The 'Swelling Wave of Oppression': An Intersectional Study of the Health Challenges of Black Heterosexual Women and Black Queer Women in the American South

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ABSTRACT

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THE ‘SWELLING WAVE OF OPPRESSION’: AN INTERSECTIONAL STUDY OF
THE HEALTH CHALLENGES OF BLACK HETEROSEXUAL WOMEN AND
BLACK QUEER WOMEN IN THE AMERICAN SOUTH

Committee Chair: Viktor Osinubi, Ph.D.

Dissertation dated December 2017

The purpose of this dissertation is to utilize an intersectional approach to
determine what external factors (social, political, and economic) contribute to the health
challenges of black heterosexual women and black queer women in the American South.
The dissertation made a comparison between black heterosexual women and black queer
women to explore whether their health challenges result from their social, political, and
economic experiences. The research further examined how the daily experiences of these
black women impact their health. This dissertation found that the daily lives of black
heterosexual and black queer women associated with their social, economic, and political
experiences create vulnerability in the health challenges of these populations. The
dissertation also found that black queer women appear to become a sub-population whose
health is poorer than their black heterosexual female counterparts because they suffer additional challenges, in the form of isolation and stigmatization, resulting from their sexual orientation in the American South.
THE ‘SWELLING WAVE OF OPPRESSION’: AN INTERSECTIONAL STUDY OF
THE HEALTH CHALLENGES OF BLACK HETEROSEXUAL WOMEN AND
BLACK QUEER WOMEN IN THE AMERICAN SOUTH

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF DOCTOR OF PHILOSOPHY

BY
JAYME NICOLE CANTY

DEPARTMENT OF HUMANITIES

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CHAPTER I
INTRODUCTION

The purpose of this research is to identify the external factors (social, political and economic) that contribute to the health challenges of self-identified black heterosexual women and black queer women in the American South. The research employs an intersectional approach as a means to analyze the health disparities for the purpose of promoting a deeper understanding of how macro and micro social, economic, and political systems manifest in the individual’s daily life. Furthermore, this dissertation wishes to fill a gap in research by providing a qualitative analysis of how the external factors that impact the lives of black women and contribute to their health challenges.

Black women living in the United States generally experience health challenges at greater rates than other populations of women. As a whole, black women are particularly vulnerable to life-altering health problems which include, but are not limited to, HIV/AIDS, heart disease, breast cancer, infant mortality, obesity, and substance abuse. While the reasons for the susceptibilities vary, black women are generally much sicker than their white female counterparts. However, this reality cannot be solely linked to their racial identity. Kimberly Arriola, Christina Borba, and Winifred Thompson, public health scholars at Emory University, assert that African-American women are not a homogenous group; therefore, deviations of health challenges also exist within the black female community. Black women’s identities deviate and intersect based on their
sexuality, class, ethnicity, and educational attainment. Although many black women experience socioeconomic challenges, different identities within this population can contribute to the variations in health challenges. Arriola et al recognize that subpopulations of black women experience poorer health status than the general black female community. These subgroups include incarcerated black women and lesbians who suffer additional stigmatizations in comparison to other populations of black women.

Self-identified black queer\(^1\) women is a subpopulation whose health is poorer than other African American women. In addition to the social stigmas that are placed on African Americans based on their race and gender, stigmas are multiplied for African American women who identify as lesbian. Their disadvantage is further heightened because they do not subscribe to heterosexual gender norms. Black queer women can become victims of oppression from members inside and outside of the black community. Because of these social and psychological hurdles, this population generally experience poorer health compared to their heterosexual counterparts. Perceived discrimination from healthcare providers, lack of access to spousal health insurance, and challenges associated with coming to terms with one’s sexual identity have been found to be some of the factors responsible for the health obstacles faced.\(^2\) In comparison to the general black female population, black queer women are less likely to seek preventive services, less likely to have adequate health insurance, more likely to be obese, and more likely to

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\(^1\) This dissertation will utilize the term ‘queer’ instead of ‘LGBTQIA’ because queer is an inclusive term referring to anyone outside the realm of heterosexuality. The term represents an individual who, in some way, lives outside the heterosexual binary.

engage in alcohol and tobacco abuse. Additionally, black queer women have shorter life expectancies, higher death rates from heart disease, and lower levels of physical activity. Unfortunately, black queer women are rarely examined within health research. Arriola et al recommend further studies to be conducted on the health challenges of self-identified black queer women because there remains limited research and serious methodological problems in existing literature associated with the health challenges of this population.

Statement of the Problem

Biomedical studies have attempted to identify health challenges of marginalized populations. The biomedical approach to health relies on individual behavior over the environmental factors. Additionally, biomedical approaches do not address health challenges from a holistic perspective. Weber and Parra-Medina highlight the limitations that exist within the biomedical paradigms. They draw attention to the following constraints of biomedical paradigms:

a) biomedical perspectives typically focus on the individual and fail to fully consider the social forces affect health; b) intersectional approaches extends the biomedical by investigating how distribution of resources, social relationships of power and control, dominance and subordination play a role in health disparities; c) biomedical paradigms emerge and represent the dominant culture world view, which is natural science driven and relies on clinical and population studies from large samples of individuals that employ White populations as the model for cultural and health normality; d) biomedical models are typically balkanized, addressing only one or two isolated dimensions of systematic equality (such as race and socioeconomic status) without addressing how identities are multifaceted and complex; e) biomedical paradigms distances itself from theories of social


justice, activism, oppressions and existences and places more emphasis on
objective distance between the researcher and researched.\(^5\)

To this end, the intersectional approach provides an opportunity for humanists and social
scientists to evaluate individual behavior as well as the social and environmental factors
that contribute to an individual’s overall health status. This study will also employ the
same approach as a means of extending the research beyond the biomedical realm to
determine what factors contribute to the continuing health decline of black queer women.
The remainder of this section will explain the problems that exist in health research
associated with white queer women, black heterosexual women, and black queer women.

*Limited Analysis of White Queer Women in Health Research*

According to the Healthy People 2020 Lesbian Health government report from
Healthypeople.gov (a branch of Office of Disease Prevention and Health Promotion),
lesbian and bisexual women are: a) less likely than heterosexual women to have health
insurance; b) more likely to have breast cancer compared to heterosexual women; c) less
likely to visit a doctor or nurse for routine screenings such as pap smears; d) more likely
than heterosexual women to be obese, more likely to smoke and more likely to have poor
mental health; and e) more likely to be victims of substance abuse. The research
documented within the report explains how these variations exist as a result of perceived
stigmas against queer persons within American society and healthcare. Additionally, the
research accounts for the differences between the lifestyles of queer and heterosexual

\(^5\) Lynn Weber and Deborah Para-Medina. “Intersectionality and Women’s Health: Charting a
Path to Eliminating Health Disparities.” *Advances in Gender Research* 7 (2003): 187-188.
women. Yet, this report consists essentially of an annotated bibliography that outlines the existing research on lesbian populations between 1994 and 2010.

The healthcare field (including healthcare and health research) is typically addressed from the perspective of wealthy, white, heterosexual men, leaving women and queer persons at the margin. When women are discussed within healthcare studies, it is usually from the perspective of reproduction, which relies on the assumption of heterosexuality. Women’s physical health is limited within the realm of obstetrics/gynecology, which often defines women’s health care in terms of their relationships with men. This assumption about women in healthcare does not take into account the lived experiences of queer women. Even when queer women are considered in health research, they are typically incorporated within a research of homosexual men. The recognition of lesbians, while defining them as homosexuals, nonetheless typically results in lesbian health issues continuing to be overlooked or ignored.

There remains a false comparison in health research between queer women and heterosexual women. Health research often infer that white, middle class, formally educated women are the models for optimal health status for all women. This assumption is problematic because it disregards the various identities and experiences of women, such as self-identified queer women. Thus, it is imperative that the different experiences of queer and heterosexual women be acknowledged within the healthcare field. After the variations are distinguished based on sexual orientation, researchers can properly identify

6. Rosser, 185.
7. Ibid, 188.
the differences in health status for both populations. The scholarship has not addressed the effects of lesbian subcultural realities on health behaviors and outcomes in comparison to heterosexual women. The limited cultural analysis between heterosexual and queer women within health research creates a lack of cultural competency in discussing the unique lives of queer women.

According to the Healthy People 2010 report, cultural competency is defined as the “design, implementation, and evaluation process that accounts for special issues of select population groups as well as differing educational levels and physical abilities.”

Without the proper cultural context, many healthcare professionals may treat all women the same, disregarding the cultural realities that women face. Research, such as those completed by Baker and the Healthy People 2010, suggests that physicians may not have the adequate training to provide medical assistance to different populations of women. Accordingly, queer women are less likely to seek medical attention. If healthcare professionals enhance their cultural competency, then they would recognize how various cultural realities of marginalized populations may impact their health status. Research sheds light on how the lack of cultural competency within the healthcare field becomes a major hurdle for understanding or interacting with queer women.

When healthcare professionals use cultural competency as a tool to analyze a person’s entire being, they may be able to detect preventive diseases that are indicative of cultural trends in specific demographics. For example, according to Amy Thayer,

9. Barker, 94.
lesbians embrace obesity more than their heterosexual counterparts. Lesbians may view weight as a means of maintaining the ‘lesbian image’. The lesbian communities are less concerned with conventional aspects of appearance and weight. Healthcare physicians should be aware of these cultural realities for lesbians, which differ from their heterosexual peers. Research on health rarely take into consideration the unique lifestyle of lesbian populations and how that may influence their overall health.

**Limited Analysis of Black Heterosexual Women in Health Research**

Most research conducted on health challenges within the black female community use white women as the model for optimal health. This comparison does not yield adequate results because it disregards the different systems of oppressions that black women encounter, which may hinder them from achieving optimal health. While women, no matter the race, are marginalized and face gender discrimination as members of the American society, black and white women have different experiences that contribute to the quality of health they are likely to achieve. Black women, unlike white women, experience multidimensional, sociopolitical issues pertaining to the intersectional oppressions of racism, classism, and sexism. The privilege of not experiencing racism in social, economic, and political spaces allows white women to receive greater access to healthcare compared to black women. Many African-American women may also not have access to health care because of financial reasons, marital status, or time constraints. Research on health challenges may also overlook how both populations of women

encounter different systems of oppression, which influence their quality of health and access to adequate healthcare services.

A comparative analysis between black and white women’s health status is not only inappropriate in terms of the sociopolitical hurdles they face, it also disregards certain cultural norms within the African-American community. For example, obesity may be considered more prevalent in African-American communities than white communities because food becomes an essential component of African-American life and history. Food is a means of sharing, caring, and fellowship within the African American community. Additionally, black persons in America may have a higher food intake as a result of coping with the societal stressors associated with race and class discrimination. These cultural realities of black women, which may influence the health of black women, differ from white women. Unfortunately, cultural norms within the black community are rarely incorporated within health research.

Limited Analysis of Black Queer Women in Health Research

Research on health challenges attempt to compare heterosexual white women to black queer women, but it frequently disregards the cultural challenges of lesbianism and blackness for black queer women. There are distinct cultural differences between black queer women, white queer women, and heterosexual white women. As mentioned earlier, most research on health usually compares the different experiences between white heterosexual women and black homosexual women. Issues pertaining to sexual orientation create an additional variable of difference between white heterosexual women and black queer women. Consequently, these cultural variations are rarely addressed
within health research. Current health research rarely investigates how the combination of racism and heterosexism\textsuperscript{11} plays a role in the health challenges black queer women experience. For example, Mays et al recommend that health researchers need to recognize the differences among racial/ethnic minority women and varying sexual orientations.\textsuperscript{12} While black queer women may experience heterosexism as often as white queer women, race further puts black queer women at a grave social disadvantage. Hence, any comparison between heterosexual white women and black queer women would be a false comparison within the body of health research.

The black queer female population is typically studied in larger bodies of work, without receiving specific attention on its own merit. The larger bodies of work treat the ‘lesbian and bisexual’ populations as a subpopulation subsumed under the category of ‘sexual minority women’ population.\textsuperscript{13} When black queer women are incorporated within health research on sexual minority women, it is usually in the general context of race and ethnic differences. The black lesbian population is addressed in most of the existing literature as ‘queer women of color.’ The literature generally includes a discussion of various races and ethnicities of sexual minority women such as Hispanic lesbians, Asian bisexuals, and Indian queer persons. Consequently, black queer women are rarely

\textsuperscript{11} Heterosexism was first coined in 1971 by gay activist, Craig L. Rodwell. It is defined as a system of ideological thought that makes heterosexuality the norm in human interaction.


investigated separately from other queer women of color. Instead, they are enclosed within larger populations of sexual minority women.

The health status investigations of black queer women are frequently incorporated within the disciplines of counseling and psychology, assuming that black queer women only need to focus on reaching optimal mental health. Most of the literature focuses particularly on the internal forms of oppression that black queer women face, such as distress, depression, self-esteem, and other psychological issues. These works, mainly produced by psychologists or counselors, focus on how negative stressors resulting from oppression impact an individual’s mental stability. For example, Mays, Cochran and Roeder highlight how African-American lesbians experience greater levels of psychological distress compared to other populations of African-American women.14 Similarly, Szymanski and Gupta contend that internalized racism, heterosexism, and homophobia have a negative impact upon the self-esteem and psychological distress of black lesbians, gay, bisexual, and queer persons.15 While mental health is an essential component in one reaching optimal health, there remains a lack of discussion regarding how various oppressions impact the physical health of black queer women.

This study draws attention to the lack of research conducted on black queer women in the American South. Most of the research on black queer women is conducted by social science scholars in Western American states, such as California, New Mexico


and Arizona. For example, Susan Cochran and Vickie Mays, social science scholars who primarily focus on black queer women, study mostly black queer women who reside in California. Jeff Krehely believes that it is useful to focus on California since it has the largest LGB population in the United States. However, the focus disregards queer populations in other geographic regions of America, such as the American South. The experiences and voices of black queer in the American South are rarely studied within the academia. Research pertaining to black queer in the South usually focuses on the sociopolitical marginalization of these individuals in the Christian church, specifically on gay men. The voices of black queer women in the American South appear only in creative writing anthologies. Yet, research does not necessarily pinpoint the impact that geographic location has on the experiences of black queer women in the American South nor how their experiences may challenge their physical well-being.

**Historical Context of Problem**

While all women, regardless of racial identification, confront the issue of sexual autonomy, black women have a unique experience with sexuality and sexual autonomy. The second wave feminist theorists speak of sexual autonomy from a position of race and class privilege, where they ultimately have a choice in their sexual identity. Because of colonization and domination, black women have not had the opportunity to define their sexual identity as freely as Anglo women. Black women’s sexual autonomy is further limited as a result of social, economic, and political domination. Therefore, notions of race and class further complicate black women’s sexual autonomy.

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Throughout the African diaspora, Africana women grapple with this notion of sexual identity because historically their sexuality acted as an economic space, merely for profit. Their bodies were a source of physical labor, further defining their sexuality based on outside influences. Unlike second wave feminists, sexual identity of black women was not simply male-centered, but also centered on practices of domination, such as capitalism and colonization. For black women in the American South, enslavement further hindered their ability to reach sexual autonomy. The legacy of enslavement remains an essential part of in black women’s lives, regardless of sexual orientation.

Due to enslavement in the American South, black women’s bodies and sexuality were dictated by two oppressors: slave masters and black men. Slave masters would use their female slaves as sexual concubines. Black women’s sexuality was based on pleasing their slave master. Joane Nagel argues in Race, Ethnicity, and Sexuality how an individual’s ethnic and racial identity contains sexual epithets, which create stereotypes of certain women. Nagel argues that race and ethnic identities have sexual connotations. Black women were considered sexually exotic to white males, making them objects for white male sexual domination. The domination of black women’s sexuality was further aggravated by the fact that black women lacked social and legal protection against advances from both white and black men, making them vulnerable to sexual abuse and rape. Enslaved women were often targets of sexual abuse since their rape was rewarded by pregnancy, which profited the enslaved man and slave master. Black women did not exemplify the characteristics established in the cult of true womanhood that middle-class white women seemed to represent, making black women targets for sexual conquest.
Unlike white women, black women were not protected from sexual abuse, which further limited their sexual autonomy.

Furthermore, as a result of enslavement, black women’s sexuality or sexual identity is typically limited to heterosexism. In order to reproduce, they had to have sexual intercourse with both white and black men. This compulsion perpetuated hyper-heterosexism within the black community. Patricia Hill Collins argues in *Black Sexual Politics* how black LGBTQ are still social stigmas within the black community because blacks were over sexualized as a result of enslavement. This notion of hyper-heterosexism continued through generations, particularly in the American South. Black women’s sexuality was deemed heterosexual for the purposes of procreation. White women could challenge heterosexism because they speak from racial privilege. Black women historically have been sexualized as hyper-heterosexual, making it difficult for them to challenge heterosexism. Therefore, while black heterosexual women confront obstacles in their quest for sexual autonomy, the obstacles become worse for black queer women due to the assumption that all black women are hyper-heterosexual. The difficulty of obtaining sexual autonomy seems to manifest itself in the physical health of black women.

*Significance of the Study*

Studying the health challenges of black queer women from an intersectional approach can help scholars gain a deeper understanding of how race, class, gender, and sexuality are related, and how they impact the physical health of this population. It is important to take an intersectional approach because this theoretical approach recognizes
that race, gender, class, and sexual orientation are not separate entities; they are experienced holistically and intersectionally. For certain populations of people, such as black queer women, identity becomes multifaceted and complex. The intersectional approach opens the door for this multidimensional analysis and its influence upon the daily lives of individuals with overlapping identities. According to intersectional scholars such as Lynn Weber, race, class, gender, and sexuality highlight how social systems manifest within the private lives and collective social existence of various groups within the United States.

Furthermore, discussions of intersectionality highlight external power structures. Lynn Weber argues that the intersectional approach lends itself to a more insightful analysis of how intersectional identity and power structures impact health. According to Weber, social, political, and economic systems all perpetuate oppression, power relations, and privilege based on race, class, gender, and sexuality. The interlocking systems of oppression often determine who receives adequate healthcare. A key aspect for an intersectional analysis includes deciphering how broad social-level structures, trends, and events manifest within an individual’s daily life. Weber also contends that an intersectional approach allows researchers to determine how intersectional identity contributes to an individual’s overall health status. Unlike the biomedical model, investigating health challenges from an intersectional perspective allows for an analysis of health other than blaming the individual by focusing on how power structures (social,

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economic, and political) cause health challenges for black women. Further discussion of the intersectional approach will be explored in Chapter II of this dissertation.

Investigating the health status of queer women can become the model for exploring all women’s health. Because the foundations of healthcare initiatives are centered on the heterosexual male perspective, conducting research on queer women’s health may be an adequate alternative for all women’s health. Typically, health initiatives center upon the assumption that women are heterosexual and desire to have children. Even initiatives in gynecology perpetuate the notion that women are merely reproductive agents within the healthcare field. Instead of investigating women’s health in terms of reproductive issues (such as contraception, sexually transmitted diseases, pregnancy, and childbirth), research on queer health provides a holistic approach to studying women’s health. Exploring lesbian health may provide a female-centered model of health, which would, according to Rosser, “provide baseline data for normal health events such as menarche, menopause, and aging, as well as disease processes, in the absence of reproductive complications.” 18 A holistic female-centered model will focus on the entire female body, not just ‘below the belt’ health issues that women experience, such as childbirth and vaginal STDs. More importantly, these ‘below the belt’ issues assume that female patients seeking medical attention are heterosexual. Therefore, this research is significant because it exposes the importance of investigating the female health outside of reproductive matters, allowing a more inclusive investigative study in terms of sexual orientation.

Unlike many previous health research studies, this research has gathered data based on the experiences of black women. Part of enhancing the data collection includes providing a voice for a population of women rarely recognized in public health or academia. Since the 1990s, there has been an increase in public health research pertaining to the health challenges of various African-American female populations. Yet, there remains a need to develop a more complex set of data for these groups of women. If efforts to address the health concerns of black women are to be meaningful, then there must be more comprehensive measures to address the problem.\textsuperscript{19} In order to adequately address issues pertaining to black women’s health, there needs to be substantive data to gain a full understanding of the issues these women face. Therefore, this work places a marginalized population at the center of analysis. The study fills a gap within health research by providing qualitative data based on the black queer female experience in the American South to determine how these experiences influence their physical health and stability.

Furthermore, this research is significant because it compares two communities of women with similar racial and ethnic backgrounds. As mentioned earlier, previous research on health attempt to compare black heterosexual and homosexual women to wealthy, educated, white women. These are faulty comparisons because they disregard the racial, ethnic, and class differences among black and white women. First, comparing these two populations does not always allow health researchers to draw meaningful conclusions in addressing the health issues of black women. Second, this comparison

\textsuperscript{19} Hemmons, 210.
assumes that white women are the epitome of outstanding health for all women. Third, comparing within the same race and ethnic background provides a more culturally relevant analysis of the health issues facing black women. This work compares and contrasts the experiences of black heterosexual and homosexual women to draw more relevant conclusions regarding the health challenges they may encounter within their lives.

This research further expands awareness on heterosexism because it illustrates how heterosexism manifests itself within the black community and the healthcare field. Heterosexism is typically defined as a system of oppression where heterosexual persons receive certain social, economic, and political privileges. Unlike homophobia, which is a form of heterosexism based on an unreason fear of homosexual persons, heterosexism acts as a system of separation and ideological thought that promotes heterosexuality as the norm to follow in human interactions. If a black woman self-identifies as heterosexual, then she reaps the benefits of heterosexual privilege within the black community and the healthcare field. However, black queer women remain as the ultimate ‘other’ because they represent the antithesis of privilege, becoming the standard by which other groups measure their own so-called normality and self-worth.20 Studying black queer women becomes a starting point for investigating how heterosexism influences their lives. Yet, research rarely investigates how heterosexism exists and functions within the black community and the healthcare field. Thus, it is important to investigate this

population because they reveal how heterosexism becomes an additional layer of oppression for black queer women.

Furthermore, Patricia Hill Collins contends that if racism and heterosexism affect black queer persons, then these systems affect all people, including heterosexual African Americans. Heterosexism is not only a system of privilege, but also a means of regulating an individual’s sexuality. In a sense, it becomes a model for what is ‘normal’ in terms of sexuality. This model is not only limiting for self-identified homosexual persons, but for heterosexual persons as well. After all, this model of ‘appropriate sexual behaviors’ can marginalize black heterosexual women because they do not necessarily exemplify the characteristics established in the cult of true womanhood perpetuated by upper-class white women. The cult of true womanhood embodies domesticity, piety, submissiveness, and purity. Historically, black heterosexual women are not perceived as pure; instead, they are confronted as hyper-heterosexual beings. On the other hand, the lives of black queer women challenge several traditional notions of sexuality associated with heterosexuality. Black queer persons highlight the connections and contradictions that characterize racism and heterosexism as mutually constructing systems of oppression. Therefore, researching black queer women highlights how heterosexism dictates the sexual behaviors of all black persons.


Health is of special importance for society because a nation’s prosperity depends on the entire population’s health. 23 This includes African-American women and lesbians. Diminished health can impair one’s quality of life. Moreover, certain health challenges affect the extent to which an individual can productively contribute to society. Ignoring the health outcomes of this population further promotes their marginalization and invisibility. If a woman has the tools needed to take care of her body, then she can become a productive member of society. Her ability to take care of her body can socially and politically empower her. However, when she does not have the freedom to determine how to take care of her body or obtain access to adequate healthcare, then her sense of empowerment diminishes. Thus, the rationale for this research centers upon the necessity for studying the health of black queer women to understand their challenges because they are an essential component of the American society.

This analysis contributes to the discipline of African Women’s Studies (AWS) because it opens the door for redefining black womanhood based on geographic location. The purpose of AWS is to expose the various experiences of Africana women based on geographic location and how these experiences expose various oppressive power structures. Africana Women’s Studies challenges scholars to examine how external systems, such as enslavement, colonization, and neocolonialism influence the lives of women throughout the Diaspora. This work challenges scholars to recognize that women throughout the Diaspora are not a monolithic group, instead, they encounter different systems of oppression based on experiences living in certain geographic locations. Many

works try to group all Africana women together. While there are some common experiences all Africana women experience, but geographic location may redefine their notions of womanhood. Thus, this work contributes to AWS because it addresses how geographic location (in this case the American South) influences the Africana female experience.

Furthermore, Africana Women’s Studies forces scholars to determine how overarching power structures such as patriarchy, racism, sexism are embedded within social, economic, and political spaces. This study sheds light on the ways in which gender and sexuality manifest itself in diasporic studies by including other marginalized female communities in the diaspora, such as black queer women. The research establishes that black queer women are an essential part of the diaspora. The experiences of black women cannot (and should not be) limited based on sexual orientation. As mentioned earlier, the experiences of black queer women are manifested differently than their heterosexual counterparts. The experiences of black queer women should be a population studied within Africana Women Studies. Thus, this work is important to AWS because it is inclusive of black queer women, important persons within the Diaspora.

Theoretical Frameworks

This work utilizes Leith Mulling’s theoretical model based on the Sojourner Syndrome. The study also relies on the weathering process which Arline T. Geronimus has proposed. The Sojourner Syndrome suggests that black women personify the strength of the historical figure, Sojourner Truth, and the syndrome itself represents a survival method for African-American women with which they cope with the oppression they face
because of race, gender, and class. Mullings suggests that Sojourner Truth personifies the resistance to the interlocking oppressions of race, class, and gender that define black women’s existence.\textsuperscript{24} Truth is not only a historical figure for black women, but a representation of black women’s resistance and strength. Mullings claims that Truth’s account embodies the issues that African-Americans confront today, such as the assumption of economic, household, and community responsibilities, which all are carried out under conditions of discrimination and scarce resources.\textsuperscript{25} The Sojourner Syndrome also depicts how social hierarchies established by race, gender, and class can have a negative impact on the daily lives of black women. Adopting this conceptual framework provides a tangible example of how multilayered identities could influence black women’s everyday existence. Furthermore, this syndrome describes how black women survive, despite the multifaceted oppressions they face on a daily basis.

This syndrome extends the notion that race and gender act as merely biological functions. The theory presents an analysis for interpreting black women’s health based on cultural realities. Mullings developed this framework at the request of the Center for Disease Control (CDC) to help health practitioners address the health concerns of African-American women. Prior theories tend to describe the health concerns from a physiological perspective. For example, Rodney Clark et al addresses racism as a biopsychosocial model, which is relevant to the health challenges that marginalized persons face, but does not adequately address how environmental factors and public

\textsuperscript{24} Leith Mullings, “Sojourner Syndrome: Race, Class, and Gender in Health and Illness,” \textit{Voices} (December 2002): 34.

policy both influence the experiences of black women. Mullings framed the findings of her research to address how environmental stressors, such as housing and social services, create chronic strains for black women. Moreover, Mullings constructed the Sojourner Syndrome to further conceptualize the multiplicative effects of race, class, and gender on the health of African-American women for a medical audience. Thus, this framework was developed to help public health professions create healthcare initiatives and programs that were culturally relevant to African-American women.

Sojourner Truth is considered one of the most influential African-American women in the 19th century. Africana and humanist scholars frequently cite her famous speech “Ain’t I a Woman” as the foundation to discuss the intersectionality of race, gender, and class. Within this speech, Truth challenges this notion of womanhood and its application to African-American women. According to Patricia Hill Collins, Sojourner Truth represents the beginning of black women’s intellectual tradition. Even though she was a former slave who never learned to read or write, Collins argues that her deconstruction of the concept of woman proved that she was a formidable intellectual.

Throughout time, Sojourner Truth has transformed into an iconic symbol of strength for African-American women. According to Leith Mullings, Truth’s life provided a symbolic representation that resonates deeply with African-American women.

The Sojourner Syndrome explains how black women throughout generations embody the emotional and physical strength of Sojourner Truth. Mullings describes this

personification as the ‘Sojourner Syndrome,’ which addresses the combined effects and joint influence of race, class, and gender as structural risks for African-American women.\(^9\) In this context, the personification refers to an individual internalizing certain characteristics within his or her consciousness and, in turn, embodying these characteristics in their daily life. For example, black women may personify the ‘strong black women’ consciousness. Mullings argues that black women adopt the Sojourner Syndrome as a survival strategy. For black women, personifying Sojourner Truth represents a strategy for fostering the continuity of the black community.\(^{30}\) However, maintaining the black community for several generations could take a physical and mental toll on black women. While this personification helps black women cope with the stressors that exist within their daily lives, the consciousness or awareness can also have a negative impact upon their health. Mullings infers that the Sojourner Syndrome explains why black women are particularly vulnerable to certain health challenges. Nonetheless, her theory becomes the starting point for addressing the health challenges of black queer women.

Another concept developed within intersectional research approach to explain the outgrowth of health challenges among African-American women include the concept of ‘weathering’ introduced by Arline Geronimus. Similar to Sojourner Syndrome, weathering attempts to address black women’s health from a cultural perspective. Geronimus developed this theory to explain how African-American women experience

\(^{29}\) Ibid, 35.

early health deterioration as a consequence of the cumulative impact of repeated experience of social, economic, and political exclusion. This theory focuses on how social, economic, and political marginalization of African-American women actually accelerate the aging process. Even if African-Americans appear to be physically fit, their bodily functions are declining faster than those of their white female counterparts. Accordingly, their overall physical health deteriorates rapidly due to the pressures they experience living in a race-conscious society. While this health disadvantage is evident among lower-income African-American women who live in urban centers, Geronimus suggests that this weathering process does not discriminate based on socioeconomic status. Even economically affluent black women experience substantial increases in life mortality compared to less-advantaged black women.

Geronimus found that black women in their 20s start to experience greater health challenges compared to other populations of women. By the time black women reach young adulthood to middle age, they suffer the highest vulnerability for health challenges compared to women of other racial groups. Given this theoretical framework, Geronimus suggests that health disparities will not be eliminated until American public policy and public health officials start to discuss social inequalities that produce particular health challenges. Moreover, she encourages public health researchers to include race relations within their analysis in order to ensure that the health research on this population is culturally relevant. In order to understand the health challenges these populations face,


32. Geronimus, 134.
public health and public policy officials should recognize how race and gender oppression influences the health problems that black women face in their lives. Weathering helps explain why certain populations are especially at risk for experiencing negative health outcomes over the course of their lives.\textsuperscript{33} Many factors contribute to the health status of black women. Geronimus suggests that the health of African-American women is progressively worse from youth to middle age due to cumulative exposures to a variety of experiences such as (but not limited to) environmental hazards, social stressors in residential and work environments, repeated social and economic adversity, growing obligations to family, and/or incarceration of a loved one.\textsuperscript{34} Weathering suggests that an accumulation of these factors may accelerate the aging process for African-American women. While not directly addressed within the theory, the weathering framework can apply to other marginalized populations that deal with race relations, such as black queer women.

The weathering theory and the Sojourner Syndrome both suggest that black women’s health is a direct result of their environment. This includes intrapersonal, interpersonal, community, and public policy components that directly affect their lives socially, economically, and politically. Both concepts also address how the daily experiences of black women can both liberate and hinder their health, regardless of socioeconomic status. Also, these theories attest to the fact that black women experience double jeopardy due to racial and gender discrimination. While the Sojourner Syndrome

\begin{itemize}
\item \textsuperscript{34} Geronimus, 135.
\end{itemize}
provides black women with a coping mechanism to combat the oppressions they encounter, the weathering framework addresses how social, economic, and political stressors limit their overall health. Weathering becomes a manifestation of what happens when black women adopt the Sojourner Syndrome. These frameworks highlight how black women’s intersectional identities hinder their health status as well as provide a substantive framework for addressing the health challenges among black women.

Sexuality becomes an added dimension of oppression that further marginalizes black queer women. Both of these theoretical frameworks serve as foundations for this study. Further, the frameworks determine how encountering external power structures can ultimately lead to health challenges for black queer women. This dissertation suggested a framework that addresses the limitations associated with the Sojourner Syndrome and the weathering theory by incorporating other unique components associated with sexuality among black women. The research also presents ideas that explain why black queer women are particularly vulnerable to certain health challenges in comparison to black heterosexual women.

Dissertation Organization

This research is structured according to the following chapter arrangements. Chapter I presents the Introduction that highlights the purpose of the research, background information on health challenges among African-American female communities, assumptions that drive the research, statement of the problem, significance of the research, conceptual framework, methodology, limitations, and definition of research terms associated with the study. Chapter II comprises the literature review
outlining researches relevant to this study. The literature review also incorporates scholarly work which have been conducted on intersectionality as well as the validity of intersectional approach to health and external factors that influence the health of black queer women.

Chapter III outlines the methodology and the data analysis for this dissertation. Chapters IV and V consist of the quantitative and qualitative data collected from surveys and focus groups. Chapter IV outlines the findings and the discussions associated with social factors that contribute to health challenges of black women. Chapter V highlights the findings and the discussions associated with economic and political factors that contribute to health challenges of black women. Chapter VI presents the theory created by the researcher, establishes the major conclusions drawn from this study, and provides a number of recommendations for state and federal agencies to assist with preventive health care initiatives for the study population.
CHAPTER II
REVIEW OF THE LITERATURE

The purpose of this chapter is to review the available literature on external social, political, and economic factors that contribute to the health challenges among black heterosexual women and black queer women in the American South. This literature review highlights major scholars who have examined health from an intersectional approach. The review will: a) survey works that address the foundations of intersectionality, importance of intersectional research, and obstacles associated with this approach; b) discuss scholars who study health from an intersectional approach to further justify the validity of this perspective; and c) examine previous research that addresses social, political, and economic consequences of health obstacles among black heterosexual women, white queer persons, and black queer women.

Intersectionality Reviewed

Discussions of intersectionality derive from feminist discourse as a way to address the multiple layers of oppression that women of color face. According to many feminist scholars, the term intersectionality is often described as an ambiguous theoretical term with debatable origins. Some gender studies scholars attribute intersectionality to second-wave feminist scholars while others accredit it to women of color and Third World women. Nonetheless, Patricia Hill Collins, a Distinguished Professor at the
University of Maryland at College Park, refers to Sojourner Truth as the first individual to introduce this notion of intersectionality in her groundbreaking speech, “Ain’t I a Woman.” This speech fueled further scholarly discussions on womanhood and its application to women of color. More importantly, her speech became the foundation for future discourses on intersectionality.

The intersectional approach further manifested itself in the United States during the 1960s, where black women were attempting to position themselves within various spaces. The Women’s Liberation movement did not necessarily address all their concerns with race while Black Liberation movements did not incorporate gender equality within their sociopolitical platforms. However, black feminist lesbian scholar activists such as the Combahee River Collective continued to build on the foundation of intersectionality introduced by Truth. In the “Black Feminist Statement,” they address intersectionality as their political platform: “the most general statement of our politics at the time would be that we actively commit to struggling against racial, sexual, heterosexual, and class oppression and see as our particular task the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking.”\(^1\) They recognized the difficulty for black women to separate their identities on the basis of race, gender, class, or sexuality. The Collective claims that all these entities are essential to black female identity politics. Because this group was comprised of black feminists and

lesbians, the Combahee River Collective’s statement became one of the first to introduce sexuality as a fundamental component of black female identity.

Kimberly Crenshaw, the leading scholar of critical race theory and professor at UCLA School of Law, coined and defined the term intersectionality in her article, “Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color.” While the concept manifested within several texts prior to Crenshaw, she created a language for scholars to discuss multifaceted, overlapping identities and their influence in social spaces. Crenshaw argues in this article how contemporary feminist and antiracist scholars have not adequately addressed the intersectional identities of women of color. Within this piece, she reveals how the experiences of black women, in terms of domestic violence, are a direct manifestation of the intersecting identities of race and gender. Because of their intersectional identity as both women and people of color within discourses that are shaped to respond to one or the other, women of color are marginalized within both. Black women’s experiences are not completely addressed within feminist or anti-racist discourses because they embody both oppressions simultaneously. Within the feminist discourse, they are marginalized based on their race while race liberation movements tend to embody sexist paradigms. Crenshaw acknowledges that black women’s identities are not binary based on either/or dichotomy, but diverse and connected.

Crenshaw proposes that feminist and antiracist sociopolitical agendas are “not adequate even to the discrete tasks of articulating the full dimensions of racism and sexism.” 3 For example, feminist discourses may address issues of diversity, ethnicity, and race, but they are still limiting in scope. Even when race is introduced within feminist scholarship, it is addressed from a white, middle-class, educated feminist perspective. Because of this, Crenshaw contends that political interests of women of color are obscured and jeopardized by the lack of attention given to the intersectional identities of black women. Ultimately, the various voices of black women are not heard because their multidimensional identities and experiences are often underrepresented. Crenshaw finds that this notion of intersectionality permits the space for multiple identities to be explored. However, Crenshaw applies the intersectional perspective to domestic violence and employment. Crenshaw also focuses on only two-sided dimensions of black female identity: race and gender. While she mentions class in terms of low-income women being vulnerable to domestic violence, she does not adequately address how heterosexism and sexuality are also components in intersectional identity.

Patricia Hill Collins, in her text *Fighting Words: Black Women and the Search for Social Justice*, describes intersectionality as a perspective that allows for an interpretation of power relations among social groups. Within this text, Collins recognizes that intersectional approaches provide an analysis for fluidity in individual identity, where intersections of race, class, and gender, among others, create more fluid and malleable

3. Crenshaw, 1252.
Collins echoes Crenshaw’s assessment that race-only or gender-only binary concepts are limiting in interpreting the experiences of black women. Collins interprets intersectionality as mutual constructs of race, class, and gender instead of separate identities. These entities build upon each other and redefine other components of identity. In turn, Collins asserts that the fluidity that exists in intersectional identities provides a deeper understanding of power relations and hierarchical structures. Collins infers that intersectionality becomes a public process, by addressing how multifaceted and overlapping identities shape individual and collective experiences within certain social contexts such as family, job, and community.

Moreover, Lisa Bowleg, a professor of Applied Social Psychology at George Washington University, stresses the research problems that arise in terms of studying intersectionality. Bowleg challenges intersectional scholars to avoid utilizing the additive approach. She recognizes methodological challenges that exist within the existing quantitative and qualitative literature pertaining to discussions of intersectionality. Her work addresses how intersectionality research is more additive than intersectional. For example, she highlights how triple jeopardy is an additive theory, not intersectional. According to Bowleg, this additive approach contradicts the central tenet of intersectionality, where social identities and inequalities are interdependent, not mutually exclusive. Race, class, gender, and sexuality are not simply ranked or added to an


individual’s overall identity separately. Bowleg also contends that adopting these identities simultaneously help provide an inimitable worldview that encompasses all these aspects. For example, black women may interpret gender and gender politics differently based on sexual orientation.

Similar to Collin’s assessment, Bowleg emphasizes that intersectionality focuses on investigating both micro and macro levels of social power structures and hierarchies. On both levels, intersectional research of black queer women lends itself to understand how their personal, social, economic, and political experiences are derived from mutually constructed identities. Bowleg utilizes the intersectional identities of black lesbian women to highlight the complexities that arise from the additive approach. Specifically, she investigates how the additive approach is limiting for black lesbians. The lives of black lesbian women are rooted in structural inequalities based on intersections of sexual orientation, sex, gender, and race, making this population ideal for studying intersectionality. Similarly, according to Bowleg, research on black lesbians represents an interdisciplinary analysis. In order to gain insight into the experiences of research participants from multidimensional identities, utilizing various disciplines could help address the complexities of the issues these marginalized groups face.

However, Bowleg found that many studies neglect sexual orientation and gender identity in their data collection, which could facilitate an intersectional analysis. As mentioned in the first chapter, data collection pertaining to certain health challenges often

utilizes a quantitative approach, which is biomedical and additive, creating further questions than answers. Bowleg utilizes the example of Healthy People 2010, where limited federal funding is extended to researching health challenges of LGBTQ or black LGBTQ. She found that health research exists within social science, epidemiological, and biomedical research. Yet, these fields fail to answer key questions about structural inequalities based on the intersections of race, sex, gender, class, or sexual orientation. According to Bowleg, non-intersectional approaches to health research remain limited because these approaches rarely construct meaningful conclusions based on intersectional experiences of black women. Bowleg infers that public health often disregards intersectional approaches and experiences. Although her work provides illustrative experiences of black queer women from her research, the focus of her work actually addresses the methodological limitations associated with additive versus intersectional research.

A pioneer in developing the theory of intersectionality and women’s studies and a professor at the University of South Carolina, Lynn Weber, reiterates Collin’s assessment of fluidity within intersectional approach. Weber addresses how race, ethnicity, class, gender, sexuality and other dimensions of difference are fluid, shifting group relations that nonetheless persist through time and space.7 For example, Collins stresses how understanding intersectionality will help scholars understand how certain groups operate

within various power structures. Therefore, it is important to include this perspective in health research to grasp how this fluid identity manifests in daily lives of marginalized populations. Further, this approach will help shed light on how marginalized groups confront the health care system, given these hierarchal, power structures within which they must operate under.

**Intersectional Approach to Health Research**

Prior to the emergence of intersectionality within public health and healthcare discourses, other paradigms such as biomedical, biobehavior, and psychosocial were utilized in research pertaining to race, gender, and health challenges. These concepts and approaches became heavily funded by various organizations because they perpetuate white, male-centered ideologies. Furthermore, these approaches view race and gender as biological constructs while the intersectional approach presents race and gender as social constructs. According to Lynn Weber and M. Elizabeth Fore, these approaches were fundamentally limiting. For example, biobehavioral and psychosocial research appealed to funders, researchers, and policy makers because poor health outcomes were a result of individual, behavioral changes instead of investigating how environmental causes influence certain behaviors. Weber and Fore contend that these perspectives were attractive because they place the blame on the individual, instead of challenging social factors such as intersecting inequalities.

Another limitation to biomedical research is that it emerged from traditional scholarly traditions, which interpret race, class, socioeconomic status, gender, ethnicity, and sexuality as separate entities that develop separate interpretations for their
relationships to health. Instead of investigating how all of these entities influence an individual’s health, biomedical research chooses one dimension to investigate to determine how it influences a specific health illness and disease. This research utilizes the intersectional approach because black queer women and heterosexual black women identities are multifaceted and fluid. All these identities form how they view themselves and their place within healthcare. Further, this work attempts to determine how power dynamics and hierarchal systems of oppression influence the health outcomes of marginalized women of color, such as black queer women. While race, gender, and socioeconomic class are thoroughly investigated in intersectional research, sexuality is rarely addressed within the literature.

In recent studies, health scholars established the importance of analyzing health issues and health from the approach of intersectionality. Lynn Weber has written several articles addressing how the intersectional approach is necessary within research pertaining to certain health challenges. In an article entitled “Intersectionality and Women’s Health: Charting a Path to Eliminating Health Disparities,” Weber collaborates with Deborah Parra-Medina, professor of epidemiology and biostatistics at The University of Texas Health Science Center at San Antonio, to establish the necessity for an intersectional approach in providing new knowledge to eliminate the health issues that exist across race, gender, sexual, and class lines. Weber and Parra-Medina further maintain that the biomedical health model remains limited in providing insight into how

to combat health obstacles. The purpose of their research was to establish the inefficacy of traditional medical health research emerging from biomedical perspectives in answering all questions about illnesses and diseases prevalent in certain populations. However, before they start establishing that argument, Weber and Parra-Medina claim that the intersectional approach to health:

examines the ways dimensions of difference (race, ethnicity, gender, class, sexuality, etc) are socially constructed in specific times and places, creating distinct social formations; explores macro institutional and micro interpersonal power relations that create and sustain social hierarchies outside of merely the differences in distribution of resources that maintain power and control; centered in the perspectives and experiences of multiple oppressed groups, particularly women of color; driven by pursuit of social justice; and contains interdisciplinary themes.\(^9\)

Weber and Parra-Medina also contend that the intersectional approach provides a situated knowledge that raises new questions and presents new opportunities for understanding health disparities in order to eliminate them.\(^10\) According to intersectional approach scholars such as Weber, intersectional approaches to health are necessary to challenge and combat the hierarchal structures that ultimately exist within the United States healthcare system.

Another article by Lynn Weber and M. Elizabeth Fore, a health education scholar from Idaho State University, suggests that “race and ethnicity, social class, and socioeconomic status are life and death matters that affect an individual’s quality of life,


\(^10\) Ibid, 186.
the kinds of diseases and conditions they live with, the kinds of health behaviors they engage in, how long they live, the likelihood that their children will live past infancy, one’s access to healthcare, and the quality of care received.” 11 Weber and Fore find that intersectional approaches evaluate how different identities can affect the health of an individual. For example, they cite that African-Americans have the highest mortality and infant mortality rates, and are more likely to have chronic conditions such as hypertension, diabetes, and obesity. According to Weber and Fore, an intersectional approach addresses the social, political, and economic reasons that certain health challenges exist at such a drastic rate for African-Americans. Weber and Fore argue that biomedical paradigms that are typically addressed in health research do not address social hierarchies of race, ethnicity, class, gender, sexuality, and nationality. This social stratification manifests itself in health outcomes. Also, certain marginalized groups do not have diseases or illnesses simply as a result of biological differences. Instead, Weber and Fore find that their health result from engaging with a social system of hierarchy that minimizes their basic needs.

Lynn Weber further reiterates in her article, “Reconstructing the Landscape of Health Disparities Research: Promoting Dialogue and Collaboration between Feminist Intersectional and Biomedical Paradigms,” Collin’s notion that intersectionality exposes power relations, especially when it comes to health issues. First, Weber highlights that intersectional scholarship is not as narrow as biomedical perspectives because

intersectionality allows for a global understanding on the constructs of hierarchies and privilege and power across all social institutions, including the economy, family, education, law, religion, and media. Secondly, Weber claims that the central principle undergirding intersectional conceptions of these hierarchies of difference, and the primary reason they persist over time, are that they are intersecting systems of power relationships—relationships of dominance and subordination—where privilege of one group rests in the subordination of others. She claims that the intersectional approaches are not simply a discussion of identity, but also offer an analysis of how oppression, domination, and power relations are inevitably connected. Power structures exist within health care because only certain individuals (dominant groups) have the power to access and secure health care, education, wealth, and income. Weber infers that if an individual is within a subordinate group based on systematic layers of oppression, such as African-American women, then opportunities for access and security may not necessarily exist. Intersectional approaches to health also highlight how hierarchies of difference rest in the values, practices, roles and sources of the dominant group. Thus, Weber infers that dominant groups often determine who deserves and receives quality health care.

Jessie Daniels, an expert on manifestations of race and professor of sociology at Hunters College, and Amy Schulz, a professor of health behavior and health education at the University of Michigan, reiterate Weber’s assessment of dominant ideologies in their


article, “Constructing Whiteness in Health Disparities Research”. In this work, Daniel and Schulz reference the construction of whiteness within health research. Their intersectional approach to health research also reiterates white privilege and power. According to Daniels and Shulz, there is a long tradition within the United States of constructing whiteness as the racial subject against the racialized others.14 Within biomedical paradigms, white upper-class heterosexual male becomes the norm. Health research from the biomedical perspective highlights how marginalized groups vary from the norm without taking into consideration cultural, historical, social and environmental factors that influence the health of various populations. Daniels and Schulz contend that understanding white heterosexual male privilege allows public health professionals, scholars and researchers to gain greater insight into how this perspective dictates the ideologies perpetuated within the healthcare system as a whole. The intersectional approach allows for the interpretation of how social, economic, and political systems support and reinforce white privilege and dominance as well as how these systems are rooted in power.

Lynn Weber’s text, Understanding Race, Class, Gender, and Sexuality: A Conceptual Framework, incorporates sexuality within intersectional approach. In prior works, Weber focused primarily on how race, class, and gender were intricate and connected complex systems, but in the above text, she emphasizes sexuality as a component of intersectional research. She addresses this component by highlighting how

oppressions based on sexuality manifest in ideological, social, and economic realms. Within her work, Weber investigates how heterosexism acts as a power system, similar to racism, classism, and sexism. According to Weber, heterosexuals set the laws and acceptable practices governing adult intimate life ("the rules"), the advantages that go to those who follow the rules ("the winners") and the rationale for the hierarchy that justifies the unequal treatment ("the spin"). Heterosexual activities and marriage establish the standard of what is acceptable adult intimate conduct. Those who conform to this standard are usually privy to certain advantages such as establishing a legally recognized marriage, adopting children, filing taxes as a married couple, and receiving health insurance from their spouse’s employer. Those who deviate from heterosexual normality are deemed abnormal, sexually immoral, and sinners, who should be denied citizenship. Weber uses rules, winners, and spin analogy to highlight how social structures can determine what is socially acceptable by creating rules, providing incentives to individuals who follow the rules, and punishments for those who deviate from the rules.

Consequently, as Weber points out, all queer individuals do not combat heterosexism in the same manner. In fact, class and race give some queer people privilege, such as upper-middle class, educated gay men and women. They have the resources to combat heterosexism by acquiring legal representation to fight against limitations set by social systems. Compared to white, middle-class gay men, who have

social, political, and economic advantages, she finds that lesbians of color may have less economic and political support to press for biological or choice ideologies of sexuality.\textsuperscript{16} She infers that their lack of political and economic power hinders their ability to change the limitations that exist within the healthcare system. However, no discussion in the text specifically focuses on how this lack of social, economic, political support hinders the physical health of queer women of color.

\textit{External Factors of Black Queer Female Health}

Lynn Weber’s full text, \textit{Understanding Race, Class, Gender, and Sexuality: A Conceptual Framework}, provides a conceptual foundation for evaluating race, class, gender, and sexuality in social, economic, and political realms. As mentioned earlier, Weber discusses the idea that race, gender, and sexuality are social systems and patterns of social relationships that are complex, pervasive, variable, persistent, severe, and power based. Weber also points out that race, class, gender, and sexuality are power social systems that have structured individual private lives and the collective social existence for the entire history of the United States.\textsuperscript{17} She concludes that these multilayered identities play major roles in both macro and micro power systems, manifesting within the daily lives of individuals. This dissertation also mirrors Weber’s theoretical perspective as well by investigating how intersectionality sheds light on micro and macro social, economic, and political systems.

\textsuperscript{16} Weber, \textit{Understanding Race, Class, Gender, and Sexuality}, 107.

\textsuperscript{17} Weber, \textit{Understanding Race, Class, Gender, and Sexuality}, 8.
Weber organizes the micro and macro systems into three major categories: ideological, political, and economic. She contends that ideological domains are supported by education, media, and religion. The political realm focuses on law, governance, and policies while economic forces include industry and work. According to Weber, each of these domains (ideological, political, and economic) and institutions associated with them are organized to reinforce and reproduce overarching hierarchies of intersectional identities (race, gender, class, and sexuality). Thus, this review of the literature explores Lynn Weber’s theoretical framework of social, political, and economic systems. From her frameworks, this literature review examines previous works that have established a connection between the socio-political and economic systems and the health status of black queer women.

Angela Davis, a famous African-American political activist, scholar, and author, indicates in her text, *Women, Culture, and Politics*, how the “the pursuit of health in body, mind, and spirit weaves in and out of every struggle women have ever waged in our quest for social, economic, and political emancipation.” Davis further reiterates the influence that external factors play in the health of black women. Within the chapter “Sick and Tired of Being Sick and Tired: The Politics of Black Women’s Health,” she explains how the health of black women is a result of social, economic, and political factors. For Davis, health has become an economic commodity. In American society, health has been considered a privilege instead of a universally recognized human right. She goes into details on how the Reagan administration’s desire to privatize healthcare,

along with other social programs, hindered the ability of many black women to obtain access to healthcare. Moreover, Davis describes the limited political priorities of former president Reagan. His administration focused primarily on providing a large percentage of federal funding to the United States military. Davis pinpoints that the priorities of Reagan focus more on maintaining America as a military superpower than improving the lives of the individuals living within the United States. Overall, she infers that black women reaching optimal health is not a priority in American society. Because black women may battle poverty and limited access to adequate healthcare, their fight to reach optimal healthcare remains bleak. Davis recommends more subsidized programs that reflect the progressive experiences of the women health movement, which emphasize prevention, self-help, and empowerment. Similar to Weber, Davis reiterates how healthcare is directly linked to external factors associated with social ideologies, limited political agendas, and economic hurdles. Yet, Davis lumps all black women together, not recognizing the various communities of black women and how they deal with healthcare policies differently.

Another research project by the National Gay and Lesbian Task Force, titled “Say It Loud, I’m Black and I’m Proud,” discusses each of these dimensions and their relation to African-American queer individuals. This publication was developed by the National Gay and Lesbian Task Force along with black gay and lesbian researchers and nine Black LGBT Pride organizations. Prior to the publication, there remained little quantitative data about this population. Collaborators of this project found that limited research has been conducted on the lives of black queer communities. Most academic researches on queer
individuals focus primarily on the experiences of middle-aged, educated white men in urban areas. This task force attempted to provide concrete information about the black queer community as well as formulate recommendations for policy analysts. Also, it attempted to fill the gap in the literature on black queer persons by providing substantive quantitative data focusing on these communities. Their research investigates how black queer persons interact with various social systems, how their experiences differ from white queer persons and black heterosexuals, and the research also emphasize the diversity that exists within the black queer community.

In order to address questions and problems that specifically affect this group, the researchers distributed surveys at nine Black Pride events throughout the nation in the summer of 2000. The survey “sought to provide a base of knowledge for a larger research and policy agenda around black GLBT people.” Further, the data shows diversity among black queer persons. The researchers collected a wide range of data on black queer people in various geographic locations throughout the United States. Prior research on these populations consisted of random or small sample sizes, making it difficult to make generalizations or provide substantial analysis or recommendations. A total of 2,645 surveys were collected, consisting of responses from all the Black Pride events in the year 2000. The National Gay and Lesbian Task Force provided a snapshot of black queer communities throughout the United States.

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According to the project findings, fifty-eight percent (58%) of the respondents were black gay men while queer women comprised of only forty percent (40%) of the respondents in the survey. In comparison to black gay men, black lesbians in this survey were most likely to have at least one child (40%) and report exclusively homosexual behavior (82%). Also, black lesbians were more likely than men and transgender persons to vote in political elections (81%) and twice as likely as men to be in a committed relationship. In terms of policy issues, the study found that black lesbians addressed three important issues facing black LGBT persons: 1) HIV/AIDS, 2) hate crime violence, 3) marriage and domestic partnership.

Battle et al found that “race, gender, class, and sexual orientation are not separate identities, experienced holistically or intersectionally.” In fact, the task force contends that any organization focusing on these communities must understand and recognize how race, gender, class, gender identity, and sexual orientation all play a role in their personal lives and their interaction with social, political, and economic systems. Battle et al found that an intersectional approach can assist with the effective mobilization of these communities to promote systemic change that can ultimately affect their daily lives. In this study, one of the components investigated is how respondents ranked their identities. Respondents were asked to rank their race, sexual orientation, sex/gender, or gender

20. Ibid, 10.
identity. Some respondents did not answer the question; the ones who did answer stated that racial identity was most important (77%) while forty-three percent (43%) of respondents rated their sexual orientation as most important. Women and transgender respondents were more likely than men to rank their sexual/gender or gender identity and sexual orientation as most important. The researchers of this project found that these responses represented an intersectional approach, where identities were difficult to rank because all identities are not separate; they interact in defining an individual’s identity.

While this work provides substantive quantitative data about the black queer community as a whole, it appears to be an example of Bowleg’s critique of additive methodology. The project researchers appear to survey each entity as separate instead of components of a whole. Also, the data is solely quantitative. They presented data without providing much specific analysis from the participants. The analysis provided stems from social and historical inferences, including political policies that could explain the data collected. More importantly, this task force was more inclusive of all black queer persons, not just black queer women. Their presentation was more inclusive. The data provided demographic information on respondents and highlighted various socio-political and economic systems like family structures, sexual identities, political issues and attitudes, healthcare and health coverage, discrimination, and religion. At the end, the task force provided policy recommendations for each of these areas.

Lynn Weber defines ideological domain as institutions whose primary purpose is ideological—producing and distributing ideas and knowledge about society and its people, why society is organized the way it is, and what people need to know in order to function in society.”

To reiterate this notion, Weber notes that social systems are heavily influenced by dominant ideologies and controlling images. These ideologies are then disseminated to various social institutions (such as education, churches, and media) to justify the mistreatment of certain persons and maintaining the so-called status quo.

According to Weber, the dominant ideology for sexuality is heterosexuality, where sexual practices of the heterosexual majority are regarded as the moral norm while sexual orientation and practices of queer people are perceived as deviant and dangerous. The dominant ideology prefers that individuals remain in this mythical ‘closet’, because these differences in sexuality should be denied, contained or ignored by the general public. If sexuality is outside the moral norm, then it should only be considered a private matter, not a public one. Because of the privacy associated with homosexuality, it is an identity that should not be discussed or condoned in public spaces. Thus, society upholds ‘don’t ask, don’t tell’ policies in military, church, and education in an attempt to maintain heterosexual normativity.

For queer and black queer women, these dominant ideologies and controlling images manifest through social stigmatization. Heterosexism acts as a system of hierarchy, where those who adapt to certain heterosexual normative behaviors are

25. Weber, Understanding Race, Class, Gender, and Sexuality, 34.
rewarded, and those who deviate are punished. If the dominant ideologies and controlling
images label gays, lesbians, and bisexuals as deviant sinners, then society as a whole will
stigmatize them based on their sexual preference. Not only do these ideologies influence
macro systems, they also influence how people come to view themselves on a micro
level. The queer populations are ostracized by social systems and, in turn, these
ideologies challenge their identities as well. While Weber provides a theoretical
foundation for evaluating social structures and its application to marginalized
communities, Weber’s work does not directly address how ideologies and stigmas of
black lesbianism manifest in social structures. Further, it does not provide an analysis for
how these social structures influence health for lesbians of color.

Patricia Hill Collins, in her text, *Fighting Words*, reveals an interesting genealogy
of homosexuality within the black community; the subject of homosexuality was never
considered a major social issue. Similar to other dominant ideologies, homosexuality is
considered a private issue and typically disregarded as a public issue for African-
Americans. According to Collins, African-American people in the United States have
attempted to gain racial equality as a matter of social justice. In Black liberation
movements, blacks attempted to gain racial solidarity by focusing on the problems
associated with African-American heterosexual men. In this context, racial solidarity is
shaped by sexist and heterosexist assumptions. The issues that African-American women
faced, regardless of sexuality, never became a major focus in discussions of social justice.
Not only did racial liberation marginalize black women, it also marginalized the black
queer community. Collins infers that this oversight propagates the notion that
homosexual women only needed to combat race, not homophobia. Combating social justice issues pertaining to gender, homophobia, and sexuality did not easily become a priority for the general African-American population. But now, according to the Black Pride Survey, the majority of respondents (66%) agreed that homophobia was a problem within the black community.\textsuperscript{26}

Furthermore, according to Collins in \textit{Black Sexual Politics: African Americans, Gender, and the New Racism}, African-American lesbians represent how racism and heterosexism manifest itself in the lives of those in the margin. Collins contends that racism and heterosexism are interlocking forces that affect all African-Americans, regardless of sexual orientation. However, Collins proposes that sexuality for blacks is usually \textit{heterosexual}, which ignores how racism and heterosexism influence each other.\textsuperscript{27} She highlights how black sexual politics surrounds heterosexual normativity, where black homosexuals are considered outside of the black norm because they do not perpetuate hyper heterosexism. Black queer persons reflect the double containment, where they are “within the prison of racism that segregates black people in part due to their alleged sexual deviancy of promiscuity and within their closet of heterosexism due to the alleged sexual deviancy of homosexuality.” \textsuperscript{28}

Collins further stresses that an analysis of black lesbianism can shed light on the hyper-heterosexuality that exists within the black community. She coins the term ‘hyper-

\textsuperscript{26} Battle et al, 46.


\textsuperscript{28} Collins, \textit{Black Sexual Politics}, 106.
heterosexuality’ to describe the prescribed sexual behaviors of African-Americans as overly sexualized and heterosexual. Collins contends that in order to combat these sexual stereotypes, blacks attempt to adopt the moral sexual norm of white dominant sexual behavior. She explains how the black church further attempts to resist any hint of black sexual deviance such as homosexuality, promiscuity, or out-of-wedlock pregnancies. Consequently, she asserts that these ideologies are embedded in internalized racial and sexual assumptions associated with black sexuality as a result of slavery. During enslavement, black sexual behavior was for the purpose of reproduction to maintain the system of slavery. According to Collins, blacks during enslavement were animals without erotic lives, who merely ‘fuck’ and reproduce. She cites how blacks attempted to redefine their sexual politics to combat this history of perceived sexual promiscuity. In an attempt to redefine their sexual identities, they adopt heterosexist ideologies that marginalize homosexual behavior. This further stigmatizes the existence of homosexuality within the black community.

Additionally, Collins uncovers that having a discussion about African-American lesbians is not simply focusing on their plight, but on how social ideologies and government policies maintain hierarchies based on racism and heterosexism. Collins asserts that African-American lesbians exemplify how societal norms and state-sanctioned regulations can further marginalize a population. Furthermore, she finds that LGBTQ African-American persons represent the connections and contradictions that

29. Collins, Black Sexual Politics, 100.
characterize racism and heterosexism as mutually constructing systems of oppression.\textsuperscript{30} Part of this oppression may manifest itself in how the health of the LGBTQ community is addressed. Unfortunately, many works do not address specifically how dominant ideologies centered on perceptions of heterosexism encourage and foster health obstacles among African-American women.

Beverly Green, psychology professor at St. John’s University who focuses on the mental health of women of color, explores the social dimensions of African-American lesbian life. In her article, “African-American Lesbian and Bisexual Women,” she explains how racism, sexism, and heterosexism play a role in the lives of black women, specifically black lesbians. Similar to Weber’s assessment, the article establishes the idea that the struggles with race, sex, and sexism are “reflected in the need to negotiate a dominant culture that devalues women, people of color, and lesbians; the need to master and integrate the cultural derivatives of one’s own ethnic group; the need to manage relationships with family, community, and partners; and the need to form a consolidated personal identity.”\textsuperscript{31} Green maintains that sexuality and sexual orientation are social constructs. Additionally, she finds that psychological literature, ethnic studies, and Afrocentric psychologists do not always incorporate the impact of heterosexism on the lives of all African-American women. Green agrees with Collin’s assessment in

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\textsuperscript{30} Ibid, 112.
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articulating that African-American women face many challenges associated with dominant negative stereotypes about black sexuality.

Furthermore, Green infers that dominant ideologies can influence one’s sexual behavior. Greene mentions that roles and behaviors are embedded in social hierarchies that determine the relative level of social power a person may exercise.\textsuperscript{32} Also, Greene specifies that white heterosexual male behavior often dictates socially acceptable sexual behavior. Women from all ethnic backgrounds and sexual orientations are expected to be submissive to men, where their sexuality is dictated based on traditional sexual behaviors and gender expectations. According to Green, anyone who deviates from the so-called ‘normal’ sexual behaviors is often considered immoral and deviant. Green found that black women who may identify themselves as lesbians challenge gender role expectations, making themselves sexual outcasts who desire masculinity and are marginalized by heterosexual women. However, Green recognized that black women have a further disadvantage because of the negative and distorted stereotypes associated with black womanhood, which are embedded in heterosexist ideologies developed as a result of enslavement and institutionalized racism. Consequently, according to Greene, all black women do not experience heterosexism in a similar manner.

Green highlights three major social structures that influence the lives of African-Americans: family, church, and intimate relationships. She found that African-American lesbians experience these institutions differently than their heterosexual counterparts. According to Greene, homophobia, heterosexism, and racism exist within each of these

\textsuperscript{32} Greene, 241.
structures. All these structures contribute to the internalized negative sexual stereotypes of both homosexual and heterosexual blacks. They influence how African-Americans and lesbians interact with one another in social settings. Family becomes an important institution for the black community because it assists with survival. Families act as the first primary social unit and most prominent source of emotional and material support for most, but not all, African-American lesbians. Unfortunately, the black family may not be as supportive of the homosexual lifestyle because they may have internalized the dominant ideologies that homosexuality is a deviant lifestyle. Green determines that families may be able to provide their homosexual family members with tools to help combat racism, but cannot necessarily address how to combat sexism and homophobia.

Another social institution that Greene mentions in her work is the importance of the black church. The church acts as an important social structure for African-Americans because this is the first institution that blacks maintained since slavery. For several generations, it served as a social and political space for African-Americans. The black church is an important agent for the liberation of blacks. Greene found that for African-American lesbians, the church becomes an institution that reiterates male dominance over women and homophobia that devalues lesbians, gays, and transgendered persons. According to the Black Pride Survey by Battle et al, forty-eight percent (48%) of women in the survey reported having negative experiences with Black heterosexuals in Black churches and religious institutions. Many of the respondents reported that their

33. Greene, 245.
34. Battle et al, 45.
church/religion viewed homosexuality as wrong or sinful. However, data from the Black Pride survey also indicate that religion and the church still play an integral component in their lives. Unlike white queer persons, black queer populations cannot separate from the church or family because both are essential pillars of stability in the black community.

Vickie Mays and Susan Cochran have been research pioneers investigating the lives of African-American lesbians. According to Battle et al, Mays has a long history of research in the black gay and lesbian community, having conducted the first national study of black lesbians in 1986. Most of the studies conducted by Mays and Cochran investigate the social issues that plague black queer women; and similar to Greene, their studies mostly derived from a psychological perspective. Mays and Cochran have found that social scientists and psychologists neglect investigating the lives of black lesbians. Further, Mays and Cochran describe how most of the research on black lesbians derived from feminist academic roots, embedded in Western ideologies. They recommend that researching black lesbians must incorporate how race and sexual orientation are intertwined. In Vickie Mays and Susan Cochran’s article, “The Black Women’s Relationship Project: A National Survey of Black Lesbians,” the authors’ goal was to collect data that would allow for an exploration of how sociocultural factors influence the development, maintenance, and dissolution of lover, friend, and community relationships of black lesbians.  

35 Their research consisted of a national survey of 530 self-identified

black lesbians and 66 bisexual women. The data reveal a relationship between social
support systems and sexual orientations.

In Mays, Cochran, and Rhue’s article entitled “The Impact of Perceived
Discrimination on the Intimate Relationships of Black Lesbians,” they describe the
perceived racial/ethnic and sexual orientation discrimination in black lesbian
relationships and how this perceived discrimination influences their relationships with
friends, lovers, family, and community support systems. The authors found that black
lesbians, in seeking social support systems, may be conflicted with their ties to both the
African-American community (who may be homophobic) and the White LGBT
community (who may be racist). Thus, social participation in either community may
challenge important aspects of black lesbian identity. Moreover, Mays and Cochran
found that investigating the discrimination of marginalized communities, sociocultural
factors are often neglected; and disregarding these factors often leads to an inadequate
analysis of how social institutions influence black lesbian life. Consequently, their
qualitative research evaluates the lives of only eight black lesbians. Since the sample size
is small, they could not make generalizations regarding perceived social discrimination
and the lives of black lesbians. Within the black community, black lesbians still play a
vital role. Yet, their relationships are usually hidden, lending to further invisibility within
the social structures of the black church and family. The majority of the respondents in
this research expressed how they still desire to participate in African-American
community events despite any perceived discrimination on the basis of their lesbianism.36

36. Mays et al, 8.
Mays et al infer that black lesbians also have a unique relationship with social systems, which usually influence how they interact within these settings. Mays et al recognize that social institutions such as church and family are extremely important in the lives of African-American lesbians. This assessment by Mays et al is similar to Green’s research findings that focus on the various social institutions that influence the lives of black lesbians. However, Mays and Greene’s research does not go into detail of how these systems could have an influence on their health. Also, they address black lesbians from a more psychological perspective, which presents similar problems addressed in biomedical literature.

Battle et al found in “Say It Loud,” that healthcare was the sixth most important issue facing all Blacks in the United States, and the fifth most important issue facing black LGBT people.37 Within this research, Battle et al report that black queer persons recognize how public policies limit health care coverage and health insurance for black LGBT persons. Without health insurance, these individuals do not have access to primary and preventive services that may help combat several health ailments that they face as African-Americans and LGBT persons. According to the survey, sixty-one percent (61%) of respondents indicated that they had health insurance coverage from an employer or union; only seven percent (7%) of respondents were without coverage. Most of the individuals attending Black Pride events and willing to take the survey are educated, middle to upper class African-Americans who may have better access to health insurance

options. While the majority of the respondents attending Black Pride events have access to healthcare coverage, it does not automatically guarantee quality care. Race, sex, class bias may often influence the health care and quality of care provided to marginalized populations. While on health insurance, their healthcare providers may not have the skills needed to provide this population with adequate care. Health care providers may not be competent regarding the cultural realities and daily strains of black queer persons.

\textit{Economic}

Weber defines the economic domain as major industries (e.g. finance, healthcare, manufacturing, housing, transportation, and communication) and institutions whose primary emphasis is economic—producing and disturbing society’s valued goods and services. 38 Similar to the other macro and micro social and political systems, the American economic system also perpetuates dominant ideologies and controlling images. In many cases, dominant ideologies control the economic resources available to certain marginalized groups to ensure that the dominant groups remain in a position of power. Moreover, one’s economic status is often tied to one’s self-worth. According to Weber, control over economic resources enables dominant groups to control other critical social resources, such as housing, education, transportation, healthcare, and jobs, all of which are primary means by which most adults obtain their financial resources and by which many define their sense of self-worth. 39 This aspect is essentially important in terms of health and healthcare for marginalized groups because employment is typically tied to

\footnotesize{38. Weber, \textit{Understanding Race, Class, Gender, and Sexuality}, 34

39. Ibid,123.}
healthcare access. If an individual is unemployed, underemployed, or employed part-time, then the employee is less likely to gain access to healthcare insurance provided by the employer. According to Weber, unemployment or underemployment detrimentally affects African-Americans and Latinos more than whites. This economic status directly ties into their ability to gain access to adequate healthcare, which may explain the health challenges exist between the different populations. Unfortunately, black queer women do not only experience economic disadvantages based on race, but also based on their sexuality. These two domains may influence their access to preventive health, making them more vulnerable to health challenges. Weber does not specifically address in her text how these two factors play a role in the economic marginalization of black lesbians.

According to Mays, Cochran, and Roeder, African-American homosexual women in the United States report problems with their love life and financial problems. Their data sample consisted of 603 self-identified African-American lesbians across the United States in an attempt to determine common stressors and depressive distresses among black lesbians. Their findings revealed that a small percentage of women use drugs and alcohol as a means of coping. They found that 18% of women reported using drugs and alcohol frequently to make themselves feel better, while only 7.2% of women reported that drug or alcohol use was their most distressing problem. This frequent use of drugs or alcohol as a coping mechanism was directly related to financial strains, such as underemployment or unemployment. The study suggests that external factors such as

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employment play a larger role in the overall health of an individual, especially for black queer women. Mays et al found that financial problems in the form of lower income, being employed part time or not at all, and housing related problems create depressive distress for this population. Full and part time employment status sheds light on the patterns of access to healthcare based on financial worth. After all, healthcare is usually extended to those individuals who can afford it because of their economic wellbeing or employment status. However, Mays et al do not determine how financial problems affect the physical health of black queer women. This dissertation attempts to determine how employment and health care access influence the black queer community.

As highlighted earlier, according to Battle et al, many black lesbian women believed marriage and domestic partnerships were important political issues. They found that marriages and domestic partnerships offer tangible economic benefits to lesbian couples, in the form of guaranteed access to income and benefits. Not only does the right to marry highlight citizenship rights, it also provides the opportunity for economic equality. Being given the right to marry may lend itself to significant income and economic security for these individuals. The ability of same-sex couples to marry means that gay and lesbian couples can gain Social Security survivor benefits for spouses and nonbiological children, pensions and 401Ks, welfare, taxation, and financial protection in the case of divorce.41 Battle et al ascertain that these economic benefits are more essential for black queer women because they are usually the ones who need to care for their family and friends. Black queer women, similar to black heterosexual women, also

41. Battle et al, 29.
assume the caretaker role for their families and friends. Part of these costs include healthcare. Therefore, the right to marry is not simply a means of gaining political rights, but an opportunity for same-sex couples to gain some economic rights as well. This work promotes the idea that black women, whether queer or heterosexual, have a greater need for economic stability. Lacking this stability could lend itself to health risks.

Political

The literature outlines the political factors that contribute to the health challenges of black queer women. Weber defines the political domain as the “government, law, civil and criminal justice, the police, and the military whose primary purpose is political—creating and enforcing the laws and government structures that define citizens’ and non-citizens’ rights, responsibilities, and privileges.”[^42] American history is full of many individuals and groups who have struggled to gain political citizenship to participate in the democratic process. According to Weber, political participation defines a group’s relationship to the political and legal institutions. Consequently, these institutions are controlled by dominant ideologies and images, and public policy is derived from these dominant frameworks. Control over the political domain also increases control in the ideological and economic domains because the connection between both reiterates a group’s power to control the images of subordinate groups and increase access to economic resources. For Weber, once a group gains political power, then they can control the dominant ideologies and images.

[^42]: Weber, *Understanding Race, Class, Gender, and Sexuality*, 34.
Macro political process could influence a group’s physical health as well. Gaining political space will also allow certain groups to use the political system to reform healthcare policies that directly influence their communities. Implementing macro systemic changes in politics could help individuals feel empowered. This, in turn, causes an increased desire to participate in the political process. Weber recognized the importance of an individual or group to gaining political autonomy. If individuals internalized negative views regarding their political autonomy, then they may feel inadequate to effect changes in their daily lives. Political autonomy refers to a group of people having a level of political freedom. Without this autonomy, many people may be less likely to participate in the political realm. Unfortunately, this means that marginalized groups may not have any political clout to change policies that affect them most, such as healthcare policies.

Weber quotes the work of Thomas LaVeist, the William C. and Nancy F. Richardson Professor in Health Policy and Director of the Hopkins Center for Health Disparities Solutions at the Johns Hopkins Bloomberg School of Public Health, to describe how participation in macro political processes can influence the physical health of African-Americans. LaVeist highlights in his work, “The Political Empowerment and Health Status of African-Americans: Mapping a New Territory,” that communities where people of color are elected to city councils can affect the community’s health in two ways. First, council members can direct resources that improve health to communities of color. Secondly, they can divert projects that may threaten community health. If the individuals are not represented in any level of politics, it is difficult for them to influence
policy changes that could affect their communities. As mentioned earlier, black lesbians are more likely to vote than gay men and transgendered individuals. Battle et al found that all black queer persons are more likely to be politically active and vote, participating in marches or protests, joining an organization such as the NAACP and LGBTQ organizations, or contacting a public official. Battle et al found that gay men respondents reported having higher levels of political participation than lesbian women. If black queer women are less likely to participate in local or national politics, then it may be difficult to contribute to policies that directly affect them.

However, according to the publication developed by Battle et al, nearly two thirds of the U.S. population still lives in jurisdictions where laws do not protect them from discrimination based on sexual orientation. They use examples such as welfare system policies, marriage, and adoption policies that perpetuate dominant social ideologies and influence access to quality healthcare as well, especially for black queer women. In the survey conducted by Battle et al, female respondents were more likely than men and transgender people to view marriage and domestic partnership as a key issue for black queer persons. This may be attributed to the fact that black lesbians were more likely to be in committed relationships than black gay men and transgendered persons. Consequently, Battle et al recognize the difficulty that arises for black queer women because their relationships are not recognized within many states. Black queer women are denied the right to marry; thus, they do not receive certain privileges associated with American citizenship. When domestic partnerships and same-sex unions are not recognized as marriages, then this usually means that an employer cannot add the
employee’s lesbian partner on their health insurance. Moreover, Battle et al found that anti-gay adoption policies may prevent a second parent from adopting her partner’s biological child. This could also hinder whether a woman can provide health insurance to her partner and possibly a child. This is essentially important for black queer women because, as mentioned earlier, almost half of black queer women have at least one biological child.

In the article, “Becoming Visible: Black Lesbian Discussions,” four black lesbians scholar activists from Britain highlight the political problems this community encounters. They recorded their eight hour discussion about feminism and black politics. The scholars highlighted this notion of political invisibility and lack of political autonomy plaguing black lesbian women in Britain. From their perspective, their visibility as black lesbians becomes a political move. Not coming out means living a political and personal lie. According to Gail, black lesbians coming out is “a choice that has to be respected as a political choice, not just an individual one.” 43 Another important political theme that arose during this conversation is this notion of political visibility and solidarity among African-American women and lesbians. According to these scholars, black women’s visibility comes from seeing and knowing the experiences of black women in terms of racism and heterosexism.

However, political solidarity differs among heterosexual black women and white lesbian women. Many of the women in the discussion entitled “Becoming Visible: Black

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Lesbian Discussion,” reference the political tension between sexual politics and racial liberation. While women participants within this discussion identify with the political agendas of white lesbian women, they also do not want to be considered a traitor to their black political liberation. Political tensions also arise between black and white lesbians. According to Shalia, an interview participant states that: “merely employing Black women to make up the numbers as it were, is no guarantee that there is a real change of politics or political directions in the white women’s commitment to taking up issues of race, imperialism, class issues, etc.” 44 Similarly, Pratibha, another interview participant in this discussion, acknowledges the inevitability of the intersectionality approach a role in politics and political identities. She claims, “my race and class are equally important and this has an implication for me in the way I organize, or want to organize, politically.” 45

While black queer women build political alliances with white LGBT organizations, they often get frustrated because issues of race are rarely addressed. Carmen highlights how this is similar to the isolation of black women in feminist discourses. Also, Carmen acknowledges how political issues black queer women face are different because of race, imperialism, and class. She argues how “perceptions of the state, of other community organizations, of white women, are through the experience of racism.” 46 Black queer women have difficulty merging white lesbian politics with black

44. Carmen et al, 57.
45. Ibid, 59.
46. Ibid, 58.
politics. Pratibha claims that “if you don’t have the same politics as some white lesbians and are seen to be politically involved with black men, then they somehow patronize you and think you haven’t quite made it yet.” The interview participants in this discussion infer that regardless of sexuality, black women are often politically marginalized because of their multiple identities. However, black queer women have unique political strains in terms of political mobility because they have to address race, gender, and sexuality.

This discussion among Pratibha, Carmen, Gail, and Sheila provides clarity on how queer women experience political invisibility on two ends: as lesbians in the Black community and black women within the white LGBTQ movement. This political plight is similar to that of black women in general. This discussion may draw black queer women to build political alliances with heterosexual black women. In fact, Gail mentions how it is easier to discuss heterosexism and homophobia with heterosexual black women: “I’ve also found it easier to have one-to-one discussions about lesbians/lesbianism, its political importance, etc. with some of the heterosexual women. This has been because these were often women who had some notion of political accountability and the politics to want to ask questions about all social relationships and constructions.” However, Gail argues that feminism can only be put into action once black women combat problems with heterosexuality and constructions of sexuality. Pratibha, Carmen, Gail, and Sheila concur that while some heterosexual women recognize heterosexism as a system of oppression

47. Carmen et al, 59.
that hinders both heterosexual and homosexual women, not all women recognize the political importance of combatting this issue.

Furthermore, according to Carmen et al, some dominant politics manifested by black heterosexual women and black men may not recognize lesbianism as a political issue. As mentioned earlier by Patricia Hill Collins, sexuality or heterosexism is rarely recognized as a political issue for black people. This is similar to what Pratibha highlights in her statement, “One of the challenges of Black feminism to the Black movement is that we have and are creating intrinsic links between our personal political practice and wider political concerns, and knocking down some people’s assumption that sexual preference is just about being interested in an alternative lifestyle. I wonder if they will ever accept Black lesbians as political activists and not dismiss our sexuality as ‘lifestyle politics’.”

Therefore, these discussion participants ascertain that political alliances with black men and heterosexual black women can be difficult because lesbianism is viewed as a private matter, not a political one. Gail mentions that in order to bring light to the necessity of black lesbian politics, then “we would try and understand the situation of Black women and Black people and homophobia and the oppression of gay men and lesbians with that...they are aspects of a whole.” The political mobility of the black queer woman relies on the necessity to recognize their interlocking identities and oppressions. While they draw attention to the problems of British black lesbian women, their plight is similar to that of black queer women.

49. Carmen et al, 62.

50. Ibid, 66.
Overview

The necessity to address health challenges from an intersectional approach remains a new assessment within this field of study. This literature review outlines current research regarding the importance of the intersectional approach to health. Unfortunately, the literature pertaining to health challenges are still disproportionately within fields of biomedicine and psychology. These perspectives place the responsibility of health on the individual, without taking into consideration the various systems that make it difficult for marginalized communities to reach their ideal health potentials. The intersectional approach provides further insight into how external power structures influence communities on a macro level as well as individuals on a micro level. Previous research has started to recognize how interaction with certain systems influences identity formation. Moreover, previous research has found that heterosexism and homophobia play a major role within the black community in terms of social recognition. Also, research has established that black lesbians react to the various environments they encounter in distinctive ways. However, the researchers do not explicitly address how specific systems and innumerable interactions influence black queer female health. This dissertation attempts to expand the knowledge base about black queer women, how they encounter the institutional systems of oppression and how these systems influence their overall physical health
CHAPTER III

METHODOLOGY AND DATA ANALYSIS

This study presents a descriptive analysis of the external causes of health disparities for the black heterosexual and black queer female populations in the American South. Qualitative data were collected through focus groups with self-identified black queer women and black heterosexual women (for purposes of comparison) within the American South, a region in the United States that consists of people who live below the state of Pennsylvania, also known as the Mason-Dixon Line. In this context, the region is inclusive of the states in the southeast corner of the United States. Sixteen states are included in this region, which the U.S. Census Bureau divided into three smaller groups: South Atlantic states, East South Central states, and West South Central states. The South Atlantic states include Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia. East South states consists of Alabama, Kentucky, Mississippi, and Tennessee. The West South Central states include Arkansas, Louisiana, Oklahoma, and Texas. Participants for this research were derived from the broad geographic location of the American South. While living in the American South is not a monolithic experience, this research draws out the lived experiences that research participants encountered in this region.

The research utilizes a comparative analysis approach to provide additional data on health disparities and the consequential effects of sexual orientation. The researcher
adopted both the social ecological model (SEM), introduced by Kenneth McLeory and Daniel Stokols, and grounded theory as developed by Barney Glaser and Anselm Strauss, to determine how a person’s environment contributes to the individual’s physical health.

Both of these methods were utilized to help develop a research design rooted in qualitative analysis. Moreover, these two methodological approaches support a more culturally relevant study, where the data are grounded in the human experience. Grounded theorists argue that human beings are active agents within their lives and their worlds rather than being passive recipients of larger social forces. Scholars who adopt the social ecological model reiterate the necessity for data collection based on human experiences, highlighting that individuals are active participants in various dimensions of life (interpersonal, community, organizational, etc) and how the dimensions influence their health status. Both methods provide an explanation for certain human experiences.

Social Ecological Model (SEM)

As mentioned earlier, the social ecological model, adopted by Kenneth McLeory and Daniel Stokols, constitutes part of the methodology for this research. The social ecological model (SEM) recognizes that individuals encounter health disparities for various reasons, including both behavioral and environmental factors. Also, the social ecological model is inherently interdisciplinary in its approach to health research, which makes it an important methodological approach for this study. Prior works pertaining to health interventions and disparities have focused on how to change an individual’s behavior in order to promote better health. However, McLeory and Stokols created a paradigm shift. They recognized that individual behaviors are often a result of
social environments, which could explain why individuals behave in a particular manner. For McLeory and Stokols, health outcomes result from individual and social environmental factors. This reciprocal causation between individual and their environment suggests that if it were not for outside factors, then the individual would not engage in unhealthy behaviors. The social ecological model focuses on how both individual behavior and environmental factors can be incorporated in health interventions.

McLeory and Stokols employed a variation of Urie Broffenbrenner’s model, which suggests that human development is derived from environmental influences. This model was established during the 1970s as a reaction to the restricted scope of research that developmental psychologists frequently conducted. Broffenbrenner recognized four spheres that influenced human development: microsystems, mesosystems, exosystems, and macrosystems. Microsystems refer to a pattern of activities, social rules, and interpersonal relations that a developing person experiences in a given face-to-face setting, such as family, school, peer group, and work place. Mesosystems are various microsystems that an individual encounters simultaneously, such as family, social, and work lives for adults. Also, mesosystems describe how an individual vacillates through various settings. Exosystems refer to one or more settings that do not involve the developing person as an active participant, yet they are still affected by it. An example of an exosystem could include family social networks and neighborhood-communities. Finally, macrosystems refer to belief systems, bodies of knowledge, customs, and
lifestyles that influence an individual’s way of life. Macrosystems are considered a social blueprint for a particular culture or subgroup.

Kenneth McLeory and Daniel Stokols both applied these four factors that Urie Bronfenbrenner developed, but they also incorporated factors that could assist in health prevention for certain communities. Prior to their works, most public health researchers focused on the ideology of personal responsibility. It was assumed that if healthcare providers could help change a person’s behavior, then they could change the individual’s health outcome. However, McLeory and Stokols found these theoretical frameworks limiting because they disregard social aspects that ultimately influence individual choices and ideologies. These scholars recognized that the social ecological model (SEM) was important in health disparities research because social environments influence individual behavior. Thus, McLeory and Stokols created a model with similar features as Bronfenbrenner. They employed Bronfenbrenner’s model in their health disparities research. The macro and micro levels included in McLeory and Stokol’s model incorporated intrapersonal factors, interpersonal processes, institutional factors, community factors, and public policy.

Kenneth McLeory, Daniel Bibeau, Allan Steckler, and Karen Glanz described the specific characteristics of each factor and its influence on individual health. First, they described the intrapersonal factors, which focus on the characteristics and behaviors of the individual. These intrapersonal factors are derived from personal psychological processes. Second, they explained the interpersonal processes, which include social support networks and relationships with others such as family, work group, and
friendships. The interpersonal level focuses on how social relationships are essential aspects of social identity and how they can assist with stress and overall wellbeing. Interpersonal interventions are designed to change existing social relationships. Third, they explained the organizational and institutional factors, which are social institutions with organizational characteristics and have formal and/or informal rules and regulations for operation.¹ Examples of these institutions include churches and workplaces. Organizations do the following for the individual: supply both positive and negative effects on health; provide economic and social resources; transmit social norms and values; and contribute to social identity. The organizational factor is an important component in any ecological approach.

McLeory et al also discussed community and public policy factors. Community factors are relationships among organizations, institutions, and informal networks within defined boundaries.² The term ‘community’ can be defined in various ways and utilized in many contexts that it may become ineffective. McLeory et al defined community as mediating structures, relationships among organizations, and representation for power structures. The final level is public policy, defined as a regulatory space in terms of health that focuses on local, state, and national laws and policies. For AJ Scott and RF Wilson, the public policy level is the super structural ecological level that includes social justice issues. Scott and Wilson found that this level exposes how racism and other forms

² Ibid, 355.
of discrimination serve as determinants of health. 3 Recent public health scholars have employed this model in their research because it takes the scholarship away from the idea of blaming the victim and opens the discussion on how social factors could determine one’s health. More importantly, a social ecological method incorporates multiple levels of analysis and diverse methodologies for assessing health settings and well-being of persons and groups.4

This study employs the social ecological method to determine the manner in which black queer women and black heterosexual women encounter the macro and micro systems and explain how encountering each of these systems influences their overall health status. In order to understand the health disparities that black queer women face, the method must investigate how intrapersonal, interpersonal, community, organizations, and public policies affect their physical health. In order to improve the health of vulnerable populations and reduce biases within the healthcare field, Daniel Stokols, Judd Allen, and Richard Bellingham claim that “broader-gauged strategies of health promotion will be required that combines behavior, organizational, environmental, regulatory, and political initiatives.” 5 Thus, incorporating macro and micro systems within this research will help explore how marginalized populations experience these systems within their


4. Stokols, 286.

lives. Ultimately, this methodology expands health disparities research to focus on environmental contributions to physical health.

The social ecological model (SEM) helps this study to ensure that research analysis remains culturally relevant. For example, Tanya Robinson applied the social ecological model to study the fruit and vegetable intake of low-income African-American women. Within her work, she describes how the social ecological model provides guidance for developing culturally appropriate and sensitive intervention strategies for African-American women. Additionally, Amy Nichole Thayer adopted the SEM within her dissertation to determine why American lesbians experience obesity at higher rates than their heterosexual counterparts. Thayer argued that previous works disregarded the cultural components that make lesbians vulnerable to obesity. She found that the SEM method provides a qualitative examination of the social, behavioral, and cultural perspectives that may cause obesity among queer women.

**Grounded Theory**

Sociologists Barney G. Glaser and Anselm L. Strauss developed ‘grounded theory’ as a methodology in 1967 in an attempt to expand existing theoretical frameworks in collecting and analyzing data in social science and humanities research. The two scholars created this methodological perspective during a collaborative study about hospital deaths. Their text, *The Discovery of Grounded Theory: Strategies for*

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Qualitative Research, focused on developing theory versus simply testing the validity of previous theories. Glaser and Strauss also challenged traditional epistemologies, where knowledge formation relied on human experiences versus simply utilizing scientific methods. They developed this perspective during a time when qualitative research was dismissed. Research during their academic tenure was traditionally limited to quantitative data analysis, even though research scholars also utilized qualitative methods. Glaser and Strauss expanded qualitative inquiry beyond descriptive studies to exploratory theoretical frameworks, which provided concrete analysis to so-called abstract problems. They introduced the notion of coding within qualitative analysis, which would ultimately be utilized to create groundbreaking theoretical frameworks. Unlike researchers before them, they state that data are in every human experience and theories can be developed based on those experiences. For Glaser and Strauss, theories developed are grounded in data provided by individual experiences.

Glaser and Strauss establish a methodology that is flexible and grounded in qualitative data. According to Kathy Charmaz, grounded theory methods consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories grounded in the data themselves.⁸ There are certain components that are necessary in utilizing grounded theory. One of the essential components is intensive interviewing. This method of collecting data allows the research participants to go beneath the surface of analysis to interpret their individual experiences. Following Glaser’s and Strauss’s model, the present study uses the grounded theory to theorize about the daily and relevant experiences of the participants. Similar to the Sojourner

⁸. Charmaz, 2.
Syndrome and the weathering hypothesis, grounded theory focuses on interviewing as a means of exploring the everyday lives of human beings as well as exploring how they interpret those experiences. In order to align the present study with grounded theory, the researcher constructed open-ended, non-judgmental questions to encourage the fluidity of statements and stories. These open-ended questions will provide the data necessary to create a descriptive theory.

Methods

To obtain the necessary data to answer the research questions, this study distributed surveys and conducted focus groups with self-identified black queer women and black heterosexual women living in the American South. First, the researcher created a flyer that specifically asked for self-identified black queer and black heterosexual women who live in the American South. Once the prospective participant reached out to the researcher, the researcher distributed the survey in an electronic format to individuals interested in participating in the research. The researcher was able to verify their location in the American South because one of the questions in the survey specifically asks where participants live. After collecting the data from the surveys, focus groups were developed based on commonalities of participants. For example, separate focus groups were developed for black heterosexual women and black queer women in order to help address concerns that directly affect each population.

Instruments

This research incorporated both survey and focus groups as research instruments. The survey instrument included questions associated with a participant’s geographic
location, identity, discrimination faced, stress factors experienced, and health concerns. The questions in the survey requested the following demographic information from participants: racial identity, sexual identity, socioeconomic status, political affiliations, and health status. The researcher adopted some of the questions within the Policy Institute of the National Gay and Lesbian Task Force Black Pride survey that was administered during the nine major Black Pride events in the United States in 2000. The Black Pride survey questions addressed personal identity, economic status, and political affiliations. Similar questions asked in the Black Pride survey are incorporated into the present dissertation research in order to obtain demographic information from participants. However, this dissertation research also incorporated questions on whether participants have faced discriminations and what type of discriminations, core reasons for the stressors in the participant’s life, and the participant’s perceived health status. Additionally, unlike the Black Pride survey, the survey for this dissertation research was distributed to black heterosexual women and self-identified queer women to determine whether the stressors of black queer women are similar or different from those of black heterosexual women.

The researcher included the macro and micro systems from the socioecological model (SEM) in the focus group instrument. The inclusion helped to shape the focus group questions. The questions included the following components that align with SEM levels: a) intrapersonal/interpersonal, b) organizational and institutional, c) community, and d) public policy. Within each of these themes, the researcher addressed social, economic, and political factors. For example, under public policy, the researcher asked
questions that addressed political and legal limitations that contribute to a person’s stress and overall health.

Research Questions

The purpose of this study is to answer the following research questions:

a) What social realities contribute to the health challenges of self-identified black queer women and heterosexual black women in the American South?

b) In what ways, if any, do these social realities impact the economic and political experiences of self-identified black queer and heterosexual black women in the American South and contribute to their overall health status?

The Research Process

The researcher completed the study over a period of six months in Atlanta, Georgia. In order to obtain participants for this research, the researcher created two flyers: one for black heterosexual women and another for black queer women. The flyers were distributed among local university alumni organizations in Atlanta, Georgia, black queer social media outlets throughout the American South, black queer female sororities in the South, and local universities in Atlanta, Georgia. The researcher also posted flyers on various social media outlets. If individuals were interested in participating, they would contact the researcher via email. Then, the researcher forwarded the consent form to the prospective participants. Once the participant completed the form, the researcher sent the participant a link to an electronic survey. After completing the survey, the researcher invited the participant to participate in a focus group. If the participant accepted, then the researcher scheduled a time, date, and location to conduct the focus group. Placement in
focus groups was based on location and sexual orientation. For example, the researcher would organize black queer women residing in Atlanta, Georgia in one focus group while black heterosexual women residing in various locations in the South met in Daytona Beach, Florida. The in-person focus groups took place in Atlanta, Georgia and Daytona Beach, Florida. The final focus groups with black queer women were conducted online using Google Hangouts, an online web conferencing system.

The researcher utilized a mixed approach, a combination of both qualitative and quantitative approaches, in describing the data to present a deeper analysis of how black queer women are similar or different from their heterosexual peers. As mentioned earlier, the quantitative data was compiled from online survey distribution while the focus groups collected the qualitative data. The black heterosexual female participants acted as the independent variable and controlled group while black homosexual women were the dependent variable. This method allowed the researcher to determine how social, economic, and political factors influence black queer women differently from black heterosexual women.

Thirty-two (32) participants completed the online survey, while twenty (20) persons participated in the focus groups. The twenty participants completed the online survey and participated in the focus groups. Three of the focus groups were conducted in person at the available classrooms at Clark Atlanta University and a conference room at a hotel in Daytona Beach, Florida. The first focus group consisted of five (5) black self-identified queer women in Atlanta, Georgia. Second focus group comprised of three (3) black self-identified heterosexual women in Daytona Beach, Florida. Third focus group
included seven (7) black self-identified heterosexual women. The final focus group comprised five (5) black self-identified queer women from the American South. There were total of ten (10) heterosexual participants total and ten (10) queer participants in focus groups.

Participants for this research were African-American self-identified heterosexual and queer women between the ages of 22 and 50 that reside in the American South. Participants in all focus groups were from Georgia, North Carolina, Texas, Arkansas, Tennessee, Louisiana, Virginia, and Alabama. The researcher ascertained this information from the surveys included on participant identification cards before focus group meetings; the information was revalidated during the focus group discussions.

The researcher obtained quantitative data from surveying both black heterosexual women and self-identified black queer women. The online survey included 30 questions, which incorporated multiple-choice, ranking, and open-ended questions. Survey questions inquired about participant’s intersectional identity, stressors within participant’s life, socioeconomic status, political affiliations, and health status. The questions also explored the similarities and differences between heterosexual and queer black women in terms of the parameters established above: identity, stressors, health status, and others. As mentioned earlier, the researcher adopted some of the questions from the Black Pride survey distributed by the Policy Institute of the National Gay and Lesbian Task Force in 2000. However, the survey questions for this dissertation research were inclusive of the experiences of black women as a whole. The quantitative data from
the online survey provided a comparative snapshot of the lives of heterosexual and queer black women within the region of study: the American South.

For the focus groups, the researcher asked a group of participants a series of open-ended questions relating to social, economic, and political factors that manifest in their daily lives, as well as the effects these external factors have on their overall health status. The questions were divided into five sections that are highlighted in the socioecological model (SEM): intrapersonal/interpersonal, organizational and institutional, community, and public policy. These open-ended questions allowed the participants to share their experiences in relation to the socioecological factors and how they create stress within their lives. The focus groups were recorded electronically for an average of one hundred and twenty (120) minutes, equivalent to two hours. The responses were transcribed by the researcher for data collection. Given the small number of actual participants, the researcher cannot make broad generalizations about black heterosexual women and black queer women in general. However, the study documents the responses from the participants in this research, describes the data, and offers interpretations and analysis of the data.

The limited number of queer participants are a result of several factors. First, self-identified black queer women represent a small percentage of the black female population. Second, because of the stigmas associated with queer identity in the American South, many individuals may not decide to participate in the study. Also, utilizing the grounded theory allows the researcher to study a small population of people to gather data.
Data Analysis

The data for this research was gathered by online survey results and transcripts from focus groups discussions. The online surveys shed some light on these questions while the focus groups provided a more in-depth discussion (see Appendix A and B for survey questions and focus group schedule). Responses from the survey were used to provide quantitative data for each of the study’s research questions. The survey questions were also used to gather demographic information from the participants. The survey responses associated with stressors, socioeconomic statuses, and political participation were outlined. The survey responses and data will be incorporated within the remaining chapters, captured in pie charts to help decipher the data gathered from the online survey.

Upon completion of focus group discussions, the researcher listened to the focus group recordings and codified the information provided by participants in each focus group. The researcher compiled all the responses from participants and extracted major themes addressed in all focus groups. The responses of each focus group were evaluated separately and investigated to find common themes evident in the focus groups.

As mentioned earlier, the questions addressed in the focus groups followed specific themes in the socioecological model (SEM). Within the intrapersonal/interpersonal section, the researcher asked questions pertaining to individual stressors and social support networks in the participants’ lives as well as how these factors contribute to their health status. This section also addressed the intersectional identity of participants in the survey. In the focus groups with black queer women, the participants were asked whether they saw their experiences as black queer
women similar to or different from their experiences as a black woman. In the focus
groups with heterosexual black women, the researcher asked whether they see their
experiences as similar or different from black queer women. The organizational and
institutional section focused on the economic realm. The questions in this section asked
what specific economic strains influenced stress and overall health status. In the section
on community factors, the questions explored societal problems within the general
community and the black community. Further, the section addressed homophobia and
heterosexism within various communities. Like the previous sections, this section
addressed the effects of social problems on individual stress and overall health status. The
final section highlighted public policy. While the survey started to address public policy
and activism, the questions in the focus group further engaged the impact of public policy
on individual stress and health status.

Based on the data acquired in the focus groups, the researcher organized the
responses according to the research questions addressed in this dissertation. The
intrapersonal/interpersonal and community sections addressed the external social factors
that contribute to health status. The organizational and institutional section focused on the
external economic factors that contribute to health status. The public policy section dealt
directly with the external political factors that contribute to health status. The questions
used for the focus groups can be found in Appendix B of this dissertation.

**Overview**

The purpose of this chapter was to outline the methodology and data analysis
approach utilized to collect and organize the data. Utilizing the social ecological model
(SEM) and grounded methodologies, the researcher developed a framework for understanding and evaluating how personal experiences reflect the health obstacles that black queer and black heterosexual women face. The study’s quantitative data included information on the demographics of both populations in the American South. Data from the focus groups provided the foundation for evaluating how personal experiences reflect the health obstacles of both black heterosexual and queer women.

All the data collected through surveys and focus groups are presented and analyzed in subsequent chapters, outlining both quantitative and qualitative data. Chapter IV presents the social factors that influence health disparities among black heterosexual and black queer women, whereas Chapter V chronicles the economic and political factors that influence the health disparities of these populations. The concluding chapter (Chapter VI) proposes a descriptive theory for studying black queer women and other sexual minority populations based on the data presented in chapters IV and V as well as outlines the overall themes presented in this dissertation, recommendations for future research on black queer women in the South, and recommendations for public health scholars in addressing black heterosexual and black queer women.
CHAPTER IV
THE INFLUENCE OF SOCIAL FACTORS ON WOMEN’S HEALTH

The goal of this chapter is to examine the social factors that help to create health challenges for black queer and heterosexual women in the American South. This chapter also presents the findings and discussions of the social factors. The cultural influence of the black church in the American South becomes such a powerful force that affects many black women. The church preaches messages that promote patriarchy, but limit the power on authority of women. The socialization from the black church manifests itself in other social spaces as well. Major social influences that black women encounter as a result of the preaching and the dogmas that the church promotes are: stress from family responsibilities, shortage of social support networks, generational knowledge from maternal figures, social pressures to conform to traditional notions of woman, marginalization and competitions within the black community and black queer community, and heterosexism as an oppressive reality for black queer women in the American South. These factors will be discussed throughout this chapter.

As previously mentioned in the study’s discussion of methodology, data collection is based on surveys and focus groups. Online surveys are particularly useful because it helps to ease the process of collecting information from survey participants. Part of the online survey consisted of questions relating to personal identity and stressors associated with that identity. The rating system allowed participants the opportunity to
determine whether race, class, gender, and sexuality are essential components to their identity. The findings from the survey revealed that both heterosexual and queer women equally ranked race, gender, and class as essential. These findings show that intersectional identity remains relevant among black women, regardless of sexual orientation. In terms of racial identity, 87.5% of participants saw race as an important component to their identity. Participants who did not see race as a major factor are either lesbian/queer women or identify based on a specific ethnicity. Similarly, majority of participants found gender and class as essential components to identity. For example, 87.5% of participants saw gender as a significant identity marker, while 84.4% of participants saw class as an important component to identity.

The identity variation began once determining the importance of sexual orientation to participant’s identity stressor in their lives. Twenty three (23) out of the thirty-two (32) participants (71.9%) included sexual orientation as an essential component to identity. Fifteen (15) out of the thirty-two (32) participants (46.9%) identified themselves as lesbian, same gender loving, queer, or bisexual. Eleven (11) out of the fifteen (15) queer participants (73.3%) recognized sexual orientation as an essential identity stressor while 26.6% did not see sexual orientation as a stressor. Figure 1 below outlines portrays sexual orientation as a stressor for black queer participants:
On the other hand, seventeen (17) out of 32 participants (53.1% of total participants) identified as straight/heterosexual. Out of the seventeen heterosexual participants, fourteen (14) heterosexual participants (82.4%) did not view sexual orientation as an identity stressor. Three out of the 17 heterosexual participants (17%) did view sexual orientation as an important identity marker in their lives. Figure 2 below outlines portrays sexual orientation as a stressor for black heterosexual participants:

Therefore, based on the data, straight/heterosexual women (82.4%) were less likely to see sexual orientation as an identity stressor while queer participants (73.3%) were more likely to recognize sexual orientation an essential identity stressor in their lives. While some heterosexual black women recognized the importance of sexual orientation as an essential component to identity, it was not significant to their personal identity. However, queer participants ranked sexual orientation as significant as race, class, and gender.

In terms of how these multiple identities relate to stress, there were variations based on race, gender, class, and sexual orientation. Both heterosexual and queer black women found that race remained prominent identity stress. In fact, 90% of participants described race as an identity stressor. Class was the second largest identity stressor.
71.8% of both heterosexual and queer participants recognized class as an identity stressor. While the percentage is still lower than race, there remained many persons who saw class as a major stressor. Sixteen (15) out of the 17 heterosexual participants (88.2%) saw class identity as a stressor in their lives. Ten (10) out of the 15 queer participants (66.7%) viewed class as a stressor; still there is a degree of class stressors among queer participants, but not to the degree of heterosexual participants.

Both heterosexual and queer black female participants recognized stress in relation to gender (81.2%). Black heterosexual participants (43.8%) rated gender as a stressor while 37.5% of queer women recognize gender as a stressor. Thus, according to the survey data, black female participants recognized race, class, and gender as major identity stressors. However, queer female participants indicated that sexual orientation causes stress. According to the rankings mentioned above, black heterosexual participants saw stressors in terms of race, gender, and class while black queer participants saw stressors with race, gender, and sexual orientation. As highlighted within the survey data, black women are not combatting one system of oppression, but confront multiple oppressive systems. All black women deal with issues of race and racism throughout their lives. Outside of race, black queer participants are more likely to face issues of gender and sexual orientation while heterosexual participants face a combination of gender and class discrimination.

Regardless of participants’ sexual orientation, most of them (93.8%) found that stress plays a major role in undermining their health. According to the survey results, both heterosexual and queer participants stated in the survey that multiple obligations and
responsibilities cause stress within their lives. These multiple commitments include family obligations as well as responsibilities at places of employment and/or school work. However, responsibilities among heterosexual women and queer women differ significantly. Black heterosexual women may often locate their responsibilities within their biological families, but friends are considered an outlet for participants. On the other hand, black queer women are responsible for maintaining the circles of close friends they create.

Multiple responsibilities for black women generally create stressors and health strains. Five participants specifically mention that they have health conditions such as anxiety, migraines, high blood pressure, and sleep deprivation as a result of the stress from their multiple responsibilities. Further, these same participants claimed that these various responsibilities create time constraints that prevent them from focusing on their health and self-care. These pressures hinder them from preparing healthier foods and disrupt their sleep patterns. While many respondents discussed obstacles associated with multiple obligations/responsibilities, below highlights some survey responses of participants regarding strains associated with multiple obligations/responsibilities:

Survey Participant #7: Busy life. Trying to survive in academics, career, and household.

Survey Participant #16: The time I put into work and school, takes away from the time I have to work out or to prepare healthier meals.

Survey Participant #22: Stress, weight issues, family concerns.

Survey Participant #23: I have not had a vacation in almost 10 years. There is just too much to do at work, at school, and at home. I make sure everyone else around me is cared for. When I do take time off here and there, I am handling some outstanding issue or taking care of some business that has been left undone
because I'm too busy otherwise to take care of it. I am 100 pounds overweight, pre-diabetic, menopausal, achy, have migraines, sleep apnea, with swollen vocal chords that will not decrease in size. I work 10-hour days and some weekends for nothing near what I am worth (I can’t quit as I am the breadwinner right now and we would lose everything - again- and I don't have the time to find another job right now) Then, I come home and work on school stuff, my house is a mess. And, should I have an event booked (I do events as a side business) I have to make decorations and pull events together. Time, lack of energy, and laziness (because I'm tired) are my biggest hindrances. But hell, who would have time with this life?

Survey Participant #24: My family obligations do not allow me adequate personal time nor the appropriate amount of sleep. This has been a great cause of my current elevated stress level.¹

Findings on Focus Groups on Social Factors

According to sociologists, four agents of socialization include: family, peers, religion, and media. This research found that these same agents of socialization are perpetuated in the lives of black women in the American South, albeit in different ways. In fact, for black women in the South, the agents of socialization manifest itself in a specific order: religion, family, peers, and media. This study found that the black church (religion) becomes the social foundation for other agents of socialization (family, peer, and media). The figure below portrays this hierarchy:

Figure 3. Agents of Socialization Hierarchy for Black Women in American South.

¹ Survey Participants Reponses to Open Ended Survey Questions.
The data below outline the findings and discussions from the focus groups: influence of black church on participants in American South (religion), stress from family responsibilities (family), differences in social support networks based on sexual orientation (peers), knowledge gained from maternal figures (family), social pressures to conform to traditional notions of womanhood (media), influences of hierarchy in black heterosexual and queer communities (peers), and heterosexism as an oppressive reality for black queer participants (media).

**Findings on the Influence of Black Church in the American South**

Both heterosexual and queer participants referred to the black church as the root of the social problems within the black community. The black church is a major social institution in the American South for socializing all black persons, regardless of sexuality. The focus groups described the black church in the South as an essential establishment that disseminates certain cultural norms. Consequently, black queer and black heterosexual participants have divergent perspectives of the black church. Black heterosexual women recognized the black church in the South as an institution deeply rooted in sexism and patriarchy. The black church in the American South is a safer place for black heterosexual women than it is for black queer women. Yet, both groups of participants recognized that the black church is both a place of comfort and an environment of discontentment.

Several queer participants (5 out of 10) and heterosexual participants (5 out of 10) claimed that the black church is a safe haven for black gay men because of perceived male privilege within the black church in the American South. Regardless of sexuality,
all twenty (20) participants recognized that male privilege and patriarchy still exist within the black church. The participants described a gender hierarchy, where both heterosexual and homosexual black men receive certain privileges within the black church in the American South. Two (2) out of the ten (10) black queer participants stated that black gay men receive more privileges in the black church over black queer women. The same two (2) black queer female participants also referenced a level of protection extended to gay men in the church over queer women.

Discussion

Both heterosexual and queer participants stated that socializations from the black church really influence the lives of black persons in the American South. Similar to families, the black church becomes an influential social institution for black persons in the South. Lynn Weber, an intersectional scholar, has also identified the church as a medium that disseminates certain ideologies. The black church becomes an institution from which the normalcy of heterosexist ideologies are disseminated. Kenneth McLeory et al explain how organizations provide social and economic resources, create positive and negative effects on health, transmit social norms, and contribute to social identity. Similarly, the black church acts as an organized institution that socializes many black people. Further, the black church in the South heavily contributes to the social identity of black women, both young and old. The church also perpetuates social norms associated with male privilege and female subordination. Moreover, Weber found that the ‘don’t ask, don’t tell’ social policies within the black church in the American South maintain

heterosexual normativity. This social normalcy negatively impacts homosexual black women more than heterosexual black women.

The church becomes the first place where an individual is introduced to homophobia and limited gender constructions. The black church forces one to conform to certain politics of respectability through dress and appearance. For example, one queer participant stated that the church was the first place where homophobia was introduced to her in the American South. The homophobia of the black church caused her to not attend church:

Unless you wanted to go to another church or something like that, which---well, we are in the South. So, there’s certain Christians out there with their thought processes. Their homophobia. So that’s just not a place I want to be.3

All participants, regardless of their sexuality, recognized the black church as the perpetrator of male privilege, sexism, homophobia, and heterosexism within the black community. One queer female participant noted that the black church in the Deep South chastises anything associated with homosexuality:

Well, as far as the black church, in the Deep South. That’s where I’m from. Even if there is a gay club that’s about to pop up. Someplace where we can have fun, finally. There will be protests, the black church will protest against any and all homosexual activities. It really doesn’t matter what it is.4

The black church also celebrates black manhood and male privilege. Consequently, the black church overtly perpetuates patriarchy and sexism, especially within the American South. The patriarchy and sexism within the church provide the foundations for male privilege within the black community; and because of this male privilege, black queer

3. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.

4. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
female participants claimed that gay black men receive more favorable status within the church. This black male privilege is particularly evident for so-called ‘feminine’ black gay men. A black queer participant discussed how feminine black gay men are given certain ‘passes’ within the black church as a result of male privilege while black queer women are considered the ‘mules’:

And y’all are making me think about the effeminate men, they have these passes. They are the ones directing the choir…Gay men are able to do and behave how they want to. But women, we are the mules. Or always looked at as, ‘Oh, we need to pray for her….we need to lay our hands on sister so-in-so.’ And that trickles down to different levels. We were just talking about work, and social—well the church is social too—but it makes sense that they accept the men because gay black men are accepted on a certain level, and we are just relegated to the back. 5

Typically, the reference to the ‘mule’ refers to black women as a whole. As narrated by famous writer and anthropologist Zora Neal Hurston in her text Their Eyes Were Watching God, black women are considered the ‘mule’ of society. The novel depicts the life of Janie Crawford as she transitions into black womanhood in a post-slavery society. Janie’s grandmother, Nanny, also states that “de nigger woman is de mule uh de world as fur as Ah can see.” 6 Hurston utilizes the mule metaphor often throughout the novel. In this context, the mule represents more than an animal; in fact, it depicts the black woman’s experience within the structures of racism and sexism. Mules are stereotypically a mixed breed of a donkey and a horse, which is ironic given Janie’s mixed racial heritage. Within the post-slavery society, the mule functions as a beast of burden that exists as a symbol for slavery—institutionalized or otherwise. Nanny’s speech to Janie

5. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.

represents how this role of the societal mule is applicable to African-American women, for the institution of slavery created this mule persona. Ultimately, this image of black women during slavery transitioned into the post-slavery era. Hurston creates the mule imagery to portray how the institutions of slavery, patriarchy, marriage, and capitalism have become a burden for black women. Thus, Hurston’s utilization of the mule provides a mirror to the black female experience in the American South. However, the black queer participant mentioned above argues that the ‘mule’ position represents the experiences of black queer women within the black church in the American South.

Because of the black church, black women of all sexual orientations are pressured to conform to heteronormative sexualities. This conformity is particularly evident within the American South, which upholds traditional, conservative notions of womanhood. One heterosexual participant mentioned that her grandmother, who is from the South, frequently reinforces the idea that black women should attend church. She explained the pressures from her grandmother to conform to these limited, traditional roles of woman:

Like, I do yoga and crazy stuff like that. I don’t go to church. I’m just that kind of person. So, I can’t go to family. When my grandma was here, and I did go to her about some things going on. Her answer was, like many older black women, ‘you need God in your life’ and ‘you need to go to church, you need to get your life right’.7

The church becomes a space that all black women ‘need’ within their lives. This so-called ‘need’ helps to perpetuate the notion that black women are children that require guidance from their ‘father’. Metaphorically, the church represents the ‘father’, which is

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7. Focus Group Participant (Black heterosexual), Atlanta, GA, August 22, 2015.
a male figure. Therefore, the idea of black women needing the father or the church
symbolizes male privilege and patriarchy.

Consequently, the church socializes black queer participants differently from
black heterosexual women. Queer participants (n=10) recognized the power of the church
as the first social institution outside of the family where they were encouraged to adopt
feminine behavior and dress. They felt pressured to conform to black womanhood
through their dress or behavior, especially on Sundays. One queer participant explained
how the church has become a place where she felt the strains of conforming to
expectations of what a woman ‘should’ wear or how to behave in church:

My sister is very, very much in the church. And with that comes with things that
are expected of you as a person or as a woman and ways you are supposed to
behave and how to live your life. And so, I was never really comfortable when it
came to church. She’s married to a pastor so I’ve been to their church often
because I’m there with my family. But when I walk in, it’s like ‘oh, here’s the gay
sister’. Or I hear whispers from people. It doesn’t make you excited to go to
church… Going to church wasn’t about going to praise the Lord, it was about
forcing to dress this way or act this way to avoid someone saying something to
you about the way you dress or mention, ‘Oh, I saw you at this place,’ or ‘When I
saw you out, I saw you with so-in-so.’ My parents would be like ‘oh, that’s
embarrassing.’ It’s like, if you act or do a certain thing, that reflects bad upon
them. That’s just the church.8

Another queer participant recalled painful childhood memories of conforming to certain
heteronormative behaviors and dress codes in order to be accepted in the church. She was
forced to dress and perform ‘feminine’ roles in order to protect her parent’s reputation
within the church:

8. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
Growing up, church always felt forced, so it was hard for me to be involved and to learn the message because it felt like some place you didn’t want to go. Or my mother would force me to dress a certain way. And they were like ‘you are a representation of me, so you need to look like this.’ Because, otherwise, it would look bad on them. I’ve always wanted to do things my own kind of way. So, I would always think about that time and it makes me feel like, I hate Sundays.9

Both heterosexual and queer participants indicated that pressures to conform was a result of the socialization that occurred in the black church. There remains a challenge for both heterosexual and queer black women in the church to become ‘more lady-like’. These Victorian value systems come from the religious ideologies of the dominant culture that black churches value. Furthermore, this immolation is exaggerated in the American South. Black heterosexual women are encouraged to adopt more submissive roles in the church or coerced into believing that they ‘need’ church in their lives. Black queer women, specifically masculine-identified queer women, recognize the pressures to appear more ‘feminine’ at church. Thus, the church appears to police black queer women’s lives differently than it does for black heterosexual women.

The black community, particularly in the South, value masculinity and patriarchy as a result of decades of socialization. Due to this reality, black women are confined to limited notions of womanhood which influences both heterosexual and queer black women. Because of the black church, black women in the South experience additional pressures to conform to religious virtues associated with femininity. If a black woman chooses not to embody femininity through dress or behavior, she may be subject to scrutiny, or even contempt. In turn, this distain for women permeates into the larger black

9. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
community, influencing male/female relationships and interactions. While the black community is egalitarian in terms of its treatment of gender roles, the black church places more value upon black male masculinity. If a black woman were to embody masculinity through physical traits that would threaten conventional notions of black male masculinity and imperil the limited roles of black womanhood. These social normalcies are embedded within the black community because of the liturgical doctrines of the black church.

The black church socializes black queer persons in heterosexual norms and behaviors, causing them to establish heteronormative labels based on gender roles and expectations. Part of the reason these heteronormative labels exist is the influence of the black church. Gender roles and expectations are introduced by the black church through its dogmas, which many black persons encounter within their lives, especially if raised in the American South. Men are socialized to be the providers and caretakers while women are encouraged to be domestic caregivers and subservient to men. However, in queer dating relationships, these gender roles are not defined based on biological sex. Therefore, black queers in the South ‘create’ the roles taught by the church. For example, one queer participant indicated that the black church influences how same-sex relationships are arranged to accommodate black church doctrines:

You talked about how the black community is so tied to the church. And I think that that idea that the man is the head of the household and woman was created from man’s rib and she is to be his supporter and he’s supposed to be—that’s what—if the church is the bedrock of our society or the cornerstone of our society, and those are the teachings, and that is the cornerstone of how we live our lives and exist in our communities. Even as gay people, we are coming from communities that are largely Christian or tied to the church. So those are the
strongholds in people’s minds. That’s the one thing that we grew up with. You know? 10

Black queer female participants explained that the majority of black queer persons are socialized within established guidelines and the church teachings. They recognized that heterosexism within the black gay community is a result of socialization of the black church. Because many black people in the American South grew up in the black church, this perception permeates into the consciousness of all black persons, even those who are homosexual. Yet, for black queer women, the church becomes the first place where they recognized their position as the ‘outsider’, within the exaggerated heteronormative environment of the black church. Thus, the black church becomes a place of socialization for the entire black community, which trickles to the daily experiences of black heterosexual women and black queer women in various spaces. Further discussion of the influence of the black church the daily lives of queer persons will be presented later in this chapter. However, it should be pointed out that the black church functions as the foundation of heterosexism that looms large in the daily lives of black queer women.

The black church is undoubtedly a place of socialization for both heterosexual and queer black women, and it serves social, economic, and political functions within the black community. The black church has rules and norms that heavily contribute to the social identity often associated with black women. Beverly Greene’s article, “African-American Lesbians and Bisexual Women”, claims that the church is an important structure for all African-Americans, regardless of sexuality. While the church has historically acted as a safe space for blacks, Green also recognizes that the church can

10. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
become a space that perpetuates male dominance, homophobia, and sexism. The data in this research reiterate that black queer persons recognize the impact of the black church in their lives.

The black church acts as the ‘cornerstone’ of black social life in the American South. Historically, the black church in the American South acts as the main social place for blacks since enslavement. Unlike other regions in the United States, the American South housed the largest population of enslaved persons. In turn, these enslaved persons heavily rely on the church for community development and support. This social institution has historical significance linked to enslavement because this institution was the only place blacks could socialize with one another outside of physical labor. For generations, the black church has socially, economically, and politically sustained the black community.

Consequently, black queer persons in the South that are socialized in homophobic dogma from the black church can develop self-hate. Homophobia becomes a negative ideology that transfers to the black community through families, relationships, workplaces, and political spaces/voices. The black church becomes a place where black queer women encounter hatred based on sexual orientation. Because the church views homosexuality as a sin, many churches in the South condemn queer persons for their lifestyle. Part of the socializations may also perpetuate self-hate for black queer individuals. While a black person may identify as queer, there may be an internalized self-hate of one’s sexuality as a result of homophobic socializations from the black church. This internalized identity does not mean that all black queer persons hate
themselves or their relationships. Yet, black queer women must overcome this self-hate taught by the black church in order to maintain healthy queer identity or relationships.

According to Patricia Hill Collins in *Black Sexual Politics*, the black church becomes a space that attempts to resist any forms of sexual deviance, including homosexuality, promiscuity, and out-of-wedlock pregnancies. She explains that blacks attempt to use the church as a vehicle to adopt the sexual morality of white dominant culture, which controlled the sexual behaviors of enslaved persons since enslavement. After enslavement in the American South, blacks attempted to redefine their sexual identities. Black heterosexual women attempted to adopt Christian ideologies associated with female virginity to reclaim their sexuality. These heterosexist ideologies marginalize homosexual behaviors. The ideals and principles of sexism, homophobia, and heterosexism are so deep within the black church and the black community, but while black heterosexual women deal with sexism and patriarchy within the church, there is still a level of support based on their heterosexuality.

However, black queer women may not receive the same public support from the black church because of their sexual orientation, which is perceived as a biblical sin. Further, since black queer women do not always embody traditional feminine roles and behaviors, their actions are perceived as a threat to the black church doctrines and black community social fabric. This limited public support lends itself to the mythical closet where black queer persons are expected to stay in the black church. The mythical closet has an open door with glass walls, where one’s sexuality may be known, but not publicly acknowledged within the black church or community. Lack of public recognition leads to
further invisibility and the absence of discussions or conversations about black queer persons and their right to life and self-determination.

*Findings on the Stress from Family Responsibilities*

Regardless of sexual orientation, all twenty participants (20) claimed they have stress from family obligations. Families act as a place of support and discontent for both heterosexual and homosexual black women. Yet, the researcher found that heterosexual participants defined families differently than black queer participants. Heterosexual participants defined family as their biological families. Conversely, queer participants’ notion of family is more inclusive, incorporating biological family members, other queer friends, and children from previous heterosexual relationships or marriages. However, there are different *kinds* of stressors that families put on both populations. Black heterosexual participants often carry additional family burdens and responsibilities. Black queer participants share similar burdens and responsibilities, but also mentioned the stress that results from their sexual differences. All the black female participants within the focus groups describe the necessity of placing the needs of their families above their own, causing self-care to become less of a priority for black women. The multiple family responsibilities of black women limits black women’s ability to seek healthy means of self-care.

Families cause stressors for both populations of black female participants. For both heterosexual and queer black women, families are often the root of the stress within their lives. For black heterosexual participants, they are more likely to be responsible for economically and emotionally maintaining their biological families. Black queer participants may also have financial burdens with their families. However, black queer
women have the additional stressors associated with their family’s negative perception of
their sexual orientation. The stress for black queer women emerges from the
heteronormativity that exists within black families, which is over exaggerated in the
American South. Five (5) out of the ten (10) black queer participants (50%) indicated that
their sexual orientation is a place of dissention within their families. Eight (8) out of the
ten (10) black queer participants (80%) mentioned that they cannot share their personal
lives with their family members due to the negative perceptions based on their sexual
orientation and the lack of trust with their families. Therefore, families create more
emotional and mental stress for black queer women, whereas black heterosexual women
are victims of financial and physical stresses.

Discussion

The church often influences how families operate and determine who is
responsible for certain tasks within the family. Regardless of sexuality, black women
within families are expected to care for their units because caring for families is an
extension of their duties as a Christian woman. Family responsibilities cause stress for
both heterosexual and queer black women because they are ultimately responsible for the
well-being of their families. Both groups recognize the emotional and financial stressors
resulting from acting as the family caretaker. Yet, heterosexual women are more likely to
experience stress from biological families than black queer women. On the other hand,
black queer women experience stress from not disclosing their sexual orientation to
family members.

Heterosexual participants mentioned that the stresses from family cause physical
health conditions. Both heterosexual and queer participants suggested that stress from
family ultimately causes black women to view self-care as secondary. Stress for black heterosexual women stem from the multiple responsibilities they have in their families. In turn, the multiple responsibilities cause chronic physical health conditions for black heterosexual women because stresses in their lives based on family obligations hinder them from relaxing, which is an essential component of a healthier life. Many black heterosexual participants described how family responsibilities in their lives create a strain on their health. Six (6) out of the ten heterosexual participants (60%) recognized that stress derived from family obligations cause physical health problems, such as anxiety, depression, migraines, and sleep deprivation. Two black heterosexual participants detailed this problem:

I have prostatic ovary syndrome, premature menstrual cycle—I had that since I was 23 years old. I cannot have children. I probably can, but because of the stress, I do not have time to relax. It makes it extremely difficult. And now that I’m in my 40s, it’s highly unlikely. I have fibrosis. I do not have it in my lungs though, so I am blessed. And that is an environmental disorder and less systemic. Um, I have problems with my eyes that are attributed to stress from watching the computer screen all day long. I have dry eye. I have something similar to rheumatoid arthritis... well, I think that the inflammation, that’s attributed to stress. Um, I don’t sleep well, I have insomnia. I know. I’m always irritable… You know, but it is all stress related. I’m depressed, I am diagnosed—I have been diagnosed with anxiety and depression.\textsuperscript{11}

Stress affects my health in many ways. I was hospitalized for migraine headaches because of stress about two to three years ago. I was in the hospital for a week. And then, I had to go home some time to relax. I don’t know how to relax, even when I’m in relaxing spaces, I’m still not relaxed. Um, I have quite a few health issues. I have what they call, a generalized anxiety disorder, which was worsened when my fiancée passed away. It got worse after that. So, um, sleeping and I are not friends. So, when I can get it, I’m grateful. But my job prevents that from happening most days. So, I don’t get as much rest as I need because of the nature

\textsuperscript{11} Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015
of my job. So, that’s extremely stressful…. Um, you know, my parents getting older. They’re sick, you know. It’s like twice a child, once an adult. And now that my parents are getting older in some ways, they are starting to revert. So as the oldest, I have to step in so now that is stressful. You know, being in school is stressful. So yeah, it affects my health in many ways. Can’t sleep, headaches. Um, I had to have a hysterectomy, which is part of that, it just adds on to it. So yeah, stress is high in my life.12

Previous research on health challenges among black women rarely addresses how stress leads to physical strains. The responses above exposes how the strains from family responsibilities cause physical health problems. The stress from family responsibilities causes physical strains for black women because of cultural and historical realities of black women serving as family caregivers. Essentially, black women’s lifestyle of caring for others limit their time and energy for self-care, which is essential in reaching optimal health status.

From a black studies perspective, black women have always been the backbone of their families and communities. Throughout African antiquity, black women remain the pillar of the family. For example, in some traditional African communities, families were matriarchal. This tradition has extended throughout the diaspora, and the responsibility of caring for biological families has expanded to include the extended family members and the black community. Not only are black women responsible for their biological families, they are also responsible for extended family members (such as aunts, uncles, cousins, etc.) as well as the black community. The study’s heterosexual participants represent the black woman’s plight of caring for families. Additionally, their responses highlight the fact that black women act as a generational care taker, caring for both younger and older

12. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015
generations of family members. Middle aged black women with older parents or family members are also responsible for the wellbeing of their family elders. Unfortunately, black women will overlook their own physical ailments to ensure that their families are taken care of. Family responsibilities take priority over the physical and mental health of black women. Ultimately, the stress from family responsibilities cause black women to think of self-care as a luxury, not a priority.

The stress from multiple family responsibilities is also derived from the principles and ideologies learned from the church, emphasizing that women are ultimately responsible for the well-being of their families. Black church doctrines perpetuate the separate spheres doctrine, where women are responsible for the domestic sphere (home, children, and husband), while men are encouraged to participate in the public sphere to financially provide for their families. These spheres result from religious doctrine, where it is claimed that the spheres ordained by God for individuals to fulfill certain duties and responsibilities in their lives. The separate spheres often determine gender roles and expectations of both men and women.

Consequently, black women feel an obligation to care for their families over themselves as a result of these religious ideologies. The black church influences how families operate and who has what responsibility within the family. In many cases, the black woman, regardless of sexuality, is perceived to have a responsibility to their families. This ideology causes black women to feel pressured to carry the burden of family responsibilities. Thus, as a result black women are subjected to both racial realities and gender expectations, making them primary caretakers of their families.
Both heterosexual and queer participants explained how they are less likely to take care of themselves because of the multiple family responsibilities. For example, one heterosexual participant acknowledged that obligations, such as family responsibilities, usually take priority over taking care of self. This participant, a mother of two children, stated that she would more than likely take care of her children’s health before her own health:

Definitely a mother too. I’m a teacher, I’m a wife. So there is a lot of hats that I wear and a lot of other things I have to focus on besides just [myself]. There is definitely things that come before me taking care of me. So I’ve taken the kids to the doctor’s office multiple times over the summer. They’ve been to the dentist multiple times. They have a lump or bump or whatever. But myself, I say ‘I’ll be fine.’ I don’t have time. Who’s going to take care of the kids when I go to the doctor’s office?13

Similarly, a queer female participant explained how the stressors derived from financial obligations affecting the family cause her to have limited time to care for herself:

I mean, the stressors are just everywhere. It’s outside, then you come home, you have to pay bills. Then you may have forgot to pay a bill, ‘Oh Jesus’. Then you are rushing to do—you do not have enough hours in the day to take care of yourself. 14

Another queer woman admitted that self-care is not a priority in the lives of black women. She described the never-ending cycle that takes a mental and physical toll on the body. With multiple obligations, she argued that self-care becomes less of a priority:

I would have to say for me, work, family, and depending on the time of the month, financial. I think it [multiple responsibilities] impacts my ability to do self-care, but I have to prioritize what is important and sometimes self-care gets pushed to the back because I have to make sure everything else gets done and

13. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
14. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
everything else is taken care of and all that. And then social life gets affected by that as well because I prioritize what is important and what’s stressing me out the most, to get that out of the way first, and it doesn’t leave too much time for other things. If you don’t have the space to carve out time for just yourself then that idea of self-care won’t happen. You have someone in your space or you always have something that’s taking up your mind that takes away from giving to yourself, then you kind of put yourself on the back burner. You don’t do those things that replenish yourself or replenish your energy. And you are continuously pushing forward without taking a second to do what you need to refocus yourself to get through those stressful moments. It’s like a perpetuating kind of cycle, right. You’re stressed out, and then the very thing you need to do to help yourself not be stressed out is the last priority on your list.\textsuperscript{15}

The study participants in general outlined that stress from multiple family responsibilities create health obstacles for them because they begin to view their health as a luxury, not a necessity. Self-care is not a priority for black queer or heterosexual women because of family responsibilities. Black and Woods-Giscombe, intersectional scholars who focus on black women’s health, claim that self-care includes preventive care such as dieting, exercising, and medical screenings. Yet, because black women have various obligations within their families, such that seeking medical attention or preventive care becomes an option rather than a priority. Participants did not recognize the necessity of going to the doctor unless something is physically wrong, and rarely go for preventive services.

Following Geronimus’ weathering concept explained in chapter I, this research finds that the lack of self-care causes the bodies of a black woman to age at a faster rate, further creating health disparities among this population. Black women viewing self-care as a luxury is relevant in terms of the weathering process. Without proper diet, exercise, and preventive screenings, black women’s bodies are more likely to physically

\textsuperscript{15} Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
deteriorate at a faster rate in comparison to other populations of women. However, participants viewing health status as secondary to their multiple family responsibilities ignore their own well-being. As one heterosexual participant said, “black women appear to be alright on the outside, but inside we are rotting.” This statement describes how the weathering process manifests itself in the lives of black women because of limited self-care.

Similar to the Sojourner Syndrome and weathering concept, the stress derived from multiple family responsibilities cause black women to adopt the ‘strong black woman’ persona. Part of the particularities of this strong black woman is weathering through the storms of life. Due to the compulsion to conform to the strong black woman persona, black women are less likely to engage in self-care. Responsibilities to others become a priority over their own well-being. Further, black women are less likely to prioritize self-care because of time constraints and financial limitations. Personifying the strong black woman becomes a survival method when dealing with these family responsibilities. Black women, regardless of sexuality, focus on maintaining families and communities over their own care. Self-care is not a priority for them because their families are their first priority. Limitations in self-care create additional health challenges for black women, regardless of their sexual orientation.

Not only do black queer women experience the stressors associated with family and their influence on self-care, but queer participants also experience family stressors when disclosing their sexuality. All the queer participants explained that they are close to

16. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
their families. Yet, there remains a part of them that they hide from their families: the realities associated with their sexuality. Unlike their heterosexual counterparts, there remains a part of their lives they cannot (or choose not to) share with heterosexual family members. For example, one queer participant stated that, while she loves her family, her family also creates stress within her life:

Family definitely causes my stress because, well, I’m away from my family and I love them to death, they definitely stress me out or make me feel limited in some ways. But now, I’m much more free do to whatever I want to do. There’s no longer that part of myself that I need to hide in any way.  

When the researcher asked whether the sexuality caused any problems within their families, two participants responded that limited discussions with family members about their lives as queer women remained a stressor:

Oh, that’s a constant stressor. They have been making comments since, forever. When you start to talk to them about little things, like where you are or what you are doing. I don’t care to lie to them anymore. So, I just say it. And their response is like, ‘oh, um..’ [laughter]. That awkward response.

Of course they do, especially if you are dealing with a heteronormative family where everyone is married or everyone is into the ‘opposite sex’.  

The mythical closet is a reality for queer persons due to the limited freedom to live their authentic lives. Queer participants found that they had to hide a part of themselves from their families. Black families in the Bible Belt American South support heterosexual relations over homosexual encounters. Not only do black queer women in the South have to live in this mythical closet in the church, but also within their families as well. Black

17. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.

18. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.

19. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
queer participants recognized that the lack of freedom to completely share their lifestyles with family members was always a major source of stress. Families typically act as safe spaces for black persons to be themselves, unless they are members of the queer community in the American South. For these participants, families cause stress because they act as a heteronormative space, where heterosexuality is preferred.

*Findings on the Differences in Social Support Networks Based on Sexual Orientation*

Social support networks are another essential component addressed within the focus groups. Both heterosexual and queer participants in a committed relationship, or are married, found support from their spouses or partners. However, black queer women are more likely to view their spouse as their main support versus black heterosexual women. Heterosexual participants found social support networks through several groups of people, such as family members, children, church, coworkers, and classmates. The heterosexual participants can clearly define who is within their social support networks. On the other hand, social support networks for black queer participants are limited. The networks are generally inclusive of friends (usually within the queer female community) and professional mentors. Family social support networks become reliable or unreliable for black queer participants depending on whether the family member accepts their sexuality. While black queer women may have social support networks, there are limitations to the level of support these networks can provide them. Social support networks are not readily available to queer participants in comparison to their heterosexual peers.

Families are not always the center of support for either queer or heterosexual black participants. Black queer participants are even less likely to find support from
families as a result of sexual orientation. While both heterosexual and queer black women can rely on friends for support, some black queer women do not readily see their families as social support networks while black heterosexual women can find support within their family. Black queer female participants recognize that their families become the first social institution where they recognize their place as an outsider. Also, since the black queer female participants are originally from or reside in the American South, there remains a limited amount of social support inside and outside of the family as a result of dogmatic church doctrines. Thus, families can become spaces of comfort and discomfort for black queer women, especially if the family espouses heteronormative lifestyles.

Discussions

Black heterosexual participants are more likely to recognize their families as a central support network. On the other hand, black queer women are less likely to see their families as a central support system because, as it was pointed out earlier, black queer women cannot fully disclose their lifestyles with their families. Black queer women do not disclose the entire components of their personal lives to their families because the families cannot provide emotional support for the problems they face in terms of sexuality. While black heterosexual women are strained by families because of multiple responsibilities, black queer women, find stress from their families as a result of their sexual orientation. Black queer women find limited support from their biological families, but their main social support networks are friends and professional mentors.

Black heterosexual participants found it easier to describe their social support networks in comparison to their queer peers. The support networks for black heterosexual women include: their family (whom they are not emotionally or economically
supporting), friends, spouses/husbands, church members, and classmates. One heterosexual participant stated that receiving advice from various social support networks assist her in coping with the problems in her life:

Being able to talk to a variety of people, your friends. They give you a different perspective of it than what your parents would. Then your significant other would give you a different perspective than somebody else would. And even if you were to talk to some of your coworkers, everyone would have a different perspective because they have a different journey. So you can just gather all these different types of wisdom, more perspectives.\textsuperscript{20}

Another heterosexual participant described the support she receives from her family, friends, husband, and therapist. These social support systems alleviate the stressors in her life:

I have several support groups. My lovely friends, who I love. Classmates. Um, it just depends on what’s going on in my life. I have church friends, my dad’s a minister. My step-dad, I love him. Oh my gosh. Because I can talk to him about certain things. Um, I have a therapist. And that’s only because of health insurance, which I am thankful for that at the moment because that actually helps with the medicine… I think having him there has really helped me a lot in my life too with stress. Even though I have the anxiety, but having him there as a support system, it makes a big difference.\textsuperscript{21}

Moreover, the social networks of heterosexual participants are inclusive of various persons and communities, such as classmates, therapists, church members, and coworkers. These multiple social support networks provide additional options for black heterosexual participants to ease the stressors they experience.

Both heterosexual and queer participants recognized their significant other as a source of support, but the role of the significant other was more evident among black

\textsuperscript{20}. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.

\textsuperscript{21}. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
queer women than black heterosexual women. Black heterosexual participants described a lack of support from black heterosexual men, which they argue creates additional strains within their lives. As mentioned earlier, the social support networks that black heterosexual women have are predominately other black women. Few heterosexual participants (40%) mention the support from their significant other, but many (60%) rely more on their relationships with other women as a means of support. The lack of support from black men causes black heterosexual women to gravitate towards other black women. One heterosexual participant explained that, regardless of sexual orientation, black women in general do not receive protection from black men: “I don’t think any of us get the protection from our male counterparts…”22 Two other heterosexual participants mentioned the lack of support they received from their husbands. For example, one married heterosexual participant narrated her experience in terms of the limited support she received from her husband:

And when I tell him I’m tired, he’s like ‘Okay, you are just tired. Just go to bed.’ It is tired to the point that—and I pray it don’t ever take root—but, I get so tired to the point that that sometimes I wish I could die so I could just rest. It’s that kind of tired. So, no, I don’t have the support that I think I should.23

Another married black heterosexual participant articulated the importance of spousal support, and like the previous participant above, the lack of support from her husband caused her to depend on her friends for support:

I feel that partnership is important in my life. I feel like spousal support slacks, so I depend on my friends for some things… So, I just feel like, for me, and I would suggest and assume that for women, a good foundation and that spousal support

22. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.

23. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
emotionally, physically, financially, I think would help alleviate a lot in terms of heterosexual relationships. 24

Conversely, black queer women who were in committed relationships often found support from their significant other. For example, one queer female participant reported that her partner was a source of support:

I don’t think we have a lot of support. Just because, I don’t trust people. Like, my issues I tell her [her partner], her issues she tells me. But not beyond that—I know my family loves me, but I don’t feel like they’re the best ones to talk to or worried about who they are going to tell. 25

The black queer female participants in this study were more likely than black heterosexual participants to view their significant others as a source of support in their lives. Due to the limited support that black queer women receive from the church and other social institutions, they often relied on their significant others for support. Black queer women appear to view their partner as the main source of support.

In the focus groups among black queer women, social support networks seem more difficult to obtain. According to one black queer female participant, there are not enough safe spaces for queer women of color, unless they create them: “Home with friends, or on a camping trip. When there’s an understanding that I’m not going to judge you for who you are in love with or who you choose to date, or because of your economic status.” 26 According to this queer participant, it is important to create safe spaces, where their homosexual lifestyle is not judged. While support networks are not readily

24. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.

25. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.

26. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
available for queer participants, the participants indicated that they always tried to find social support networks and safe spaces so they could live as queer persons without judgement.

One queer participant expressed that they may not readily see families as a support system because they (the families) are unaware of the issues black queer women face:

And I think socially, that support isn’t there because a lot of times people don’t understand what we go through… you can’t tell your family stuff because they’ll judge- I will forgive you if something crazy happens, but they won’t.27

Two queer participants also stated in the focus group how families can cause and alleviates stress:

Family definitely causes my stress because, well, I’m away from my family and I love them to death, they definitely stress me out or make me feel limited in some ways. But now, I’m much more free to do whatever I want to do. There’s no longer that part of myself that I need to hide in any way. 28

I think it’s both [alleviate and cause stress], depending on the situation. I think me being away from home, going home [to family] actually helps relieve my stress. If I was closer to my family, it would be a lot easier. Now, do I want to leave after an hour? Probably so.29

Black queer participants may find a level of emotional support in their families, but the support is still limited because it does not extend to all components of their lives. There remain certain aspects of their lives (such as dating and the realities of homophobia) that they may not feel comfortable sharing with family members. Queer participants found

27. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
28. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
29. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
that the stress from families result from not disclosing the truth about their sexual orientation to heterosexual family members.

Black queer participants found that friends help to alleviate the issues they encounter within their families. While many of the black queer female participants recognized family as a source of social support, they also recognized that there are limitations to that support. Family members of black queer persons may not be able to provide support for the stress in their personal lives. One queer participant stated that she readily sought the help of her friends for support whenever she could not receive it from family:

I guess my family, my friends, my professional life mentors. People that I know that are young and work in a corporate place, like I do. They are all support. With my friends, they are my support when my family is stressing me out. My family supports me for everything else.30

Black queer women may call their queer friends ‘fam’ or ‘family’ as a means of mimicking the family support they may not receive from their biological families. The term ‘fam’, in turn, becomes a term of endearment as well as a term of identifying membership in the black queer community. Calling each other ‘fam’ refers to queer friends who act as family support systems for other queer persons. Black queer women may discuss several issues with their surrogate family, such as the strains resulting from heterosexism and homophobia in their biological families, dating in the queer community, and maintaining healthy queer relationships. These ‘family’ members may also give them professional advice. Because these individuals are also queer, they provide support and advice that may help more than perhaps the advice of a heterosexual family

30. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
member. Creating this terminology and space provides a social support network for black queer female participants.

Another source of support for black queer women comes from professional mentors. While these individuals provide them with a level of professional support, they also provide an additional stressor. One queer participant discussed how professional mentors help with certain life transitions into professional living:

My professional friends help me as far as my transition from college to work and helping me build a career plan and making sure that I am smart with my money because I’m making more than before.  

Another queer woman brought to light the role of professional mentors in challenging them to reach their full professional potential:

And then mentors are usually supportive, but if you are in a place where you are in transition or you are unsure, then they may apply a good pressure on you to get you to think on track. That can be a stressor as well if you think you are not on track like you need to be.  

Therefore, black queer women are more likely to seek support from sources outside of family to alleviate tensions that may arise from their sexual orientation. These networks include professional mentors, significant others, and other queer persons. While these networks can create stress, they are social outlets for black queer women to alleviate the mental and emotional stress they experience from dealing with their biological families.

Five heterosexual participants (50%) stated that they did not want to burden others with their problems. These participants disclosed that they choose not to seek support from others. In a sense, black heterosexual women understand the burdens that

31. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.

32. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
others are experiencing, so they do not want to place that burden on other women. Below are two responses from heterosexual participants that describe this issue:

And I don’t think—my mama is a huge support for me as well, but she has her own stuff going on, and then I get pulled into supporting her stuff, so it’s not really the same. And with her, I’m like, well, I had this going on, but I don’t want to stress her anymore. So, I won’t talk to her, even though she’s probably the person that could help the most.  

You don’t want to overwhelm others because they are going through things too. And I think that’s problematic thing too. The fact that you can only tell people so much because everyone is dealing with so many things in life. It’s problematic for me to know that all now, ‘dang, I can’t really talk to you about this because I know you’re dealing with something at the end of the day, so I’m going to keep what I’m dealing with inside because you need my ear right now.’ So, I’m listening to you. I think we choose to silence ourselves for the sake of our friends, depending on what they are going through that day. Because you might realize, ‘you know what, you need me today more than I need you.’ But, at the end of the day, when you go to bed, you haven’t deal with anything yourself.

While black heterosexual participants have access to various social support networks, they may choose not to utilize their support networks. The previous responses from the heterosexual participants demonstrate their reluctance to burden their friends and families with their stressors. Instead, five black heterosexual participants claimed that they would rather deal with the stressors on their own to avoid placing their stressors on their friends and families. This reality reveals the Leith Mulling’s Sojourner Syndrome because the heterosexual participants try to personify emotional strength to cope with their daily stressors without seeking the help of their social support networks, even though they

33. Focus Group Participant (Black heterosexual), Atlanta, GA, August 22, 2015.

34. Focus Group Participant (Black heterosexual), Atlanta, GA, August 22, 2015.
claim to have access to social support networks. Heterosexual participants embody the Sojourner Truth persona as a means of survival.

Social support networks are essential for both heterosexual and queer participants. For black queer and heterosexual participants, social support systems help them cope with the stressors in their lives. Consequently, the social support networks vary based on sexual orientation. For black queer women, their significant others, friends, and mentors are more essential as support systems while families are secondary. Black heterosexual participants indicated that families and other black heterosexual women act as a major support while their significant others are non-essential as support networks.

Based on the responses from participants in this study, the connection between social support networks and sexual orientation is significant. Social support networks for black queer women differ from those available to than black heterosexual women, as a result of their sexual orientation. This difference in social support reiterates a similar argument presented by Vickie Mays and Susan Cochran in “The Black Woman’s Relationship Project”, where a connection is found to exist between social support systems and sexual orientation. Mays and Cochran determine that a person’s social support is a result of his or her sexual orientation. This dissertation research finds a similar connection between sexual orientation and the social support systems available to black queer women.

Findings on Generational Knowledge from Maternal Figures

One of the major support networks that varies between heterosexual and queer women is the maternal influence. A large support network for black heterosexual women derives from the generational knowledge of maternal figures. These maternal figures
provide black heterosexual women with the methods of coping with the stressors within their lives. This dissertation work found that maternal influences remain essential in the lives of black women. Furthermore, this dissertation research recognizes the link between maternal figures and the frequency in seeking medical attention. Heterosexual participants are more likely than queer participants to go to the doctor for medical treatment because heterosexual participants are taught by previous generations of women to seek medical attention. These maternal figures provide an influence (whether negative or positive) for black heterosexual women. For two heterosexual participants, maternal figures provide black heterosexual women with a positive example of how one should handle their health as a black woman. For four heterosexual participants, maternal figures were examples of what to avoid in terms of their own health status. The knowledge derived from these maternal figures in terms of health create an additional support for heterosexual participants. Black queer participants did not articulate this knowledge from maternal figures.

Heterosexual participants explained that they received certain ‘tools’ of survival from their maternal figures. These maternal figures pass down coping methods to heterosexual participants, including the tools needed to reach optimal physical health. Consequently, black queer participants did not disclose these tools from maternal figures. This generational ‘passing down’ allows for more preparation in terms of physical and mental health for black heterosexual woman. Unfortunately, this does not appear evident among queer participants, creating a greater vulnerability in terms of mental and physical health.
Discussion

Knowledge from maternal figures becomes a major influence upon the health status of black women, specifically for black heterosexual women. Maternal figures include, but are not limited to mother, mother-in-law, aunts, grandmother, and Godmother. These individuals consist of older female figures that provide guidance for the heterosexual participants. Many heterosexual participants stated that the information learned from maternal figures played a significant role in terms of coping with various power structures. All the knowledge received from maternal figures were not positive. In fact, heterosexual participants also describe the negative influences and knowledge obtained from maternal figures.

Consequently, maternal figures were not addressed among queer persons. If queer participants discussed maternal figures, they discussed that maternal figures caused strain in their lives because of their sexual orientation. For example, a queer participant describes the difficult relationship she has with her mother as a result of her sexuality. She explained that she was homeless because her mother disapproved of her sexual orientation. This experience created future tension between her mother and herself:

I was actually homeless for quite some time. Yeah, they said, ‘Bye’. They come around, but there’s still that tension because they want to be around and I’m trying to figure out how to make them a part of my life now. But it’s still weird.35

Another queer participant discusses how her mother was the only person in her family who did not accept her new relationship with a woman: “Well, not my mom. Everyone

35. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
else was okay with it, except my mom.”36 Therefore, in the focus groups with black queer women, the discussions of maternal figures became a place of dissention.

On the other hand, heterosexual participants received knowledge and support from maternal figures. Heterosexual participants expressed during focus groups that certain maternal figures are essential components in their social support networks. One heterosexual person states that her friends and mother-in-law are major support systems for her: “I feel like my friends and my mother in law, because, as I mentioned earlier I am an only child.” 37 Similarly, another heterosexual participant stated her aunts and grandmother were always a support systems for her, even during difficult times in her life:

And my grandma is-- she will be 99 this year. She was my go to support. All of my life. She saved me when I tried to commit suicide. And she took me in. She told my family, ‘I got her. Yall go do you. I got her.’… I get it from my aunts sometimes…”38

The heterosexual participants also found that maternal figures offer guidance to them. For example, a heterosexual participant claimed her mother provides her guidance in terms of how to deal with issues in her life:

Sometimes my mom has to tell me, don’t even ask me. Go with your instinct, pray about it. Stop asking everybody. Cause you get this a thing and that a thing and you're back at square one. Cause you don’t know what's right, and you probably should have gone with your gut anyway.39

36. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.

37. Focus Group Participant (Black heterosexual), Atlanta, GA, August 22, 2015.

38. Focus Group Participant (Black heterosexual), Atlanta, GA, August 22, 2015.

39. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
In some instances, heterosexual participants expressed this transmission of knowledge from maternal figures helps within their daily lives. The transmission of knowledge becomes a means of socializing participants because they learn from the actions of their maternal figures. The principal of passing down information from mother to daughter represents a socialization process. Previous research has determined that black women often immolate the behaviors, attitudes, and actions of their maternal figures.40 For example, a heterosexual participant explained that she learned healthy behaviors as a result of her mother’s actions. These actions became behaviors and attitudes that the participant adopts in her daily life as well:

But I have always prioritized my health. I think having a mother who is a nurse. Having a father who was in the military. Like they have always prioritized being health and active. So it is something that I’ve always enjoyed doing.41

Similar to previous research regarding transmission of knowledge and actions from mother to daughter, this participant transformed knowledge and actions from her mother and indoctrinate these behaviors within her life. This statement highlights the socialization process that black heterosexual women experience in terms of determining what is healthy. Part of the socialization is knowledge derived from maternal figures.

Consequently, there are some instances in which these maternal figures taught heterosexual participants how not to behave or cope with stress. While these maternal figures taught them independence and indoctrinated the ‘strong black woman’ persona within them, this socialization also creates additional strains for future generations of


41. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
black women. A heterosexual participant learned to be an independent person because she was taught to be that way:

And I try to work a lot of stuff out on my own. And I stay in my head too much. And I know that. But, I don't like to ask for help. I like to just do it. That’s how I was raised. If you want something done, do it yourself.\(^4^2\)

This participant reiterate the transmission of knowledge can be a source of strain. They were taught not seek help from others, even when needed. Black heterosexual women are socialized by maternal figures to be independent and self-sufficient, where they are less likely to seek out assistance.

Additionally, black heterosexual participants emphasized the strains that result from attempting to combat the negative generational legacies from maternal figures. For example, a heterosexual participant acknowledged that she does not want to incur the same reproductive health issues of her mother and aunts:

And I’m 27, and I’m like ‘what if I want kids’ and it’s just a lot of stuff. And everyone, my grandma, my mother and my aunt all had to have early hysterectomies in their early 40s. I know I want kids before 40, so I have between 30-40 and I’m not there yet, so it’s just a lot. \(^4^3\)

The same participant also explained to the focus group that her grandmother’s health status was not a result of age, but health conditions:

I’m realizing that my idea of old and elderly was skewed, because my grandmother was sick. She was diabetic, she had heart surgery. Open heart surgery, she had a lot of stuff. But growing up, she was the elder I had. And her and her friends and her brothers and sisters, they were always sick. So I always thought 50-60 was old. She passed away in December, she would have been 71

\(^{42}\) Focus Group Participant (Black heterosexual), Atlanta, GA, August 22, 2015.

\(^{43}\) Focus Group Participant (Black heterosexual), Atlanta, GA, August 22, 2015.
this year. She was only 70, and I always thought that was old. What I realize is that it wasn’t that she was old, it was health.  

Participants recognize the health ailments from previous generations of women. This transmission of knowledge includes learning from the medical issues among the women within their families as well as the healthy habits of their maternal figures. Socialization from maternal figures consists of recognizing that their maternal figures did not take appropriate steps to maintain their health status. While heterosexual participants did not necessarily receive the tools needed to stay healthy, maternal figures showed participants how they should not behave in order to reach optimal health status. Based on the knowledge obtained from maternal figures regarding of health, they are prepared for the health challenges they may encounter in their lives. In fact, heterosexual participants began to recognize the health signs within themselves. One heterosexual participant recognized similar symptoms of fibromyalgia and arthritis within her life based on what her mother experienced:

My mom has fibromyalgia and arthritis. And apparently, I have shown signs. I complain about things that she complained about when she was at the beginning stages. Um, that’s a stress. I don’t want to go through that.

This research reiterates the Sojourner Syndrome because heterosexual participants still attempt to survive by utilizing the ‘strong black woman’ persona. However, this theory overlooks the influence of generational knowledge, which often dictates the daily struggles of heterosexual black women. These participants recognized the problems their maternal figures experienced, which causes participants stress in their current lives.

44. Focus Group Participant (Black heterosexual), Atlanta, GA, August 22, 2015.

45. Focus Group Participant (Black heterosexual), Atlanta, GA, August 22, 2015.
because they are attempting to combat certain generational health problems. Furthermore, many of the individuals embody the ‘strong black woman’ myth as a result of the socialization from of their maternal figures. They recognized the survival methods from their maternal figures and attempt to either adopt or change these methods to fit their own lives. Participants maternal figures provided them the tools needed to ‘take them anywhere’ based on their attitudes and actions.⁴⁶ Therefore, this research extends the Sojourner Syndrome by incorporating the generational component.

This intergenerational component is necessary among all communities of black persons, utilized since enslavement to ensure black female survival. Furthermore, black maternal figures encourage their daughters to develop the skills needed to confront oppressive conditions.⁴⁷ This knowledge from previous generations becomes necessary for the survival of all black persons, especially black women. Yet, this knowledge may also be an ailment to their health status because knowledge from previous generations may not always be empowering for participants. Participants may find means to cope with the stress of either trying to immolate their maternal figures or improve their lives so they do not perpetuate the same negative health behaviors and outcomes of their maternal figures.

Consequently, black queer women remain vulnerable to further health ailments because they do not necessarily receive this information from maternal figures. Earlier works such as Arrolia et al attempt to determine what differentiates black queer women from heterosexual black women. This research found that generational knowledge

⁴⁶. Canty, 85-86.

⁴⁷. Canty 86.
regarding health may only be provided to black heterosexual women. This revelation lends an explanation regarding the vulnerability that black queer women have to certain health disparities in comparison to their heterosexual peers. Not only do black queer women receive the lack of support from maternal figures, they also are not equipped with the knowledge needed to either combat or adopt the tools provided by these maternal figures. Therefore, while the Sojourner Syndrome is helpful in theorizing the health disparities of black heterosexual woman, it does not completely address the vulnerability of health disparities among black queer women.

**Findings on Pressures to Conform to Traditional ‘Womanhood’**

All twenty (20) participants encounter social pressures to conform to traditional notions of woman. Participants discuss the social pressures in personifying the ‘strong black woman’ within the black community. Participants suggested that their actions are misinterpreted as ‘angry’ or ‘aggressive’, even when they say this accusation is false. Yet, there remain different pressures of conforming to societal gender standards. Perceptions of black womanhood, specifically in the South, are based on religiosity and gender socialization that limit the lives of both heterosexual and queer women.

Additionally, participants expressed the need to conform to traditional notions of womanhood. As mentioned earlier, the pressures to conform to the traditional norms are perpetuated by the black church in the South. Black heterosexual women feel pressured to change their behaviors to more ‘feminine’ traits such as submissiveness or domesticity. On the other hand, societal norms associated with womanhood encourage black queer women to change their physical appearance to more feminine standards of beauty. On the other hand, black queer women challenged this social pressure by physically embodying
masculine features, such as wearing men’s clothing and/or wearing a short haircut. In both cases, both heterosexual and queer black women are burdened with the social constructs associated with womanhood.

Discussion

Study participants described the social pressures they face to conform to traditional notions of womanhood. In this context, traditional notions of womanhood are inclusive of white, heterosexual, Christian, educated, wealthy women. Both heterosexual and queer participants discussed how they are perceived as ‘angry’ or ‘aggressive’ by various communities. Also, both heterosexual and queer participants stated that they challenge traditional notions of womanhood by either embodying masculinity and/or not upholding traditional heterosexual norms through behavior. These social pressures to conform to limited, traditional notions of womanhood influence the daily lives of these women because they determine how they are treated in social spaces. Participants recognized that the black community further reiterates the social pressures to conform to white womanhood. This perception manifests in social institutions in the American South such as families and the black church.

Both heterosexual and queer black female participants discussed that disregarding and challenging traditional behaviors cause them to be devalued outside and inside the community. One heterosexual woman mentioned that both queer and heterosexual women suffer from this ‘attack’ on black womanhood:

I know that there are some other forces that probably come into play between black heterosexual women and black homosexual women. But, I think just living as black women, in this context, there are some things we experience overall, particularly attacks on black womanhood that you see in the larger culture. That,
even though we may not be that, we are still labeled as that whether you are heterosexual or homosexual. I don’t think that it matters. But, I think it is just an attack on black womanhood. I think that black women feel that, regardless of your sexual orientation.48

This participant highlighted the ways in which black women are pressured by the larger culture to conform to traditional notions of a woman. When black women challenge these limited notions of womanhood the challenge causes them to be placed in the margins of society.

The masculine-identified queer black participants addressed the stigmas associated with challenging traditional perceptions of womanhood through physical dress and dominant behavior. Because these individuals do not embody femininity, they are not perceived as women. Femininity is usually related to physical features and behaviors.

Yet, masculine-identified black participants may wear men’s clothing or embody masculine behaviors. The dress and behavior would determine how other persons interact with these participants. For example, a masculine-identified queer participant addressed the negative responses she received when interacting with a coworker:

It’s even how I am approached or spoken to. You know, here, someone who works here [at the university], he does not like me. And I speak, and I’m pleasant, but it’s because he knows that we’re together. And so, it’s a weird thing. We will walk outside or whatever, and I talk to everyone. But he doesn’t respond, and it’s because of that. It’s because I do not dress as I should.49

Because she does not conform to the conventional image of a woman through her physical dress and behavior, she receives negative responses from individuals she attends graduate school with. Even the previous participant acknowledged that she does not

48. Focus Group Participant (Black heterosexual), Atlanta, GA, August 22, 2015.
49. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
‘dress as she should’, which suggests that there are pressures on queer persons to conform to femininity.

For all black women, any individual who lives outside traditional, societal norms associated with womanhood is marginalized. Beverly Greene discusses this reality in her article, “African-American Lesbian and Bisexual Women,” where she explains how individual roles and behaviors are expected align with dominant ideologies. Greene stresses how white, heterosexual male behavior often determines whose behavior is socially acceptable. Consequently, black women are at a social disadvantage because they represent social and cultural values not necessarily aligned with white maleness and femaleness. This research found that black women challenge the dominant ideas of womanhood that affect both heterosexual and queer black women, forcing them to conform to traditional notions of womanhood.

Within her text, Black Feminist Thought, Patricia Hill Collins points out that the stereotypes of African-American women (mammies, matriarchs, welfare recipients, and hot mommas) help justify black women’s oppression. Historically, their existence does not align with American traditional notions of what a woman should be, causing society to deny their humanness and womanhood. While Collins applies this imagery to black heterosexual women, this research found that the same controlling imagery applies to black queer women as well.

Black queer women reiterate the mammy, matriarch, and the jezebel stereotypes associated with black womanhood. Black queer women are perceived as the asexual

mammy figure in a male dominated, patriarchal society. If one is not having sexual relations with a man, then the person is deemed as sexually deviant, immoral, or asexual. Black queer women represent the matriarch stereotype because they fail to model the so-called ‘appropriate’ female behavior, and are frequently judged as “unfeminine and too strong”\(^51\). According to this research, black women in general are considered aggressive and unfeminine. Black queer women reiterate both unflattering concepts because some of them challenge the very essence of femininity and embody masculinity through their behavior and physical appearance. Furthermore, black queer women also perpetuate the jezebel stereotype because lesbianism is considered more of a sexual fetish and an alternative lifestyle. According to Collins, this jezebel stereotype represents the normal/deviant binary that controls a black woman’s sexuality.\(^52\) This dissertation research actually reveals how black women are pressured to conform to traditional notions of womanhood, albeit in different ways based on sexual orientation.

*Findings on the Marginalization and Competitions within the Black Community*

All participants bring attention to a level of competition and marginalization between themselves and other communities. Within the black community, there are competitions based on several factors: gender, socioeconomic status, location, employment status, educational attainment, gender, and sexuality. Black women create marginalization and competitions within their community based on educational attainment, colorism, sexuality, and relations to black men. For black heterosexual women, one of the major levels of competition results from differences in skin color.


\(^{52}\) Collins, *Black Feminist Thought*, 83.
Colorism refers to the prejudice and discrimination against individuals based on physical skin complexion. The pigment of an individual’s skin becomes a system of marginalization, favoring individuals of a lighter skin complexion. In the focus groups with black heterosexual women, four (4) out of the ten (10) heterosexual participants (40%) specified that colorism is an essential component of separation within the black female community.

Participants in all focus groups emphasized the marginalization and competition that exists within the black community. All ten (10) black heterosexual women recognized separation based on socioeconomic status, educational attainment, and skin color. All ten (10) black queer participants acknowledged the marginalization that exists between themselves and other communities. Six out of the ten (10) queer participants (60%) explained the dissention between themselves and the black community as a result of sexual orientation. Four out the ten (10) black queer participants (40%) identified the separation within the black queer community due to socioeconomic status, education, employment, and relationship status. Two out of the ten (10) black queer participants (20%) stated that there is a separation between themselves and other individuals within the larger queer communities.

Discussion

When the researcher asked about the social issues plaguing black women, participants identified the various ways through which the black community marginalizes other black persons; their examples included educational attainment, socioeconomic status, skin color, and sexual orientation. Further, both heterosexual and queer participants mentioned the various competitions that exist in the black community and the
black female community. Heterosexual participants claimed that black women are in competition with each other based on skin color and educational attainment. On the other hand, black queer participants recognized the competitions that exist within the black queer community and black queer female community as a result of socioeconomic status. In addition, black queer participants declared that they are marginalized within the black heterosexual community.

Black heterosexual women discussed in a focus group the competitions that exist among other black heterosexual women. One heterosexual participant alluded to the confrontations that exist among black women as a common part of black female engagement:

I don’t think that on the black woman tip, we don’t interact or support each other as much as we should. It’s a bunch of shit and we have been taught that we are each other’s competition. So we fight with each other rather than build.

All of the heterosexual participants (10 in total) in the focus groups are formally educated, in at least a bachelor’s degree. Because the heterosexual participants are formally educated, they were quick to recognize the socioeconomic and educational differences within the black community. One heterosexual participant described how educational attainment creates competitions within the black community:

After going to an HBCU and hanging out with African Americans more than my white friends, I found that I had less experiences of doing other stuff. But I think that’s also because I was hanging out with people who weren’t like as educated or open minded. So it's always about drinking smoking and hanging out at the house, I’m like ‘dang can we go somewhere and see something different.’ I get excited about plays, I’m a little more cultured. But it also comes from being with my
husband and his people. I think within the black community there are different groups, like we have subsets.\textsuperscript{53} She found it difficult to communicate with individuals who have not obtained a formal education. In this case, she is referring to her husband and his friends. According to this participant, educational attainment creates ‘subsets’ of black persons.

Similar to black heterosexual women, black queer female communities also experience differences based on socioeconomic status. One queer participant talked about the socioeconomic differences that cause separation within the black queer community. According to the participant, the stratification of black queer women is based on class in the South:

Because I do see that a lot in the black lesbian community. If you don’t have any money, you can’t hang—or whatever—because you’re broke or poor. But that never gets talked about. They are in the hood, they haven’t left and they aren’t going to leave. But that doesn’t mean they are any less lesbian or gay. If you don’t live a certain way they want you to live, you are not going to be included or invited to things. And it’s so funny because I think about it, even in Memphis, we hung out with some folks who were like, really poor—you could look and kinda tell. And it’s a cultural thing and a socioeconomic thing, there is a divide. Like, ‘she’s a lesbian, but she’s poor,’ or ‘she lives in the hood or the projects.’\textsuperscript{54}

This social stratification based on education and socioeconomic status within the larger black community and the black female community becomes the norm. Heterosexual participants acknowledged the importance of educational attainment within the black heterosexual community while queer participants also conceded the importance of socioeconomic status within the black queer community.

\textsuperscript{53} Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.

\textsuperscript{54} Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
Colorism is another factor that creates separation within the black community, especially among black women. Colorism appears to plague black heterosexual women more than black queer women. In focus group discussions, black queer women did not address colorism as much as black heterosexual women. One black heterosexual participant pointed out how colorism influenced her relationships with other black women:

With black females, growing up, I’m fortunate now but growing up… then as what I experienced a lot was colorism. Being a light skin black women, many people that I went to school with, even my own family, would tease me about… ‘Oh you think you are white, things like that.’ And I felt put down because of it. I also felt like I thought it was something special where as a child I didn’t know anything about that. But I was made to feel by black women that I thought I was better than them so many times where I did not have black female friends.55

Historically, notions of color complexion have always played a major role in determining beauty among black women. This is particularly relevant in the American South due to the history of enslavement. Lighter complexion appears to place a black woman at a higher social status, providing her a privilege. In many locations and historical times, lighter black women received more privileges because of their mixed ancestry while darker complexioned black women were treated differently and unfairly. Moreover, black women of a lighter skin complexion are perceived as more beautiful than darker black women. Because light skinned women are more likely to have a mixed percentage that includes white persons, they are assumed to be closer to whiteness and are, therefore, more accepted in social spaces in the American South. Black heterosexual women find colorism a major competition among other black women.

55. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
Black queer women, on the other hand, are separated from the black community as a whole. Queer participants recognized that their social identity is a result of how they are different from others. In many cases, black queer women emphasized how their identity is determined in terms of their interaction with others. Their identity vacillates based on who they are with at any given time. Black queer participants claimed that whenever they were around black persons, they felt separated based on sexual orientation. For example, one queer participant noted how she is considered ‘the gay one’ within the black community: “In a black group, I’m ‘the lesbian’ or ‘the gay one’ or whatever.” 56 In another focus group, a queer woman shared her experiences of being marginalized from black heterosexual women at her job because of her sexual orientation:

Because, I want to say, it’s the black women who treat me horribly: Heterosexual black women. Not so much the younger generation, maybe starting around early 30s. Yeah, the older ones, especially in administration. 57

Black heterosexual women are separated from the black community based on skin complexion, educational attainment, and socioeconomic class, while black queer women are detached from the black community as a result of their sexual orientation.

Another part of the normalcy of separation, which is based on the assumption that we have boundaries that separate persons, occurs in the black female heterosexual community as well as in the black queer community. While there is a normalcy of separation within the black community, there is also this normalcy within the black queer

56. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.

57. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
community. The black queer community use several terms and labels of identity within the community, such as cisgender persons\(^{58}\), ‘stud’, or ‘femme’. The black queer community create mythical ‘boxes’ and stereotypes to describe one another. A queer participant explained the normalcy of separation within the black queer community:

> Especially because we’re black and we’re gay, so we don’t want to be put in boxes because we are black, right? And we don’t want to be put in boxes because we are a lesbian. But then we still do the same thing, claiming that’s unity. Right. You still adhere to those stereotypes, you still adhere to those—we’ve created our own stereotypes within our community. \(^{59}\)

Not only are labels created, but stereotypes associated with these labels are also developed within the communities. Both the labels and the stereotypes illustrate the normalcy of separation and how heterosexism manifests itself in the lives of black queer persons. The creation of these labels cause additional levels of marginalization within the black queer community. Thus, it is possible for a black queer person to be marginalized within the black community and the black queer community.

Black queer women in this research found that they are marginalized in both the black heterosexual and queer communities. The double marginalization is similar to Patricia Hill Collins’ description of ‘double containment’. Collins argues in her text *Black Sexual Politics* that ‘double containment’ defines black queer persons who are separated based on so-called ‘sexual deviancy’ while also closeted as a result of heterosexism. Black queer women in this research illustrate the terrible condition of this ‘double containment’. They are marginalized within the black heterosexual community as

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58. Cisgender refers to a person whose self-identity conforms to the gender that corresponds to their biological sex.

59. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
a result of heterosexism, and they are marginalized within the black community in general, as well as among black heterosexual women. They are separated from various social institutions essential to the black community, such as family and church. In both spaces, they are relegated to a mythical closet, where they remain invisible in the black community based on their sexuality.

Furthermore, black queer women illustrate the ‘outsider within’ perspective introduced by Collins in her groundbreaking text, *Black Feminist Thought*. Collins develops this theory based on the experiences of black domestic workers. The workers recognize the characteristics of the dominant group while also being part of a subordinate class. This complex position affects the black woman’s unique standpoint as she occupies certain spaces and identities. Collins describes how this outsider-within stance fosters a new angle of vision on oppression.\(^{60}\) This position remains evident for black queer women as well. Although they are inside the black community, they are also outside the community due to their sexual orientation. This distinctive position they occupy reveals a new angle to the challenges of intersectional identity and how certain individuals can occupy two oppressive spaces simultaneously. This study found that black queer women occupy the position of outsiders within the African-American community. Black queer women are knowledgeable about the dominant structure (heterosexuality), while also living their lives in the subordinate status as queer persons.

Findings on Heterosexism as an Oppressive Reality for Black Queer Women

Data from the focus groups found that heterosexism is an essential discriminatory component for black queer women. For the purpose of this research, heterosexism was defined as a “reasoned system of bias regarding sexual orientation. It denounces prejudice for heterosexual people and connotes prejudice against bisexual, especially homosexual people. It is rooted in a complicated set of beliefs about human sexuality.” 61

Black queer women were more likely to recall the experiences with heterosexism and homophobia compared to black heterosexual women. Heterosexism operated as a daily and oppressive reality for black queer women but foreign to black heterosexual women. There remained a privilege of heterosexuality among the black heterosexual participants, in which heterosexism is not an obstacle they have to encounter within their lives. However, Black queer women meet heterosexism in various social spaces such as families and church. Having to combat heterosexism in various social arenas reiterates their marginalized status.

Black queer participants in the study indicated that assumptions about heteronormative behaviors are widespread even within black queer populations. In this context, heteronormativity is the perceived normalcy of heterosexuality as society’s default sexual orientation. Individuals within the queer community often adopt the rigid gender norms, roles, and behaviors manifested within heterosexual relationships. These heterosexual norms also include notions of gender presentation, ‘passing’ based on sexual orientation, the necessity of adopting heteronormative terminology in queer communities,

and adopting heterosexual norms within queer relationships. Heterosexism remains embedded within the black queer community as a result of these limited binary gender behaviors and roles.

**Discussion**

Within the focus groups for black queer women, there was a more thorough discussion of heterosexism. Black queer women contended that heterosexism adds an additional layer of oppression that they combat daily, and that black heterosexual women do not have to combat on a daily basis. Lynn Weber affirms that heterosexism acts as a system of power relations, similar to racism, sexism, and classism. As mentioned in the literature review, Weber describes how heterosexism represents an acceptable standard for how adults should conduct their personal lives. Anyone who deviates from this standard is labeled as deviant, sexually immoral, and a sinner without citizenship rights. It is an extension of the negative perceptions of black womanhood to which black queer women are specifically vulnerable. Conversely, many heterosexual female participants do not encounter discrimination based on sexual orientation; therefore, they could not discuss the oppressive issues associated with heterosexism because the issues do not function as a daily reality in their lives.

Discussions of heterosexism in focus groups align with Beverly Tatum’s analysis of dominant and subordinate identities. When a person is a member of the dominant group, that individual rarely identifies as a part of the dominant community. Typically, the individual’s personal identity is derived from a position of subordination. Tatum acknowledges how the “parts of our identity that do capture our attention are those that
other people notice, and that reflects back on us.”62 A person’s identity often relies on how the individual represents the ‘other’, not how their identities align with the dominant culture. In this case, heterosexual participants were less likely to acknowledge their heterosexual privilege. Their sexual orientation aligns with the preferred or dominant sexuality; they would usually speak about the social pressures they face as a black woman. Heterosexual participants did not even recognize the obstacles associated with sexual orientation. On the other hand, black queer female participants were more knowledgeable about heterosexuality and heterosexual privilege. A black heterosexual participant expressed her privileges as a heterosexual woman:

> When I think about systems in play, I do recognize that I benefit from the heterosexist structure of our society. So, when I get married, it only takes a day to change my name. Whereas, people that I know who have gotten married who are gay and lesbian have struggled to change their name. That’s a privilege that I enjoy as a heterosexual woman. Taking care of my taxes. Having the assumption that I am straight, things like that are privileges. I can go to the store and easily find a card that says ‘I love you husband’ that has a woman on the front of it. I can find those things very easily.63

Conversely, black queer female participants are more familiar with this dominant structure because it looms large in their daily lives.

Among black queer women in focus groups, many of them claim that their identity is based on who they are around at any given time. This vacillating social identity is based on how they are perceived by others in social spaces. When asked whether the

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63. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
black queer female participants saw themselves as a black woman first or a queer, they reveal that their social identities change between racial identity and sexual orientation. When queer participants are with other communities, their identity is often determined by the persons they are with at any given time. If queer participants are with black heterosexual persons, they are labeled by black persons as the ‘gay one’. On the other hand, in multicultural spaces, queer participants are identified as black women. Further, masculine-identified queer participants report being perceived as queer first and black women second. Cisgender queer women are more likely to identify themselves as black women first, then queer. One masculine-identified queer participant described this complexity in her identity:

So in my home life, I’m a black lesbian woman. In my activism life, with the Black Lives Matter movement, I am a black lesbian woman. But as my team, as far as my team here in Atlanta, I’m a black lesbian woman. But when I go to D.C. and I’m with a team where the black population significantly decreases, then I’m a black woman. Then I don’t want to introduce the—well it doesn’t come up in conversation in that space. It’s like, ‘I’m a black woman’, not a black lesbian woman.  

Another queer participant stated a similar dilemma in terms of her physical appearance.

She explained that people perceive her identity based on her physical appearance:

I’m just a person. Until I notice being in a room with predominately white people then I’m like, ‘Oh wait, I’m black,’ then they may look at me. Or, ‘Oh yeah, I’m dressed this way today,’ so, they are looking at me as a lesbian.

If a black queer woman presents herself as ‘masculine’ in physical appearance, then that often dictates her social identity and value as well. Depending on who they encounter

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64. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.

65. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
throughout the day, black queer women are constantly aware of how they are perceived by others. Many queer participants maintained that, even when they ‘present’ themselves as masculine, there are expected to portray more feminine characteristics. If a black queer woman exhibits masculinity, then she may encounter more scrutiny than cisgender black woman because cisgender women can ‘pass’ as a heterosexual woman.

Additionally, black queer female participants experience obstacles associated with gender presentation, in which everyone is capable of performing a gender role or presenting a gender. Gender presentation refers to how one presents a certain gender. Individuals may ‘present’ their biologically assigned gender or the gender they feel more comfortable presenting. It is the assumption that everyone ‘performs’ gender. Yet, the person who ‘perform’ their biologically assigned gender may receive some benefits. For example, a cisgender queer woman may be able to ‘pass’ for heterosexual because her gender presentation aligns with her biological sex. Gender presentation often correlates to the ability to ‘pass’ as heterosexual. This ‘passing’ represents the experiences of cisgender queer women because their biological sex corresponds with their gender presentation. If a woman is biologically female, then she would adopt feminine behaviors and dresses that align with her biological sex.

This presentation of gender and ‘passing’ for heterosexual often determines how black queer women are treated in certain social spaces. One black queer female participant observed that cisgender queer women can ‘pass’ as heterosexual, and their ability to pass allows them the privilege to be treated as a heterosexual black woman, even if they identify themselves as queer. As a masculine identified queer woman, this
participant stated that gender presentation often determines how she is viewed in certain social spaces compared to feminine black queer women:

> It’s definitely different for me. Because I don’t present as feminine. If I wear a dress or something, they would look at me like ‘What?!’ I’m just more comfortable in my skin dressing this way. Y’all [referring to the cisgender queer participants] can pass, I can’t pass.\(^66\)

In the online focus group among black queer women, one participant recognized the advantages that cisgender queer women have over their masculine peers. When masculine-identified black queer women ‘present’ themselves in a masculine fashion, they may encounter additional oppression or discrimination. Passing as heterosexual is a tool for protection and acceptance in social spaces. This masculine-identified queer participant described this reality in her life:

> I think that having been in a relationship with a more feminine woman and her being able to—people not being able to see her as gay because she dresses feminine and all that—she was able to do a little bit more than I am.\(^67\)

This study calls attention to the fact that the notion of ‘passing’ can extend to sexual orientation. Typically, this notion of passing focuses on how African-American persons with lighter complexion or mixed ancestry may pass for another ethnic or racial group in order to gain social mobility in the United States. However, this notion of passing extends to sexual identity as well within the black queer female community. For example, cisgender queer women can ‘pass’ for heterosexual women because their physical appearance and behavior align with the pervasive, limited, albeit social constructions of femininity and womanhood.

\(^66\) Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.

\(^67\) Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
As mentioned earlier, cisgender queer women are more likely to identify themselves as black women first, then queer. Yet, more masculine-identified queer women are automatically labeled as queer first, then black women. While this is not a testament to individuals trying to hide their sexuality, passing for heterosexual simply provides a black queer woman protection in certain social spaces, such as families, church, or work. Passing becomes a privilege for cisgender queer women because they are perceived as heterosexual, and, consequently they are addressed by other persons as heterosexual black women. When an individual is a masculine-presenting queer woman, her sexuality is determined first before the identity is recognized as a black woman. The action of passing becomes an essential part of how black queer women identify and ‘present’ themselves in various spaces.

Many second-wave feminist scholars have often referred to the idea of ‘performing’ gender. Judith Butler, a groundbreaking queer theorist, argues that all individuals (regardless of sexuality) ‘present’ a certain gender. Heterosexual men embody overtly masculine traits in order to be viewed as men while heterosexual women adopt noticeably feminine characteristics in order to be considered a woman. Because of these gender performances, Butler defines gender as a social construct. This gender performance is manifested within queer individuals as well. She defines this phenomenon as ‘compulsory performance’, where an individual is “acting out of line with heterosexual norms.”

68 This research supports Butler’s notion of compulsory performance because

queer participants in this study ‘perform’ as either masculine or feminine to adopt heterosexual behaviors.

Furthermore, social constructions of gender manifest in discussions of masculinity and femininity. Simone de Beauvoir, the French writer and scholar who laid the foundation for modern day feminist discourse, provides the foundation for studying how society determines gender identity based on masculine and feminine characteristics, which are usually limiting because these characteristics are based on physical, superficial appearances and behaviors. She claims that the “terms of masculine and feminine are used symmetrically only as a matter of form, as on legal papers.”69 In a sense, femininity ‘belongs’ to women while masculinity is designated for men. Consequently, these parameters are limiting in defining queer persons, such as masculine-identified women. This dichotomy of ‘masculine’ and ‘feminine’ within the black queer female community often dictates rules, norms, and expectations that align only with heterosexuality. As mentioned earlier by queer participants, heterosexual behaviors are also common in black queer relationships.

Heterosexism invariably reveals itself within the black queer relationships. Within the focus groups of black queer women, the participants stated that black queer communities adopt heterosexual roles, behaviors, and norms within their relationships. Black queer individuals may adopt heteronormative behaviors in their own relationships in order to help them consciously adjust to their own queer relationships. In a sense, black queer persons are trying to validate their own relationships with someone of the

same sex. After all, the participants in this study are socialized in the American South, a region deeply embedded in heteronormative lifestyle. Black queer persons are socialized within the black community to see relationships in heteronormative terms because of the black family and church. Heterosexism also exists within the black queer female community, particularly in the American South, because of the various strands of biblical ideologies that support and validate patriarchy and homophobia. Therefore, black queer individuals attempt to mirror heterosexual relationships within which they were socialized.

In an attempt to adjust to queer relationships, participants noted that the perceptions of gender roles, rules, and norms extend to same-gender relationships. In order to consciously adjust to the homosexual identity and relationship, there is a need to explain queerness by using heteronormative terminology. Black queer persons utilize various labels of identification to describe an individual’s role in the queer community and in intimate relationships. For example, in many of the focus groups, black queer women utilized terms such as ‘dominant’, ‘stud’, and ‘femme’ in characterizing one’s role in personal relationships and the queer community. The masculine-identified queer women are forced to embody masculinity by performing certain roles specifically attuned to men. Masculine-identified black queer women feel pressured to conform to hyper-masculine gender roles and cannot portray traditionally feminine traits in certain social spaces. A queer participant described this pressure of gender conformity in black queer relationships:

And like, what she was talking about, being in a relationship, if I’m the more dominant one, depending on where a person meets me, I may be dressing like a
stud for the time or I may dress more like a fem and put on makeup. But, there was somebody I was dating who treated me like, I guess a guy. And it made me really uncomfortable. That I’m supposed to do X, Y, and Z. I’m supposed to pay, I’m not supposed to let you carry the bags, or whatever. And I’m not about that. I’m all about like, equality in my relationship. And I’ve never had to experience that when I was dressing more feminine on a regular basis because it was assumed that it would be 50/50, equal. And so, when I present a little more masculine, I guess, the expectations seem to change. I’m supposed to be stronger or I’m supposed to make the decisions. All of those heteronormative things that are assigned to men, are all those things that are, all the sudden, attributed to me, even though I’m still a woman. I’m still a woman. You know what I mean? So, I have all those things—like, I don’t want to put out all the stereotypical things for women, but when I want to wear makeup or paint my nails or get a manicure or pedicure, then those are the things that I still like to do. And there shouldn’t be a reason. I shouldn’t be the one who has to take out the trash, just because, you know what I mean? These are not things that should be entering into our relationship. These rules. Heteronormative rules should not exist in LGBT relationships. It just shouldn’t.70

This study also found that heterosexuality is considered the ideal relationship, even among black queer women. Black queer female participants emphasized the idea that black queer women may adopt heteronormative behaviors because there are limited portrayals of healthy black queer female relationships. These limited examples create the assumption that one must mimic heterosexual relationships. Thus, black queer persons mimic heterosexual relationships as a model for their relationships. One queer participant explained this reality:

So even when you accept your sexuality and move into relationships, the only models you have of relationships are heterosexual ones. And you model your relationships after what you know. You don’t have a lot of models of, you know, successful lesbian relationships. When you don’t have any models for what a lesbian relationship should look like, then you take the model of what you’ve seen

70. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
and you transpose it within your relationship. And what you end up with is heteronormative behaviors in lesbian and gay relationships.⁷¹

Because of the limited examples of healthy relationships outside of heterosexual relationships, there is not a positive, affirming model for black queer relationships to follow. This limitation derives from the fact that queer couples are socially prohibited from disclosing their relationships or have public displays of affection. While homosexuality has always existed within the black community, it has remained a community secret, where an individual’s personal life is somewhat concealed in public arenas. Consequently, if the images of healthy black queer couples are not made public because the couples may remain closeted. Future generations who attempt to seek healthy queer relationship models will not find them because they are hindered by the generational invisibility of this community.

Black queer persons attempt to challenge heteronormative behaviors, rules, and norms, but the challenge becomes arduous when heterosexuality is assumed to be the norm within the black community. Patricia Hill Collins reiterates this notion within her text, *Black Sexual Politics*, where black persons are assumed to be heterosexual and hyper-heterosexual. The assumption of heterosexuality and socialization of gender roles in the American South hinder black queer persons from operating outside the limitations of heterosexuality. Therefore, the notion of hyper-heterosexism extends to exaggerated heteronormativity within the black heterosexual and black queer community. Black queer women were able to identify specific social institutions where heterosexism manifested itself: the black church and the public school system. In these social institutions, they

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⁷¹. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
recognize a reasoned system of bias toward heterosexuality. All ten queer participants indicated that the black church becomes the first defender of heterosexism within the black community. The black church in the South, according to black queer participants, is the second social institution outside of family where heterosexism and homophobia are introduced to black queer women.

Black queer female participants with children easily recognize the heterosexism that exists within the public school system in the American South. In one focus group among black queer women, three out of the five participants (60%) have children enrolled in public school. One black queer female participant articulated the complications of being a step-mother in a same-sex relationship. The participant and her partner had difficulty enrolling their children in school because of the heterosexual assumptions in the public school system by teachers, administrators, and parents. She also explained how she had to expose her sexuality in order to gain social acceptance by the heterosexual mothers. She argued that if she were a heterosexual woman, then she would not have had to disclose her sexuality:

As a step mom, especially as a very young step mother, I had a lot issues when I had to do things at school with my children. Like, the rolling of the eyes from other black women, where they didn’t accept me or welcome me into their clique. And the school, at the time, just didn’t know how to deal with me. Simply put. So we had to have conversations so they could understand: she [the daughter] has two mothers. So we will both be here, at different times… Fortunately, after I explained my life, it was okay. You know, if I was straight, there would be no explanation necessary…

72. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
The same participant also encountered heterosexism on a systematic level within the school system, where she and her partner had to provide additional documentation to prove their relationship:

Well, we had to—like the paperwork we signed had to—like, everything was in my name, so they were wondering what scam we were running because the baby doesn’t have my last name, but all my paperwork is on my kid’s file.⁷³

In another focus group, one heterosexual participant brought to light how heterosexuality may be preferred within the public school system to limit confusion with young children:

So within the school system, and some of these schools, I can see, I forgot the term—heterosexism—preferring that you come as the sex you are and if you’re gonna do whatever you’re gonna do it at home, do it on the weekend… These kids should not have to go through all this and parents have to explain all this, I don’t even know how to explain this, they have to figure that first. Because it’s [openness of homosexuality] so young. So I think that schools and how early we can expose our children to things, I think that a lot of people would prefer hetero because they just think like let’s just get them to a certain point until they can understand and you can do whatever you want at that point. So I think that in terms of rearing young children, heterosexual, is preferred.⁷⁴

These discussions represent how heterosexism manifests itself in social institutions and challenges perceptions of motherhood among black queer women. Being a mother, there seems to be a preference for the mother to be a heterosexual woman. In a sense, notions of motherhood are not necessarily extended to black queer women since they challenge the values of heteronormativity and patriarchy in a male-dominated society. Because of heterosexism, there is a negative perception of black queer life, where they are viewed as immoral sexual beings, who are not maternal. A black queer woman, who is also a mother, is not perceived as ‘normal’ because of heterosexism. Furthermore,

⁷³. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
⁷⁴. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
heterosexuality is preferred in the public school setting because homosexuality is ‘outside
the norm’ for a young child to be exposed to.

The underlying assumption with this argument is the idea that homosexuality is still viewed as an alternative lifestyle, embedded in eroticism. Individuals who are considered homosexual still carry the stigmatization of being overtly sexual beings. According to Lynn Weber, the social realm consists of conventional ideological realities that are embedded in the consciousness of the majority. These ideologies are supported by education, media, and religion. Black women are already sexualized based on their race and gender, whereas, black queer women are sexualized based on their race, gender, and sexual orientation. The sexuality of black heterosexual women and queer women removes their humanity. Consequently, black heterosexual women are privileged because their sexuality aligns with the dominant sexuality while the black queer female sexuality is viewed as an erotic option for some women. This line of reasoning underlines the patriarchal attitude that devalues black queer women in social spaces and treats them as sexual fiends instead of human beings. If one’s sexuality does not align with the dominant culture, then somehow the individual’s humanity is lost. Instead, there is an eroticism and objectification of black queer women. While black heterosexual women deal with over-sexualization, they are protected by the privilege of heterosexuality. While both heterosexual and queer women are sexually objectified, causing their humanity to be cast away, black queer women are hidden from the public arena because their sexuality is considered deviant.
Various second-wave feminist scholars have described the desire to embody and/or seek masculinity. Within any patriarchal society, masculinity is valued over femininity. Heterosexism becomes a foundational ideology that solidifies how American society and the black community embrace masculinity over femininity. In various spaces, particularly within the black community, masculinity is preferred and over exaggerated. In an attempt to regain a level of masculinity lost after enslavement, the black community embraced black men and overemphasized their masculine traits. This performance of masculinity remains evident in the black queer female community. Masculine-identified queer women may adopt the same hyper-masculine traits because masculinity represents power and helps black queer women regain a sense of humanity. While other queer persons do not necessarily live in a masculine/feminine binary, black queer persons embrace the over-exaggeration of masculinity as a means of regaining their humanity and securing their acceptance in a heterosexist structure.

Regardless of sexual orientation, black women desire masculinity as a means of gaining patriarchal approval. bell hooks describes in her text, *Communion: The Female Search for Love*, how black women yearn for masculinity to receive patriarchal approval. She argues that within a patriarchal society, femaleness is often rendered as weak or insignificant. According to hooks, this approval of masculinity is not limited to heterosexual women. She claims that whether a woman is “heterosexual or homosexual, the extent to which she yearns for patriarchal approval will determine whether she is worthy to be loved. This is the emotional uncertainty that haunts the lives of all females.

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75. Her author name is lower case.
in a patriarchal culture.” Therefore, black queer women still desire this approval as a means of determining their worth. While they may be in relations with other women, there remains this desire to seek masculinity as a means of gaining approval as a woman and human. This study also reveals that black queer women search for masculinity, whether through dress or in relationships, as a means of receiving acceptance in a heteronormative society. Being marginalized in various communities may cause both masculine and feminine-identified queer women to obtain approval in a patriarchal, heteronormative society.

Overview

This chapter attempts to answer the first research question by presenting the data collected from an online survey and focus groups regarding social contributors to the participants’ health status. The findings of this chapter support the roles of the identified four agents of socialization and its relation to black women in the American South. Based on the information presented in this chapter, figure 4 below portrays the hierarchy of socialization for black women in the South while also including the data from the focus groups. Queer and heterosexual black women experience social systems differently as a result of sexual orientation and heterosexism. Both populations of women confront male privilege, patriarchy and negative perceptions of womanhood within social realms. These oppressive realities generally cause vulnerabilities to health disparities. The next chapter tries to explore whether these differences and similarities also exist within economic and political realm.

Figure 4. Social Hierarchies that Influence Black Women in the American South.
CHAPTER V

THE INFLUENCE OF ECONOMIC AND POLITICAL FACTORS ON WOMEN’S HEALTH

The goal of this chapter is to discuss the economic and political factors that influence the health challenges of black heterosexual and queer women in the American South. Similar to the previous chapter, this chapter provides data from the online survey and focus groups regarding the economic and political factors hindering participants health status. Political realm is defined in both traditional and nontraditional methods. Traditional political realm includes public policy, laws, Supreme Court decisions, and voting in local or national elections. Nontraditional political realm includes activism, social advocacy, political ideologies, and liberation movements. The political obstacles facing black women result from the limited political visibility of both heterosexual and black queer women.

This research found that financial strains, time, and financial literacy become the foundation for the economic obstacles that black women face. The survey respondents recognized that financial and time management obstacles hinder them from reaching their optimal health status; they also describe the limited financial knowledge received from previous generations to help manage finances. However, the survey data does not define financial knowledge. The responses below outlines the survey responses associated with financial strains:
Survey Participant #13: Financial status, Limited access to healthcare, minimal
time dedicated to self-care.

Survey Participant #18: Lack of motivation, financial status, knowledge.

Survey Participant #14: Honestly, I think it’s a combination of lack of knowledge
about healthy habits, stubbornness, insecurity, money, and family.

Survey Participant # 19: Stress from lack of financial stability.

Survey Participant #26: Finances, stress, convenience, discipline.¹

Other factors hindering participants from reaching their optimal health status are work
obligations, which can cause stress within the participant’s lives. According to the survey
data, 34.4% of the participants work full time while 65.6% work part time or
unemployed. Below are the survey responses relating to stress from work obligations:

Survey Participant #1: I’ve believe my current line of work involves a certain
level of stress. In my previous job, I had to be explicit with when I needed time
off. I did not seek out that time prior to needing in. In my new job, I plan to be
more intentional about the time I plan to take off, so that I can be renewed and
refreshed prior to actually needing to take off.

Survey Participant #9: STRESS is major for me! I recently separated from an
employer that was literally stressing me out; this included- calling me when I’m
off, working 16 hours days, teaching excessive classes when my body was worn
out (I work in fitness). Stress, I believe, will KILL you.

Survey Participant #16: The time I put into work and school, takes away from the
time I have to workout or to prepare healthier meals.

Survey Participant #21: Long work hours and stress from my job sometimes
leaves little time for eating right and exercise. For me, exercising along with
planned meals, is the only way that I can maintain a good, healthy weight. When I
work late, or have to spend excessive hours working on lesson plans and grading

¹ Survey Participants Reponses to Open Ended Survey Questions.
papers, causes me to make poor eating choices. That added stress then affects my sleep time and exercise time.²

Financial literacy and budgeting also constitutes an economic obstacle for these participants even though majority of the survey participants received some level of formal education: 65.7% of survey participants have advanced degrees; 50% of the survey participants have at least a Master’s Degree, 9.4% received a doctorate degree, and 6.3% earned a professional degree. The remaining 34.3% of survey participants either received a bachelor’s degree (28.1%) or an associate degree (6.3%).

![Degree Attainment of Participants](image.png)

Figure 5. Degree Attainment of Participants.

In the process of obtaining their degrees, participants may incur indirect costs lead to additional financial burdens with educational loan debt and credit card debt. Survey participants assert that many of their financial burdens resulted from obtaining a formal degree.

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2. Survey Participants Reponses to Open Ended Survey Questions.
Additionally, the survey yielded interesting themes in response to political factors and health status. First, the survey found that 96.6% of participants voted in the 2012 presidential election while 67.7% of participants voted in the 2014 congressional election.

![Figure 6. Voting Participation in 2012 Presidential Election.](image)

Regardless of sexual orientation, survey participants disclosed the importance of the recent cases of police brutality and legal injustices facing black persons. Below outlines the survey responses regarding the political obstacles blacks face and the importance of utilizing the political system to promote change in black community:

![Figure 7. Voting Participation in 2014 Congressional Election](image)
Survey Participant #8: Felt compelled to sign certain petitions in hopes the number would be large enough to garner a response.

Survey Participant #13: To have my voice heard and to represent the silenced voices, to spark change.

Survey Participant #17: I participated as a way to channel my rage and heartbreak into positive change.

Survey Participant #19: I joined in the stance against racism and political injustice.

Survey Participant #24: I believe it is important for people to unite in order to have an effective protest if change is to come about…

Survey Participant #27: I believe you must be a part of the change you want to see.

Survey Participant #31: To resolve community issues.

Based on survey responses, participants engaged in political arena because of the current cases of police brutality plaguing the black community:

Survey Participant #2: #Blacklivesmatter

Survey Participant #9: I feel as though the generation behind us, is not aware of the importance of fighting for your community and the rights as a citizen. I simply set an example for the generation behind (which does include my younger brothers) on the importance of community involvement.

Survey Participant #14: I was angered and confused by some headlines I would see in the news. I didn't really understand what was going on. I felt like it would be a good way for me to learn about the things that were happening in my community if I got more involved.

Survey Participant #16: At the times I participated in the different political aspect, there were issues that interest me going on in my community.

3. Survey Participants Reponses to Open Ended Survey Questions.
Survey Participant #19: I joined in the stance against racism and political injustice.

Survey Participant #27: Our black men are being disenfranchised and I want to aid in that cause and help change laws to help blacks in America.  

Two survey participants provided specific examples of their political work:

Survey Participant #10: I participated on the basis of better housing for tenants throughout Georgia. Many are slumlords in Georgia and charge outlandish late fee's. I spoke with a Senator in order to see how the laws regarding the fair housing act, can ensure the treatment of tenants having their money protected when landlords of houses, condo's, apartments, townhouses and duplexes, rip them off and refuse appropriate upkeep of their said properties.

Survey Participant #23: Contacted officials pertaining to program complaints to clarify eligibility; contacted National ACTION Network pertaining to treatment of black students on a local campus, worked with sorority on various social issues (education, Alzheimer); signed petition for sickle cell funding; voted!!  

One queer participant linked her personal identity to her involvement in political activism:

Survey Participant #32: I am a social worker and a social change agent. My purpose in live to serve the underrepresented, I fall into 3 of those classifications because I am black, female and gay. As a result it's also very personal for me.  

**Findings from Focus Groups on Economic Factors**

According to the focus groups, both heterosexual and queer black women deal with issues associated with finances and time management. These focus group findings are similar to the survey responses. Regardless of sexual orientation, all twenty

4. Survey Participants Reponses to Open Ended Survey Questions.

5. Survey Participants Reponses to Open Ended Survey Questions.

6. Survey Participants Reponses to Open Ended Survey Questions.
participants stated that economic stress is derived from competing financial priorities. Twelve (12) out of the 20 participants (60%) identified that families are financial burdens because participants are often responsible for paying bills for children and/or financially supporting aging parents. Eight (8) out of the 20 participants (40%) stated the challenges associated with financial independence, such as paying for bills on their own. Thus, limited finance lead to stressors and hinder participants’ health status.

Similar to the survey responses, focus group participants also explained the lack of generational knowledge in terms of finances. Fifteen (15) out of the 20 participants (75%) explain the lack of generational knowledge and its effect on their financial sustainability. Both heterosexual and queer black women recognized that limited economic generational knowledge influences how they manage their finances. They emphasized the importance of financial literacy in the African-American community. While financial literacy is significant survival tactic for blacks, participants stated that there remains limited financial knowledge in terms of budgeting. Financial literacy and knowledge are important because many participants obtained formal education or are current graduate students who deal with issues relating to educational debt.

Financial strains and generational financial literacy constitute for some of economic obstacles that black women face in the American South. Both of these obstacles are the foundational problems for other economic obstacles discussed in focus groups: limited resources living in rural or urban communities, workplace hierarchies and competition, conforming to traditional ‘womanhood’ in the workplace, and heterosexism as an oppressive reality in workplace. For example, financial strains cause black women
to experience competition within the workplace in order to maintain economic stability. Figure 8 highlights the economic hierarchy that influence the health status of black women in the American South:

![Diagram showing economic hierarchies affecting black women's health](image)

**Figure 8. Economic Hierarchies that Influence Health Status of Black Women**

*Findings on Limited Time and Finances*

Both queer and heterosexual black female participants explained that the attempts to reach optimal health status create financial strains. Fifteen (15) out of the twenty participants (75%) stated that providing economic support to others cause them to spend less time and money toward their own health. Self-care is not a priority for participants because of time and financial constraints. Twelve (12) out of the 20 participants (60%) testified that financial strains create time constraints. For example, participants indicated that limited funds may cause them to work more hours or take additional jobs, causing their time to be limited. All participants maintained that financial obstacles and time constrains cause them health obstacles.
Furthermore, thirteen (13) out of 20 participants (65%) communicated that socioeconomic status and employment status often determined whether they have health insurance. Socioeconomic status also determined whether participants sought medical attention. If participants do not have a salary-paying job with health insurance included, then they are less likely to seek adequate health insurance because they have to pay out of pocket. Six out of the 20 participants (30%) stated that they are less likely to seek medical attention or preventative care because of the out-of-pocket costs. On the other hand, three participants with health insurance through their employer decided to enroll in the least expensive health insurance to increase their salary. Both of these scenarios result from financial burdens.

Discussion

Regardless of socioeconomic status and sexual orientation, all the participants found that finances determine their health decisions and status. The economic strains that participants faced directly impacts their methods of coping with stress, which ultimately affects their overall health status. Both heterosexual and queer participants explained that their unhealthy eating habits, increased alcohol consumption, and unwise shopping habits helped them cope with the financial strains and time constraints within their lives. For example, one queer participant mentioned that the financial strains and time constraints cause her to drink everyday:

The stress, it starts hitting you. And traffic, when you are commuting from here to out there. And every day, there’s something new, it feels like. And, I don’t know—I don’t handle it the way I should because I drink too much. And then—
well not a lot, but I drink more than I should. I want to be at the gym, I don’t want to be having a beer.  

While this participant recognized the need to go to the gym to help cope with the stress in her life, she prefers to consume alcohol. Furthermore, the participant indicated that going to the gym is an additional time constraint. Instead, she uses alcohol (in this case, beer) to modify her stress level because it is easily accessible and does not take additional time away from her schedule, even though consuming alcohol daily to cope with stress may lead to physical health problems.

In terms of eating habits, one heterosexual participant indicated that unhealthy eating results from the stress of trying to eat healthy foods and the financial strains of healthy eating. Unhealthy eating becomes a coping mechanism for her:

See I really don’t know, in terms of being healthy and stuff like that. That brings me stress, so I don’t [eat healthy]. I just don’t even know what I have to pay for? Is it a special pill, diet, or a special something...then, I [get] stressed out. Then I eat. Cause it makes me feel better.

While this participant tried to eat healthier foods, she found it stressful to do so. As she indicated, she had many questions about what kind of foods to buy, whether she should take certain pills, or go on a certain diet. This confusion and frustration is echoed by many other participants as well. Much of the confusion stems from financial responsibilities and time constraints that may impede healthy eating habits. With so many diets, pills, and methods of healthy eating, one may divert back to unhealthy eating because it less expensive and it is not as time consuming. In a manner of speaking,

7. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
8. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
unhealthy eating is comforting, alleviating time for other obligations and financially cheaper.

Fourteen (14) out of 20 participants (70%) stated that they have health insurance through their employers. Six (6) out of the 20 participants (30%) pay out of pocket for their health expenses. Five (5) out of 10 queer participants (50%) receive health insurance through their employers while nine out of the 10 heterosexual participants (90%) receive health insurance either through their employers or through their spouse's insurance. Based on the data from the focus groups, queer participants are more likely to pay out of pocket for healthcare costs compared to their heterosexual counterparts. This discrepancy could be a result of heterosexual couples having health insurance through their spouses, whom they can legally marry. Many heterosexual focus group participants (50%) are married while only three queer focus group participants are married. Being legally married plays a major role in health care access. Queer participants have additional obstacles when claiming their spouses on their health insurance. So, as a result of this legal obstacle, queer participants may find themselves paying for their own healthcare costs.

The queer participants recounted the financial stress incurred as a result of paying out-of-pocket for their health insurance. One of the queer participants paying out of pocket for health insurance described the stress associated with paying for healthcare costs:

When you think of finances, or lack thereof, then you think about how---not having money, you don’t have insurance. And we were cutting and pasting stuff together, just holding your side together, you know duct tape. Get some
Another queer participant explained the significant out-of-pocket expenses she experienced as a result of her health condition. This participant needed special medical treatment, which forced her to pay a substantial amount of money for her medication. She decided to pay out of pocket for private health insurance because she witnessed and experienced mistreatment in the public health sector. The cost for treatment and prescriptions still created a financial strain for this queer participant:

But, I have a chronic health condition…I have epilepsy. So, I was actually using public health for a while and the last time I went to the hospital, I went to emergency and there was this elderly black woman who was literally screaming and begging for help for 3-4 hours. And she was complaining of bone cancer and she didn’t have the cost to get it out of her. And the nurses and the nurses aid were walking by and being rude. Even in that setting, I had a nurses aid be rude to me. I had to give her a urine sample and she told the doctor that she didn’t have time and I snatched the cup out of her hand. Like, I don’t need this. I went to the bathroom and did it myself. When you have to use public health, the treatment is ridiculous. It’s absolutely ridiculous. Then I decided that day that I was going to go into the Health Marketplace and just get my own insurance and figure out a way to pay for it, which I did do that. And the pharmaceutical companies—it’s all a pyramid scheme. And what I found is what I had to pay for my medication, even with the help of my insurance, the brand medication was over $1,000 dollars. And this is for a one month supply. And for people who don’t have any access to healthcare or any access to any—who can afford that? You have to break your back simply to stay alive.  

This queer participant described the ways in which the American healthcare system becomes a financial burden for those individuals who want quality health care. She

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9. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.

10. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
specifically addressed the role of pharmaceutical companies and the financial burdens they create for persons needing medication in order to survive. As she mentioned in her statement, when some people have to pay out of pocket for their health expenses, they must ‘break their back’ financially in order to stay alive.

Another queer participant identified the financial costs associated with mental health expenses. She indicated that her stress within her life is derived from trying to manage her depression as well as paying for medicine and treatments out of pocket. Similar to the previous participant, this participant did not have health insurance through her employer; the participant mentioned the challenges of balancing self-care and finances. For this participant, self-care included receiving counseling for her anxiety. Although this care is an additional cost, it is necessary for her overall well-being:

So, yeah, financial stress of trying to make my money stretch. Paying bills and coming up with additional costs on top of my other stressors. It’s just one of those things where it does kind of affect you. You know, anxiety to make sure that I’m okay. But that would cost me to have to go see a therapist, which would cost me more money. You know what I mean?\textsuperscript{11}

Healthcare and preventive care for the participants seems to be considered a luxury, not a priority. When an individual has to pay a substantial amount of money out of pocket for health insurance, reaching optimal health becomes secondary to financial stability. Without the financial means, individuals are more compelled to view health as a financial burden. Reaching optimal health becomes a financial burden for black women, regardless of sexuality. This obstacle often adds stress to their daily lives and determines their overall wellbeing.

\textsuperscript{11} Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
Even when participants have health insurance through their employer, they try to sign up for a less expensive health insurance plans in order to gain extra income for other financial obligations. One queer participant signed up for the lowest insurance possible to help with other financial strains:

I can’t even imagine, because even with insurance, I don’t want to go—because I never get sick, I never go to the doctor, so this time I’m going to take the lower insurance because I want that extra income. Then when I take that lower insurance, that’s when I get sick. And now I have to meet the deductible, but I don’t want to pay this or that.  

This participant stated that she did not want to pay for additional health insurance costs. The desire to not pay for higher health insurance costs also reiterates the notion that healthcare is a financial burden and luxury, not a necessity. Because health is considered a luxury in comparison to other financial responsibilities, it is less likely that black women will receive health services needed to keep them alive and well. For these participants, health status becomes secondary to maintaining financial stability.

According to the data, preventive health care is not a priority in the lives of heterosexual and queer black women. Due to other financial obligations and time constraints, seeking preventative care becomes an economic burden where participants incur indirect costs. The participants appear to believe that going to the doctor cost time and money. Seeking preventive care or medical attention is not a financial priority for one heterosexual participant and she perceives it as a time constraint:

You see, I don’t have money for that. There's sick days, but teachers don't use sick days to be sick. Sick days are for mental days I have things to do, I need to go on vacations on the low. So finances. Definitely. The stress of finances come

12. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
into play when it comes to taking care of myself and optimal health. Taking care of others comes into play. And just time in general. Going to the doctors cost money.\textsuperscript{13}

This participant argued that mental health supersedes going to the doctor for any preventive measures. The ‘mental health days’ refer to days off from work, where she can rest from work stress. These mental health days are not meant to seek medical attention or preventive services. Furthermore, she argued that taking care of others is often more of a priority than seeking medical care for herself. Thus, seeking medical care is a financial burden and a time constraint because of her family obligations.

Similar to the participant above, a queer participant stated that certain family financial obligations often hinder her ability to seek medical attention as well. She identified that the stress of paying bills as well as the strains associated with financially providing for adult children are often a priority over self-care. These financial strains often act as a stressor within her life, causing her to not take care of herself:

I mean, the stressors are just everywhere. It’s outside, then you come home, you have to pay bills. Then you may have forgot to pay a bill, ‘Oh Jesus’. Then you are rushing to do—you do not have enough hours in the day to take care of yourself…well having adult children, is the main thing. Because you have—well, you just worry. You want to make sure that they are okay.\textsuperscript{14}

Similar to heterosexual participants, queer women within this study are also faced the challenges of caring for their children. Queer black women have children from previous relationships or marriages with men. Queer women have similar financial burdens of caring for children as heterosexual black women. Similar to heterosexual women, queer

\textsuperscript{13} Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.

\textsuperscript{14} Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
women may also place obligations to others above their own, especially if they have children. Thus, financial strains causes participants to view healthcare as an additional financial burden and time constraint.

In *Understanding Race, Class, Gender, and Sexuality*, Lynn Weber reminds us that economic status directly ties into access to healthcare, ultimately leading to health disparities. Full and part-time employment statuses often determine one's access to healthcare. However, according to Weber, underemployment and unemployment have a more detrimental effect on blacks and Latinos, causing them to lack access to proper healthcare. This research accentuates a similar argument; however, sexuality also plays an additional role in causing lack of proper healthcare and employment for the queer person. Black queer participants are more likely to be underemployed. It is unclear whether this discrepancy is a result of the heterosexism that exists within the workplace or simply the jobs or careers these individuals chose.

Both heterosexual and queer participants reiterated the notion that self-care is a luxury, emphasizing that seeking preventive services takes time away from other priorities. Because black women have multiple financial responsibilities to families, paying for health insurance or healthcare costs creates an additional financial strain. The data in Chapter IV revealed that family responsibilities are a social obstacle. The data in this chapter outlines that multiple family obligations act as financial strain as well. Not only is self-care a time obstacle, but also a financial one. Consequently, in terms of finances, time and money become interchangeable variables in the lives of black women, causing them to neglect preventive medical attention.
The weathering syndrome from Geronimus applies to these participants, but redefines what ‘storm’ these women are experiencing. Geronimus claims that the ‘storm’ represents multilayered oppressions that accelerate the aging process. However, financial strains on black women influence their health and wellbeing, and this causes their physical bodies to deteriorate at faster rates. When they view their health as a financial burden, black women are less likely to seek healthcare; they ‘weather the storm’ in terms of their health because of limitations in their finances and time. Geronimus addresses the weathering syndrome from a cultural perspective, where black women weather the storm of racism, sexism, and classism. Similarly, this research presents how the same syndrome of weathering the storm extends to financial strains as well, causing participants to view healthcare as a luxury or merely an option.

**Findings on Limited Generational Financial Literacy**

Both heterosexual and queer participants acknowledged the limited financial literacy within the black community. During focus group discussions, ten (10) out of the 20 participants (50%) identified their attempts to gain financial literacy in terms of student loan debt management and managing other funds. Three out of the 10 participants (30%) are recent college graduates, learning how to balance finances for the first time. Seven (7) out of the twenty participants (35%) who discussed financial literacy are current graduate students, and are struggling to gain a deeper understanding of debt management. Regardless of their socioeconomic status and sexual orientation, participants in the focus groups found it stressful to navigate financial independence.
Participants asserted that the combination of financial ignorance and budgeting causes economic stressors within their lives.

Both population of participants maintained the limited of generational knowledge regarding financial burdens caused them to make certain financial choices within their lives. They found that the lack of knowledge results from the limited generational discussions about finances within the black community. Majority of participants (50%) disclosed the generational mismanagement of money they witnessed within their families and community. Both queer and heterosexual participants recognized that this lack of generational financial literacy within the black community influences their own economic lives.

Discussion

Regardless of sexual orientation, participants stated that limited financial literacy creates additional economic strains for them. Economic illiteracy is evident among both populations. Both heterosexual and queer participants reported that the lack of generational financial literacy causes economic stress. Black heterosexual participants explained that maternal figures usually ‘pass down’ financial illiteracy because they offer limited financial management models to their children. As one black heterosexual participant mentioned, maternal figures taught them how to cope with stress through spending money on what makes them feel good, even if they have to ignore their bigger financial problems:

I think for a lot of us, it comes from a place a deficit. If I don’t have shit anyway, and I have heard, my mother has said this to me more than a million times: ‘I don’t have money, so I’m moving everything around, trying to finagle some things, trying to get this paid, and I can’t do anything. But one thing that I can do
is pay these bills, if I can pay all of them, I will buy some food, you and your sister can eat, then you know what I want? I want to get my nails done.’ The only thing I can do for myself, the only way I can take care of myself. And for the longest time, I was like ‘It’s 25-30 dollars, you don’t have that.’ And I had to get to a point where, sometimes, if that’s all you can do to take care of yourself, I think for a lot of us, we’re coming from a place of deficit. Well, this 20 dollars isn’t going to get me off the fucking thousand dollar hole I’m in, let me spend it on something I want.15

She spoke of how her mother spent money to get her nails done, even though she did not have the disposable funds to do so. Yet, she realized her mother needed to find a way of coping with stress in her life. She argued that these financial choices, while perceived as irresponsible, are actually the result of an emotional deficit, where black women are attempting to find ways to take care of themselves. Instead of seeking preventive services, maternal figures may find other methods of self-care, even if it is financially irresponsible. This lesson in financial brazenness is passed down to future generations of black women, creating a generational problem of financial irresponsibility.

Being financially irresponsible may be a generational problem, but seems to serve a heuristic function for black women. For example, one heterosexual participant specified that shopping becomes as a means of coping with stress, even if they do not have the financial means to do so:

So, it’s like, ‘what in the world?’ So, what do I do to relieve stress? I go shopping, for which I absolutely have no money for. Online shopping is the devil, yes. But, you know, you gotta have clothes. So that’s my excuse, right? But I’m trying to find other things to do. Because I feel like I’m walking around in a knot

15. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
consistently. And even when the knot loosens, something else happens and it tightens back up. It just seems like that’s my life.\footnote{Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.}

Similarly, another heterosexual participant found that the combination of unhealthy eating habits and shopping becomes a method of coping with stress. Nonetheless, the participant indicates that these two actions add additional health strains upon her life:

And then to soothe the issues, you do things that may not be the most healthy thing to do. Like, I would prefer to shop, but I don’t have money like that. So, I eat. And because of that, I have a pre-diabetic condition.\footnote{Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.}

Heterosexual participants recognized that black women utilize financial illiteracy as a method of survival. Generational financial illiteracy becomes a coping mechanism for black heterosexual women.

Furthermore, limited financial guidance causes an economic strain on both queer and heterosexual black women. Since the majority of the participants are formally educated, student loans were a major discussion point within the focus groups. Many participants articulated the limited information they received about student loans and debt. Without knowledge regarding student loan debt or budgeting, participants expressed how they were forced to teach themselves. This limited knowledge causes additional life stressors. Seven queer and heterosexual participants (35\%) explained that previous generations did not teach them the value of budgeting. Because of this limited generational knowledge, participants are learning how to make financially sound decisions and develop strategies to cope with the financial strains of student loans and budgeting. One heterosexual participant shared the dilemma individuals face once they
obtain their degrees and began working full time to pay back student loan debt. The participant recognized the debt one incurs when attempting to obtain the so-called ‘American Dream’:

Finances, honey, are stressful [emphasis]. There a reason why you’re broke. I’m broke because I’m young. Am I broke because I never got educated and I can only work certain types of jobs and I’m always going to hit that ceiling and there is always going to be somebody else with that degree. No, I’m broke because I got student loans and I bought into the belief of the American dream… but I don’t know I think that stress in terms of money is real and I think it affects everybody.18

Another heterosexual participant described student loans in a similar manner. This participant further affirmed that she did not receive information regarding the different types of student loans or the difference between private student loans and federal student loans. She noted that many families neither had the information on student loans nor did they pass down this information to their children:

But it was something to what you were saying. Somebody said ‘loans’ and—I just thought—loans. And our families are not educated with the loan system. So, here we are, Sallie Mae, talking to my friends about that. I didn’t know about interest rates. I didn’t know about that. I just knew that I needed to be in school. Now I owe over a hundred something thousand dollars, which they are starting to call now. I’m trying to get a full time job, but even when I do get a full time job with a PhD, that’s not paying anything. You know? 19

The participants provided some insight into how African-American families encourage their future generations to receive an education, without acknowledging the debt that comes with such decisions. Historically, education has acted as the catalyst for social mobility. Yet, obtaining an education at an institution of higher learning is a financial

18. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
19. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
investment. African-American families, particularly older generations, want the younger
generations to have access to more opportunities in the United States. This older
generation of blacks believe that education can lead to this mythical American Dream.
Consequently, the participants acknowledged that previous generations did not provide
the financial advice necessary for student loans and debt. This lack of knowledge creates
financial strains for formally educated black persons.

Lack of financial knowledge causes an economic strain for many black women,
particularly those who obtained terminal and professional degrees. Historically, blacks
focused more on obtaining an education than paying for it. After all, education was
essential to liberation and survival for black persons in America. Financial literacy,
however, is not readily available for black families due to limited generational
knowledge. This limitation results from the historical reality of enslavement in the United
States, whereas monies were made for the benefit of others, but not for black persons.

While black persons strive to ensure that their future generations receive the education
needed to gain social mobility, the lack of knowledge regarding student loan debt actually
places educated black women, just as the men, at a further economic disadvantage.
Student loan debts cause an additional economic strain for black women regardless of
sexuality, because of limited financial guidance to help them navigate financial
responsibilities.

Another major stressor in terms of financial literacy is budgeting. Both
heterosexual and queer participants were never taught how to responsibly manage their
finances as adults. Much of the financial strain results from the lack of generational
knowledge they received from their families in terms of budgeting. Unfortunately, many participants adopted the so-called ‘irresponsible’ financial behaviors, instead of prudently budgeting for short-term and long-term financial goals. One black heterosexual participant communicated this dilemma:

My roommate works in finance. She’s a restaurant banker, something like that. She makes money. She taught herself how to budget because when she first got hired for her job, she was making money. But, still living paycheck to paycheck. She didn’t know how to handle money. And I don’t think that’s something we learn or figure out. And that adds another piece. And when we come in economically, just so far behind, and we’re just now starting to figure out how white people do it. I think it was Nas’ daughter—she’s twelve now. But she’s listed as an executive producer on his Illmatic album, so she will always get royalties from that album. Like, white people know how the system works and we don’t. So, I’m 27 and my mom is 51-52. Her mother didn’t know, she didn’t know, and it’s something that we have to learn. Like, where to go for that economic support because I’m trying to figure this shit out. I’m like, ‘if I had learned a long time ago, this would be easy.’ And I just feel like we get to this point and a lot of us still have to learn how to learn it or figure out where the hell to go.20

Similarly, a queer participant stated that budgeting her finances is one of the biggest stressors of her life. She recently obtained her undergraduate degree with her first salary-paying job, learning to become financially independent. She discussed the lack of financial literacy received from her parents; but while financially secure, she is learning economic independence and budgeting, and how to spend her new income wisely:

I think my economic stressors are a little different. I mean, I make good money. But, it’s just me. Nobody else to take care of, but me. So, the money I get is the money I get to keep. So nobody ever told me what to do once you get money. Or when you get this money, you have to be smart with it to make sure it helps you in hard times to come. So, I stress out to being smart with my money. Or pay for

20. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
things that will help me down the line. That is new because nobody around me has had that problem. It’s not a bad problem, but it’s a problem.  

Because African-American people have received limited opportunities needed to gain financial literacy or stability, the lack thereof becomes a generational limitation that affects both heterosexual and queer black women. Participants are less likely to know how to handle their money properly. Participants noted that financial literacy is important for their economic stability; however, they find it stressful to learn financial literacy at an older age. Gaining financial literacy and stability is imperative for the participants because, as mentioned earlier, they financially maintain their families. Therefore, limited financial literacy makes it difficult to ensure financial stability, while juggling multiple responsibilities with families and friends. This economic obstacle applies to both heterosexual and queer participants.

Findings on Living in Urban or Rural Communities with Limited Resources

According to both heterosexual and queer participants, geographic location plays a major role in their economic strains and overall health status. Living in certain areas in the American South creates burdens in terms of access to adequate health services. With limited access to health services based on geographic location, participants claimed that it was difficult to reach optimal health status. Two out of the twenty participants (10%) who live in rural regions in the South stated that rural areas have limited quality services, such as experienced physicians or grocery stores with clean produce. On the other hand, three out of the twenty participants (15%) who live in urban areas in the South asserted

21. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
that limited safety measures hinder them from exercising; they feared exercising in local parks because they did not feel safe in those areas.

Because of these obstacles resulting from geographic location, participants disclosed the indirect costs incurred to reach optimal health. These indirect costs remain relevant for participants in both urban and rural communities. In urban areas, participants expressed the indirect costs incurred to exercise in safer areas, such as gas money to travel to safer parks and gym memberships. Participants living in rural areas mentioned the costs resulting from leaving their areas to seek adequate medical attention in larger cities, such as gas money and time off work. Whether in rural and urban communities, participants found that geographic location acts as an economic stressor, hindering them from reaching their optimal health status.

Discussion

For both heterosexual and queer black women, geographic location plays a major role in how much financial strains they had to face. Whether in rural or urban areas, 35% of participants found that their location hinders them from reaching their optimal health status because of indirect financial costs incurred from living in certain locations. For example, one heterosexual participant indicated the safety issues involved in exercising outside in an urban area. The safest option is going to a gym, which creates its own direct and indirect costs:

Exercising around this area is not safe, right? It’s not safe no matter what you do. You can’t ride a bike because somebody would knock you in the head and take your bike. You can’t really run if you are a woman because you have to worry about being attacked and being harassed. So, you can walk between the campuses if you are a female, because of the security, you may be okay. And then gym memberships are expensive. Right? So, can’t really walk ‘cause it’s not safe, but
if you want to walk, you gotta drive someplace. So, that’s more money out your
budget. So, it’s like, ‘what in the world?’\textsuperscript{22}

This participant found that going to the gym causes additional financial strains in the
form of additional indirect costs, such as membership fees and gas money, which are
incurred in order to relieve stress and maintain a healthy lifestyle. These indirect costs are
unavoidable since black women in general may not feel safe to exercise at a local park in
an urban area.

Similarly, a black queer participant stated that indirect costs of location in a rural
area in the American South determines how often she seeks medical attention. She
identified other indirect financial costs to being healthy when one lives in the rural South,
such as gas money and time away from work. These indirect costs often cause more
financial strains for an individual to reach optimal health:

I’m saying that someone who is looking to be healthy or get healthy to help in the
long run, things are pretty expensive, especially for the area where I live. And my
doctor is not in the area where I live. He’s about two hours away. So, I have to get
to him, pay him when I get there, then get back, which also means possibly
missing a day of work. So, it’s kind of stressful because you want to be healthy.
But, you think about what it will cost you. I want to do something about it, but
doing something about it adds stress.\textsuperscript{23}

Trying to reach optimal health can be stressful, depending on the location of the
individual. In the rural American South, this location creates an additional hurdle,
creating difficulty for an individual to reach optimal physical health, even if there was the
desire to do so. This research found that location is a major factor that influences the
health disparities of black women in the American South. Living in the American South

\textsuperscript{22} Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.

\textsuperscript{23} Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
creates additional financial strains for black women, regardless of where they live: whether they live in urban or rural communities. Therefore, black women’s geographical location often controls their access to adequate healthcare services.

*Findings on Hierarchies and Competition in the Workplace*

One major economic component plaguing both heterosexual and queer participants are male privilege and patriarchy within the workplace. Both heterosexual and queer participants mentioned the male privilege that exists in the workplace. According to the participants, the male privilege extends to white heterosexual men, white gay men, black heterosexual men, and black gay men. Both heterosexual and queer participants alluded to the workforce competition that exists between themselves and all populations of men. Male privilege creates a workplace hierarchy that benefits men, where black women remain at a subordinate position, regardless of sexual orientation. Participants also referred to the workplace hierarchies and competition that exist between women as well. Black heterosexual women mentioned their own workplace competitions with other black women and white women, whereas black queer participants noted that heterosexual privilege is not just for men but also extends to black heterosexual women within the workplace, causing competition between themselves and black heterosexual women.

*Discussion*

Workplace hierarchies and competitions are economic strains that affect both heterosexual women and queer women. Participants noted that hierarchies and competitions manifest themselves within the workplace, especially in terms of race,
gender and sexuality. Regardless of sexuality, all participants recognized that male
privilege and patriarchy exist within the workplace. The participants agreed that a
separation exists in the workplace, where white and black gay men are perceived to more
certain privileges in work spaces. Participants also recounted an economic protection for
gay men within the workplace that is not necessarily extended to heterosexual and queer
black women. Black queer women observed the workplace hierarchies that give
privileges to black gay men and their heterosexual peers. On the other hand, black
heterosexual women also claimed to experience this lack of privilege that exist for black
heterosexual men, black gay men, white women, and other black women.

Black queer women explained the competition among themselves and black
heterosexual women, and black gay men. A queer participant mentioned this conundrum,
where black gay men appear to be accepted in various spaces, including work, in contrast
to black queer women. According to this participant, there remains an acceptance of
black queer men within the economic spaces in the American South, while black queer
women remain marginalized in economic spaces based on their gender and sexuality. She
declared that the academic environment where she worked and attended graduate school
was not inclusive of black queer women because they are a so-called ‘threat’. On the
other hand, as mentioned earlier, feminine black gay men are easily accepted:

I think this atmosphere definitely doesn’t allow that [inclusion of queer women]. I
think it’s more acceptable for the guys, I think. There are so many. Like the boys
are just everywhere. But they can be effeminate. They can do that. And the [other]
teachers will overlook it, but the minute that they look at us—or me—it’s just a
threat.\textsuperscript{24}

\footnotesize{24. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.}
Black heterosexual participants also recognized the privileges of black and white gay men within the workplace. Black heterosexual participants identified this privilege as the ‘good ol’ boys club’ that applies to white heterosexual men, white gay men, black heterosexual men, and gay black men. One black heterosexual female participant stated that her pay was significantly lower than her male coworker because he was male, even though she was more experienced to perform her duties. She revealed that the ‘good ol’ boy club’ represents male privilege and patriarchy in workplaces:

I just recently had to deal with this. I knew that a coworker, who is not with us anymore, I found out that he made more money than me, doing the same job. I came in with a Master’s degree and relevant experience. All this person had was a Bachelor’s degree and made at least ten thousand more than I did. And I was pissed. But at the time, I couldn’t really do anything. I couldn’t maneuver, I couldn’t do anything about it just because of the politics here at the workplace…’ I was livid, but there was nothing I could do about it. Right? Just because of the politics. I’m like, wait a minute, you earned a Master’s degree while you were in the job. I came in with one and with more experience than you in doing this job. And then bringing so many transferrable skills to the position. And you make ten thousand dollars more than I do? (…) because I’m not a gay black man and make spaces for people because of that, and you don’t consider anything else, but that, that’s really a problem…I think there’s a boy’s club community. There’s the white men who created their boys club, and that’s just that, alright. And I think black men do the same thing. And I think there’s another boys club that happens, right, with the gay men. Then there’s another boys club that can trade, they can pose and stay on the down low. You know what I’m saying? And that’s a different type of club, you don’t know what you are going to get out of that. I think men are going to maintain this patriarchal thing, whether they buy to the fullness of it or not. They are still going to buy into it. They are still going to get together. And they will still advocate on behalf of others, but I think when the shit hits the fan, it’s going to collapse. And I think that this gender thing is what they are going to collapse into. They are going to stick together because they are men.

25 Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
Gender becomes a major contributor to hierarchies and competition within the workplace, and the latter creates the ‘good ol boy’ system that marginalizes black women while assisting black men. Regardless of race, women in the United States are paid significantly less than men due to the patriarchal ideology associated with the separate spheres doctrine. The separate spheres doctrine places women in the domestic sphere and men in the public sphere based on religious ideologies. In a sense, women are penalized for attempting to work in the public sphere because their so-called ‘rightful space’ is within the domestic sphere. The ideology of separate spheres doctrine creates hierarchy and competition based on gender.

Black heterosexual participants also shed light on the economic competitions between white heterosexual women and black heterosexual women. This competition creates and fosters a sense of resistance against white women in the workplace. One black heterosexual participant indicated that her light skin creates a competition between herself and white women. She argued that, because of this competition, she must constantly prove her efficiency at her job:

Because all four of those relationships [black men, black women, white men, white women], I feel like have been I feel like because I'm a light skin black woman. I’ve been made very aware of that since I was a child. And I want to continue to show. That's why I love being on top of my game. I’m not going to be off, because that's what you think I will be. I am excellent, there's nothing you are going to be able to say because that would prove your point.26

For this participant, her job proficiency serves as her method of resistance against the white female competition that exists on her job. Another black heterosexual participant

26. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
disclosed that she would intimidate her white female employees as a way of resisting the workplace hierarchy and competition. In a way of combatting the status quo associated with race and gender, she would dress in more Afrocentric clothing:

Then, so again, it’s about your appearance. They want you to be as European as possible in your appearance. So when I wanted to piss off my white boss, or make her afraid, I would wear this big poof to work, angry black woman poof, then I would wear something really psychedelic, with like some wild colors, it would be really wild. And I would be walking down the hall, and she would look at me, stop dead in her tracks then turn the other way.27

These accounts above portray the economic competition that exists among black heterosexual women and white women. Race serves as the determining factor for competition. Further, the participants found methods of resisting the white female hierarchy that exists at their places of employment.

Heterosexual participants reported that colorism manifests in the workplace as well. One black heterosexual participant recounted her experience with being legally charged with federal fraud because, according to her, she was a dark-complexion black woman in a leadership position. She also mentioned the evidence of colorism, especially black women in leadership positions:

But in leadership, I had to always contend with, not only with the men, but I had to contend with people who are lighter than me. Because I grew up, in the South, most people who work for the state are from the South…the paper bag thing is real. Not only are the lighter skinned who did the paper bag test, the white folks who prefer the ‘safe’ Negro, give the paper bag test. So, they see me coming in there, as ethnic as I am, and they get upset.28

27. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.

28 Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
Colorism in the workplace is particularly evident in the American South as a result of enslavement. White plantation owners in the American South preferred to have lighter black persons work closer with them. Many slaves of lighter skin were a product of the master-slave sexual relationship. These individuals were considered ‘safe’ to plantation owners because of their mixed ancestry or even their familial relationship to the master. Lighter complexioned black persons were perceived as closer to whiteness in the American enslavement system than their darker counterparts, which makes the former more tolerable in economic spaces. The ‘brown paper bag test’ still exists in the American South. Individuals lighter than a brown paper bag were socially accepted as opposed to those darker than the brown bag. While it is not practiced as an actual test today, it is still considered a societal norm in the South, especially in the economic realm. Light skin appears to be preferred within leadership positions in the American South similar to how light skin women were preferred during enslavement. This workplace complexity associated with colorism further creates workplace hierarchy that engenders a divide among black heterosexual women.

Findings on Pressures to Conform to Traditional ‘Womanhood’ in the Workplace

Both black heterosexual and queer participants disclosed economic pressures to conform to traditional notions of ‘woman’ within the workplace. Regardless of sexuality, participants articulated the ways in which their places of employment apply indirect, subtle pressures on them to become the stereotypical docile woman. Both group of participants mentioned that coworkers would identify them as either ‘aggressive’ or the
‘angry black woman’ in the workplace. Participants, both queer and heterosexual, indicated how these labels created stress for them within the workplace.

Both group of participants also disclosed the reactions they received from coworkers based on their physical appearance. The masculine-identified queer participants revealed a different response from coworkers compared to heterosexual participants. Black heterosexual participants articulated that their coworkers reacted to their natural hair and/or skin complexions in corporate environments. On the other hand, masculine-identified queer participants found that wearing more ‘masculine’ clothing and displaying ‘masculine’ behaviors draws more attention to them. While both heterosexual and queer black participants disclosed the economic pressures to conform to traditional notions of womanhood through their physical appearance, they encountered these pressures in different ways.

Discussion

Within the economic realm, black women are perceived as ‘aggressive’ or the ‘angry black woman’. Black women felt the pressure to conform to limited, traditional notions of womanhood. This pressure extends to the workplace as well, where women are encouraged to uphold limited gender expectations. One of these expectations includes upholding a level of piety and sexual morality. When asked about the economic pressures experienced by participants, one heterosexual participant disclosed that she could not make certain sexual comments at work because they are perceived as inappropriate for a woman. She claimed this treatment perpetuates male privilege and sanctions women’s
behavior in the workplace. While heterosexual men can make sexually lewd comments at work, she is discouraged from doing so:

I’m very outspoken, as you can already tell. If a male, tells a sexual joke, it’s funny. If I tell a sexual joke, it’s ‘oh my god, that’s not ladylike’. And I’m like ‘shut up’… So I find that it’s more acceptable for a man to make a sexual comment or be more about sexuality. And then when I do it it’s just like ‘oh my god.’ I don’t care. I’m just different. And I’m not talking about grotesque, total inappropriateness, I’m talking about the same joke…If I were to do the same thing, from women, its [haughty sounds]. But when he does it, it’s funny. So I think that that’s a problem. Why is it okay for him to be into his sexuality in the middle of work but when I’m saying it inappropriate?  

In this case, the heterosexual male privilege sometimes transcends what is socially acceptable within the workplace. While the heterosexual male can be sexual in the workplace, women are expected to uphold virtuous behaviors at work.

Both heterosexual and queer participants recounted male privilege within the workplace. This privilege, according to the participants, allows black and white gay men to imitate black womanhood without any negative backlash. Both heterosexual and queer participants claimed that a feminine white male can ‘perform’ as black women, whereas black women are attempting to combat the negative stereotypes associated with black women. However, participants argued that effeminate white and black gay men can mimic black women and not be perceived in a negative way. In fact, gay men performing as black women is entertaining. For example, one queer female participant drew attention to how gay men are less scrutinized than a black woman, regardless of the women’s

29. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
sexuality. This participant described this reality with her heterosexual step-daughter and a gay male coworker:

“It’s interesting because my step daughter said something like that the other day, where there was a situation with an effeminate man in the workplace. When the feminine man did something, he got away with it. Just even mannerism things that people were okay with it because he was a gay man. But if she were to do it, as a straight teenager, it would not be okay.”

Similarly, a heterosexual participant mentioned that a white, gay male employee adopted a black female vernacular to receive acceptance by her employees. Yet, she was perceived as ‘aggressive’:

“What I noticed was when he [the gay, male employee] was in the office, he spoke with what I would describe as a black female vernacular, which I did not appreciate because when I went out with him on conferences and things like that, he would speak in what I would consider a white, male vernacular. So, I just felt he was putting on a mask as, I describe, in the white space, what they thought was sassy and cute. But when I would speak like myself, which is a real honest to goodness black woman, don’t let the freckles fool you, it was considered aggressive and bold and over the top. But when he does it, it's sassy and cute and all of this.”

The stereotypes associated with black womanhood, such as the angry black woman, are not socially acceptable for black women, but suitable for feminine black and white gay men. Black and white gay men can embody black womanhood while, at the same time, benefitting from male privilege. Another queer participant mentioned that a feminine black gay man can appear less threatening than a black queer woman within the

30. Focus Group Participant (Black Queer), Atlanta, Georgia, August 8, 2015.

31. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
workplace, “but for gay men, I think it’s more acceptable because it’s less threatening.”

This participant seems to infer that femininity itself is perceived as less threatening if embodied by a gay male. Yet, this concession is not extended to black women because they challenge traditional notions of womanhood. While gay men, both black and white, receive validation for embodying black womanhood, black women are marginalized for actually being themselves in the workplace.

The archetype of masculinity perpetuates aggressive behaviors such as an aggressive handshake, or bold dresses like pant suits. Both black heterosexual and queer women embody masculinity through these same aggressive behaviors as the masculine archetype. One queer participant stated that adopting this masculine aggressiveness causes conflict between herself and her supervisor:

I moved to a rural area, in the South, of course. In Arkansas. I had a conversation with my leader. I’m an administrator. A school administrator. And I had a conversation with the school’s leader a couple of weeks ago. And, he didn’t say it directly, he’s mentioned my sexuality before, but not in a negative way. I think that it was him coming to terms with the fact that I am a lesbian. And him saying—his exact words were, ‘I used to not believe in human rights.’ That was the conversation he and I had. And I kind of chuckled, laughed it off. I haven’t felt any type of discrimination so it wasn’t something I looked for. But, last week, I think it kind of came to a head for him. He was like, ‘You act like you run the school.’ I don’t know whether that’s coming from him feeling like he is being emasculated by a black woman or whether it’s the fact that I am a lesbian and I have a strong personality…Because the conversation we had where he was coming to grips with dealing with lesbians or interfacing with lesbians or me as a lesbian that was one conversation. And then last week, he mentioned something about my Facebook page. And saying, ‘people are looking after you, you have to monitor your Facebook posts.’ As a black woman, no they’re not. Maybe for someone who is outside of the community, it’s probable. But we just finished

32. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
having the conversation about him believing in human rights. So, I think they are kind of linked together. I just haven’t been able to sew all of the pieces up… And I guess he has a certain image in his mind of what a lesbian is and what a lesbian does. I don’t know what that image was or is. But I guess I don’t fit into the image he has. 33

As a black woman, she reiterated the ‘aggressive’ persona but she also challenged the imagery of what constitutes a queer woman. She also encountered the skewed imagery associated with lesbianism. While she is unsure whether her supervisor was uncomfortable with the so-called ‘aggressive, masculine’ demeanor or her sexual orientation, she addressed the obstacles of being a black woman and a queer person in the workplace. She challenges traditional images associated with womanhood, black womanhood, and queer identity. While all black women experience pressures to conform with traditional notions of womanhood within the workplace, queer women face additional pressure because of their sexuality. Her statement raised the issue of how intersectional identity is not readily accepted within the economic realm because her multidimensional identity challenges the limited perception of womanhood.

Both groups of participants embody a level of masculinity at the workplace, whether through behavior or dress. For black heterosexual women, they are perceived as ‘aggressive’ by their coworkers while black queer women physically embody masculinity through their behavior and dress. Unlike cisgender queer women, masculine-identified queer women present themselves as more masculine through dress and behaviors. On the other hand, cisgender queer women are still perceived as ‘aggressive’. According to Beverly Greene, queer women may make themselves sexual outcasts who appear to

33. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
desire masculinity. This research reiterates Greene’s viewpoint, while also recognizing that the idea of queer women as sexual outcasts is perpetuated within the workplace as well, where masculine-identified queer women are marginalized because they refuse to submit to limited feminine roles through their behaviors and dress. Because these individuals do not embody femininity, their behavior perpetuates the myth that queer women want to be men. This perceived desire causes them to be social outcasts, and they are also marginalized at their places of employment.

Women in today’s society have the opportunity to live and thrive within the public sphere by getting a formal education and employment, but they are still attached to the domestic sphere, obligated to perpetuate certain heteronormative roles. This reality is what many feminist scholars, such as Arlie Hochschild and bell hooks call the ‘second shift’, where women are obligated to take on domestic, household responsibilities after working full time. Deborah Rhode discusses in her text, *Speaking of Sex: The Denial of Gender Inequality*, this myth associated with women’s choice within the workplace. Rhode claims that these preconceived notions about the domesticity of womanhood are played out within the women’s employment. The preconceived notions lead to the creation of a hierarchy where women are still obligated to play the domestic role in their families.

Any woman who challenges these traditional notions of womanhood through behavior and dress is automatically demonized and marginalized. The women in this study often challenged the limited notions of womanhood, causing them to remain marginalized at their places of employment. Study participants denounced gender role
expectations and sexualities within the workplace, albeit in different ways. Black heterosexual participants would not submit to traditional notions of womanhood while queer women confront the traditional sexual behaviors of women. Regardless of sexuality, black women within the workplace remain in the position as the ‘other’ because they redefine traditional notions of womanhood. Yet, both black heterosexual and queer women are pressured to embody the traditional notions to gain respect and acceptance in the workplace. However, black queer women have the additional pressure to conform to heteronormative black female behavior. After all, a black queer women’s sexuality challenges traditional notions of womanhood. This reality creates an additional pressure for black queer women in economic spaces in comparison to their heterosexual counterparts.

Findings on Heterosexism within the Workplace

Heterosexism refers to the assumption of heterosexuality as a person’s sexual orientation. For black queer participants, the workplace becomes a space that perpetuates heterosexism. Queer participants indicated that they confronted heterosexism in the workplace on a daily basis because of the assumptions of heterosexuality within the workplace. Queer participants verbalized their daily discomfort with small talk at the workplace because coworkers assumed that they were heterosexual. Six out of the ten queer participants (60%) expressed how these conversations created an uncomfortable work environment for them. Queer participants also communicated the fear that their sexuality might be exposed, especially if they worked in certain areas such as secondary
education in the American South. This fear confronts them every day they enter into their places of employment.

Discussion

One queer participant acknowledged the hardships of being a black queer woman at work. She was concerned about how her partner would be received at work, after her supervisor informed her of a former employee in the same department who had difficulty being an openly queer woman:

I believe my current boss told us—well, we [participant and her partner] were told—that there was a lesbian working in the department we work at now. And they basically ran her out of there. She had a wife and everything, and they ran her out of there. So, I think that she gave that to us, not as a cautionary tale because everyone knows [about her relationship], it’s an open thing, you know. But the idea that sometimes you do, I get scared.34

This cautionary tale from her supervisor created a daily fear and anxiety for this participant. Another queer participant also recounted this fear while coworkers inquired about her personal life during a faculty development workshop:

I’m an educator, so I’m expected to be married, married to a man, and have kids. And when I don’t have that image portrayed, they kind of assume or make judgements about who I am and what I do. And even with their assumptions, they like to push the heterosexism on me. Because, I know I have kids that very well know that I don’t date men, but they will still ask. Or they will say, ‘Ms. __________________ needs a man.’ I’m like ‘No, I don’t.’ Or just some random stuff like, ‘Why don’t you ever wear skirts?’ or ‘Why don’t you wear lip gloss?’ I don’t wear lip gloss…We got into professional development, for the school. And all the new hires had to get up in front of the school—or in front of the faculty, and they asked you a couple of questions. They asked us all similar questions. But, I got

34. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
the same questions: are you a Christian and are you married. And they asked all of us. And I kind of shied away from it, I was really sweating.  

This queer participant works as a public school educator in rural Alabama. In certain jobs in the American South, such as secondary education, heterosexuality is assumed and preferred. Education is perceived as a career populated by the stereotypical ‘teacher image’, who is more feminine, comforting and conforming. Black queer women who are teachers may not align with this stereotypical teacher image. Queer participants recognized that being openly gay in educational spaces leaves them vulnerable to additional inquiry from coworkers and supervisors. This vulnerability creates a fear for participants.

Queer participants disclosed that they were vilified by black heterosexual women in the workplace. These participants asserted that black heterosexual women perpetuate a bias for heterosexuality. One queer participant, who is openly gay in her place of employment, is viewed negatively by her heterosexual female coworkers: “Because, I want to say, it’s the black women who treat me horribly…black heterosexual women.”

This scrutiny from other black heterosexual women further outlines the heterosexism within the workplace. While both heterosexual and queer participants are marginalized based on race and gender, black queer participants observed that they are placed at a further disadvantage from heterosexual black women because of their sexual identity.

This separation between black heterosexual women and black queer women uncovers the ‘lavender menace’ that arose during the Women’s Movement in the 1950s.

35. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
36. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
The term ‘lavender menace’ came from Betty Freidan, the founder of the National Organization of Women (NOW). The ‘lavender menace’ developed from the political fear that feminism would become associated with ‘manly’ women and ‘man hating’ lesbians. This political fear caused many feminists scholars to disassociate themselves from queer women in fear of being labeled as queer. While this approach of separating feminist from queer activists became dismissed among white feminists with the rise of the second wave feminist discourse in the 1960s, early black feminist activists adopted the approach. Even Audre Lorde discusses the separation between black heterosexual and queer feminist activists in her work, “I Am Your Sister: Black Women Organizing across Sexualities”. She defines heterosexism as a “belief in the inherent superiority of one form of loving over all others and thereby the right to dominance.”

Lorde argues that heterosexual black women also adopt heterosexist ideologies when engaging with black queer women. One of the participants reiterated that black heterosexual women continue to adopt the ‘lavender menace’, which is an ideology that is embedded in heterosexist ideologies that separate black women from one another. The fear of the ‘lavender menace’ causes black heterosexual women to discriminate against their queer counterparts. Previous feminist works used the lavender menace myth to marginalize queer women in the political arena, but this research has also found that this menace myth manifests itself in the economic realm.

Within the economic sphere, heterosexism offers limited employment opportunities for black queer women. While heterosexual participants recognize the

problem of heterosexism, they do not experience it firsthand. Additionally, the assumption of heterosexuality is further exaggerated in the American South, because of oppressive, church doctrines. Black queer women, on the other hand, encounter the insidious assumptions of heterosexism within the workplace. Church doctrines about heterosexualism, particularly within the American South, creates additional strain for the black queer women in the economic realm in general.

*Findings from Focus Groups on Political Factors*

Similar to the social and economic realms, there remain pressures for black women to conform to traditional notions of ‘womanhood’ in the political arena. Heterosexual participants debated the mission of social health programs that cater to the experiences of black women and found limited visibility of women in existing government social programs. Black queer women discussed the effects of heterosexism within the political arena. Thus, the major themes that highlight the political factors that impact the participants’ lives include the following: limited political visibility and support of black women, conforming to traditional ‘womanhood’ in political spaces, limited social government programs, humanity, and citizenship, and heterosexism as an oppressive reality within the political arena.

Figure 9. Political Hierarchies that Influence Black Women in the American South.
Findings on Limited Political Visibility and Political Support for Black Women

Across board, both black heterosexual and black queer woman expressed the limited political visibility of black women. Nine (9) out of the twenty (20) participants (45%) stated that black political issues center upon the issues plaguing black men, not black women. The participants found that this reality perpetuates the male-centered ideologies embedded in the political sphere. For example, participants claimed that the ‘Black Lives Matter’ movement exemplifies a male-centered agenda involving police brutality. Both heterosexual and queer participants questioned whether black female lives matter within this movement. Further, queer participants questioned the disregard for queer women within the ‘Black Lives Matter’ movement. The heterosexual participants wondered whether this political movement is inclusive of black women as a whole while queer women questioned whether it includes the black female community as a whole and black queer women in particular. Thus, both groups of participants expressed the lack of visibility of black women within the political sphere.

Both heterosexual and queer black female participants found a lack of political support from black men, causing a separation based on gender and sexuality within the black community. Black heterosexual and black queer participants stressed the lack of reciprocity from black men within the community. Both groups also recognized the lack of black heterosexual women in politics and as activists. Black queer participants state that the black queer women who created the ‘Black Lives Matter’ movement fight for the betterment of black heterosexual men. Black heterosexual women and black queer
participants find limited political support from black men. This absence of cooperation from black men further creates a political dichotomy between black men and women.

Discussion

Both groups of participants stated that men, regardless of race and sexual orientation, have more political visibility than black women in the political arena. Within the queer community, the focus is on white gay men. According to Lynn Weber, these individuals (white queer men) have the resources to combat heterosexism by gaining legal representation to fight cases of discrimination. On the other hand, political liberation for black persons centers upon the plights of black men. Within the black community, political visibility and racial liberation are atoned to the black male. The political arena serves to benefit black men while disregarding black women. Both heterosexual and queer participants noted the lack of political visibility of all black women. Further, they stated that the political focus on black men often renders black women invisible.

Both group of participants discussed the limited political support received from black heterosexual men. Below outlines two responses from two heterosexual participants regarding the perceived lack of sociopolitical support from black men:

Black men, it’s just so much, um, there’s a disconnect that I’m starting to realize and starting to notice. They don’t support and connect with us in a way that they should on a grand scale. I think a lot of that has to do with the fact that they’ve internalized the oppression that they feel and they turn into oppressors. They are also deeply rooted in patriarchy and sexism without even noticing.38

38. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
In terms of black men, I love black men, but I don’t think black men love us to the extent that we love them. I see that in this whole Black Lives Matter, black women come out of the woodwork. I believe that black women have come out of their graves to rally around these young black men that have been murdered by officers. I have seen it. But when black women are killed, I don’t see that. Like, where are you? We rally, we lead, we cook, we do everything. And I think a part of it is that they believe, deep down, that that is something we are supposed to do.\textsuperscript{39}

In both instances, participants revealed that black men embody patriarchy in the political arena, hence they dismiss the needs of black women as a whole. Yet, black women place black men’s political plights at the center of black liberation movements. Participants acknowledged that racial liberation actually means uplifting black man over the black woman.

In terms of black queer women, there appears to be even less political visibility. Black queer women as a whole are not visible within political realm, though they are typically the activists for black liberation. For example, black queer women such as Audre Lorde were essential in the black liberation movements. Similarly, the current black liberation movement, ‘Black Lives Matters’, developed from black queer women. Yet, in both cases, they conceal a part of themselves in order to promote the political visibility of black men and racial uplift. Black queer women sacrifice the political struggles associated with queer identity, such as same sex marriage, to promote racial uplift. One queer participant claimed that black women remain invisible within black liberation movements and black queer women are further marginalized:

\begin{quote}
\textsuperscript{39} Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
\end{quote}
In any social or political group you can think of: the Black Panthers, you know, what were women doing? We were holding it together, but we weren’t allowed any safe space really. When you think about it, what is our roles? And if you are a lesbian, they really get mad at that. They need to change us.  

Furthermore, the public movements that uplift black women are in the areas of literary and cultural representations, not movements promoting women in the formal, traditional political sphere. For example, one queer participant mentioned the ‘Black Girls Rock’ visual celebration and empowerment movement of black women. While this social movement is a public statement embracing black women, it is more cultural. One queer participant explained that this movement is symbolic, not creating change in public policies that influence the lives of black women:

More of a social movement. I don’t see it as something that, even though Michelle Obama is involved in it, I don’t see it as something that is going to produce the political protections that we need as black women.  

Additionally, participants noticed that the ‘Black Girls Rock’ movement is centered upon black heterosexual women. One queer participant argued that this representation in ‘Black Girls Rock’ is not necessarily inclusive of black queer women:

But as far as African-American women, I don’t know if it’s going to be within the Black Lives Matter movement, but I know like the “Black Girls Rock” and some of the other stuff, that there are things out there that African-American women are trying to do. And even, the Black Girls Rock, it’s not that it’s heterosexual, but it seems as though you have to either be---it’s not that you can’t be gay with the Black Girls Rock, but that’s not the focus, you know? It’s about all black women, but part of your identity is not included in that.  

40. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.  
41. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.  
42. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
Public movements for black women are more social, changing the narrative of black women’s experiences, but the cultural windfalls that accrue do not have any legislative effects. There remains a lack of political representation to promote and create change for black women. One queer participant explained that the exchanging of knowledge and information may be necessary in gaining this political representation. However, if certain people are not invited to the mythical political table, they cannot contribute to policies that affect them:

When you don’t have a seat at the table, then you are not seen or you are not heard. So, if you have people who are making decisions who don’t understand your life experiences or the challenges and struggles you might have, whether they mean to or not, you will be excluded because it is not something that is in their face. Everybody has their own reality, and everybody lives in their own kind of perspective, and that perspective won’t shift. And the only way that perspective will be shifted is if you come across something that does not fit your view and then you have the choice to either change your perspective or to remain the same. But if you are not at the table, then people are not being challenged to see another perspective.  

When black women or women in general are not involved in the political process, then they are unable to contribute to changes in public policies. While black heterosexual women fight for political visibility, black queer women have greater difficulty reaching political visibility and autonomy. If black women focus solely on the sociopolitical issues plaguing black men, then there will be limited discussions of any political agenda specifically addressing the needs of black women. When issues of gender arise within politics, they focus primarily on the issues concerning white, wealthy to middle class women. If queer issues are addressed within the political arena, they cater to white,

43. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
wealthy to middle class queer persons. According to Carmen et al (black feminist scholars from Britain), black queer women have difficulty merging with white queer politics. This lack of unity causes black queer women to be caught in the political margin on issues concerning race, gender, and sexuality. Similar to this research, Carmen et al found that black queer women are politically invisible in both the black and the white LGBTQ communities. The position of black women as the ‘outsider’ remains evident in the political arena, and this is truer for black queer women.

*Findings on Conforming to Traditional ‘Womanhood’ within the Political Arena*

Both groups of participants stated that the pressure to conform to traditional notions of ‘womanhood’ resonates within the political arena, determining how black women are treated in political spaces. In fact, one heterosexual participant mentioned that policies and legal proceedings on domestic violence cases perpetuate a normalcy for violence toward black women. Moreover, two queer participants emphasized that activist activities of black women are often stifled because of this ‘angry black woman’ persona. Participants noted that the ‘aggressiveness’ of black women hinder their political visibility. Both heterosexual and queer participants disclosed that the political agendas and concerns of black women and black queer women are often overlooked because these populations are perceived as ‘angry’. This negative perception of black women, regardless of sexuality, leads to the limited political visibility of black women in political spaces.
Discussion

The pressures to conform to traditional notions of ‘woman’ extends to the political arena. Regardless of race, women do not receive much political support. Women of color inherit even less political support. Because of the negative perceptions of black womanhood, it is assumed that black women do not need political autonomy. The perceived aggressiveness of black women creates a political myth that these individuals should not be taken seriously because they do not embody the notions of ‘true womanhood’. Further, their marginalized position normalizes the violence they encounter. One heterosexual participant mentioned the normalcy of violence against black women in domestic violence cases in the legal system:

Well, I will talk about domestic violence for black women. I will say, and again I work in an urban area, and it’s becoming the norm. People are desensitized to getting popped. ‘Cuz you got all that mouth, you shouldn’t have been doing that to him anyway.’ The same thing that our black men get in relation to the police, are the same things that black women get in relation to getting beat up. ‘You started it, you threw that thing at him.’ Oh ok, he proceeded to get on top of her and beat her to an unrecognizable pulp. Equal? Oh yeah, the guy shrugged his shoulder away from the cop, he’s dead now. Equal? And so it’s justified according to the stigma that’s placed on us as black women. ‘You’re loud, you’re undesirable, you’re always goddamn complaining, you sucked this, you don’t know how to keep no man, you don’t know how to cook and shut the hell up and have sex with me, and keep pushing, and be like a white woman who’s more docile and can figure it out, take care of these kids…that’s what you got what you deserve because you got that goddamn mouth’. Absolutely. Desensitized. These men get steps and go to a program. And then you get out. She’s bleeding in the back of her head. But, I know that they are desensitized to it and it is what it is.44

44. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
The perceived ‘aggressiveness’ of black women leaves them vulnerable to scrutiny in the public eye and in the legal system. Because they challenge the traditional notions of womanhood, they endure negative stigmas in the public arena.

One queer participant reiterated that the negative perception of the ‘angry black woman’ persona manifests itself in political spaces. She noted that the ‘angry black woman’ persona often overshadowed black women’s political voices to the point that their voices are overlooked. According to this participant, the concerns of black women are not received in political spaces, regardless of sexual orientation, because it is perceived as ‘angry’ or ‘aggressive’:

But when we do speak up, or we are passionate, or we are speaking up for ourselves, then we’re considered angry black women. Or that we have an attitude. Or told that our messages aren’t received because of the way it is delivered. Or whatever the case is. So, even when we are speaking, it’s going into muted ears. Because they can’t get past how it is supposed to sound. 45

This research sheds light on the ways in which negative stigmas associated with black women transfer into the political arena. Because they do not embody white womanhood, their voices are often disregarded, which ultimately hinders their political autonomy and dismisses the political issues plaguing black women.

Findings on Limited Social Programs, Humanity and Citizenship

Five (5) out of the ten (10) heterosexual participants (50%) identified some limitations in social government programs for black women. The limitations concern access to reproductive procedures, welfare policy changes, and legal domestic violence protections. Participants argued that government social programs marginalize women of

45. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
color. Heterosexual participants argued that government programs that assist women primarily focus on financially stable, white women. For example, three of the ten heterosexual participants (30%) addressed that abortion policies do not extend to poor women of color. In terms of welfare reform policies, one heterosexual participant noted that these policies train black women to be dependent upon the state and create additional health disparities such as depression and obesity.

Discussion

Heterosexual participants recognized the limited social health programs available for black women. These participants disclosed that social welfare programs and government assistance initiatives do not necessarily cater to the well-being of poor, black women. Furthermore, participants claimed that government social programs treat women of color as a homogenous group, disregarding the differences among black women. One heterosexual participant stated that social government programs do not take the various experiences of women of color into consideration:

I don’t think black women’s lives are taken into consideration. Because we are different, and we are not a monolith. We fall under the umbrella of black people, but black people, even in and of themselves, is different. We come from different places, we have different experiences, and our needs are different. I don’t think it is taken into consideration when it comes to public policy, economics, any of that. I don’t think that comes into consideration when it comes to who we are as a people and a diversity with which we exist. Just looking at me, where am I going to go, to get some help for what I need? There is nowhere for me to go. I gotta figure this shit out for me on my own. There’s nothing for me to fall back on, nothing. My parents can’t help, they are retired, they have health issues. They cannot assist me. So, where are the places and spaces for black women to go when they need help in these gaps that pop up?46

46. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
She claimed that the diversity of black women is often disregarded within the political realm. More importantly, she inferred that black women are not viewed as human beings within the political realm. In other words, black women are marginalized in the political arena because they are not fully recognized as American citizens. While they are technically American citizens, they are not treated as American citizens. Citizenship is interpreted by various scholars as a reciprocal relationship between the individual and state. Melissa Harris-Perry describes citizenship as a social contract based on human recognition. She claims that citizens “want and need more than a fair distribution of resources: they also desire meaningful recognition of their humanity and uniqueness, and they are willing to make sacrifices to get it.” According to this research, participants considered the limited programs extended to them a challenge to their humanity and citizenship.

In her text, *Sister Citizen: Shame, Stereotype, and Black Women in America*, Melissa Harris-Perry examines how citizenship in America is based on race and gender. Harris-Perry theorizes that black woman’s citizenship results from shame, misrecognition, and negative stereotypes. Also, she investigates how black women navigate their humanity and citizenship within these various dimensions. Harris-Perry argues that black women’s identity ties into how they “understand themselves as citizens, what they believe is possible in their relationship with the state, and what they expect

from their political organizing.” Harris-Perry explains that black women’s relationship with the state incorporates the politics of recognition, where the public sphere adds visibility and recognition for black women. With that in mind, their citizenship becomes a challenge to receive accurate recognition from the state. When these individuals are recognized, it is usually in the lens of negative stereotypes associated with black womanhood. For these participants, black women are not recognized by the state as human beings; therefore, they are not given certain privileges provided to citizens.

One of the major social programs addressed in the focus groups is the American welfare program. Participants argued that while black women become the stereotypical model for government welfare programs, they do not receive the benefits needed for economic or physical sustainability. One heterosexual participant, who works with state welfare programs, noted that black women who receive welfare benefits are not receiving the benefits of economic sustainability and autonomy. In fact, black women in welfare systems become dependent upon these social systems. She noticed the ways in which the welfare programs changed throughout time, causing recipients to be more dependent upon government assistance:

I think welfare period is an obstacle for black women. I think when you work in social welfare, that you have the responsibility to try to push the family or the person towards self-sufficiency. And any program that is set up not to do that is a problem. And I don’t know what happened to welfare reform. When I started with DFACs in the 90s, welfare reform took place under Clinton. And welfare was done where you had four years to be on it, only 2 children could be on it, any child that you had after that you couldn’t put on there. And that was it. And you worked on an employment plan that you had to adhere to. That pushed you toward self-sufficiency. I don’t know what happened. Now it is you can be on as

48. Harris-Perry, 35.
long as you want to be on, we won’t pay you after these two kids, but it’s a possibility that we could…so, a system that was designed for white women and working husbands, that became a system to help black women, it is not benefitting them like it should. Because, to me, it’s not beneficial, if you learn how to rely on the welfare system to make your ends meet for the rest of your life.  

The welfare system was originally designed for white women with working husbands.

While the welfare system appears to help black women, it can actually have the negative effect of creating mental and physical health ailments for the black female recipients. The same heterosexual participant identified the mental health ailments plaguing black female recipients of welfare:

Well, from the welfare standpoint, back to that point, one thing that hinders the health of the person is depression because when you are relying on somebody else to take care of you every month. I just believe that there is something in everybody that they can tap into that can lead them to self-sufficiency, where they can take care of themselves. Like, some business or some creative idea. But when life is pounding on you and you get pushed down, you don’t know that it’s there, but you want to break free from. And when you are a parent, especially a woman, that’s on the system and you are dealing with that and you can’t break free. Because that’s what depression is, depression is that flower in you that’s trying to bloom, but you can’t figure out how to come through from the earth. You know, that’s how I understood depression. It contributes to your health. And God forbid, you are a parent that has a crazy child, pants hanging around below is butt, you trying to tell him how to be better, and he’s not paying you no attention because you aren’t doing better with your life. You know? And you are fine with that to a degree, because you get to sit at home and watch Soaps and screw your boyfriend and go get drunk and then go see the weed man, until you get the check at the beginning of the month next month so you can fill up your cart and stuff. But, you know what? It may seem to people that that is the life for the state to take care of me, but a lot of women that I talk to, they are depressed. And a depression effects

49. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
so much more than just your emotions. It physically affects you. And now you have health problems.

The participant’s narrative reveals that while black women appear to benefit from the welfare system, the system creates mental and physical malaise for the women because they remain psychologically and financially dependent.

Another social government program addressed in the focus groups among black heterosexual participants is abortion policies and assistance. Participants observed that abortion programs promote power of choice for white women. In fact, the development of abortion programs arose as a result of women’s liberation movements. Many women’s rights activists celebrated the Supreme Court decisions such as *Roe v. Wade* and *Griswold v. Connecticut*. The Court determined that equal protection and privacy rights legally extended to women’s reproductive rights. Cases associated with abortion and birth control focus on the woman’s right to choose her method of contraception. However, these crusades towards sexual autonomy extended predominantly to financially stable white heterosexual women. Black heterosexual women did not necessarily receive the same autonomy in terms of contraception. One black heterosexual participant recognized the dichotomy of privilege that exists between white and black women in terms of government funded abortion programs such as Planned Parenthood. She explained that government reproductive health programs for women usually focus on the needs of white, wealthy women, disregarding the needs of low-income women of color:

Again, if you are low income, if you have a limited support system, I’m just going to use an example of an unwanted pregnancy because I do believe if we compare this to a well-off white woman who’s 16 and a black woman who’s 16, both have

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50. Focus Group Participant (Black heterosexual), Atlanta, Georgia, August 22, 2015.
an unwanted pregnancy. The white woman, first of all, nobody’s gonna know. Either way that they deal with it, if they decide to have an abortion, nobody’s gonna know and they’re gonna get the healthcare afterwards that's probably necessary. I’ve never had one but I would assume that you would need some, you have to make sure that you’re healthy afterward. If you have the baby, they’ll still make sure that that’s not gonna get in the way of that 16 year old living a full life. You know, quote unquote. Whereas because they have a support system, they have health insurance, and they have family, childcare. When you have private tutors for when they have to miss schools. So those two things have to do with money and a support system. The black woman, does not have the money, the support system, then the mom who disowns you because now you are this, this, and this.51

This participant stated that abortion programs assist upper to middle class white women because they receive additional financial support needed to help them with the procedure. On the other hand, black women of a lower socioeconomic status encounter financial strains and limited social support. Another heterosexual participant addressed the financial limitations of black women who may need an abortion:

Take your butt to the social services, human services office to get your Medicaid, and you better hope they give you a bus pass back otherwise you paying for that, you’re missing school, you’re probably not eating right, you’re probably not drinking enough of your water because nobody tell you any of those things. Then you have to join these other programs for low income, single, teenage mothers where you have these white women who are in this position coming to tell you how to life your life even though they have no experience with what your life consists of and they go home patting themselves on the back because they feel like they’ve done something for you. And you continue to feel disenfranchised so you have sex with that same baby daddy, or a different one, and you’ll get pregnant again.52

This participant shared the cycle that poor black women face when confronting an unwanted pregnancy. While there are services available for populations of women in

51. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
52. Focus Group Participant (Black heterosexual), Daytona Beach, Florida, August 14, 2015.
terms of contraception autonomy, it does not address the additional financial, physical, and mental strains that women of color incur to receive abortion services.

Black heterosexual women focused on the limitations for both welfare and abortion government assistance programs. These government programs highlight the intersectionality of race and class for black heterosexual women. Because of race and class, welfare and abortion assistance government programs do not necessarily address the needs of black heterosexual women. For example, black women, already at a racial and financial disadvantage, incur additional strains in order to receive the services. Black women are attempting to take advantage of a program that is not designed for their unique experiences. Instead, government assistance programs for women use white women as the ideal consumer, causing the policies developed within these programs to be geared toward women of a certain race and class.

*Findings on Heterosexism as an Oppressive Reality in the Political Arena*

Queer participants explained that heterosexism exists within the political arena and plays an oppressive role in the system. Four out of the ten queer participants (40%) disclosed the lack of political visibility of black queer persons within black liberation activities. The queer participants stated that the ‘Black Lives Matter’ movement is embedded in heterosexist assumptions because it focuses on the sociopolitical issues that black men face versus black women, and even less about black queer women. Also, one of the major political issues discussed in the focus groups was the reaction to the Supreme Court ruling in 2015, ruling same-sex marriage as constitutional. While five (5) out of the ten (10) queer participants (50%) celebrate this victory, they also stated that
this ruling will lend itself to additional strains in their lives. These strains may result in participants ‘coming out’ to their employer to add a spouse to their health insurance.

Black queer participants were also concerned with how the courts will deal with divorce proceedings and custody battles of queer persons.

Discussion

According to queer participants, the black liberation movements are embedded in heterosexual assumptions with total disregard for black queer women. Within the black community, politics and racial uplift commits to the black man over the black heterosexual woman and queer persons. Not only does this loyalty to black men emphasize sexism, it also represents the heterosexism that exists within the black political arena. The ‘Black Lives Matter’ platform started as a result of black queer women shedding light on the humanity in black heterosexual men. Unfortunately, participants discussed the sexist and heterosexist ideologies embedded within these movements.

Both heterosexual and queer participants noted that this modern civil rights movement (‘Black Lives Matter’) solely applies to black heterosexual men. Black queer participants argued that black queer community gain even less sociopolitical support from black heterosexual men. While both heterosexual and queer black participants acknowledged the plight of black men, participants also recognized the limited reciprocal political support from black heterosexual men. One black queer participant expressed this problem within her analysis of the ‘Black Lives Matter’ platform:

You know, the two trans women who started the Black Lives Matter movement, even with the LGBT people there, they are still discriminated against even within our own community. We actually had to stop the conference to talk about transphobia because of the things that were happening at that particular
conference. So for them, it’s not about them. You know, Trans Lives Matter, Black Lives Matter. But I do think that they do put themselves aside because the racial component to them is so much bigger. But, I talk about it with my lesbian friends and we talk about supporting black men, but black men not necessarily supporting us, even as an African American woman. Even with the Sandra Bland case, when you had a lot of black men saying, ‘well, she should’ve just been quiet,’ or ‘she had an attitude,’ you know whatever the case was. And a lot of African American women were saying, that’s not fair that we support them, regardless. You know? They go to jail, they get out of jail and we are supporting them financially, and all these other kinds of things, and we uplift them, but it doesn’t seem to be coming back in our direction.  

This participant’s response alleges that racial uplift and combating police brutality against black men stands out as a more important issue in the political arena. Furthermore, the participant argues that the ‘Black Lives Matter’ movement reiterates the politics of respectability rooted in heterosexism and uplifts traditional notions associated with womanhood and manhood. Her statement above also highlights the lack of reciprocity from black heterosexual men. For black queer women, this lack of reciprocity becomes ironic since the ‘Black Lives Matter’ platform was started by black queer women, but the movement focuses on the police brutality plaguing the black community, albeit mainly male. Consequently, due to heterosexism and the focus on heterosexual black men in the political arena, black queer women’s voices are stifled. Within the political arena, effects of sexism and heterosexism in the political process remain evident.

This research echoes Patricia Hill Collins’ assessment in her texts, *Black Sexual Politics: African Americans, Gender, and the New Racism* and *Fighting Words*. Collins outlines in these texts how political racial solidarity for blacks reiterate sexist and heterosexist beliefs, which become the political agenda for all black persons. Racial

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53. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
solidarity was usually at the center of black political thought. However, racial solidarity relies on the assumption that all black persons have similar political issues and disregards the various experiences of blacks and intersectional identity. Typically, racial liberation disregards social issues plaguing black women, including sexuality and gender. The male privilege extends to who receives political visibility and who does not. Because of male privilege in the political arena, racial solidarity is often synonymous with uplifting black men and addressing issues that affect them.

Further, homosexuality within the black community was rarely considered a public issue for blacks. Homosexuality was considered a private issue, disregarding political discourse associated with sexuality and sexual orientation. Also, not discussing sexuality within a political space creates the assumption and myth that all black women are heterosexual. Unfortunately, this assumption renders certain subpopulations of blacks politically invisible. Even though this movement (‘Black Lives Matter’) started from black queer women, there is a focus on uplifting the man, while issues pertaining to sexism, homophobia, and heterosexism still exist within the movement.

The Supreme Court ruling of Obergefell et al v. Hodges on June 25, 2015 determined that banning same sex marriage was unconstitutional. This legal precedent set the stage for same-sex couples to marry and receive the benefits of marriage, whatever their state residency. However, this legal precedent creates some limitations as well. While this court case is a triumph in terms of human equality, black queer participants now combat additional pressures in the South associated with heterosexism. There remains social stigmas associated with gay marriage in this region. Black queer
participants detailed that adding their spouse to their health insurance paperwork caused anxiety for them. For example, one black queer participant expressed concern about the visibility of her relationship when completing health insurance paperwork:

I don’t think it would be with the insurance part, but I think having to expose our relationship. And I hate to use ‘expose’. But that’s how I feel… I think we are always waiting on the big issue, but there are so many smaller ones like my issue that are going to happen. I mean, what heterosexual couple has to ‘come out’ because they are filling out paperwork? None, but it’s going to become more and more of an issue because now you are married, they are needing to know who your spouse is. 54

Prior to this Supreme Court ruling, queer couples could hide their relationships from their employer, whether for personal protection or fear of exposure in certain spaces. Yet, with this new policy change, queer persons must reveal their sexuality at their places of employment. Exposure of homosexuality in the workplace in the American South remains an additional source of fear for participants. As the queer participant mentioned above, heterosexual couples do not have a fear of ‘coming out’ to their employer. In order to receive benefits, black queer participants must be visible on their jobs. While visibility can be a space for empowerment, it can also be a place of discomfort, especially if the employer is in the American South.

Another black queer participant stated that the constitutionality of same-sex marriage may have an adverse effect on the queer community itself. While this ruling is a groundbreaking legal precedent for queer persons, queer participants shared their concerns about how the ruling may negatively affect the perception of the LGBTQ community. Not only do individuals have to ‘come out’ while filing paperwork, but they

54. Focus Group Participant (Black Queer), Atlanta, Georgia, August, 8, 2015.
may also have to deal with how divorce and child custody hearings will be handled. Additionally, if there are not many positive images of healthy black queer relationships, then it could possibly lead to an increase in divorce and child custody proceedings. Black queer couples may face a court of public officials who may not support their unions, especially if they reside in the American South. One black queer participant indicated the impact on future divorce rates for queer persons:

Also, like I mentioned before, not having that model for what a healthy relationship looks like, I’m really scared for what the fallout is going to be with the passage of marriage equality. You know what I mean? If you are saying that 50% of marriages fail, and we all know that we don’t do relationships all that well, then how will that work out? In about 4 to 5 years, we are going to see that fall out. You know, 50% of marriages fail between that 3 to 5 year period, so what is that going to look like for our communities, especially when we have children that are involved in these divorce proceedings, and going in front of a judge that didn’t believe you should’ve gotten married in the first place, what kinds of discriminations are you going to face within that divorce process, right? 55

It is true the Supreme Court ruling helps the majority of queer populations; but it may have an adverse effect on the individual because of the heterosexual bias of several individuals who create public policies. The constitutionality of same-sex marriage cures the problem associated with equality for same-sex couples while disregarding the heterosexist ideologies embedded in American society. De jure marginalization of sexual orientation (discrimination based on law) is eradicated, but the de facto marginalization of sexual orientation (discrimination as a social norm) remains due to decades of heterosexism embedded in American politics and society.

55. Focus Group Participant (Black Queer), Conference Call, September 13, 2015.
Overview

This chapter presented the data that were collected in the surveys and focus groups examining the economic and political factors influencing black women’s health status. In social spaces, there are several differences between black queer women and black heterosexual women. Yet, in economic and political spaces, there are more similarities than differences. Both heterosexual and queer women combat issues associated with workplace hierarchies, financial strains, limited financial literacy, and limited political visibility. As mentioned with social systems, these two populations of black women also deal with the traditional notions of womanhood, which also manifest themselves in economic and political realms. While some economic and political realities are revealed differently based on sexual orientation, these differences should be recognized as relevant, reiterating that black women are not a homogeneous group when combatting economic and political issues. Similar to social spaces, black queer women experience heterosexism in the economic and political realms as well.
CHAPTER VI
SUMMARY, CONCLUSION AND RECOMMENDATION

The purpose of this work was to examine why self-identified black queer women were more vulnerable to health challenges in comparison to their heterosexual peers. This research found that black women are not a monolithic group. Instead, the black female community is inclusive of several communities with unique experiences and daily realities. The slight variation of experiences between these two populations (black queer women and black heterosexual women) shed light on the variations in their health status. Black queer women are more susceptible to certain health disparities because their lived experiences slightly differ from their heterosexual counterparts. The research focused on the social, economic, and political contributors to the health status of the two populations, and the geographical location of both populations in the American South.

Based on the data used in this study (chapters IV and V), the researcher developed a theory, ‘the Swelling Wave of Oppression Theory,’ to help future scholars in dealing with the health of marginalized communities, such as black queer women. The swelling wave theory summarizes the differences between these two populations and summarizes the data presented in chapters IV and V of this dissertation. Along with explaining the swelling wave theory, this chapter also highlights the major conclusions drawn from this research, and proposes recommendations for future research initiatives.
Swelling Wave of Oppression Theory

As mentioned in Chapter III, the descriptive theory developed in this chapter is rooted in the data and major themes described and analyzed in Chapters IV and V. While theoretical frameworks such as Sojourner Syndrome and weathering theory offer powerful explanatory tools to account for the health disparities of black heterosexual and black queer women, the tools only address the intersectional identities of race, class, and gender. Notions of sexuality provide an additional stressor for black queer women, which manifests in their health status. While all research participants acknowledged the Sojourner Syndrome and weathering theory as helpful explanatory tools to explore their lives, black heterosexual participants, however, were more likely to reiterate these theories in comparison to their queer counterparts. For queer participants, these theories provided a partial explanation for their health challenges; yet, they overlook the complexities associated with sexual identity in a specific geographic area. As the Sojourner Syndrome and the weathering concept suggest, black women combat several layers of oppression based on their intersectional identities. Personifying Sojourner Truth and ‘weathering the storm’ cause black women to experience health strains that ultimately become health liabilities. However, black queer women in the South combat an additional form of oppression: heterosexism. Intersectional theories, such as Sojourner Syndrome and weathering theory, have not adequately addressed the issues that plague black queer women. Utilizing the grounded theory, this research proposes a new theory that is inclusive of sexuality as an additional explanatory tool to already existing theories of intersectional identity.
Scientific Swelling Wave Theory

Within environmental science research, there is a ‘swell’ effect on ocean waves when air energies mix with bodies of water, such as oceans, seas, or lakes. Water swells are derived from a series of water waves, mostly multiple storm waves, and distant water systems. Prior to the swell, the body of water is at rest. Once the body of water comes into contact with friction, such as an object thrown into the body of water or wind energies, the body of water moves from its original location to another. The swelling occurs when multiple water waves move away from the original source, causing larger water movements and energies. The stronger the winds at the source area, the bigger the swell and the further it will travel. If the wind blows longer in the original source area, the longer the swell will remain, even when confronted with winds from different directions. The wind waves accelerate in speed as they combine and merge with other waves. These swell ocean waves can form from multiple directions and travel long distances. For example, a swell ocean wave can travel from South America to the coast of West Africa.¹

Depending on the energy of the air, waves can be very large or small. The more energy in the air, the larger the wave and the less energy in the air, the smaller the wave. The larger waves are more likely to create swells, where they travel at faster speed and further distances, and often merge with other waves. Large amounts of energy cause the swell ocean waves to move faster and stronger than local waves, which are waves with less energy and only travel in short distances. Typically, environmental scientists apply

¹ Metaphorically, the swell waves represent the African diaspora, where waves of African persons traveled from one shore line to the other.
mathematics and physics to explain this phenomenon. The swelling wave theory is also applicable to humanistic and social science research. This research applies this environmental phenomenon to shed light on the vulnerability of black queer women to health disparities.

**Application of Swelling Wave Theory to Black Queer Women**

The researcher, utilizing grounded theory, constructed a conceptual framework that would lead to the generation of a theory based on the analysis of this research data. Research data reveal that, while black heterosexual women deal with the oppressions of race, gender, and class, they still remain privileged in terms of their sexual orientation. Black queer women have different lived experiences that create additional stressors in their lives. The analysis of the research data also reveals a theory about black women’s sexual orientation, which creates additional identity stressor for black queer women, and leads to greater vulnerability to their health challenges.

This theory incorporates three major assumptions associated with black women’s intersectional identities. One of the major assumptions within this theory is that all black women deal with the so-called ‘waves of oppression’: race, gender, and class. Each ‘wave of oppression’ creates larger ocean waves. Together, the waves create a swell wave of oppression that all black women experience, regardless of sexuality. These multiple ‘waves of oppression’ come together, as in the scientific wave theory, to create large amounts of energy within one wave. Black women’s intersectional identities cause them to constantly combat swell waves of oppression. Another assumption is that black women become stressed when encountering social, economic, and political systems of
power. Finally, this theory assumes that the intersectional identity and power systems have an impact upon black women, and, without adequate preparation, could lead to long lasting health challenges.

Similar to the scientific swelling phenomenon, the swelling wave is not easily recognized by the average viewer unless one is looking for the swelling waves. In many instances, the swelling ocean wave looks similar to locally produced wave formations. On the surface, local and swell waves share concurrent characteristics, but individuals searching for the swell waves will recognize the differences between swell and local waves. This theory reveals a great deal about black women. To the naked eye, black women appear to be a monolithic group because their waves of oppression appear to mirror each other. The assumption is that all black women face the same waves of oppression. Yet, when thoroughly evaluated, one finds that certain components distinguish the experiences of black queer women from black heterosexual women. Heterosexism is the component that distinguishes these two populations from one another. Black queer women’s battle with heterosexism creates an additional wave of energy in the swelling wave of oppression that black women already encounter. Without this insight, one will assume that all black women encounter the same oppressions. This research found that heterosexual and queer black women experience similar issues, but they manifest differently based on sexual orientation.

While all black women in the American South deal with waves of oppression, the additional wave energy of heterosexism creates a larger swell wave for black queer women in comparison to black heterosexual women. The energy created by heterosexism
is embedded in each level (social, economic, and political), causing extra strains in the lives of black queer women. As mentioned earlier, heterosexism is redefined to include the assumption of heterosexuality within social, economic, and political spaces. This assumption forms an additional energy in the swell wave. Consequently, the additional wave energy is difficult to confront without the proper assistance.

Imagine an individual standing near a beach shore. When the waves come toward the beach shore, the individual often prepares for the water waves. Similarly, black women recognize the waves of oppression and find ways to prepare themselves for them. Black maternal figures provide black women with the preparation necessary to survive and balance in the swell waves, and they ‘pass down’ methods of coping against multiple waves of oppression. Also, there is a generational understanding of black women’s health. Even if black heterosexual women do not go to the doctor often, there is an understanding that a black woman should seek preventive health care to improve their overall health status. Though the knowledge from previous generation may not always be advantageous, it is still information necessary for black women’s survival; the knowledge from maternal figures serve as a model for black female health. This information equips black women for the swelling waves they may encounter. Metaphorically, black heterosexual women are the better equipped surfers who can combat the hefty waves of oppression because of the generational knowledge they have received from maternal figures.

However, black queer women have no way of receiving generational knowledge needed to combat heterosexism, an additional wave of oppression, since not many
maternal figures have historically identified themselves as queer. While black queer women may be equipped to deal with issues of race, gender, and class within social, economic, and political structures, they may not be able to ascertain how to combat issues associated with heterosexism. This limited generational preparation for combatting heterosexist wave of oppression can increase the likelihood of black queer women and drowning in the waves of oppression.

Heterosexual maternal figures may not be able to prepare future generations for issues pertaining to heterosexism. These maternal figures prepare their daughters to combat race, gender, and class within various external structures, but not heterosexism. Therefore, black queer women do not have the advantage of this maternal, generational knowledge for coping with heterosexism. This lack of preparation increases the likelihood that black queer women would resort to unhealthy methods of coping with this wave of oppression.

Moreover, the availability of social support networks also prepare black heterosexual women for the waves of oppression they may experience. Black heterosexual women are more likely to have access to social support networks within their families, the black church, their significant others, and friends. While black heterosexual women may not necessarily utilize their social support networks, they are at least readily available to them. Black queer women, on the other hand, may have access to certain social support networks, but they may not be readily available. With limited support from the black church, family, and some friends, black queer women may find it a challenge to confront their waves of oppression. Black queer women recognize the
difficulty of creating their own safety net before they can encounter the waves of oppression. Without this assistance, queer woman may drown under the waves.

The swelling wave of oppression theory suggests that black women are different, and therefore, deal with social, economic, and political issues differently. While there are many similarities among black women, the differences that exist create larger waves of oppression. This research is not meant to create a dichotomy the two populations of black women examined in this study. Instead, it invites scholars and medical experts to pay closer attention to the differences between the two populations of black women and how these differences cause variations in the health challenges they face.

Conclusions

This dissertation research drew various conclusions about black queer women, black heterosexual women, and health outcomes. First, investigating the daily experiences and stressors of black heterosexual and black queer women are essential in evaluating the health challenges these populations face. Second, this study found that black heterosexual and black queer women have different social experiences based on their sexual orientations, but similar economic and political obstacles. This research also concludes that heterosexism becomes a divergent variable between black queer women and black heterosexual women. Fourth, this work found that location plays a significant role in the lived experiences and health outcomes of black women, regardless of their sexual orientation. This study extended the existing intersectional approach to health disparities research by concluding that external power structures are multifaceted and connected in the lives of black women in the American South.
While this research began with paying specific attention to health disparities of black women in the American South, it evolved into an examination of the daily experiences of black heterosexual and black queer women in terms of their health and factors affecting their health. The experiences of these participants are unique and yield discussions about their health challenges. Intersectional scholars cannot discuss the health status of marginalized communities without addressing the social, economic, and political obstacles they encounter in their lives. While the Sojourner Syndrome and weathering concept investigate the challenges black women face in terms of racism, sexism, and classism, this study found that black women’s daily experiences shed light on their health challenges.

Moreover, it is essential to investigate the stressors that black women face when discussing the health challenges of this population. Before investigating the health of black heterosexual women and black queer women, researchers must examine the stressors they experience in their daily lives. These stressors often hinder them from reaching optimal health status. As highlighted in this research, stressors are a result of social, economic, and political conditions. In order to cope with the stress within their lives, participants engage in certain behaviors that have long-term effects on their bodies. For example, black heterosexual women dealing with stress as a result of family obligations are more likely to experience physical health ailments such as insomnia, migraines, and anxiety. On the other hand, black queer women in this study are more likely to drink alcohol to cope with the stressors resulting from financial obligations.
Therefore, this research found that the stressors these populations face ultimately compromise their overall health status.

*Differences in Social Experiences*

The quantitative data first outlines the social differences among black heterosexual and queer women. The participants in this research established race, gender, and class as significant identity stressors. In addition, black queer women are more likely to recognize sexual orientation as a significant identity stressor. This initial quantitative data shows that, even though black women deal with many similar problems, there are also some differences and obstacles based on sexual identity. These themes continued to emerge within the qualitative data. While black women in the South have similar obstacles reaching their optimal health status, black queer women experience unique social challenges compared to their heterosexual peers.

In social spaces, several differences exist between black heterosexual and black queer women. Both populations of black women in the South encounter certain social challenges such as socializations from the black church and the prevalence of male privilege. The black church becomes a negative space for black queer women because their lifestyles are considered a biblical sin. For black heterosexual women, the church becomes a necessity for them as well as a place that forces them to adopt Victorian values associated with womanhood. Additionally, family obligations and social support networks differ between black heterosexual women and black queer women. For black heterosexual women, family obligations are responsibilities to their biological families. Black queer women are less likely to have obligations with biological families, unless
biological children are involved. These individuals (black queer women) usually create their own families with other queer persons. On the other hand, black heterosexual women have access to larger social support networks.

Black heterosexual women are more likely to recognize the separation within the black community based on socioeconomic status, educational attainment, and skin color. They are also more likely to discuss the lack of social support from black heterosexual men. On the other hand, black queer women encounter marginalization within the black community as a result of their sexual orientation. Queer participants also mentioned the separation that exists within the black queer female community itself based on socioeconomic status.

In economic and political spaces, there are more similarities between these two populations than differences. Both populations deal with financial obstacles that influence their health decisions and status. Financial strains cause stressors with these two populations, causing them to find methods of coping such as unhealthy eating, shopping, and drinking alcohol. Because of financial strains, both populations of black women are less likely to seek self-care. In fact, self and preventive care are considered a luxury, not a necessity. Seeking self-care often leads to additional financial strains.

Further, both populations of black women encounter obstacles associated with financial literacy, including limited knowledge of budgeting and repaying student loans. Both populations also encounter male privilege in the workplace, regardless of race and sexual orientation. In the political arena, black women do not receive political recognition. Racial liberation within the political arena is typically synonymous with uplifting black
men and disregarding the plights of black women. While there are slight differences in terms of the economic and political obstacles between these two populations, there are more differences in the social arena. There are also differences in how these external structures manifest in the lives of black heterosexual versus black queer women.

*Heterosexism as Divergent Factor in Black Female Experiences*

The data from the focus groups provides the foundation for redefining and extending the definition of heterosexism. Based on the focus group data, this research expands the definition of heterosexism to include the assumption of heterosexuality, which manifests in all external arenas (social, economic, and political). This assumption that everyone is heterosexual creates a daily burden for black queer women. Secondly, this research found that heterosexism assumes that heterosexuality is characterized and defined as the ‘ideal’ relationship prototype for human interaction. Finally, heterosexism reiterates heteronormative gender roles, rules and expectations based on biological sex. Thus, the data suggests that heterosexism manifests itself in all areas of the lives of black queer women.

Consequently, heterosexism becomes the divergent variable in the experiences of black women. This research found that black queer women have an additional layer of oppression, which is heterosexism. While black women deal with issues of male privilege, marginalization within the church and negative perceptions of black womanhood, black queer women combat heterosexism, in addition to other forms of oppression. Heterosexism impacts the daily lives of black queer women in social, economic, and political arenas.
This study reiterates previous research findings regarding the role of heterosexism in the lives of queer persons. However, previous researches rarely investigate how heterosexism is embedded in social, economic, and political spaces that influence the daily lives of black queer women. Combating heterosexism in all these structures lead black queer women to become more vulnerable to health challenges than their heterosexual peers. Examining these cultural realities sheds light on how their experiences lead to a greater health vulnerability.

Significance of Geographic Location

At the beginning of this dissertation research, the American South became the focus because of the limited works on black queer women in the geographic location. Research endeavors focus primarily on black queer women in the Western region of the United States. Even works by Vickie Mays and Beverly Green focus primarily on black queer women in California. This research set out to address the experiences of black queer women in the American South. Yet, the experiences of this population are rarely addressed within the scholarship. The findings of this research contribute to the intersectional studies scholarship, and the research provides data uncovering the experiences of black queer women in this particular geographic location.

This work fills a void in the intersectional studies discipline by specifically addressing the significance of geographic location. Health disparities and intersectional scholars must discuss the stressors resulting from a particular geographic location. This research found that geographic location plays a major role in the health challenges of black women. The experiences of black women vary based on geographic locations. For
example, a black woman living in urban spaces such as Atlanta, Georgia will experience
different stressors than a black woman residing in Selma, Alabama. Geographic location
often reiterates certain social, economic and political normalcies, such as the large
influence of the church. The backdrop in the American South creates a distinctive reality
for black heterosexual and queer women.

Geographic location often dictates the role of the church. As a result of
enslavement in the South, blacks found the church as a space to congregate and save
themselves from the harsh realities of chattel slavery. Currently, the American South still
has a large population of black churches, which are generational institutions that socialize
black people and play a major role in social, economic, and political spaces. For example,
the role of the church explains the male privilege that exists within social, economic, and
political spaces. The church also influences the role that black heterosexual women play
in their families and the social support networks they have access to. In economic spaces,
the church reiterates the separate spheres doctrine based on religious ideology, which
manifests itself within the workplace and ultimately undervalues women’s work. Within
political spaces, the focus on uplifting the black heterosexual male is a manifestation of
the male-centered principles promoted within the black church. Thus, the ideologies
perpetuated within the black church in the American South trickles down to social,
economic, and political spaces.

Public health and intersectional scholars cannot have one monolithic conversation
about black women because the experiences of black women vary based on geographic
location. Researchers must deconstruct what this location means for black heterosexual
women and black queer women. The ‘Bible Belt’ mentality is not a figment of imagination, but a reality for black heterosexual women and black queer women. The reality is even harsher for black queer women because of church dogma that sees homosexuality as a sin.

Expansion of the Intersectional Approach and Evaluation of Power Structures in Determining Health Challenges

This study acknowledges the significance of the intersectional approach, which interprets how social systems of power are essential variables in discussing health disparities among marginalized communities. Scholars such as Lynn Weber, Patricia Hill Collins, and Lisa Bowleg maintain that power structures embedded in social, economic, and political systems are essential factors in determining an individual’s well-being. Collins mentions the ways intersectionality can help scholars understand how certain groups survive within certain power structures. Weber argues that intersectional approaches extend beyond identities; they include including systems of oppressions, domination, and power. Investigating macro and micro systems of power and oppression sheds light into how they manifest in one’s individual life and affects one’s health. While these scholars establish the importance of intersectional identity, they also provide a deeper analysis of power relations and hierarchal structures. The intersectional approach has provided the direction for this research, which focuses primarily on power relations and how interaction with these power structures influences individual health status. Further, the research has demonstrated that power structures have an impact on
marginalized populations (such as black queer women), making them more vulnerable to certain health disparities.

Moreover, this dissertation mirrors Lynn Weber’s scholarly works on health disparities. Similar to Weber and other intersectional scholars, this research concentrates on health disparities outside of the biomedical field. Because of the constraints associated with natural science research, this work provides a humanistic and inclusive perspective. Natural science research may answer the question of ‘how’ certain phenomena occur; however, it cannot necessarily address the reasons surrounding certain health disparities. This research contributes to the intersectional approach to health research by providing an additional framework to explain black women’s vulnerability to health disparities. Many public health research findings do not explain why black queer women are more vulnerable to health disparities in comparison to their black heterosexual peers. However, this work provides an explanation for this phenomenon while also leaving room for new questions and opportunities to eliminate these disparities among black queer women.

In many instances, individuals are merely reacting to the systems they encounter on a daily basis. This research found that the health challenges black women experience are a result of their interaction with social, economic, and political systems. The systems represent power structures, which create stressors in the daily lives of black women, regardless of their sexuality. Data presented in this dissertation suggests that black women’s interactions with the power systems influence the health challenges they face. Encountering these power structures cause an adverse effect on the health of both
heterosexual and queer black women, with black queer women worse off than their heterosexual counterparts.

The health challenges plaguing black women are not a result of one single factor, but multiple factors. The external systems (social, economic, and political) are not mutually exclusive, but overlapping and intertwined. For example, the black church in the American South perpetuates patriarchy and male privilege in social, economic and political realms. Black queer women’s experiences with discrimination and domination prove that these systems are connected to one another. Heterosexism represents an oppressive obstacle that manifests itself in social, economic, and political spaces for black queer women. They do not experience heterosexism as a separate, isolated event. Instead, it is perpetuated in several spaces, overlapping with one another.

**Recommendations**

The ultimate recommendation and long-term goal of this research is to ensure that healthcare professions are aware of the complex experiences and stressors that black women face in order to receive adequate healthcare treatment. It is difficult to treat a population when one is unaware of the multilayered oppressions and stressors they experience. Their experiences differ from white heterosexual women. Healthcare professions cannot evaluate or treat black queer women the same as white heterosexual women or white queer women. Future research should be conducted on individuals within the same race. Comparing white heterosexual women to black queer women or heterosexual women does not appear to lend itself to solid conclusions in terms of their health status. This comparison is problematic, causing researchers to draw limited,
meaningless conclusions. Healthcare researchers and professionals should attempt to limit their comparisons to individual or groups of the same race or ethnicity to draw stronger conclusions. Even within the same race or ethnicity, healthcare professionals should recognize that differences exist even within certain racial and ethnic communities.

Additionally, healthcare professionals need more cultural competency regarding the multilayered experiences and stressors of both heterosexual and queer black women. There should be a push for women’s health to extend beyond reproduction in order to be inclusive of the wellbeing of heterosexual women and queer women. However, not taking the time to discuss these experiences place them at a permanent disadvantage, where their health or life does not have value. Furthermore, physicians appear unaware of the unique experiences of black queer women. Not only should physicians be culturally competent regarding the experiences of queer women, but also the experiences of black women. There should be trainings on intersectional identity for healthcare providers and professionals. As mentioned by Amy Nicole Thayer, when conducting a comparative analysis of both heterosexual and homosexual women, there is limited analysis of the different lifestyles of the queer female population that may influence their health.

Furthermore, there remains a need for more public discourse about sexuality and queer identity within the black community. This oversight causes black queer women to receive less preparation for the swelling waves of oppression they often encounter. Black studies scholars cannot assume that all black people are only combatting issues of race or that all black persons are heterosexual. Black people must expand their boundaries in discussing sexuality in an academic setting as well as informal settings and places of
socialization, like the black church. It is probably true to say that all black persons are
combatting all kinds of oppressions because of the intersectional identity that exists
within the black community. These differences in identity need to be adequately
represented in ethnic and gender studies research. The scholarship is starting to involve
the works of several black queer female scholars, such as Audre Lorde, into gender and
black studies discourse. Also, rising scholars such as E. Patrick Johnson are starting to
provide an analysis of black queer men within the American South. Academic research is
starting to become inclusive of black queer voices, but the discourse remains limited.

The ‘swelling wave of oppression’ theory provides a framework for public health
professions to address the diversity of black women. Furthermore, the theory will
challenge healthcare professionals to find culturally relevant programs to reach various
populations of black women and to develop the understanding of the economic and
sociopolitical realities that these populations of women encounter. Many of these theories
addressing black women treat them as a monolithic group. The Sojourner Syndrome and
weathering theory create the theoretical frameworks for addressing health disparities
among black heterosexual women. Yet, it does not address all of the issues plaguing
black queer women. Therefore, it is recommended that researchers apply the swelling
wave theory to ensure that black queer women are not placed in the margin.

The swelling wave of oppression theory suggests that black women have various
levels of oppression that create differences within the black female community. Without
the discussion and interpretation of intersectional identity, scholars and healthcare
physicians run the risk of perpetuating the white, male perspective to health and health
disparities. Disregarding this intersectional analysis ultimately perpetuates the unconscionable prejudice that one person’s life has more value than another. Recognizing the variations in identity could lend to a deeper analysis and understanding of health care for all human beings, regardless of differences in identity.

To avoid the ‘drowning’ of queer persons, there should be more social freedom, citizenship, and visibility for this population. Since black queer women are less likely to receive knowledge for survival from maternal figures, there should be more freedom and visibility for black queer persons in the American South. The queer participants in this research acknowledge the limited visibility of healthy black queer relationships as a problem for queer persons. Without the visible portrayal of healthy black queer relationships, black queer women are challenged with finding out on their own how to cope with issues of sexuality and what a healthy queer relationship looks like. There are some attempts on various media outlets such as YouTube and Facebook where queer groups try to portray black queer relationships in the American South. These outlets are, however, not available in the mainstream media.

*Final Thoughts*

Black queer women suffer from the pressures and limitations of being black, woman, and queer in the South. These variables make black queer women even more vulnerable to particular health disparities. The swelling wave theory of oppression explains the vulnerability of health disparities that black queer women face in comparison to black heterosexual women. This theory creates a framework for discussing the
environmental factors that contribute to the health status and disparities of marginalized populations.

While black queer women are an essential part of academia and grassroots movements, black queer women in the American South are an underserved population that receives no adequate attention in academic scholarship. Many studies associated with health disparities lump all black women and queer persons of color together, disregarding their different experiences. Not recognizing the differences among black women and queer persons of color places certain communities in the margin, silencing them, and overlooking their distinctive experiences.

Even with the heterosexist realities that exist in the American South, black queer women are still attached to the geographical location. Many of the participants desire to keep their residency in the South. While they recognize the heterosexist bias in the black church, the black queer female participants still behold the black church as an important organization in the black community. Instead of dismissing themselves from the church, many desire to assimilate into black churches because they recognize the influence of the black church in the lives of black persons in the South. These participants do not want to dismiss themselves from the black church or the American South. Instead, they attempt to negotiate in these spaces to make things work to their advantage.

Black queer women in the South delight in the notion of ‘Southern Pride’ because they recognize the beauty, pride, and pain that exists within this region. There are different Southern realities based on one’s identity. Black queer women challenge the conventional notion that there is a monolithic experience to being a black woman and
living in the South. They represent a new American South that is beautiful and tragic.

Exposing the experiences of these marginalized women in the American South becomes the starting point to finding a solution to the health challenges that impede their health.
APPENDIX A

Survey Instrument

Please answer the following questions to the best of your ability. There are no right or wrong answers. I am simply want a snap shot of who you are, what is important to you, and your health status. All responses are anonymous, so your identity will not be revealed. Thank you for taking the time to complete this survey!

1. Which of the following ethnic/racial groups do you identify?
   a. Black/African-American
   b. Afro-Carribean
   c. African Immigrant
   d. Multi-Racial
   e. Afro-Latina

2. What year were you born?

3. What state and/or city do you reside?

4. Which of the following describes your sexual identity/orientation?
   a. Lesbian
   b. Bi-Sexual
   c. Queer
   d. Same Gender Loving
   e. Straight/Heterosexual
   f. Other: ____________________

5. What is your current relationship status?
   a. Single
   b. Dating
   c. Widowed
d. Separated

a. In a committed relationship with someone of opposite sex
b. In a committed relationship with someone of same sex
c. Married to someone of opposite sex
d. Married to someone of the same sex
e. Divorced

6. What is the highest degree or level of education you have completed? If currently enrolled, highest degree received.
   a. High school graduate, diploma or the equivalent (for example: GED)
   b. Some college credit, no degree
   c. Trade/technical/vocational training
   d. Associate degree
   e. Bachelor’s degree
   f. Master’s degree
   g. Professional degree
   h. Doctorate degree
   i. No formal education

7. What is your current occupation? (check all that apply)
   a. Student
   b. Employed Full Time
   c. Employed Part Time
   d. In the military
   e. Self Employed
   f. On Public Assistance
   g. Unemployed
   h. On Disability
   i. Retired

8. What is your total income for 2014? (NOT including spouse)
   a. 25,000 and below
   b. 25,000-50,000
   c. 50,000-70,000
   d. 75,000-100,000
9. What is your total household income? (including everyone you live with)
   a. 25,000 and below
   b. 25,000-50,000
   c. 50,000-75,000
   d. 75,000-100,000
   e. 100,000 and above
   f. N/A--I am the only person in my household

10. Do you currently have health insurance?
    a. Yes
    b. No

11. What type of health insurance or benefits do you have? (Check all that apply)
    a. Health Benefits from job/union
    b. Health insurance from wife/partner/husband
    c. Health insurance from parents
    d. Covered by Medicare
    e. Covered by Medicaid
    f. Covered by Military Health Care
    g. Pay for own health insurance
    h. Pay for own health insurance through subsidized American Affordable Healthcare
    i. No healthcare benefits
    j. Other: ____________________________

12. Are you registered to vote?
    a. Yes
    b. No

13. Did you vote in the 2012 Presidential election?
    a. Yes
    b. No
14. Did you vote in the 2014 Congressional election?
   a. Yes
   b. No

15. In the last 5 years, have you participated in any of the following political activities?
   (Check all that apply)
   a. Contacted public official
   b. Contacted LGBTQ organization
   c. Contacted Black organization
   d. Signed a petition
   e. Taken part of a protest meeting
   f. Taken part of a march or rally
   g. Voted in local election
   h. Joined a black liberation organization
   i. Joined a LGBTQ organization
   j. Established a political organization

16. If you participated in a political activity, then explain why you decided to participate?
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    __________________________________________________________

17. Think about how you would rate your identities. How would you rate the importance
    of your race, gender, class, and sexual orientation? 1 being least important and 10
    being most important.
   a. Race
      1   2   3   4   5   6   7   8   9   10
   b. Gender
      1   2   3   4   5   6   7   8   9   10
   c. Class
18. Rank these identities in relation to stress within your life. 1 being lowest and 10 being highest
   a. Race
   1 2 3 4 5 6 7 8 9 10
   b. Gender
   1 2 3 4 5 6 7 8 9 10
   c. Class
   1 2 3 4 5 6 7 8 9 10
   d. Sexual Orientation
   1 2 3 4 5 6 7 8 9 10

19. Have you experienced discrimination and/or harassment based on any of the following? (Check all that apply)
   a. Race
   b. Sex/Gender
   c. Class
   d. Sexual Orientation

20. Do you believe that you are at your optimal health status?
   a. Yes
   b. No
   c. Sometimes
   d. Rarely

21. How would you rate your health status? 1 being the worst health status and 10 being the best health status
22. Do you believe that stress plays a factor in hindering you from reaching your optimal health status? 1 being very little and 10 being very much

Very Little
1
2
3
4
5
6
7
8
9
10

Very Much

23. What do you think hinders you from reaching your optimal health status?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

24. In your opinion, please check THREE of the most important health issues facing ALL black women within the United States.

    Heart Disease
    Obesity
Breast Cancer
Cervical Cancer
HIV/AIDS
Substance Abuse
Infant Mortality
Sexually Transmitted Diseases (STDs)
High Blood Pressure
Diabetes
Asthma
Reproductive Health
I do not know/I am unaware
Other: _________________________________

25. In your opinion, please check THREE most important health issues facing black lesbians in the United States

   Heart Disease
   Obesity
   Breast Cancer
   Cervical Cancer
   HIV/AIDS
   Substance Abuse
   Infant Mortality
   Sexually Transmitted Diseases (STDs)
   High Blood Pressure
   Diabetes
   Asthma
   Reproductive Health
   I do not know/I am unaware
   Other: _________________________________

26. Have you experienced discrimination within the American healthcare field based on any of the following? (Check all that apply)
   a. Race
   b. Sex/Gender
   c. Class
   d. Sexual Orientation
APPENDIX B

Focus Group Instrument

I. Intrapersonal and Interpersonal factors

1. In what ways, if any, do you think the stress within your life affects your overall health status?
2. Describe what you consider your social support networks. Are these social support networks important to you? Why or why not?
3. In what ways, if any, do these social support networks help with the stress in your life?
4. In what ways, if any, do you think your experiences as a black lesbian are similar or different than your experiences as a black woman? (In what ways, if any, do you see your experiences as a black heterosexual woman similar or different than the experiences of black lesbians?)

II. Organizational and Institutional factors

1. What economic obstacles do you encounter as a black lesbian and/or as a black woman? (underemployment, employment discrimination, health insurance hindrances, monetary access to goods and services, etc.)
2. How do you think these economic obstacles create stress within your life?
3. Do you think these economic strains influence your overall health status? Why or why not?

II. Community factors

1. What social obstacles do you encounter as a black lesbian and/or as a black woman? (homophobia and heterosexism within the black community and the community and in general community). Heterosexism defined as a ‘reasoned system of bias regarding sexual orientation. It denotes prejudice in favor of heterosexual people and connotes prejudice against bisexual, and especially,
homosexual people…it is rooted in largely cognitive constellation of beliefs about human sexuality.’

2. In what ways, if any, do you see homophobia and heterosexism (or other social obstacles) existing in your life and/or society?

3. In what ways, if any, do you see homophobia and heterosexism (or other social obstacles) existing within the healthcare field?

4. In what ways, if any, do you believe that these social strains influence your overall health status?

III. Public policy

1. What political obstacles do you encounter as a black lesbian and/or as a black woman? (laws, legal status, political voices of black lesbians, policies associated with adoption and marriage, legal access to goods and services, etc.)

2. Do you believe that these political strains ultimately influence your overall health status? Why or why not?

3. Do you believe stress from limited legal rights in the lives of black lesbian and/or black women create health issues for them? Why or why not?
BIBLIOGRAPHY


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