when treating African Americans. Therefore, they can campaign for policy change based on social justice and cultural knowledge, and advocate for Afrocentric prevention programs aimed at eradicating health disparities among African American women being the most effective intervention for this population.

### **Education Recommendations**

Over the past decade, there has been a push for social workers to take the lead on addressing public health and social conditions of African Americans. Therefore, further education on Afrocentric approaches are needed to be prepared to work with African American children, adults, families, and community groups. Schools of social work should be held accountable for delivering comprehensive culturally grounded curriculum to their students. Greater incorporation of Afrocentric theory and interventions aligns with the NASW (2008) *Code of Ethics* on cultural knowledge as an ethical approach and with the Council for Social Work Education focus on teaching the development of cultural knowledge within social work education. Teaching Afrocentric theory in schools of social work should be integrated into the

curriculum, just as other practice models currently are. Schiele (1997) noted that, “Afrocentric knowledge should not be marginalized or relegated to discrete, elective, or required courses but rather infused throughout all areas of social work curricula” (p. 816). Focusing on Afrocentric theory as an important curricula activity for social work education and research is the next step in advancing this research study, and insuring that social workers deliver best practices to their clients.

In addition, results of this dissertation point to a need for changes in practice curriculum for social workers so greater understanding of how African American women create meaning is gained by social work students. Basic social work courses should focus on the importance of incorporating African and African American values and principles into prevention programs, and practice, to promote healing among African Americans. Social work students should be educated on the importance of incorporating African-centered approaches in their practices that targets healthy development for African American adults and children. Furthermore, understanding historical trauma and the legacy of slavery and how these trajectories continue to affect the physical and psychological well-being of African descent people is also needed in the curriculum.

This study also highlights the need for more African American women in the social work field. One strength of the intervention was that the facilitators were African American women, which allowed participants to have a personal connection they otherwise might not have experienced had the facilitator been male or non-black. Women with intimate knowledge of the African American community and culture as well as personal connections could be powerful advocates for their clients, and develop innovative interventions based on their experience as a Black women and a practitioner. More outreach is needed from schools of social work to recruit students of African descent.

### **Implications for Social Work Research and Practice**

The results of the current study suggest that the experience of journaling in a supported environment, and reconnecting to one's African heritage is meaningful on many levels for African American women: as a means of positive identity development and preservation; as a social engagement opportunity to connect with other African American women; as a spiritual connection to one's higher power, as a healing process, and as a way to develop a healthier lifestyle. Opportunities for future research to further understand the value and therapeutic benefits are numerous. Examination of other elements of the Healer Women program, including phenomenological inquiry regarding the lived experience of the women who facilitated the program, could offer important insights into the impact that Afrocentric programs have on the facilitators. It may also be worth exploring the adaptability of such a program for adolescents and children. For example, findings from *Sisters of Nia* (Belgrave, Chase-Vaughen, Gray, Dixon-Addison, & Cherry, 2000), an Afrocentric program targeting adolescent Black females, found an increase in cultural values and beliefs, an increase in ethnic identity, and positive sense of self. In addition, exploring strategies for incorporating sacred stones as a technique in individual counseling and community-based interventions to increase health and well-being among African descent people is also a vital step in furthering this research.

The literature suggests a strong correlation between social connectedness and positive sense of self (Detrie & Lease, 2007; Jose, Ryan & Pryor, 2012), which merits further investigation. On a practice level, social workers have an opportunity and a responsibility to advocate for more Afrocentric programs and activities that enable African Americans to build and maintain social connections, not only with other African Americans but also with people of African descent as a whole. This study's findings demonstrate that programs that incorporate Afrocentric theory, and promote African values and principles are needed when working with people of African descent to promote healing, a deeper spiritual connection, and health and

well-being (Daly, Jennings, Beckett, & Leashore, 1995). An important contribution to the literature and research for social workers and public health professionals who are committed to working with African Americans and increasing their well-being.

### **Calls for Future Research**

This study highlights the importance of doing research with African American women. This population is greatly under studied regarding meaning making, their healing process, spiritual connection, and social and cultural values. The findings in this study regarding the importance of spirituality in the lives of the participants lead to more questions about the role of spirituality among African Americans. Future research should examine how African American women utilize their belief in a higher power as a coping mechanism. For example, it would be interesting to understand better how African American women use spirituality to cope with everyday struggles (i.e., racism and oppression). The findings from this study indicate that although the lives of the participants were complex, having a strong connection to one's spirituality was a positive protective factor for the women.

Additionally, there is a need for further research to understand how one's ethnic identity has an impact on one's sense of self. The findings from this research demonstrate that connecting to one's African heritage was an important factor in increasing the women's sense of self. Further research is needed to understanding the importance of ethnic identity in the lives of African Americans and if a positive ethnic identity can impact other areas of their lives.

Also, it would be important to research multigenerational trauma (Cross, 1997), which is the idea that trauma can be passed on to the next generation. African Americans and their ancestors have endured generations of trauma (i.e., slavery, Jim crow, societal racism), which many have yet to heal from. The use of the healing stones, combined with other African principles and values has been affective in promoting healing in this study. Therefore, it would

be interesting to inquire if these same principles can promote healing among individuals who have experienced ongoing trauma.

There is a need for replications of this study in other communities throughout the U.S. in order to learn what aspects are unique to African American women living in the south. In addition, replicating this study with women who were born in Africa or in the Caribbean would bring an invaluable perspective and avenue for gathering richer data. Lastly, conducting individual interviews in addition to the use of journals would also provide depth to this research study.

### **Conclusion**

This research has raised many questions for future research. It has provided the framework for understanding how African American women create meaning within the context of their African heritage, and the importance of incorporating African cultural values in the lives of African American women to promote, well-being, spirituality, healing, a sense of authentic self, and purpose and meaning. Research has shown that Afrocentric values increase self-worth and racial pride and decrease depression and substance use among African American youth and adults (Brook & Pahl, 2005; Cherry et al., 1998; Nobles et al., 2009; Prather et al., 2006; Townsend & Cunningham, 1997). In view of this evidence, incorporating Afrocentric values into prevention models for African American women may be the key to achieving behavioral change, and empowering African American women to make healthier life choices (Prather et al., 2006). Equally important, the participants were able to find their voice through journaling and participating in the Healer Women Program, and the researcher was able to tell the women's stories of change, resilience, and re-connecting to their African heritage.

Furthermore, this research study demonstrates that self-love along with positive racial identity can be protective factors for African American women's sexual decisions making, healthier life styles, and healing from previous trauma. As Malcolm X stated, "The minute we

started hating Africa, we started hating ourselves. You can't hate the root and love the fruit'' (Haley, 1965). Therefore, as health disparities continue to rise in this population, Afrocentric and effective prevention programming is desperately needed. Understanding the complex lives of African American women will aid in the development of culture specific strategies to reduce the transmission of HIV/AIDS and promote healthy well-being among this group. Though this study begins to illuminate how African American women create meaning participating in an Afrocentric HIV/AIDS health promotion intervention, more empirical studies are needed to have a full understanding of how African Americans create meaning within the context of their African heritage.

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