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An exploratory phenomenological study of black feminist leadership in HIV/AIDS community work.

Denise McLane-Davison
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ABSTRACT

SCHOOL OF SOCIAL WORK

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AN EXPLORATORY PHENOMENOLOGICAL STUDY OF BLACK FEMINIST
LEADERSHIP IN HIV/AIDS COMMUNITY WORK

Advisor: Sarita K. Davis, Ph.D.

Dissertation dated May 2010

While black women have historically addressed issues of social injustice in the black community, their leadership in the fight against HIV/AIDS has been largely overlooked. HIV/AIDS is a leading health disparity for black women ages 25 to 44. While other populations have seen a decline in their rates of infection since the early 1990s, the rates of infection for black women have consistently increased (Centers for Disease Control and Prevention, 2007). Black women’s leadership in HIV/AIDS community work has been understudied as a viable means of engagement in the fight against HIV/AIDS. The intersection of race and gender, as described in black feminist thought, may influence black women’s leadership development and how they impact certain social issues such as HIV/AIDS. This exploratory research study includes a snowball sampling of black women leaders involved in HIV/AIDS community work. Through semi-structured interviews the researcher gained insightful knowledge about how black women experience leadership in their HIV/AIDS work in the face of the
ongoing HIV/AIDS epidemic amongst black women. The results add to contemporary descriptions of leadership, place black women’s leadership in its historical context, and helps us to better understand how gender and race impact leadership.
AN EXPLORATORY PHENOMENOLOGICAL STUDY OF BLACK FEMINIST
LEADERSHIP IN HIV/AIDS COMMUNITY WORK

A DISSERTATION

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

BY

DENISE MCLANE-DAVISON

WHITNEY M. YOUNG, JR. SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

MAY 2010
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This has been a steadfast journey and a testament of resilience. Along the way, my family and friends have lifted my wings and encouraged me to fly. My spiritual growth has sustained my path. How do we acknowledge the guides along the way?

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CHAPTER I
INTRODUCTION

Chapter one introduces the need for the exploration of leadership characteristics of black women engaged in Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Disease (AIDS) community work. This chapter also provides preliminary information regarding problem identification and the purpose of the study. The significance of the study and nature of the study are outlined in conjunction with the missions and values of the social work profession and the Whitney M. Young School of Social Work. Additionally, the theoretical framework, black feminist thought is introduced as a means of understanding leadership theory and the overall methodology of the research study. Finally, the definition of terms, assumptions, scope, and limitations are explained. The chapter concludes with a summary of chapter one and the introduction of chapter two which contains the review of literature.

Background

The Council on Social Work Education (CSWE) recognizes leadership development as a core concern, yet limited empirical research has focused on the concept of leadership (Gellis, 2001). In an exploratory study of perceptions of leadership in social work practice and academic settings, Rank and Hutchinson (2000) identified five themes of leadership and produced a definition of social work leadership: “The communication of vision, guided by the National Association of Social Workers (NASW).
Code of Ethics, to create proactive processes that empower individuals, families, groups, organizations, and communities” (p. 499).


Afrocentric, Africentric, or African-centered reflect the life experiences, history and traditions of African people as the center of analyses. It is therein, the intellectual and philosophical foundation which African people should create their own scientific criterion for authenticating human reality. (p. 110)

The African-centered worldview challenges social work to expand its philosophical and intellectual base to embrace humanity; to release the domination of the Eurocentric worldview over the psyche of African peoples; and to open the way for the transformation, creativity and unlimited potential that is embedded within authenticity. (p. 104)

The Whitney M. Young, Jr., School of Social Work seeks to develop social work leaders from an Afrocentric perspective that can impact issues of social injustice. The advanced Ph.D. program prepares research scholars to address administrative, policy, planning, and leadership concerns that impact society as a whole, but specifically, those of African descent (Clark Atlanta University, The Whitney M. Young Jr., School of Social Work website, 2008).

An examination of leadership research literature over the past decade reveals the emerging definitions of leadership centered in the experiences of black women. This reconceptualization of leadership is interactive, draws upon the historical gender roles
rooted in Africa, and focuses on collective empowerment (Watkins, 2008; Abdullah, 2003, 2007; Rosser-Mims, 2005). Thus, this particular research is congruent with the goals of the Ph.D. program by examining the characteristics of black women’s leadership from a black feminist perspective, and thus adds to the existing knowledge of contemporary leadership theories. Understanding black women’s leadership in HIV/AIDS community work can further promote the NASW Code of Ethics values of service, social justice, dignity and worth of a person, competence, and importance of social relationships. HIV/AIDS presents as an ongoing crisis in the black community, particularly for black women. Understanding black women’s leadership as it relates to AIDS community work, “brings women’s perspectives from margin to center” (King & Ferguson, 2001, p. 127). This research also may contribute to the research literature on black women’s response to critical issues, such as HIV/AIDS, within its historical context of “uplift” while providing alternative ways of defining black women’s leadership.

Problem Statement

According to the Centers for Disease Control and Prevention in their June 2007 report, *Heightened National Response to the Crisis of HIV/AIDS Among African-Americans*, HIV/AIDS continues to threaten the health and well-being of many communities in the United States, but for African Americans, HIV/AIDS is a major health crisis. Local, state, and federal efforts to combat HIV among African Americans have been increased over the life span of the disease. However, these efforts have been limited at best in decreasing the persistently high rates of HIV infection among African Americans (Centers for Disease Control [CDC], 2007).
Wright (2006) indicates:

Between 2000 and 2003, the epidemic’s frontline is quickly shifting from large, northern cities to the more dispersed communities of the South. Today, seven of the 10 states with the highest per capita AIDS rates are in the South, and 41% of people living with HIV are in the Southeast. It is a particularly black epidemic: Eight of the 10 blackest state epidemics are in the South. (p. 19)

In 2004, Georgia ranked eighth in the United States with 30,405 cumulative AIDS cases, according to the CDC’s March 2007 HIV/AIDS Surveillance Report. Of this cumulative number of cases, an estimated 27,000 people were reported to be living with HIV (non-AIDS). An additional 16,181 residents of the state were reported to be living with AIDS. Newly diagnosed persons with HIV accounted for 1,246 reported cases, while 1,268 newly diagnosed AIDS cases comprised the remainder of reported cases. Of these figures, African Americans accounted for 77% of all reported cases. The AIDS rate for African Americans is nine times higher than the rate for whites. The most common modes of transmission continue to be men having sex with men (59%), as well as, heterosexual exposure (20%). Approximately two-thirds of all persons newly diagnosed with AIDS in Georgia live in the 20-county Atlanta metro area. Persons residing in the Fulton and DeKalb Health Districts combine to make up 51% of reported HIV/AIDS cases in 2005.

Prather (2006) indicates “Although race and gender are not indicators for HIV/AIDS, both have disproportionately impacted African-American women” (p. 149). African-American women are the fastest growing population of newly diagnosed HIV
infections. Wright (2006) records, “Between 2000 and 2003, blacks accounted for 69% of new diagnoses among women—with an infection rate 18 times higher than that among whites” (p. 19). According to the CDC HIV/AIDS Fact Sheet (2009), “For black women living with HIV/AIDS, the most common methods of transmission were high-risk heterosexual contact and injection drug use” (p. 1).

The only diseases causing more deaths of women were cancer and heart disease. These numbers are especially alarming when one considers that the CDC did not begin to add female sex partners to the list of “at-risk” populations until 1983 (Wright, 2006) and early in the epidemic very few diagnoses were made that included women (CDC, 2008).

During the early 1980s, traditional leadership in the black community remained invisible and essentially symbolic in their response to the threat of HIV/AIDS, forcing the emergence of grassroots efforts and marginalized sectors of the community (Wright, 2006; Cohen, 1999). Cohen (1999) documents early efforts were mobilized through “inclusive political and transformative work pursued, at least initially, by black gays and lesbians” (p. 91).

The efforts of the historical “social justice“ organizations (National Urban League, National Association for the Advancement of Colored People, Southern Christian Leadership Conference) were all but unresponsive to the HIV/AIDS epidemic. Within the context of these organizations initial strategies to address HIV/AIDS with black women and their children were viewed as pathological participants in the spread of the disease (Cohen, 1999). While, the organizations originated from the “uplift” era of
self-help their early strategies to address AIDS were reminiscent of the classist, racist, gendered, and homophobic attitudes that they had been designed to eradicate. It would take the efforts of local AIDS community leaders to garner political support and funding, which would eventually move these traditional black community organizations to address HIV/AIDS.

Local black AIDS activists were among the initial community leadership, according to Wright (2006), who indicates, “Their names have been largely left out of official histories, but their communities continue to benefit from their bravery” (p. 13). While there appears to be a need to rewrite the black gay and lesbian community back into the historical AIDS leadership, it is also important to document the early efforts of black women. As early as 1987, Debra Fraser-Howze founded the National black Leadership Commission on AIDS, a national organization that coordinates and supports black leaders in their AIDS work (Cohen, 1999; Wright, 2006). In 1985, according to Wright (2006):

Local activists did the same for their communities. Blacks educating blacks About Sexual Health Issues (BEBASHI) may have been the first black AIDS organization to spring into action, launching street outreach in black neighborhoods. In 1988, the group had wrangled federal money to teach other organizations in the Mid-Atlantic states how to do the same sort of work, and today provides a range of services to more than 15,000 people. (p. 13)

By 1986, local efforts in Atlanta, Georgia are attributed to Sandra McDonald, founder of Outreach, Inc. Wright (2006) records, “In 1987, Georgia contracted Outreach to develop
an AIDS education curriculum aimed at minority communities” (p. 13). Outreach, Inc. is credited with its pioneering work of facilitating street outreach with drug users and advocating for access to drug addiction treatment (Wright, 2006).

Purpose of the Study

The purpose of this study is to explore the nature of black women’s leadership in the arena of HIV/AIDS community work. In so doing, the following research questions guide this study:

RQ1: What is the nature of black women’s leadership in HIV/AIDS community work?

RQ2: Given the prevalence of HIV/AIDS amongst African-American women, what has influenced black women’s mobilization on behalf of the community’s welfare?

RQ3: How does the intersection of race and gender influence black women’s leadership in their response to HIV/AIDS?

RQ4: What is the added value of this kind of leadership to contemporary leadership models?

A purposive sampling methodological approach was employed to select five African-American women who have been engaged in leadership roles for a minimum of seven years in HIV/AIDS community work. These women range in age from 25 to 70 years of age. The women were selected in part based on their current or most immediate past leadership roles in either private, government, or faith based agencies.
Phenomenological research (Creswell, 2007; Strauss & Corbin, 1990) is defined and employed as an appropriate methodology in exploring the experiences of black women’s leadership in HIV/AIDS community work. The primary data sources for this qualitative study are semistructured interviews with five black women engaged in HIV/AIDS community work.

Black women have continued to be the group with the highest rate of reported newly diagnosed HIV/AIDS cases (Wright, 2006). While black women have been engaged in localized community efforts to address the epidemic, their efforts have been largely unrecognized (Quimby & Friedman, 1989; Epstein, 1997). Within the context of traditional western leadership theories, black women’s community work is not included as a form of leadership. Western definitions of leadership have too often been legitimized and accepted without regard to the historical and contemporary context of race and gender (Bell, 2006). Black women have been intrinsically involved in the welfare of their communities (Carlton-LeNay, 2001; Simien, 2003; Collins, 2000). However, their efforts to mobilize the community, political activism, volunteerism, and leadership have largely gone unnoticed in the empirical research and curriculum on leadership (Gordon, 2000; Simien, 2003). Black women’s leadership is often overlooked because it is not only operationalized differently from traditional forms of leadership, but also, because it is labeled and defined through such terms as community mothers (Gilkes, 2000), other mothers (Henry, 1992), activist mothering (McDonald, 1997), community workers (Carlton-LeNay, 2001), race women (Jean-Marie, 2006; Collins, 1989; Carlton-LeNay, 1999), bridge leaders (Tate, 2003), activist (Nance, 1996; Rodríguez, 1999;
Radford-Hill, 2000), and *racial uplift* (Collins, 1989; Gilkes, 2000; Slevin, 2005). The terms used to describe black women’s leadership appear to exist in conjunction with their historical political activism on behalf of their community.

Researchers (Berger, 2004; Collins, 1990; Gilkes, 2000; Radford-Hill, 2000; Springer, 1990; Carlton-LeNay, 1999; Carlton-LeNay, et al., 2001; McKenzie, 2001; Green & King, 2002) have concluded that African-American women developed a unique leadership style, based on their response to being marginalized from traditional forms of leadership, as well as, the intersection of race, gender, and class. Their work through their social networks, community, church, and family involvement reveals multiple descriptions and explanations, but no singular agreed upon definition of African-American women’s leadership. Furthermore, while scholars indicate there are leaders who operate from a black feminist perspective, black feminist leadership is only most recently defined in the literature by Hall, Garrett-Akinsaya, and Hucles (2007) and then as a black feminist leadership model by Abdullah (2007). Thus, more contemporary black feminist scholars have begun to label and rearticulate black feminism as a viable leadership style, behavior, and practice amongst African-American women, but have yet to distinguish it among the HIV/AIDS community.

This study uses phenomenological research to conduct a formative evaluation of the nature of black women’s leadership in HIV/AIDS community work. The focus of the data collection was to capture descriptions of leadership behavior as seen through the experiences of women involved in HIV/AIDS community work. Data collection involved semistructured interviews. Data analysis focuses on reviewing the transcripts to
reveal common themes that describe their understanding of leadership, the intersection of
gender and race in their leadership, and how their leadership adds to contemporary
definitions of leadership. Additionally, interpretation of the data should provide key
indicators regarding contributing factors of black women’s community mobilization,
activism, and black feminism as a particular form of leadership amongst women involved
in the fight against HIV/AIDS.

This research addresses the gap in leadership literature regarding black women’s
community work in the fight against AIDS. The exploration of personal narratives
should reveal a pattern of collective action, community mobilization, and activism that
form a distinctive model of black feminist leadership. Thus, the purpose of this study is
to explore the nature of black feminist leadership in HIV/AIDS community work. The
research questions used to guide this study are as follows:

RQ1: What is the nature of black women’s leadership in HIV/AIDS community
work?

RQ2: Given the prevalence of HIV/AIDS amongst African-American women,
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community’s welfare?

RQ3: How does the intersection of race and gender influence black women’s
leadership in their response to HIV/AIDS?

RQ4: What is the added value of this kind of leadership to contemporary
leadership models?
Significance of the Study

Research about black women has too often been told by and from the perspective of persons external to their experiences. The negligence to include black women’s stories from their experiences has often led to the misinterpretation and exclusion of their experiences. Barrett (1993) reports:

Critics of prevailing research on black women have pointed out three major biases: (a) negative problem-orientated images that stereotypically connect black women with various “pathologies” within the family, such as female-headedness, illegitimacy, teen pregnancy, poverty and welfarism; (b) a middle-class orientation that excludes ignores, or makes inconsequential the experiences of poor and working class women, a large percentage of whom are black; (c) an apolitical-nonleadership image of black and poor women as political passivists or as followers and organizers rarely as movement leaders. Thus the majority of existing research on modern social movement leadership has neglected the crucial roles of black women and presented the erroneous image that all of the women are white, all of the blacks are men. (pp. 164-165)

Leadership, while often studied, has no agreed upon definition and is routinely interpreted based on the academic discipline. Leadership models are usually male-centered, individual-centered, western-centered, class-based, and hierarchal (Allen, 1997; Gilkes, 2000; Gordon, 2000; Parker, 2001; Abdullah, 2003, Porter & Daniel, 2007). Leadership models that take into account gender are often based on white middle-class
women’s interpretation of gender and privilege (Allen, 1997; Abdullah, 2003, 2007; Collins, 2007). Although black women have organized on behalf of the black community since pre-colonization, much of the research literature fails to recognize their unique forms of leadership (Nance, 1996; Allen, 1997; Rosser-Mims, 2005; Abdullah, 2007). Porter and Daniel (2007) assert, “Many women of color have played leadership roles in their respective racial and ethnic cultural communities. Unfortunately, too often it has been seen as ‘women’s work’ and consequently devalued” (p. 257).

The introduction of black feminist leadership challenges these models of leadership and seeks to rearticulate black women’s leadership based on their unique location and experiences. Black women’s interpretation of leadership is in part, according to Nance (1996), shaped “through a close analysis of the specific activities of black women acting individually and collectively . . . many of the roles played by black women during this time period (Civil Rights) were a continuation of historical roles played out in slavery and reconstruction” (p. 544). For black women, leadership focused on family and community survival. Nance (1996) emphasizes:

Implicit in this viewpoint are expectations of providing help and assuming responsibility for others in concert with mutually understood values and shared goals. Consequently, whether cooking meals for volunteers, leading demonstrations, or caring for children, women were engaging in acts of community survival. (p. 549)

Contemporary definitions of black women’s leadership take into account the historical presence of black women’s experiences of “racial uplift,” activism, and resistance, to
produce black women's self-defined leadership which incorporates group-centered models of leadership, black feminist leadership, and black women's community leadership.

In reviewing the literature on AIDS activism and leadership within the black community, there is an underrepresentation of scholarship that highlights the efforts of the black community and specifically black women. Black gay and lesbian community leaders, while on the forefront of the AIDS fight, are often invisible and ignored in terms or their mobilization efforts (Quimby & Friedman, 1989). Early attempts to address AIDS in the black community were met with racism, sexism, and homophobia, as well as divisive stances amongst social classes and the black church (Quimby & Friedman, 1989). Traditional social justice organizations in the black community, such as the National Association for the Advancement of Colored People (NAACP), National Urban League, and Southern Christian Leadership Conference (SCLC) failed to identify AIDS as a crisis within the African-American community. Quimby and Friedman report that these organizations “tend to see AIDS in the context of the broader problems of poverty, drug addiction, inadequate education, and unemployment and their approaches tend to be non-confrontational and assimilationist” (p. 406). The black church appeared to align itself with the conservative Christian values and policy of the larger society and appeared to turn its back on those infected and affected with HIV/AIDS (Quimby & Friedman, 1989; Cohen, 1999; Epstein, 1997). Grassroots efforts to address local issues around AIDS, produced lay professionals and leaders who shaped early prevention efforts (Quimby & Friedman, 1989; Beeker, Guenther-Grey, & Raj, 1998).
The general research that addresses black women’s leadership is mostly represented in the disciplines of political science (Simien, 2004; Abdullah, 2003; White, 2006; DeLany & Rogers, 2004; Prestage. 1991; Radford-Hill, 2000; Robnett, 2007), education (Bell-Scott, 1982; Green & King, 2002; Gaetane, 2006; Slevin, 2005; Waring, 2003), religion (Boyd, 1997; Gilkes, 2000; Sanders, 1995; Weems, 1993), and in the professional business sector (Parker, 2001; Combs, 2003; King 2001). Black women’s leadership research tends towards qualitative studies consisting of individual interviews, case studies, or biographical and autobiographical documents that include historical and contemporary life experiences (Vaz, 1997). Quantitative instruments that could assess black women’s leadership are limited and often based on theoretical frameworks that do not take into account the intersection of race and gender (Simien, 2006). After a thorough investigation of the empirical research, several leading researchers on black women’s leadership were contacted to inquire about scales on black feminist leadership, black feminist identity, and/or black women’s leadership. The Womanist Identity Attitudes Scale [WIAS] (Helms, 1990) has not been successfully validated with black women, and the scales developer goes to great length to disassociate this instrument from Alice Walker’s definition of Womanist (Moradi, 2005).

Nature of the Study

Few, Stephens, and Rouse-Arnett (2003) indicate:

The use of qualitative methods, particularly narratives, has been instrumental in informing researchers of the various dynamics that shape sexuality, race, and gender interactions. Qualitative research is rooted in a phenomenological
paradigm, holding that reality is socially constructed through individual or collective definition of the situation. Thus the analysis of the phenomenon being studied is not analyzed separately from the reality as it is experienced by black women. (p. 207)

As an exploratory study, seeking to understand the characteristics of black women’s leadership in HIV/AIDS community work, qualitative data is especially important since this methodology is in line with black Feminist/Womanist epistemology (Few, Stephens, & Rouse-Arnett, 2003; Taylor, 1998; Collins, 2000; Rodriguez, 1996; Vaz, 1997).

This phenomenological study of five women will include a cross-generational group of women who are perceived as experts in HIV/AIDS and involved in community leadership. According to Creswell (2007):

A phenomenological study describes the meaning for several individuals of their lived experiences of a concept or a phenomenon. The focus is on describing what the participants have in common as they experience the phenomenon. The basic purpose is of phenomenology is to reduce individual experiences with phenomenon to a description of the universal essence. (pp. 57-58)

Utilizing a purposeful sampling to conduct semistructured interviews, this phenomenological study explores the experiences of black women leaders engaged in HIV/AIDS community work.
Theoretical Framework

Black Feminist Thought

In a comparison of Afrocentrism, feminism, and womanist perspectives, Banks-Wallace's (2000), *Womanist Ways of Knowing: Theoretical Considerations of Research with African American Women*, reveals:

Womanist, Afrocentric, and feminist theory fall into a large rubric of critical paradigms that refer to multiple perspectives that differ on certain dimensions but share as a goal the generation of knowledge, which contributes to emancipation, empowerment, and change. Womanist theory, womanism, and black feminist thought have been used interchangeably to articulate and interpret an African American woman's standpoint. However, Africana womanism extends the conceptual core to include women of African descent throughout Africa and the African Diaspora, and it prioritizes racism and classism as more critical issues than sexism with respect to the daily lives of women of African descent. (pp. 36-37)

In *All the Women are White, All the Blacks are Men, But Some of Us Are Brave: Black Women’s Studies*, edited by Hull, Bell-Scott, and Smith (1982), one of the initial black feminist anthologies, the title introduces the possibility that there is a missing voice, “the black woman’s,” from the discussion on race and gender. Black feminism speaks to this “theoretical invisibility” by bringing attention to feminist analysis grounded in the primary experiences of privileged white women (Taylor, 1999). However, a black feminist perspective, according to Taylor (1999):
Values and centers African American women’s experiences and empowers
African American women with the right to interpret their reality and define their objectives. Black feminism is the consideration of how concepts and organizing principles, such as race, class, and gender, intersect and blend to produce material consequences for African American lives. (p. 54)

Patricia Hill Collins is one of the most consistent voices in the development of black feminist thought. Her timely work, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (1990), is one of the premiere texts on the subject of black feminism. Collins (1990) contends that the definition of black feminist thought and of who is a black feminist is entangled in a complicated “nexus of relationships among biological classification, the social construction of race and gender as categories of analysis, the material conditions accompanying these changing social constructions, and black women’s consciousness about these themes” (p. 21). A definition of black feminist thought consists of:

Specialized knowledge created by African-American women which clarifies a standpoint of and for black women. Black feminist thought contends that knowledge exists on two levels: (a) everyday, taken-for-granted knowledge shared by members of a given group; and (b) specialized knowledge furnished by experts who are part of a group who express the groups standpoint. (p. 750)

Deconstructing the sexist and racist views of black women, while allowing them to rearticulate their views, offers African-American women an opportunity to define themselves on their own terms. Collins (2000) asserts that:
As a critical social theory, black Feminist thought aims to empower African American women within the context of social injustice sustained by intersecting oppressions. Since black women cannot be fully empowered unless intersecting oppressions themselves are eliminated, black Feminist thought supports broad principles of social justice that transcend U.S. black women's particular needs. (p. 22)

Collins (1990) explains:

Black feminist thought demonstrates black women's emerging power as agents of knowledge. By portraying African-American women as self-defined, self-reliant individuals confronting race, gender, and class oppression, Afrocentric feminist thought speaks to the importance that knowledge plays in empowering oppressed people. One distinguishing feature of black feminist thought is its insistence that both the changed consciousness of individuals and the social transformation of political and economic institutions constitute essential ingredients for social change. New knowledge is important for both dimensions to change. (p. 221)

For the purposes of this study, black feminist thought, as defined through Patricia Hill Collins (1989, 1990, 2000, 2005, 2006) will be used to describe black feminism. Although somewhat controversial, it is understood that her version of black feminism also includes, Walker's (1983) Womanist, and is based on an Afrocentric foundation which includes Africans throughout the Diaspora. It is particularly important to note that Collins' (1990) version of black feminist thought is inclusive, and addresses terms unique to this definition which include black feminist consciousness, and an Afrocentric feminist...
epistemology. Collins frequently interchanges the terms black and African-American to
describe women of African descent throughout the Diaspora. Black feminist, Womanist
and Afrocentric feminist are also used interchangeably. Womanist theology (Gilkes,
2000) is also implied as a part of the discussion related to black feminist for this study.
However, since both Womanism (Hudson-Weems, 2000) and Africana African
Womanist (Ogunyemi, 1985) go to great length to sever their definitions of Womanism
from Walker and Collins, this term is not inclusive of their frameworks.

Historical Activism

During the Progressive Era (1891-1918), the Black Women's Club Movement was
built on the self-help traditions of Africans in America, while expanding the social
welfare of the black church (Martin & Martin, 1985; Trotter, 1993; Sanders, 1995;

Black women built the infrastructure of their communities through their religious
and secular associations, including church women’s groups, female auxiliaries,
and women’s clubs. Club work was midway between the work of personal
charity and professional social work and, as such, influenced the direction of
social welfare work during the Progressive Era. Black clubwomen . . . were at the
center of social welfare work for African Americans. (p. 17)

These women were at the forefront of a variety of social issues and the improvement of
their communities’ economic, social, and political conditions (Carlton-LeNay, 1999).
Smith (1995) indicates, “Black clubwomen established day nurseries (all-day care) and
kindergartens in response to the needs of mothers in the labor force” (p.17). Black
women built the infrastructure of their communities through their religious and secular associations, including church women’s groups, female auxiliaries, and women’s clubs (Sanders, 1995; Carlton-LeNay, 1994; Smith, 1995). O’Donnell (1996) confirms:

Black women claimed leadership in looking after their whole people more than did comparable whites, and advocated for universal social welfare provisions that were less concerned than the prevailing efforts in the larger society to separate the ‘worthy’ from the ‘unworthy.’ They emphasized education and health rather than relief, and viewed human services as legal entitlements, not so different from the right to vote or to ride the public transportation system. (p. 17)

Historically, black middle-class women (Women’s Club Movement) have engaged in what McDonald (1997) calls “black activist mothering.” This practice by African-American clubwomen from the time of slavery to the early 1940s demonstrates a legacy of “normative empathy” as a significant motivator for middle-class maternal activism (p. 774). Specifically, their mothering efforts, according to McDonald (1997), demonstrate “their strategy for intervention, born from a conscious, collective need to resist racist and sexist oppression is one passed down from many generations by their black activist foremothers” (p. 774). Black women’s club activities reflect a means of institutionalizing their leadership practices as a means of working on behalf of the community.

Incorporated in the Women’s Club Movement agenda for community betterment was the commitment to address social justice issues. From 1890 to 1950, a period of legalized segregation, many African Americans saw their struggle for improved health
conditions as part of a political agenda for African-American rights. African-American activists and leaders struggled to draw federal attention to African-American health issues. Although it was difficult for a group with little influence on government to affect public social policy, they tried to make the health needs of African Americans a legitimate political concern for the United States (Smith, 1995). African-American female community leaders, according to Smith (1995), “formed the backbone of the black Health Movement and were central to the founding and maintenance of African American public health projects” (p. 1). These women implemented health reform measures at the local level and, in so doing, translated health policy into health programs for the African-American community. Black women served as conduits in the community because of their position in the community. Smith (1995) reports “women were the primary targets of African-American public health work because of their influence on the physical and moral health of their families” (p. 1).

Overall, the Black Women's Clubs rose to prominence because they assumed community leadership by articulating openly and eloquently the issues of the masses. Sanders (1995) affirms that the Black Women's Clubs “captured their people's vision of America as a vision that was simultaneously optimistic and critical, but ultimately hopeful” (p. 46). Early efforts of women's organizations during the Progressive Era developed platforms which exemplified the moral integrity and achievements of a few on behalf of the majority. Their exhibition of collectivism set the tone for the development of uplift and empowerment on behalf of America's poor for the 21st century.
Leadership Theories

The Council on Social Work Education recognizes leadership development as a core concern, yet limited empirical research has focused on the concept of leadership (Gellis, 2001). Rank and Hutchinson (2000) acknowledge that an understanding of leadership is “increasingly important” as the social work profession evolves to address ongoing social problems in society. A definition of leadership, according to Rank and Hutchinson, is “The communication of vision, guided by the National Association of Social Workers Code of Ethics, to create proactive processes that empower individuals, families, groups, organizations, and communities” (p. 499).

Oelofse (2007) indicates that despite the vast body of leadership literature generated over centuries, there is no consensually agreed upon definition of leadership. Thus the definition of leadership:

Can be classified as the focus of group processes, as a matter of personality, inducing compliance, as a form of persuasion, as a power relation, as an instrument to achieve goals, as initiation of structure, and as many combinations of the above. (p. 57)

Dorfman (1996) stated that most definitions of leadership include a core concept of influence, since leaders influence followers, thus resulting in the incremental influence over and above what is prescribed in the work unit. As a cultural practice, according to Rusch, Gosetti, and Mohoric (1991):

Leadership as enacted in American organizations, political systems, and community institutions is constituted by the worldview and belief system of
Western culture and is reflected in the social and racial privilege of this country. The nature and function of leadership are revealed in and maintained by leadership discourse, that is, the texts, conversations, writings, rituals, and ceremonies that socially construct our knowing and understanding of leadership. (p. 3)

Periods of leadership are described as having passed through several distinct eras of which trait, behavior, and contingency are seen as key periods (Bass, 1985; Oelofse, 2007; Bell, 2006, Randleman, 2007). The “great man period” and the “trait period” are often infused and were popular during the nineteenth and early twentieth centuries. Oelofse (2007) cites Kirkpatrick and Locke (1996) as indicating:

These theories contended that leadership traits are inherited—with the well-known belief that great leaders are born, not made. Trait theories do not make assumptions about the hereditary quality of leadership traits, but merely asserts that leaders’ characteristics are different from non-leaders. Traits here refer to people’s general characteristics, motives, patterns of behavior and capacity. Traits on which leaders differ from non-leaders in Western cultures are identified as drive, leadership motivation, honesty and integrity, self-confidence, cognitive ability, knowledge of business, achievement orientation, and a strong drive for responsibility. (pp. 60-61)

The “behavioral era” developed in contrast to the trait theory in the early part of the 1950s (Bass, 1985). The behavioral approach, according to Oelofse (2007), was a way “to identify and measure relevant leadership actions and behavioral patterns that
leaders to successful leadership outcomes, such as productivity and morale. As a result, the focus changed from what leaders are to what leaders do” (p. 61). The “contingency era” emphasized the relationship between a leader’s style and the situation.

The “transactional era” also described as the “exchange period” followed the “contingency era.” Oelofse (2007) records a description by Bass (1985) of the transactional era as “an emphasis on the importance of transactions between leaders and employees, as well as the leaders’ role in initiating and sustaining interaction” (p. 63). Transformational leadership theory developed out of the “transformational era.” Oelofse describes the transformational era, based on Bass, as “due to the focus on intrinsic, rather than extrinsic motivation, the transformational era is seen as a dramatic improvement over previous periods” (p. 64).

Transformational leadership with its emphasis on vision, development of the individual, empowerment and challenging traditional assumptions has become a popular model of leadership in business organizations and is also more frequently associated with women’s style of leadership. Transformational leaders articulate a vision, use lateral or nontraditional thinking, encourage individual development, give regular feedback, use participative decision-making, and promote a cooperative and trusting work environment (Carless, 1998).

Feminist leadership is transformational in nature, according to Porter and Daniel (2007), who define feminist leadership “as seeking to empower and enhance the effectiveness of one’s team members while striving to improve the lives and social
conditions of all stakeholders including those indirectly affected, such as consumers and other members of society” (p. 249).

Black Feminist Leadership

Many of the examples of black women’s leadership appear to be narrative documentation of politicized activities of a few women (Ida. B. Wells, Harriet Tubman, Sorojuner Truth, Mary McLeod Bethune, Mary Church Terrell, Fannie Lou Hammer, Rosa Parks) which have the core focus of community building (Barrett, 1993; Nance, 1996; Abudullah, 2007). These women, although singled out for their individual contributions, acted in conjunction with their gendered and racial peers to bring about social change. The autobiographies, biographies, narratives, case studies, document review, and other qualitative research methodologies, reveal common themes around education, family values, and the influence of church, commitment to community survival, cooperative work with and the support of black men, social networks, and shared leadership among the characteristics of these women which support the definition of a unique leadership model. Excluded from participating in traditional political processes like, voting, and holding office, black women developed their own informal and formal means of developing leadership and a political voice. Black women leaders on the forefront of HIV/AIDS community work seem to have adapted similar models of leadership as a result of being “left out” of initial community organizing efforts. However, little is known about the nature of black women’s leadership in HIV/AIDS community work.
As recent as 1995, a definition of black female community leadership emerged and was described by Allen:

The struggle for group survival whereby group collective experience, and group socio-emotional support, as well as the instrumental aspects of developing and maintaining internal female networks for institution building, merge to form collective action for cultural maintenance and black community empowerment (p. 47)

This particular definition is supported by the social and historical experiences of black women in America, based on their race and gender. Allen’s research is similar to other black women researchers (Bell-Scott, 1990; Parker, 2001) concerned with the topic of black women’s leadership. Allen (1997), much like those that preceded her, identifies the need of future research “to identify the processes, content, and form of black female leadership in contemporary America” as a means of “rebuilding the black community” (p. 3). Thus the focus on black women’s leadership is more than a descriptive process; it includes an anecdotal documentation of how these women developed their skills, and describes what contributed to or the lack of their leadership, in addition to understanding how social networks and institutions impact the critical development of black women’s leadership.

The re-articulation of leadership is both necessary and viable to a discussion on community building. Missing from traditional models of leadership, are the activities and experiences of black women and their continued work for community betterment. The research fails to capture the ways in which black women have “self-defined” and
emerged as the “intellectual voice” of the community during times of societal unrest. Abdullah (2003) synergizes the historical community work of black women’s political leadership and activism to arrive at a model of self-defined leadership:

Black women’s self-defined leadership stands as an independent model with four tenets: (a) it is proactive in nature (versus simply reactive), (b) it bridges theory with practice, with each constantly informing the other, (c) it embraces collective action/group-centered leadership (as opposed to a leader-centered group), and (d) it employs both traditional and non-traditional methods of political engagement. (p. 3)

Throughout Abdullah’s (2003) discussion, a connection is drawn between black women’s leadership development that is based in African traditions as well as, responsive to the political tides of Africans in America. For Abdullah, the discussion of leadership emphasizes a communal verses individual model and develops from grassroots efforts, rather than top down directives. This model of leadership appears in contrast to popular models of leadership in educational, political, and business structures.

In 2007, Abdullah’s *Emergence of a black Feminist Leadership Model* appears to be the first research documenting the term black feminist leadership model. While some women-centered organizations have used terms to describe their activities, there is no link to a definition of black feminist leadership. Thus, Abdullah, begins an expansive discussion of her previous “self-defined leadership” as she relates it to the activist work of the black women’s club movement, the anti-lynching movement, and the Civil Rights movement.
Abdullah (2007) identifies four characteristics of black feminist leadership: (a) it connects theory and practice, with each constantly informing the other, (b) it is proactive and not simply reactive, (c) it adopts a group-centered approach in which all members share the responsibility of leadership and collectively “own” the movement, and (d) it utilizes both traditional and nontraditional forms of activism (p. 329).

Simultaneously in 2007, Hall, Garrett-Akinsanya, and Hucles published an article specifically defining black feminist leadership:

Black women activists who, from the intersections of race and gender, develop paths, provide direction, and give voice to black women. Black feminist leaders lead by example and generate opportunities for change, provide encouragement and skills to others, and ignite a desire in other black women to create conditions for success. Black feminist leadership is a designation that is accorded to a person-formally or informally. (p. 283)

Black women’s community leadership, black women’s self-defined leadership, black feminist leadership, and black feminist leadership models, are all definitions of leadership, developed from a black feminist standpoint, which will be used to guide the discussion regarding black women’s community work within the fight against HIV/AIDS.

Definitions

*American* and *black* shall be used interchangeably to denote persons of African ancestry.
Activism shall include a host of traditional and non-traditional activities, and both private and public activist strategies, which have been used historically in the African-American community to resist oppression (micro/macro) and galvanize the collective towards community betterment. Imbedded in the definition of activism, for black women, is the notion of black feminist consciousness and a Womanist epistemology.

Afritics is an African-American centered perspective in which black women leaders analyze and distribute scarce resources in a manner that simultaneously attends to those most in need and the good of the collective (Delany, 2004).

Black Feminist as defined by Deborah K. King (1988), “declares the visibility of black women . . . it asserts self-determination as essential . . . empowered with the right to interpret our reality and define our objectives, while drawing on a rich tradition of struggle. It fundamentally challenges the intersection of the oppressions of racism, sexism, and classism both in the dominant society and within movements of liberation” (p. 72).

Black Feminist Leadership is defined by Hall, Garrett-Akinsanya, and Hucles (2007) as black women activists who, from the intersections of race and gender, develop paths, provide direction, and give voice to black women. Black feminist leaders lead by example and generate opportunities for change, provide encouragement and skills to others, and ignite a desire in other black women to create conditions for success. Black feminist leadership is a designation that is accorded to a person-formally or informally (p. 283).
**Black Feminist Leadership Model** (a) connects theory and practice, with each constantly informing the other, (b) is proactive and not simply reactive, (c) adopts a group-centered approach in which all members share the responsibility of leadership and collectively “own” the movement, and (d) utilizes both traditional and nontraditional forms of activism (Abdullah, 2007, p. 329).

**Community**—Collins (2005) explains community as being synonymous with family and/or people. In this case, the term *black community* is used interchangeably with the phrase black people. Both concepts view all blacks as connected and reference the physical, emotional, and psychic spaces in which black people “belong” (p. 296).

**Communal leadership** stems from an African tradition where community work is used to address the common concerns of the group rather than the singular desires of an individual and evolved based on the traditional system’s refusal to meet the needs of the black community (Abdullah, 2003, p. 14).

**Community Work**—According to Gilkes (1995), Community work consists of the women’s activities to combat racism and empower their communities to survive, grow, and advance in a hostile society. The totality of their work is an emergent, dynamic, interactive model of social action in which community workers discover and explore oppressive structures, challenge many different structures and practices which keep their communities powerless and disadvantaged, and then build, maintain, and strengthen institutions within their communities. These institutions become the basis for the communities’ commitments to group interests are the basic elements of the community.
They work for the community that they themselves re-create and sustain, a mutually reinforcing process (p. 230).

*Feminist Leadership*—According to Porter and Henderson-Daniel (2007), feminist leadership is transformational in nature, seeking to empower and enhance the effectiveness of one’s team members while striving to improve the lives and social conditions of all stakeholders including those indirectly affected, such as consumers and other members of society (p. 249).

*Linked fate*—According to Simien (2004), connotes an acute sense of awareness (or recognition) that what happens to the group in question will also affect what happens to the individual members of the group (p. 321).

*Racial uplift*—personal and community empowerment of race advancement

Assumptions

While African-American women have historically fought for community betterment, inconsistent terminology is used to describe their behavior in terms of leadership. Social networks, women's clubs, the black church, the black family, and the community have all been credited as influencing and socializing women into leadership roles, yet limited documentation has noted how black women’s leadership is acquired, taught, and what motivates some women to assume leadership positions.

Leadership in western culture often focuses on men through their power based on politics and privilege. Yet, everyday African-American women have assumed leadership roles alongside African-American men and amongst their white female counterparts in an effort to transform the United States into a place of “liberty and justice for all” (Nance,
1996; Barrett, 1993; Porter & Henderson-Daniel, 2007; Collins, 2000). The empirical research and literature has been unkind (Parker, 2001) and noticeably absent of African-American women’s voice on their versions of leadership. This oversight is even more noticeable when it comes to the efforts of African-American women’s leadership in the personal and political fight against HIV/AIDS.

**Scope, Limitations, and Delimitations**

Although black women have historically been involved in a variety of social justice issues, the literature regarding the AIDS activism, and community work they do, yields limited documentation. Research that most often includes black women or the black community is approached from a pathological viewpoint and more often than not, describes black women as either victims of HIV/AIDS, or carriers of HIV/AIDS. Numerous research studies describe the “disadvantage, substance abuse, domestic partnership, neglectful mother, poor, and ill-educated” black woman as an adjective to HIV/AIDS. While some literature describes new preventive efforts in terms of AIDS and black women this research appears after years of implementing “generalist” AIDS prevention and intervention methods originally designed for white gay males.

This research seeks to connect black feminist leadership, as a historical strategy of racial uplift, which continues to be employed as a means of addressing HIV/AIDS in the black community. While there are numerous leadership concepts and definitions, for the sake of this research, leadership definitions derived from the black women’s standpoint will be utilized to describe their behaviors, practice, and style of leadership. Research that specifically focuses on the black lesbian community will also not be fully explored,
but is recognized as a group that needs additional study. Furthermore, since black women appear to be ahistorical in the AIDS activism literature, this research seeks to rearticulate black women’s presence in the fight against AIDS.

Summary

This chapter presented an overview of the proposal and the problem of rearticulating black women’s community work as a form of leadership within the fight against HIV/AIDS. Leadership concepts and descriptors historically used to explain black women’s community work often fail to be included in mainstream research literature as legitimate forms of leadership. Thus, when discussing HIV/AIDS and black women, their roles of leadership and community work are also marginalized in the literature. This research rearticulates leadership as defined from a black women’s standpoint, and centers black women’s community work as a legitimate form of leadership. While the HIV/AIDS epidemic is not the primary focus of the research, the impact of HIV/AIDS on African-American women and the black community at large, are seen as one catalyst of black women’s leadership development in the fight against HIV/AIDS. Uncovering the life experiences of black women engaged in HIV/AIDS community work contributes to the understanding of the nature of their leadership development, challenges, and the interpretation of their work as a form of leadership. This research furthermore enhances the understanding of the unique ways in which marginalized groups have historically acquired resources and utilized these resources for community betterment. By re-centering black women’s lived experiences from the margins to the center of scholarly discourse, black women’s contributions to leadership
and their community work in HIV/AIDS, may assist in development of future leadership around other social justice issues.

Chapter two focuses on the review of literature related to the historical presence of black women’s leadership, community work. HIV/AIDS community work, and leadership theories. Additionally, the theoretical framework of black feminism is presented along with the findings of current research studies. Lastly, the literature review discusses the gaps in knowledge related to the identification of black women’s leadership in HIV/AIDS community work.
CHAPTER II

REVIEW OF THE LITERATURE

Black female leadership in the United States (U.S.) is a historical journey of their quest for liberation from oppression. It is a history of collective action and struggle to preserve cultural traditions in the black community as evident through the black church (Gilkes, 2000; McKenzie, 1996, 2001), education (Gaetane, 2006; Collins, 1990) and political activism (Radford-Hill, 2000; Abdullah, 2007; Rosser-Mims, 2007). Allen (1997) notes, “For the most part, black women have played a major role in political resistance, a role that transcends both the public and private spheres of everyday life” (p. 1). Yet leadership, a social phenomenon, has too frequently been explained through definitions in white male terms or linked with elitist appointments and operationalized in the “public sphere” (Allen, 1997; Abdullah, 2007, Barrett, 1995). In fact, a review of literature revealed limited specific studies that focused on black women’s leadership characteristics, communication, experiences, behaviors, and actions (Rosser-Mims, 2005; Parker, 2001: Randleman, 2007).

Contemporary critics of traditional leadership theories tend to distance female leadership realms of activity based on public/private dichotomy. Allen (1997) points out:

Leadership theories are rarely generalized to women and minorities. Black women, especially, have been virtually ignored as a topic of socialized inquiry.
Nowhere is this exclusion more prevalent than in the case of the contributions of black women to the black community. (p. 1)

Despite black women's continued "caregiving of the race" since pre-emancipation, and particularly in times of political unrest, such as the Civil Rights Movement, their work is all but invisible in mainstream research (Randleman, 2007; Simien, 2003; Barrett, 1995; Abdullah, 2007; Collins, 2000). However, noted scholar, Patricia Bell Scott (1982), begins to direct the literary discussion around black women's leadership through a short, but focused discussion. Bell-Scott contends that while leadership is important, the development of black women's leadership, seems to be absent from many of the discussions on the topic. She asks three important questions that thematically cross most of literature regarding black women's leadership: (a) What is leadership and how is it acquired and taught? (b) Which institutions foster black women's leadership and how? (c) What are the obstacles to black women's leadership development and which are systemic or learned by black women? Bell-Scott also raised a question about the college experience as a place for developing leadership among black women. This 22 page document, buried even amongst the gender-centered literature, seems to undergird much of the contemporary literature that addresses black women's leadership experiences at the intersection of gender and race.

Over the past 10 years, there is a growing base of literature that examines black women's leadership experiences in the context of professional management, education (including higher education), health, political, religious, corporate settings, and community settings. This current research, while not novel, attempts to confront the
discrepancies in the descriptions and definitions of traditional western leadership, male-dominated leadership, and white women’s leadership as inclusive of black women’s leadership. Collins (2000, 2007) and others have expanded the application of black feminist epistemologies as a means of giving voice to black women’s “ways of knowing” and increased the conceptual models of black women’s leadership. Much of the leadership scholarship on black women is anecdotal, there seem to be common and reoccurring themes that contribute to their leadership development, as well as, similar challenges to their success (Hall, Garrett-Akinsanya, & Hucles, 2007). Seemingly, while there is growing interest around the historical presence of black feminist leadership and its current implications, limited research has been promoted that addresses how black women who do not ascribe to these Africentric gender-specific frameworks conceptualize their leadership experiences. Also, while leadership studies are beginning to emerge around black women’s leadership, the presence of black women’s leadership in HIV/AIDS community work does not seem to have been approached.

The purpose of this study is to explore the nature of black women’s leadership in HIV/AIDS community work. The following questions guide this study:

RQ1: What is the nature of black women’s leadership in HIV/AIDS community work?

RQ2: Given the prevalence of HIV/AIDS amongst African-American women, what has influenced black women’s mobilization on behalf of the community’s welfare?
RQ3: How does the intersection of race and gender influence black women’s leadership in their response to HIV/AIDS?

RQ4: What is the added value of this kind of leadership to contemporary leadership models?

In this chapter, section one sets the stage by reviewing the relevant literature on leadership in general, women as leaders and then moves into black women as leaders and focuses in particular on the process through which black women have historically developed their leadership skills. Section two provides an in-depth discussion of the theoretical framework which developed from Afrocentric gender-specific paradigms: black feminist thought, Womanist, African Womanism, and Africana Womanism. Section three investigates how the intersection of race and gender impact black women’s leadership experiences. Section four gives an overview of the HIV/AIDS crisis with black women and describes the invisibility of black women as leaders in the fight against HIV/AIDS. Section five provides a summary of the status of the literature on black women as leaders and particularly addresses why this research is important as we examine effective ways to manage the HIV/AIDS crisis in the United States.

Leadership


As a cultural practice leadership as enacted in American organizations, political systems, and community institutions is constituted by the worldview and belief system of Western culture and is reflected in the social and racial privilege of this
country. The nature and function of leadership are revealed in and maintained by leadership discourse, that is, the texts, conversations, writings, rituals, and ceremonies that social construct our knowing and understanding of leadership (p. 3). This discourse has primarily been shaped by white male ideals to the exclusion of the experiences of women, particularly black women. (p. 52)

This perspective of leadership is therefore offered as a contextual foundation for understanding the traditional western definitions of leadership.

*Western Leadership Theories*

Oelofse (2007) in his dissertation, *Core and Peripheral Cultural Values and Their Relationship to Transformational Leadership Attributes of South African Managers*, reviews Western theories of leadership and management placing emphasis on the inability to generalize and universally accept these theories of leadership. In fact, Oelofse concludes, “Despite the vast body of leadership literature generated over centuries, there is no consensually agreed upon definition of leadership” (p. 57).

According to Bass (1990), as quoted by Oelofse (2007), the definition of leadership:

Can be classified as the focus of group processes, as a matter of personality, inducing compliance, as a form of persuasion, as a power relation, as an instrument to achieve goals, as initiation of structure, and as many combinations of the above. (p. 57)

Abdullah (2003) reinforces “the traditional (white male) leadership model tends to limit its view to the role of elected officials and those who hold formal political power...
emphasizing the division between leader and follower” (p. 33). These themes are reflected in some of the most popular concepts used to describe leadership.

Leadership theories research is described as having passed through several distinct eras of which trait, behavior, and contingency are seen as key periods (Bass, 1985; Oelofse, 2007; Bell, 2006, Randleman, 2007). The “great man period” and the “trait period” are often infused and were popular during the nineteenth and early twentieth century’s. Oelofse (2007) cites Kirkpatrick and Locke (1996) as indicating:

These theories contended that leadership traits are inherited-with the well-known belief that great leaders are born, not made. Trait theories do not make assumptions about the hereditary quality of leadership traits, but merely asserts that leaders’ characteristics are different from non-leaders. Traits here refer to people’s general characteristics, motives, patterns of behavior and capacity. Traits on which leaders differ from non-leaders in Western cultures are identified as drive, leadership motivation, honesty and integrity, self-confidence, cognitive ability, knowledge of business, achievement orientation, and a strong drive for responsibility. (pp. 60-61)

Keeping in mind the history of race and gender relations in the U.S., especially during the nineteenth and early twentieth century, when blacks and women were excluded from full participation in formal business sectors and political opinion shaped a “less than” image (Collins, 1990; Barrett, 1993; King & Ferguson, 2001; Tate, 2003) of these populations, it appears that trait theory does not allow for an inclusion of them in the definition. Chin (2007) indicates that the trait approach to leadership typically identified masculine
leaders as the standard and upheld traits such as “dominance, confidence, and masculinity…consequently, effective leadership has been associated with ‘masculine traits’ and characterized the leadership of men within male-dominated contexts” (p. 5). Parker (1996) indicates:

The traditional model of leadership arose from the study of white men. It is a paramilitary model of control and competitive behavior based on white men because they were the ones who managed successfully and women/blacks were not considered—they were invisible. (p. 190)

As women and blacks entered the workforce management ranks they were scrutinized based on the traditional models of leadership which resulted in stereotypical interpretations and forced adaptation of these standard traits (Parker, 1996, 2001).

The “behavioral era” developed in contrast to the trait theory in the early part of the 1950s (Bass, 1985). Researchers during this era were concerned with the actions that contributed to leadership. Several key studies described the behavioral approach. Oelofse (2007) as a way “to identify and measure relevant leadership actions and behavioral patterns that lead to successful leadership outcomes, such as productivity and morale, the focus changed from what leaders are to what leaders do” (p. 61). However, the actions of black women in community work and organizing that reflects “grassroots” efforts of leadership, are not accounted for as part of relevant “leadership actions.” Abdullah (2003) reflects:

Such a model differs from black women’s self-defined leadership in that amongst black women, the ‘line’ between the leader and the followers is virtually non-
existent. Leaders develop through grassroots movements that allow for the full membership to share in both authority and responsibility. (pp. 33-34)

The “contingency era” emphasized the relationship between a leader’s style and the situation. Oelofse (2007) indicates “the basic principle being that leadership behavior can be effective in some situations, and ineffective in others. Effective leadership is contingent on one or more factors of behavior, personality, and situation” (p. 63). Northouse (2004 as cited by Chin (2007) defines leadership as:

A process to achieve a common goal, emphasizing process or a transactional event over the traits or characteristics residing in the leader. Leadership is composed of task behaviors that focus on goal accomplishment or relationship behaviors that help subordinates or followers feel comfortable with themselves, the situation, and each other. (p. 7)

Several other contemporary leadership eras are described in the literature, including the transactional era, transformational era, and the charisma period. The “transactional era” is also described as the “exchange period.” Bass (1985 as cited by Oelofse, 2007) describes the transactional era as “an emphasis on the importance of transactions between leaders and employees, as well as the leaders’ role in initiating and sustaining interaction” (p. 63). Transformational leadership theory developed out of the “transactional era.” Oelofse describes the transformational era, based on Bass, as:

Due to the focus on intrinsic, rather than extrinsic motivation, the transformational era is seen as a dramatic improvement over previous periods. Transformational leadership is essential during organizational transition, in that
these leaders create visions of the desired future state, while instilling employee commitment to change. The subdivisions of this era are the ‘charisma period’ and the ‘self-fulfilling prophesy period.’ (p. 64)

Transformational leadership with its emphasis on vision, development of the individual, empowerment and challenging traditional assumptions has become a popular model of leadership in business organizations and is also more frequently associated with women’s style of leadership. Transformational leaders articulate a vision, use lateral or nontraditional thinking, encourage individual development, give regular feedback, use participative decision-making, and promote a cooperative and trusting work environment (Carless, 1998; Chin, 2007).

Oelofse (2007) describes the introduction of charismatic leadership theory as a product of the “charisma period” in which the common theme of leadership focused on vision and transformation of those:

Who see the vision by giving them a stronger sense of purpose and meaning.

Leadership thus becomes a state of consciousness, rather than a personality or set of kills, since it rests not only on the shoulders of the leader, but on all who share in the mission and the vision. (p. 65)

These descriptors and definitions of transactional leadership and transformational leadership are the result of Bass’ leadership research over the past two decades (Maher & Maher, 2002; Oelofse, 2007) (see Table 1).
Table 1

*Traditional Western Leadership Theories*

<table>
<thead>
<tr>
<th>Leadership Concept or Era</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trait &quot;Great Man&quot;</td>
<td>Stogdill (1948): Intelligence, alertness, insight, responsibility, initiative, persistence, knowledge, self-confidence, sociability</td>
</tr>
<tr>
<td></td>
<td>Stogdill (1974): Achievement, persistence, insight, initiative, self-confidence, responsibility, cooperativeness, tolerance, influence, sociability</td>
</tr>
<tr>
<td></td>
<td>Kirkpatrick &amp; Locke (1991): Drive, motivation, integrity, confidence, cognitive ability, task</td>
</tr>
<tr>
<td>Behavior</td>
<td>Lewin &amp; Lippitt (1938): Autocratic, democratic, and laissez-faire</td>
</tr>
<tr>
<td></td>
<td>Fleishman, Harris, &amp; Burtt (1955): <em>Ohio State Studies</em>—Consideration – concern for individual satisfaction and group cohesion; Initiating Structure – concern for the task</td>
</tr>
<tr>
<td></td>
<td>Likert (1961): <em>The Michigan Studies</em>—Employee-centered focus on the needs of the employee with leader support and interaction facilitation as the two underlying dimensions.</td>
</tr>
<tr>
<td></td>
<td>Job-centered- focus on efficiency, cost-cutting, and scheduling; the two underlying dimensions are goal emphasis and work facilitation.</td>
</tr>
<tr>
<td>Leadership Concept or Era</td>
<td>Characteristics</td>
</tr>
<tr>
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</tr>
<tr>
<td>Behavior (continued)</td>
<td>Blake &amp; Mouton's (1964) Managerial Grid: Two fold leadership role; promoting high morale and commitment to the job among employees and ensuring that the task is performed efficiently.</td>
</tr>
<tr>
<td>Contingency</td>
<td>Fiedler (1964) Contingency Model of Leadership: Relationship-orientated and task-orientated leadership</td>
</tr>
<tr>
<td>Transactional “Exchange”</td>
<td>Transactional Leadership (Bass, 1985): Influencing subordinates through an exchange process, whereby subordinates exchange efforts for rewards received from their respective leaders.</td>
</tr>
<tr>
<td>Transformational</td>
<td>Transformational Leadership—(MacGregor Burns, 1978): Moving followers beyond their self-interests for the good of the group, organization, or society. Four components: Idealized Influence (charisma), Inspirational Motivation, Intellectual Stimulation, Individualized Consideration Vision, culture, development, values, teamwork, service, ethics, standards, and long-term goals.</td>
</tr>
</tbody>
</table>
Social Work Leadership

The Council on Social Work Education (CSWE) recognizes leadership development as a core concern, yet limited empirical research has focused on the concept of leadership (Gellis, 2001). In an exploratory study of perceptions of leadership in social work practice and academic settings, Rank and Hutchinson (2000) identified five themes of leadership and produced the following definition of social work leadership: “The communication of vision, guided by the NASW (National Association of Social Workers) Code of Ethics, to create proactive processes that empower individuals, families, groups, organizations, and communities” (p. 499).

Rank and Hutchinson (2000) acknowledge that an understanding of leadership is “increasingly important” as the social work profession evolves to address ongoing social problems in society. The NASW in the past has attempted to address this concern by establishing a “national leadership program for social workers” in collaboration with CSWE; however this initiative has not been sustained over time (Rank & Hutchinson, 2000). Through their study, Rank and Hutchinson sampled 75 deans of CSWE accredited social work programs and 56 chapter presidents to explore “social work leaders’ current perceptions of leadership in academic and practice arenas” (p. 490). One result produced five common concepts of leadership for social work: (a) proaction, (b) values and ethics, (c) empowerment, (d) vision, and (e) communication. These concepts were also linked to a set of social work leadership skills for the 21st century social worker. Rank and Hutchinson recorded leaders within the profession as ranking “building community, communicating orally and in writing, and performing
comprehensive analysis of social, political, and cultural events” as the top three skills for social work leadership” (p. 499). Noteworthy among the skills deemed significant for social work leadership are political skills, diversity skills, and visioning skills. Gellis (2001) indicated that Berg (1980) developed a “proactive—reactive” model of leadership style. In this model, proactive leaders are associated with attributes of risk taking, innovation, and change; whereas reactive leaders are depicted as maintaining the status quo and avoiding risk taking and social change (p. 17).

Additionally, Rank and Hutchinson (2000) based on their respondents’ ranking of leadership skills, propose a 21st century mission statement for leadership; “Articulate a vision to create processes of political advocacy in order to effect social reconstruction on behalf of those, who for various reasons, cannot participate in the economic prosperity of the global economy” (p. 500). Thus, it appears that the definition of social work leadership is shaped by the growing change in the profession, emerging social problems and social trends, as well as, the urgency to reclaim the original mission of the profession.

While Rank and Hutchinson appear to have produced one of the more respected studies on social work leadership, Gellis (2001) cites “existing social work studies on leadership have numerous methodological limitations. Some lack adequate samples and do not rely on systematic observations of leadership behavior, whereas others lack operational definitions of leadership practice” (p. 18). Rank and Hutchinson (2000) offer both a social work leadership definition and a more generalized definition of leadership: “Leadership is a process of advocacy and planning whereby an individual practices ethical and humanistic behavior to motivate others (clients and colleagues) to achieve
common goals articulated by a shared vision” (p. 499). The definition of social work leadership while a product of its profession is also developed from traditional management and leadership theories that focus on style, behaviors, and attitudes. Thus, a more in depth discussion of leadership theory is warranted (Gellis, 2001).

Feminist Leadership

Building on the feminist perspective of hooks (1981), Porter and Daniel (2007) contend that feminist leadership is an extension of transformational leadership. Leadership, according to Porter and Daniel, has historically been considered the province of men operating in stereotypically masculine, and even heroic, fashion in primarily hierarchical and patriarchal structures. However, the demands of contemporary society and organizations have highlighted the need for alternative models of leadership based on collaboration, empowerment, and inclusion. Thus, amongst multiple definitions of feminist leadership, Porter and Daniel offer the following definition of feminist leadership:

Feminist leadership is transformational in nature, seeking to empower and enhance the effectiveness of one’s team members while striving to improve the lives and social conditions of all stakeholders including those indirectly affected, such as consumers and other members of society. A feminist leader:

- Is informed by social context, both as it relates to her own social location and privilege, to the group members; individual and social contexts, and to the paths for their empowerment and effectiveness;
• Pays attention to social context, which requires flexibility, reflexivity, and the ability to understand multiple perspectives rather than engage in dichotomous thinking;

• Assumes responsibility for her actions and requires accountability of herself and others characterized by mutual respect, clear communication, and the promotion of ethical action;

• Fosters inclusion of diverse groups within organizational structures that encourage diverse perspectives and experiences and eliminates discrimination of people of color, gay/lesbians, people with disabilities, elders, and poor people;

• Attends to power and boundary issues as well as the relationship of language to the social construction of gender, race, class, ethnicity, sexual orientation, and disability;

• Facilitates ongoing self-examination, learning, and professional development in herself and others. (pp. 249-250)

Significant to the definition are core elements that contribute to developing culturally competent leaders. Porter and Daniel (2007) indicate that the values of “vision, action, learning, understanding, ethical practices, and social constructivism” (p. 250) are the foundational elements of feminist leadership.

Abdullah (2003) offers an opposing perspective of feminist leadership, which addresses the exclusionary conception of the feminist movement which was
Dominated by white, middle-class women, leadership models largely that privilege a white, middle class norm of womanhood, reserving both the authority and responsibility of leadership for women who fall into this norm standard. Mainstream feminist organizations have carried this norm standard of womanhood into issues and experiences that are addressed by the movement, whereby restricting involvements mainly to liberal incorporation efforts rather than radical pushes for fundamental transformation. (pp. 34-35)

However, Abdullah (2003) contends that “such models work to include women in the existing power structure . . . placing primacy on sexism above other forms of oppression, essentially denying the racial realities of women of color” (p. 35). This form of leadership is viewed in contrast to black women’s leadership, which Abdullah (2003) indicates “adopts a much more radical stance, seeking fundamental systematic change rather than simple reform” (p. 35).

Black Leadership

In African American Leadership, authors Walters and Smith (1999) offer the following view of black leadership:

The black community, like any sizeable community in America, has a rich legacy of leadership that has contributed much to the mobilization of that community. And like other aspects of the racial dynamic in America, while studies of the general phenomenon of leadership have proceeded from a majoritarian perspective, the value of a focus on black leadership is that it takes into consideration the unique perspective of a subcommunity and a subordinate
community as well, thus, correcting and, as such complimenting the general picture. (p. xii)

Gordon (2000) in *Black Leadership for Social Change*, concede that while there is neither a consensus about a definition of black leadership nor an all encompassing perspective of black leadership, there are critical elements that most black leadership scholars agree upon:

- black leadership has to be viewed within the context of American leadership in general;
- black leadership involves interaction on three levels (within the black community, the American society in general, and the international community);
- black leadership involves goal setting, goal achievement and group organization;
- black leadership focuses on the advancement of the black race, ranging from the struggle for freedom to civil rights and economic self sufficiency. (p. 23)

However, the conceptual understanding of black leadership, for the most part is based on a male view and the assumption that all the members of the race are men (Parker, 2001; Allen, 1997; King & Ferguson, 2001). Abdullah (2003) records:

Black leadership models tend to emphasize those forms developed by black male leaders. Such models differ from traditional models in that they recognize organizational leadership as central; however, there remains a division between leaders and followers. Black male-centered leadership models generally highlight
charismatic leadership practiced by clearly visible leaders who hold formal titles within largely national movements. (p. 34)

Barrett (1993) contends:

Social movement scholarship has focused almost exclusively on great men and elites as movement leaders . . . modern black women activists in communities throughout the South nevertheless performed roles that by any standard would merit their being considered “heroes” and “leaders” of the movement. The invisibility of modern black women leaders and activists is in part a result of gender, race, and class biases prevalent in both the social movement literature and feminist scholarship. (p. 163)

In *Going Up for the Oppressed: The Career Mobility of Black Women Community Workers*, Giles (1983) emphasizes:

The term ‘leader’ is not one that is readily accepted by black women. One reason for this reluctance is that the term continues to be associated with elitist ideas of domination and control . . . professional community workers . . . felt that the term ‘leader’ implied belonging to an exclusive club. One woman . . . defined the term leader as ‘the ego piece’ and a trap that led to co-optation. (p. 132)

Black women scholars who focus on leadership theories contend that while there are components of traditional western leadership theories that are also a part of black women’s leadership experience, for the most part the leadership theories fail to include their culturally distinct leadership model (Parker, 2001) which accounts for membership in two distinct groups based on race and gender. Allen (1997) insists:
What is missing from traditional models of leadership is the understanding of the processes prior to 'the doing' of leadership or 'the outcomes' of leadership. By focusing on the historical and cultural aspects, we can better understand the social and political realities of everyday life. The collective experiences of black women come alive and female networks are seen as viable structures from which leadership emerges. (p. 3)

Parker (1996) confirms:

We submit that rather than forcing other models on African-American women's experiences, researchers should make a systematic study of leadership by African-American women from their cultural point of view. We argue that African-American women's unique cultural experiences should inform theoretical explanations of their leadership approach. (p. 190)

**Historical Foundation of Black Women's Leadership—Lifting As We Climb**

"Race men "and "race women" were individuals whose primary concern was the survival, uplift, and liberation of black people (Martin & Martin, 1985, Collins, 1990; Gilkes, 2000; Carlton-LaNey, 2001; Watkins, 2008). Their efforts were grounded in "the black helping tradition," which is the handing down of the "whole social environment" and a perspective of how blacks should deal with the "ordinary occasions of life" (p. 3). Martin and Martin (1985) document:

Blacks felt proud of their African past, seeing the glories and contributions of Africa as proof that black people were as capable as anybody in science, scholarship, civilization, and culture. Their pattern of self-help developed from
the black extended family which included four components: mutual aid, social-class cooperation, male-female equality, and prosocial behavior in children. (p. 4)

“Race men” and “race women” were concerned with the moral and mental improvement of the race. These free black leaders emphasized hard work, frugality, industriousness, education, sobriety, and similar virtues (Riggs, 1994; McCluskey, 1999). They saw these virtues as the means to social uplift and respect and strongly believed that personal self-improvement would translate into community self-improvement, raising blacks from degradation (Martin & Martin, 1985). The frequent use of words like improvement, elevating, and rising, conveyed the image of emerging from dreadful conditions to a respectable, useful, and civilized existence. The preferred moral code was that individual blacks that conformed to "respectable standards" of conduct improved their mind, and worked hard, would lead to singularly elevating the race (Martin & Martin, 1985; Giddings, 1984; Riggs 1994). The language of the race conscious was peppered with favorable talk about “champions of the race,” “racial watchdogs,” and “racial uplifters” (Martin & Martin, 1985).

Much of the history of black “self-help” has been documented by researchers such as Smith (1995) which reference “the efforts of the black middle-class to help the poor were motivated by self-interest as well as a sense of responsibility” (p. 18). For the middle-class black woman, helping those less fortunate was a matter of “linked fate.” Simien (2004) reports:

Linked fate is a significant predictor of race consciousness and black political behavior and constitutes an advanced stage of group identification that starts with
a mere feeling of closeness to others (who identify as African American) and involves the acceptance of the belief that individual life chances are inextricably tied to the race. In other words, linked fate connotes an acute sense of awareness (or recognition) that what happens to the group in question will also affect what happens to the individual members of the group. (p. 321)

"Race women" understood that white America placed no class or intellectual separation among blacks because all blacks were connected. Smith (1995) asserts, the black middle class woman:

Felt a personal stake in the improvement of the poor because of the potential effects on their own status. The status of the race is fixed by the impoverished conditions of the majority and not by the noble achievements of the ever increasing few. (p.18)

Thus, if black persons educated themselves and carried themselves in a decorous manner, they were thought to be a credit to the entire race (Martin & Martin, 1985; Riggs, 1994; Sanders, 1995; O'Donnell, 1996; Terrell 1902). On the other hand, Martin & Martin (1985) recorded that persons who were viewed as "a blight on the race were accused outright of bringing down the entire black race" (p. 36). Consequently, there was an understood interconnection between the fates of all individuals within the black community based on race. Hence, Sanders (1995) concurs "Lifting As We Climb" was a succinct expression of the social ethical agenda of this movement, namely, the socioeconomic advancement, in solidarity with the oppressed and impoverished masses, of black women, men, and children” (p. 43).
The ideology of linked fate for black women in the Women’s Club Movement introduced a new interpretation of sisterhood, motherhood, and leadership (Abdullah, 2007; Giles, 1983; Collins, 1990). More privileged black women worked in concert with their not-so-privileged black sisters, deeply committed to advancing the interest of women because of women’s impact on the family and the family’s relationship to the community. Martin and Martin (1985) note “Their pledge was the promise to stand ‘united for God, ourselves, and our race,’ their motto, the words, ‘lifting as we climb,’ and their most basic belief, that people ‘can rise in the scale no higher than its womanhood’ (p. 56). Their efforts were respected as a means of community survival and “caretaking of the race” (Allen, 1997) which “depended on black female leadership that is directly linked to daily issues such as health, housing, education, childcare, jobs, safety, and pain and suffering” (p. 3).

Race women were committed to female informal networks (Jewell, 1993), which were also recognized as webs of affiliation (Carlton-LeNay, 1990) and considered spheres of influence, authority, and power (Collins, 1990), served important functions for the black community. According to Jewell (1993), these functions were in three areas:

1. Exchanging invaluable goods and services, including advice and information for the development of positive self-concepts;

2. Contributing greatly to the fortitude and resilience of African American women throughout their existence in the United States; and

3. Facilitating the cooperation, stability and edification of African American women and the African American (extended) family. (pp. 86-89)
Their distinct style of networking and connecting resources, and working produced the term “centerwomen” a descriptor of their “leadership roles” (Allen, 1997).

Radford-Hill (1986) points out “The power of black women was the power to make culture, to transmit folkways, norms, and customs, as well as build shared ways of seeing the world that insured our survival” (p. 168). For black women, pushing a “culture of resistance,” according to Collins (1990), and developing strategies to undermine oppressive institutions meant focusing on three primary settings: (a) political and economic institutions, (b) black extended families, and (c) the African-American community as family (p. 146). Thus, “race women” made it possible to effectively implement these strategies of community betterment through this form of sisterhood and uplift as a means of community leadership.

Institutionalizing Black Women’s Leadership

In 1892, Mary Church Terrell helped to form the Colored Women's League of Washington. The Colored Women's League was one of the first formal organizations which led to the institutionalization of black women’s leadership. Terrell’s intent was to collectively identify the personal, industrial and social attainments of blacks in order to show unity, as well as, promote the goodwill of the community (Terrell, 1940).

The National Association of Colored Women (NACW) was the merging of the Colored Women's League and the National Federation of Afro-American Women, which was under the leadership of Mrs. Olivia Davidson, Booker T. Washington's second wife (Terrell, 1940; Sterling, 1979). While there were also women’s clubs in the White sector, there were distinct differences between black and white women’s clubs in terms of
purpose and social concern. Smith (1995) indicates "among colored women the Club is the effort of the few competent on behalf of the many incompetent . . . . Among white women the club is the onward movement of the already uplifted (p. 18)." Black clubwomen understood the mission and intent of their leadership as different from their white counterparts; they simultaneously held whites accountable for racism, while holding blacks accountable for self improvement. Riggs (1994) underscores “Colored clubwomen condemned white racism, but were also critical of the negative practices and attitudes of black people” (p. 44).

“Race women” like Mary Church Terrell considered working on behalf of the community to be a moral duty. Her values were steeped in the Protestant Work Ethic and influenced by the black Baptist church (Giddings, 1984; Sanders, 1995). The moral vision of the 19th and 20th century black clubwomen, according to Lasche-Quinn (1993), were epistemologically rooted in "white middle class Victorian ideas and values of behavior for legitimacy” (p. 116). Women’s standards were based on white middle class values, and could be interpreted as being superior to those who did not have the same socioeconomic and educational opportunities. However, Terrell’s leadership with NACW was more about achieving and securing better resources for the community than about elevating her black sisters to be like whites (Slevin, 2004).

In Terrell’s (1900) article, “The Duty of the National Association," which appears in The AME Church Review, she stresses the social obligation of the elite black woman and it relates to the motto, "Lifting as we climb."
In no way could we live up to such a sentiment better than by coming into closer touch with the masses of our women, by whom, where we will or not, the world will always judge the womanhood of the race. Even though we wish to shun them, and hold ourselves entirely aloof from them, we cannot escape the consequences of their acts. Self-preservation demands that black women go among the lowly, illiterate and even the vicious, to whom they are bound by ties of race and sex and put forth every possible effort to uplift and reclaim them. (Terrell, 1900, p. 347)

As the first elected president of the NACW, Terrell developed a platform for mobilizing colored women on behalf of the race. In her platform she stressed the responsibilities of the influential, wealthy, and educated colored woman to help the masses of the less fortunate, especially the women with children. Through her community leadership she gave voice to social injustices including the lack of opportunities for the working mother. Through the collective action of the Club, Terrell advocated against child neglect and endangerment, as well as health disparities. Terrell called for the establishment of kindergartens, and day nurseries to not only teach the children, but to also keep the children safe while many mothers helped to support the family through employment (Terrell, 1898).

The agenda of the Club women was most notably a political platform focused on the improvement of the community. Terrell’s (1898) speech on behalf of the NACW, "The Duty of the National Association of Colored Women to the Race," focused on self-
help through personal accountability while giving voice to the social issues of the community. Terrell (1900) writes:

As an association, by discharging our duty to the children, by studying the labor question in its relation to our race, by coming into closer touch with the masses of our women, by urging parents and teachers to protect the health of our boys and girls, by creating a wholesome, healthful public sentiment in every community in which we are represented, by setting a high moral standard and living up to it, and purifying the home, we shall render the race a service. (p. 343)

The NACW's "UPLIFT" Agenda

Specific Efforts

- To standardize the Negro home.
- To make the best environment for the Negro child.
- To train Negro girls to be industrious, artistic, gracious and deserving.
- To raise the standard of service available among Negro women.
- To make working conditions what these women and girls deserve.

Problems to be Faced

- Illiterate parents as a disadvantage to children.
- Careless parents as a stumbling block to children.
- Ignorant mothers, as a breeder of criminal types.
- Parents without love for the beautiful.
- Parents without respect for law and order.
• Children without adequate food, clothing or shelter.
• Children without proper recreation.
• Children who receive no aesthetic training.
• Children whose ambitions are stifled.
• Mothers suffering every degree of privation.
• Homes used for every conceivable vice.
• Lives of Negro children still offering challenges. (Terrell, 1900)

The educated and empowered elite black women understood that their fate was bound to the fight of the masses (Sanders, 1995; Lasche, 1992; Slevin, 2005). The intention to reclaim the lowly represents an important African tradition of social and spiritual empowerment (Sanders, 1995; Smith, 1995; Slevin, 2005; Abdullah, 2007; Allen 1997; Collins, 2000). The assumption that good health was one characteristic of middle class respectability, black clubwomen set out to clean up the lives of the poor, Smith (1995) notes by "imposing their own standards of appropriate behavior in their efforts for racial advancement" (p. 18).

While an emphasis was placed on self-help and the respectability of black women, an effort to counter the stigmatization and dehumanization of blacks, racial empowerment became the focus of uplift towards the end of the 20th century. As the United States moved towards industrialization, many blacks migrated to the urban north and the issues of social and economic justice eclipsed those of self-improvement (Slevin, 2004; O’Donnell, 1996; Martin & Martin, 1985). Slevin (2004) documents "Racial empowerment centering on the public rather than the domestic sphere became the overtly
visible focus for black elite race uplift work” (p. 315). Thus the shift of uplift was both personal and political in nature (Collins, 2000).

Terrell’s leadership in the National Association of Colored Women institutionalized the communal leadership efforts of sisterhood which were centered in linked fate. Communal leadership, according to Abdullah (2003):

Stems from an African tradition where community work is used to address the common concerns of the group rather than the singular desires of an individual and evolved based on the traditional system’s refusal to meet the needs of the black community. (p. 14)

Black clubwomen, Slevin (2004) reports, intertwined class privilege with race and gender to “underscore the special responsibility that black professional women had to their communities” (p. 314). The women involved in the Black Women’s Club movement understood that they could not rise at the expense of their sisters who were struggling, nor could they rise as long as they were judged by the lack of advancement of their gender and race counterparts. Therefore, the mission of their leadership would be to “uplift” the entire community through the progression of the black woman (Carlton-LeNay, 2001; Collins, 1990; Abdullah, 2007). Imbedded in the activities and political agenda of the Black Women’s Club, are characteristics of black women’s leadership that emphasized loyalty to the race, personal and political advancement, economic and community betterment, and historical ties of community solidarity and collective action.
A Theoretical Framework for Black Women’s Leadership

Moving Towards a Synthesized Definition

Naming is important. Ntiri’s (2001) *Reassessing Africana Womanism: Continuity and Change*, indicates:

Africana people’s need for self-naming, self-defining, and self-identity has led to the emergence of labels such as black feminism, African feminism, Womanism, and Africana womanism (see Appendix A). This cannot be taken for granted: the process of naming is vital to the survival of the group. (p. 25)

Likewise, in the article, *Revisiting What’s in a Name: Exploring the Contours of Africana Womanist Thought*, authors Alexander-Floyd and Simien (2006) explain, “In the African culture, self-naming or ‘nommo’ is important because it is in the correct naming of a thing that it comes into existence. In the African culture, self-definition serves as the basis for collective action and individual identity” (p. 70). Gordon (2003) extensively links “nommo” or “the word” in her authorship of *Black Women, Feminism, and black Studies*, as “the word for black women.” “The proper use of the word nommo, like the correct process of naming, is the means by which African Americans link their ancestral past and at the same time initiate directional guides for the future” (p. 167).

It is in the naming process that you are able to define “what is the problem” and from there you are able to decide which perspective and strategies are best suited for addressing it. Ntiri (2001) insists:

How people have been classified and named in the social order in the past has serious implications for the performance, expectations, and subsequent portrayal
of such people. Naming cannot be delegated to the oppressor whose abuse of power has put blacks in various predicaments in western circles. (p. 165)

Thus, Africana Womanism (Clenora Hudson-Weems), African Womanism (Ogunyemi), Black Feminism (Patricia Hill-Collins) and Womanism (Alice Walker) as articulated by women of African descent, are addressing black women's unique social location as defined by intersections of race, gender, and class. These theoretical frameworks also espouse the life experiences of these women as a collective through definition, self definition and redefinition. However, each scholar, based in their life experiences, centers “her story” as the focal point as she deconstructs, constructs, and reconstructs the historical and contemporary issues that impact the black woman.

Through the deconstruction process, each scholar seeks to address the power imbalance, imagery, and social controls that define them as pathological. Construction, allows them to include their own stories, knowledge base, and ideology about who the black woman is and what her true essence centers around. Also, during construction, each scholar gives “voice” and “visibility” through naming. Ultimately, through reconstruction of their theories each scholar seeks to build a strength-based consciousness that moves toward actions that eventually results in a new world order in which there is acknowledgement and appreciation of black women's theoretical frameworks. This reconstruction process serves as a corrective action that previously eliminated, discredited, and pathologically intercepted black women's experiences. Consequently, African descendents in America place their historical experiences as central to this reconstruction and reaffirmation process as do Africans throughout the Diaspora.

Womanist thought encompasses philosophic and cultural elements central to both Afrocentric and feminist theories. This is the result of shared experience of racial oppression among people of African descent on the one hand and a common history of gender oppression that transcends racial, ethnic, or class groups.

(p. 37)

An Afrocentric worldview, according to Banks and Wallace (2000):

Encompasses both the experience of living as a member of a racially oppressed group as well as group valuation of a long-standing, independent system of beliefs and consciousness among people of African descent. In contrast, a feminist standpoint is an outgrowth of women's self-conscious struggles to (a) reject patriarchal perceptions of women, (b) place women and women's issues at the center of analysis, and (c) value women's ideas and actions. (p. 37)

While Afrocentric and feminist theories overlap with Womanist thought neither can independently address the coupled effects of being an African-American woman (Banks-Wallace, 2000).

The contemporary discussion about various types of black women's intellectual production underscores the diversity among individual black women who prioritize their racial identity and those who do not. At the heart of the debate regarding naming is the

There struggle to authoritatively name a political identity for black women: Black feminism, Womanism, or Africana womanism. Such a question forces black academics, intellectuals, and activists to reconsider long-standing notions of race loyalty and the hierarchy of interests within black communities relative to the prioritization of race, class, and gender. (p. 68)

Notably, Alexander-Floyd and Simien argue that within the politics of naming, is a critical examination of the definition:

Africana womanism contrasts sharply with black feminism and Womanism, offering a unique read of the political world as it relates to identity. Challenging the theoretical and historical foundations of Africana womanism, we argue that the master narrative and characteristics upon which it is based ignore and distort black feminist thought and history, fail to join theory with practice, and depend on an ahistoric, monolithic view of African cultures. (p. 68)

Black feminist theorists claim that application of their perspective is visible through various grassroots organizations and professional organizations. Black feminist organizations like the Combahee River Collective (Radford-Hill, 2000) have established political agendas that address reproductive rights, sterilization abuse, abortion rights, battered women, rape, and child welfare issues. Their strategies for addressing social injustice have included both traditional and non-traditional strategies of resistance, such as, signing petitions, organizing mass rallies, civil disobedience, demonstrations,
testifying before the court of public opinion, and hosting education workshops (Radford-Hill, 2000; Grayson, 1999; Hall, 2007). Black feminist organizers rely on the mobilizing strategies of past collective actions to recruit male and female supporters through preexisting social networks. These strategies of collective action are nostalgic of the anti-slavery, anti-lynching, and civil rights movements, where black men and women worked together to bring about change (Alexander-Floyd & Simien, 2006).

A comparative review of black feminism, Womanist, Africana womanism, and African womanism leads to the acceptance of the theoretical framework of black feminist thought as developed by noted sociologist Patricia Hill Collins. Black feminist thought, despite much criticism is neither a shade nor imitation of white feminism (Taylor, 1999; Howard-Hamilton, 2003). It is not divisive nor does it seek to be exclusionary. Taylor (1999) declares that Collins is among the first black feminists to outline an epistemology (black feminist theory) based on Afrocentric principles. Thus, Collins offers a scholarly perspective that is rooted in an Afrocentric feminist epistemology rather than a Eurocentric masculinist/feminist framework (Few, Stephens & Rouse-Arnett, 2003). Similarly, Taylor (1998) indicates “African scholars have applied a feminist framework that is an interpretation of women’s positions in Africa” (p. 55). It is because Collins has taken the time to fully develop the theory of black feminism that multiple scholars across disciplines have been able to successfully apply this theory to describe a host of black women’s experiences. Black feminist thought is therefore the most applicable theoretical framework to understanding black women’s community leadership in the fight against HIV/AIDS.
Black Feminist Thought

Patricia Hill Collins is one of the most consistent voices in the development of black feminism. Her timely work, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (1990), is one of the premiere texts on the subject of black feminism, deconstructing the sexist and racist views of black women while allowing them to rearticulate their views offers African-American women an opportunity to define themselves through their own lens. Collins (2000) asserts that “As a critical social theory, black feminist thought aims to empower African-American women within the context of social injustice sustained by intersecting oppressions” (p. 22). Black feminism provides an avenue for addressing social justice issues inherent in the U.S (Collins, 2000). Collins (1989) contends that the definition of black feminist thought:

Consists of specialized knowledge created by African-American women which clarifies a standpoint of and for black women. Black feminist thought with the contention that knowledge exists on two levels: (a) everyday, taken-for-granted knowledge shared by members of a given group, and (b) specialized knowledge furnished by experts who are part of a group who express the groups standpoint. (p. 750)

The perspective on black feminist thought, according to Collins (1990) includes both self-empowerment and communal empowerment in which “both the changed consciousness of individuals and the social transformation of political and economic institutions constitute essential ingredients for social change” (p. 221). Collins contends that there are two important contributions toward expanding our perspective of the
important connections among knowledge, consciousness, and the politics of empowerment. Collins (1990) indicates:

First, black feminist thought fosters a fundamental paradigmatic shift in how we think about oppression. By embracing a paradigm of race, class, and gender as interlocking systems of oppression, black feminist thought reconceptualizes the social relations of domination and resistance. Second, black feminist thought addresses ongoing epistemological debates in feminist theory and in the sociology of knowledge concerning ways of assessing ‘truth.’ (p. 222)

Explaining the black feminist framework, Taylor (1998) states:

Recognizing the inappropriateness of female analysis that is anchored predominately in the experiences of privileged white women, black feminist perspectives emerged as a response to the ‘theoretical invisibility’ of black women’s unique status in the United States. A black feminist perspective values and centers African American women’s experiences and empowers African American women with the right to interpret their reality and define their objectives. (p. 54)

Taylor (1998) further clarifies:

Collins reminds us that valuable knowledge is located within those who live the experience: At the core of black feminist thought lie theories created by African American women which clarify a black woman’s standpoint-in essence, and interpretation of black women’s experiences and ideas by those who participate in them. Black feminism is the consideration of how concepts and organizing
principles such as race, class, and gender, intersect and blend to produce material consequences for African American women’s lives. (p. 55)

The social construction of class, race, and gender constitutes three interdependent control systems that are interactive and produce a unique multiple jeopardy (Collins, 1989, 2000; Tate, 2003; Radford-Hill, 2000). Taylor (1998) reports “Collins is among the first black feminists to outline an epistemology based on Afrocentric principles. Thus, she offers a scholarly perspective that is rooted in an Afrocentric feminist epistemology rather than a Eurocentric masculinist/feminist framework” (p. 55).

**Black Feminist Epistemology**

Back feminist thought is significant because Collins (2000) offers an alternative epistemology from that of traditional positivistic approaches in the social sciences. Collins proposes four tenets of black feminist epistemology that provide an alternative means of understanding black women’s lived experiences and validation of knowledge. Table 2 provides a comparative look at positivistic and black feminist approaches to epistemology.
<table>
<thead>
<tr>
<th>Positiveivistic Approach</th>
<th>Black Feminist</th>
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<tr>
<td>True or correct knowledge only comes when the observer separates him or her self from</td>
<td>Alternative epistemologies are built upon lived experience not upon an objectified</td>
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<td>that which is being studied.</td>
<td>position. Black feminist epistemology, then, begins with “connected knowers” those</td>
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<td></td>
<td>who know from personal experience.</td>
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<tr>
<td>Personal emotions must be set aside in the pursuit of pure knowledge.</td>
<td>The presence of emotion validates the argument: “Emotion indicates that a speaker</td>
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<td>believes in the validity of an argument.”</td>
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<tr>
<td>No personal ethics or values must come into the research.</td>
<td>Black feminist epistemology requires personal accountability. Because knowledge</td>
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<td>is built upon lived experience, the assessment of knowledge is simultaneous</td>
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<td>assessment of an individual’s character, values, and ethics. Centering lived</td>
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<td>experiences and the use of dialog implies that knowledge</td>
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Table 2 (continued)

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<th>Positivistic Approach</th>
<th>Black Feminist</th>
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<tr>
<td>is built around ethics of caring . . . all</td>
<td>知 is intrinsically value-laden</td>
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<td>knowledge is intrinsically value-laden</td>
<td>and should thus be tested by the</td>
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<td>and should thus be tested by the presence of empathy and compassion.</td>
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| Knowledge progresses through dialog and the author is central to and present in the text. In black feminist epistemology, the story is told and preserved in narrative form and not “torn apart in analysis.” | Black feminist thought encourages collective identity by offering black women a different view of themselves and their world than that offered by the established social order. This different view encourages African-American women to value their own subjective knowledge base, culture and traditions, rearticulate a consciousness that already exists, and provides a tool of resistance to all forms of
their subordination. Black feminist thought specializes in formulating and rearticulating the distinctive, self-defined standpoint of African American women. (p. 750)

While Collins does not make the mistake of claiming all women’s experiences are homogenous based on race and gender, she does make the critical point of connecting black women’s ways of knowing back to their African ancestry (Taylor, 1998; Giles, 1983). Despite varying histories black societies reflect elements of a core African value system that existed prior to and independently of racial oppression (Meyers, 1998; Martin & Martin, 1985; Nance, 1996). As a result of colonialism, imperialism, slavery, apartheid, and other systems of racial domination, persons of African descent share a universal experience of oppression. These familiar encounters of inhumane conditions fostered shared Afrocentric values which are evident in the family structure, religious institutions, culture, and communal village of blacks throughout the African Diaspora. This African centered consciousness permeates the shared history of people of African descent to give rise to a distinctive Afrocentric epistemology (Collins, 1990).

Collins’ (1990) further explains:

Afrocentric feminist notions of family reflect this reconceptualization process. Black women's experiences as “bloodmothers,” “othermothers,” and “community othermothers” reveal that the mythical norm of a heterosexual, married couple, nuclear family with a nonworking spouse and a husband earning a "family wage" is far from being natural, universal and preferred but instead is deeply embedded in specific race and class formations. Placing African-American women in the
center of analysis not only reveals much-needed information about black women's experiences but also questions Eurocentric masculinist perspectives on family. (p. 224)

Therefore, black feminist thought as conceived by Collins (1990) maintains:

. . . a fundamental paradigmatic shift that rejects additive approaches to oppression. Instead of starting with gender and then adding in other variables such as age, sexual orientation, race, social class, and religion, black feminist thought sees these distinctive systems of oppression as being part of one overarching structure of domination. Viewing relations of domination for black women for any given sociohistorical context as being structured via a system of interlocking race, class, and gender oppression expands the focus of analysis from merely describing the similarities and differences distinguishing these systems of oppression and focuses greater attention on how they interconnect. Assuming that each system needs the others in order to function creates a distinct theoretical stance that stimulates the rethinking of basic social science concepts. (p. 224)

Taylor (1998) denotes:

A black feminist perspective values and centers African American women’s experiences and empowers African American women with the right to interpret their reality and define their objectives. Black feminism is the deliberation of how concepts, ideas, and organizing values such as race, class, and gender, intersect and merge to construct material consequences for African American women’s lives. (p. 54)
Expanding this point, Howard-Hamilton (2003) cites three key themes of black feminist thought:

- The framework is shaped and produced by the experiences black women have encountered in their lives, even though others have documented their stories.
- Although the stories and experiences of each woman are unique, there are intersections of experiences between and among black women.
- Although commonalities do exist among black women the diversity of class, religion, age, and sexual orientation of black women as a group are multiple contexts from which their experiences can be revealed and understood.

(p. 21)

Radford-Hill (2000) advocates for a black feminist approach that bridges the academy and the community:

Black feminism should focus on building an agenda whose goal is to improve the day-to-day lives of black women, their families, and their communities. The main priority has to be rebuilding black communities and ending the crisis of black womanhood. Black feminist writing, organizing and political action can help black women lift themselves to a new level of political consciousness. Black feminist cannot simply write each other from protected rooms and tenured positions in the academe. They must hit the streets and work with the women there who are struggling against crime, drugs, teen pregnancy, welfare dependence, slum landlords, teen suicide, AIDS, environmental racism, child neglect, neighborhood disinvestment, prison conditions, and economic injustice.
Working for our freedom will inform our theories better than refining our arguments in endless internal debate. To remain relevant to black people, black feminist must leave the communities to which they aspire and identify with the concerns of the communities they left behind. (p. 92)

_Developing Black Feminist Consciousness_

The definition of black feminist consciousness, derived from black feminist thought, is rooted in several other definitions, including, race consciousness and consciousness of self. However, black feminist consciousness is distinct from feminist consciousness. The origins of the term are significant to underscoring the leadership development practices of black women rooted in black feminism. Therefore, an evolutionary description of the literature is reviewed for clarification.

In Brush’s (2001), _Problematizing the Race Consciousness of Women of Color_, the author documents that the consciousness of self emerges as the result of Intersection of meaning with experience.

It is grounded to include one’s personal history, one’s identity—interpreted or reconstructed by each of us within the horizon of meanings and knowledge available in the culture at given historical moments, a horizon that includes modes of political commitment and struggle. Consciousness is never fixed, never attained once and for all, because discursive boundaries change with historical conditions. (p. 177)

The consciousness of self is influenced by internal and external forces which are in a constant state of change and development.
Duncan (1999) provides a link between consciousness of self and gendered collective identity that produces the definition of feminist consciousness. Duncan’s definition of feminist consciousness is described “as a politicized gender identification that is identification with women coupled with a collective political ideology around women’s issues” (p. 615). Duncan used feminist consciousness to look at Motivation for Collective Action: Group Consciousness as Mediator of Personality, Life Experiences, and Women’s Rights Activism. In this study, the researcher sampled 142 members of the Smith College graduating class of 1964 of which the majority were white, heterosexual and average age 51, married with children, well educated and relatively high household incomes. She hypothesized that group consciousness and activism were not only related, but that group consciousness mediates relationships between collective action and personality, and life experiences. Duncan defines group consciousness as “identification with a group in which an individual recognizes the group’s positioning in a power hierarchy, rejects rationalizations of relative positioning, and embraces collective solution to group problems” (p. 612). Through the relationships of group consciousness, collective action, personality and life experiences, Duncan provides a model for explaining motivators of women to participate in collective action. Duncan identifiable “accounts for the individual differences that contribute to group consciousness and activism, and explicitly links group consciousness to activist behaviors” (p. 612). The findings of this research indicate that feminist consciousness mediates relationships between activism and specific personality and life experiences provide indications that group consciousness motivates people to collective action. While this study does not
sample African-American women, it speaks to the gendered group consciousness of the historical activities of black women from the Club Movement Era. Collins (2000) indicates:

Individual African-American women have long displayed varying types of consciousness regarding our shared angle of vision. By aggravating and articulating these individual expressions of consciousness, a collective, focused group consciousness becomes possible. Black women’s ability to forge these individual, unarticulated, yet potentially powerful expressions of everyday consciousness into an articulated ‘self-defined’ collective standpoint is key to black women’s survival. (p. 24-25)

Both the definitions of feminist consciousness and group consciousness are vital demarcations for understanding race and black feminist consciousness. Brush (2001) describes “race consciousness as a process by which one begins to know that and how the personal is political that and how race classifications and identifications, as well as daily experiences of racism, are enmeshed with social conditions” (p. 177). Race consciousness is a complex concept that Simien and Clawson (2004) describe as including four components:

- **Race identification**—a sense of belonging or closeness to a particular group.
- **Power discontent**—reflects recognition of and disenchantment with the status deprivation of one’s racial group.
- **System blame**—an awareness that structural barriers, rather than personal failings, account for the subordinate status of the race.
• Collective Action orientation—represents a commitment to group strategies confronting racism. (p. 797)

Simien and Clawson (2004) indicate that black feminist consciousness, unlike feminist consciousness, is akin to race consciousness.

The feminist movement is often equated with White women and is viewed as ignoring the interests of black women; therefore, a feminist consciousness is distinct from a black feminist consciousness. Black Feminist Consciousness is intertwined with race consciousness and stems from the recognition that African American women face discrimination on the basis of both their race and gender. (p. 797)

The concept of black feminist consciousness, although well developed, has not been as readily used in empirical research. Thus two main approaches to studying black feminist consciousness have emerged as the result of Simien and Clawson (2004). “First, scholars have often relied on survey items designed to tap feminist consciousness among women in general, rather than black women in particular” (p. 795). Studying feminist consciousness as a separate variable seems to “speak to feminist concerns among primarily white middle-class women” (p. 795), “which cannot confirm black feminist consciousness” (p. 796).

Another common mistake among researchers attempting to measure black feminist consciousness is the use of separate scales that look at gender and race. Simien and Clawson report:
Other researchers have measured gender identification and race identification and then used the interaction of those two variables to create a measure of black feminist consciousness. This strategy treats gender and race identity as separate constructs and equates high levels of gender identity and race identity with black feminist consciousness, which is problematic because the simultaneity of oppression is not, captured using this measurement strategy. (p. 796)

Simien and Clawson caution "just because a citizen has a strong gender identity and a strong race identity does not necessarily mean that the person will recognize the unique situation faced by black women in American society" (p. 796). Black feminism stems from the recognition that black women are discriminated against on the basis of their race and gender, not from particular biological characteristics (Banks-Wallace, 2000; Radford-Hill, 2000; Gilkes, 2000; Collins, 1989; Taylor, 1990).

Simien (2004) in her effort to correct the gender and race flaws within previous measurements of black feminist consciousness, conducted research based on the 1993-1994 National black Politics Study (NBPS) to construct this measure tool. Simien (2004) and Simien and Clawson (2004) concluded that black feminist consciousness had several relevant themes:

- *Intersectionality* suggests that interlocking oppressions circumscribe the lives of black women through day-to-day encounters with race and gender discrimination.
- *Gender (in) equality* exists within the black community and beyond.
• The belief that black feminism strengthens the black community by challenging particularly as an institutionalized oppressive structure, and advocating the building of coalitions.

• Individual life chances are inextricably tied to the group and that collective action is a necessary form of resistance. Linking thought with action is a critical aspect of black feminist consciousness. (p. 327)

These four themes emerge to anchor Simien’s (2004) conclusion that “black feminist consciousness is a stable construct that shapes the beliefs of black women and black men toward gender equality and feminist priorities” (p. 336). Simien and Clawson (2004) were able to surmise that both men and women support black feminist ideas and black feminist consciousness “is positively related to the components of race consciousness” (p. 793).

Black Women’s Leadership Development

The Intersection of Race and Gender

Traditional African leadership, according to Banutu-Gomez (2003), is “the handing down of leadership information, beliefs, or customs from one generation to another. It nurtures and nourishes African society through valuing family, respect for elders, consensus, community, collaboration, communication, teamwork and team credit, consultation, roles and purpose and advisement” (p. 352). Rogers (2005) documents “An African centered approach moves one through states of personal, communal, and spiritual transcendence to bring about empowerment and the unifying philosophic concepts in the African-American experience characterized by cooperation, connection,
and independence” (p. 703). Black feminist scholars embrace attributes embedded in culture, but equally evident in gender, to inform the African-American woman’s style of leadership.

There is a difference between the way in which men and women engage in leadership behavior. McKenzie (1996) states:

Male leadership models and definitions generally can be traced to sports, the military, and metaphors developed during the industrial era. On the other hand, newer models of leadership include characteristics usually attributed to women’s value systems or behaviors. These include shared power, encouraged participation, and information sharing and communication. (p. 67)

Male leaders are viewed as “transactional” while women leaders are seen as “transforming.” McKenzie (1996) clarifies:

Women’s leadership tends to follow the objective of change, not control. Women leaders, generally speaking, act as role models, value creativity, facilitate, teach archetypes, establish mutual contracts for specific results, reach out, are growth-oriented, visionary, master motivators, have infinite time for people, are flexible, holistic, and personal. (p. 70)

Reid-Merritt (1996) in *Sister Power* interviewed 45 American women of African descent who exerted great power and influence in various careers, from the country’s major urban communities. Twelve were leaders in corporate America and the rest were leaders in the public arena including elected officials. Reid-Merritt noted seven characteristics about the African-American leader woman: “has strong family, had church
and community support at an early age, is focused on identifiable goals, possess
humanistic values, are spiritual, are political, are self-accepting as women, are grounded
in their history, and socially conscious” (p. 21).

Black women’s leadership developed from their own strategies based on
expressing their female strengths rather than denying gender traits (Radford-Hill, 2000;
Parker, 1996). The characteristics of these female leaders are rooted in their experiences
in female social roles. The traditional role of caring for others then becomes the basis of
the leadership skills of supporting, caring for, and bringing out the best of leadership
skills of supporting, caring, and bringing out the best in congregants or employees
activist mothering practiced by African American clubwomen from the time of slavery to
the early 1940s demonstrates a legacy of ‘normative empathy’ as a significant motivator
for middle-class maternal activism” (p. 773). McDonald (1997) through intensive
interviewing of 19 women uses the notion of “black maternal activism to denote the
ideology grounded in the tradition begun by free, slave, and later newly emancipated
black women” (p. 782) that started in the late 19th century but continues to impact how
black middle class women interact with those less fortunate in the community. The
author suggests that historically black middle-class women (Women’s Club Movement)
have sought to rescue their disadvantaged sisters and there is a history of other-mothering
and activist mothering. In particular, McDonald (1997) points out “their strategy for
intervention, born from a conscious, collective need to resist racist and sexist oppression,
is one passed down from many generations by their black activist foremothers” (p. 774).
The black women’s club movement established a leadership strategy of self-help and uplift that defied, “racist and sexual subordination, and redefined black motherhood as a political and cultural strategy” (p. 782).

Gilkes (2000) in her article, *Liberated to Work Like Dogs*, assesses the community work of 25 activists and advocates through taped interviews to understand the “work” and leadership of black women. Particularly important is the discussion of “gender norms” and how black women’s experiences as laborers impacted their service to the community, and its interpretation of them as women by those outside the black community. Gilkes (2000) insists:

The moral value of people and groups in society is expressed through their placement in a hierarchy of social statuses. The devaluation of some groups and people in society diminishes the degree of humanity and respect they receive. We call this moral placement labeling. Labeled groups can be stripped of their legal personhood through the misuse of medical ideology and the manipulation of cultural images and stereotypes, socially discredited and pushed out of occupational settings, or victimized by extralegal violence and various forms of discrimination. Women and racial-ethnic groups are distinctive victims of labeling. Gender and race ethnicity, along with class, are major sources of social inequality that have deep moral meaning. (p. 161)

This labeling process is especially significant to normalizing black women’s experiences since, Gilkes (2000) documents:
For ‘black women in white America’ there is a peculiar intersection of norms and expectations governing society’s evaluation of their historical role as laborers. The image of black women laborers as ‘beasts of burden’ contradicts a dominant cultural image of white women that emerges as ‘fragile, white, and not too bright.’ As laborers, black women must contend with stereotypes and images which have labeled them inferior and defective females. Black women, slave and free, were exempted from the usual complex of gender norms, punished for that exemption, and as laborers, assigned to bad, dirty, and dangerous work. This additional burden of labeling shapes an extremely stressful situation for black women—perhaps the most stressful in America’s racial-ethnic order. (p.162)

One response to black women’s labeling, has been to formally organize. The Black Women’s Club Movement taught them how to counteract assaultive labels and organize through collective action. The women in Gilkes (2000) study reflected on the historical efforts of club women who “organized economic cooperatives, mutual aid associations, developed social services for poor black women and youth, and worked to erase the situations among black women that fed into stereotypes” (p. 14). The interviewed women of the study, indicated that like their foremothers, they too, utilized skills learned from their community and church work to address social justice issues through autonomous black women’s organizations, civil rights movements and radical political organizations (Gilkes, 2000).

One term that emerged to describe black women’s particular type of leadership on behalf of the community is the term “community work.” According to Gilkes (1995):
Community work consists of the women’s activities to combat racism and empower their communities to survive, grow, and advance in a hostile society. The totality of their work is an emergent, dynamic, interactive model of social action in which community workers discover and explore oppressive structures, challenge many different structures and practices which keep their communities powerless and disadvantaged, and then build, maintain, and strengthen institutions within their community. These institutions become the basis for the community’s commitments to group interest are the basic elements of the community. They work for the community that they themselves re-create and sustain, a mutually reinforcing process. (p. 230)

Gilkes (2000) records:

The clubs were training stations for black women leaders who learned the language and the politics that enabled them to lead clubs and become public women. Black church women similarly sought to develop grassroots leadership by training southern urban and rural women to be public speakers at the turn of the century. (p. 33)

Through their work in the community, church, as educators, participation in club women activities, and as a legacy of their foremothers, black women have linked their leadership activities to that of social justice issues within the entire black community. The discourse of social justice and leadership are inextricably linked, according to Jean-Marie (2006) author of Welcoming the Unwelcomed: A Social Justice Imperative of African-American Female Leaders at Historically black Colleges and Universities. Jean-Marie points out:
The unfinished journey toward justice for all continues, as possible exemplary models appear in the leadership practices, behaviors and attitudes of contemporary African American female leaders. Social justice, like education, is a deliberate intervention that requires the moral use of power . . . the ideals of progressing toward a just and democratic society and a new humanity worldwide. Social justice is defined not only by what it is but also by what it is not, namely injustice. Individuals for social justice seek to challenge political, economic and social structures that privilege some and disadvantage others. They challenge unequal power relationships based on gender, social class, race ethnicity, religion, disability, sexual orientation, language, and other systems of oppression. Social justice leaders strive for critique rather than conformity, compassion rather than competition, democracy rather than bureaucracy, polyphony rather than silencing, inclusion rather than exclusion, liberation rather than domination, action for change rather than inaction that preserves inequity. (pp. 90-91)

Black women activists are hypothesized to be women of a “unique social grouping,” based on social structural issues of race, gender, and their involvement with the black church. Clawson and Clark (2003) utilized data from grassroots party activists in the southern region of the United States to examine the attitudinal structure of African-American women activists who are part of the Democratic Party. Their research confirmed that black women’s view of social justice and attitudes towards policy were reflective of their experiences of being both black and as women. The structure of their policy attitudes, according to Clawson and Clark (2003) emerges from their lived
experiences with racism and sexism. Black female activists differ from other race and
gender groupings in the organization of their policy attitudes. Black female activists are
shaped by three important factors: the civil rights movement, the women’s movement,
and the black church (p. 211). Their societal positioning contributes to the shaping of
their leadership. Black women, as documented by Clawson and Clark, are seen as
“bridge leaders” because they link the formal power structure of the “movement” with
local community activities and activists. Bridge leaders are critically important because
they often stimulated grassroots activities to which the formal leaders had to react (p. 212).

Utilizing a black feminist/Womanist perspective to inform the research on the
“activist tradition” of black women, Rodriguez (1998), in her study of Activist Stories:
*Culture and Continuity in black Women’s Narratives of Grassroots Community Work,*
includes case studies of six women who were viewed as community activist or organizers
in Tampa, Florida. These women spoke of their challenges and triumphs in grassroots
leadership and the success of their activist strategies. Much of their activity resulted from
their work in churches, schools, neighborhoods, farm fields and as laborers. Rodriguez
writes:

*From the enslavement period to contemporary times, African American women’s
resistance has been a necessary aspect of survival not only for the women
themselves but for the entire black community. The words, narratives, and
activist stories of black southern women reveal their involvement in the multiple*
dimensions of educational, economic, social, and political change that are often ignored by the popular media, prevailing power structures, and scholars. (p. 95)

For these women the tradition of resistance and activism was intrinsically tied to their community survival. The activist stories of the women, as told by Rodriguez:

Used their words to expose myths about power and leadership that evolve from patriarchal, Eurocentric, male-focused, middle-class definitions of these terms. The words of black women activists reveal the depths of their understanding of possibilities and promise in the presence of despair . . . they reveal an understanding of black women’s roles in institutional change as well as their analyses of oppression based on race, gender, class and/or sexuality. (pp. 95-96)

While the stories revealed a strong connectedness to the African-American community as a motivator for their involvement, these women also spoke of “ridicule and misunderstandings” that came from the black community. However, the women revealed to Rodriguez that they “became activists not for self-aggrandizement; they acted upon their awareness of oppressions that affect those who are disenfranchised due to poverty, sexism, racism, classism, and homophobia” (p. 107). A black women’s activist tradition is made evident through the stories of these women. Rodriguez concludes:

The activist stories include a sense of connectedness to the African American community, self-regeneration and self-definition by the activists, and indications of community change because of activism. The themes of these activist stories also illustrate multiple, interconnected factors that have historically composed a black women’s activist tradition. (p. 107)
Black women’s community leadership is reinforced through their activism (Gilkes, 2000; Clawson & Clark, 2003; Slevin, 2003; Rodriguez, 1998). Their leadership is shaped through a legacy of leadership in the community developed out of commitment to “uplift” the black community. Black women’s social location of race, gender, and class shaped their leadership activities. Rodriguez (1998) cites Collin’s (1991) black feminist analysis of both the unique form and meanings of black women’s activism, “arguing that life experiences have made the development of both private and public activist strategies an essential part of life for black women” (p. 99).

*Private activist strategies* include sheer survival of experiences with race, gender, and class oppression; in order to survive, black women have often sustained an independent consciousness that allows them to reject and resist the ideological justifications of oppression. Historically, the private activism of black women involves actions relevant to both individual and group (family and community) survival.

*Public activist strategies* include black women’s participation in formal organizational settings and overt political resistance. The public activism of black women involves transforming institutions that are founded upon racist, sexist, classist, or homophobic ideologies. Thus, according to Collins, two dimensions of activism—the struggle for group survival and the struggle for institutional change—form the foundation of a black women’s activist tradition. (Rodriguez, 1998, p. 99)
This activist tradition and legacy of community leadership is reinforced through Slevin's (2003) research with 50 retired African-American professional women who spoke about their volunteer work and social responsibility. In *Intergenerational and Community Responsibility: Race Uplift work in the Retirement Activities of Professional African American Women*, Slevin (2003) documents how:

Like educated women in previous generations, these black retirees felt an obligation to do race uplift work and to give back to their communities . . . These women's community work served to empower them as old women and also highlights the legacy in black communities of independent and powerful older women who carry special weight and who are seen as sources of power and wisdom. (pp. 309 & 323)

The community work of the retired women, although volunteer, was developed as an outgrowth of their “collective consciousness and social responsibility.” Slevin (2003) reveals this sense of consciousness developed from “persistent and pervasive racism.” In these women’s childhood:

Children were consciously taught by parents, teachers, preachers and community leaders to adopt strategies of collective consciousness and social responsibility. This ethic socially responsible individualism which stood in contrast to the larger white society’s emphasis on individualistic success was reinforced over and over again—both informally and formally. (p. 314)
For these retired women the community’s consciousness around uplift shaped their career paths to attend college and become educators and to prepare themselves to give back to the community. Slevin (2003) describes these women’s stories as:

Being prepared by these institutions for public lives that assumed not only self-sufficiency but also a commitment to bettering the race; as well, they were taught to resist the temptation to become elite and aloof. Class privilege entwined with gender and race to underscore the special responsibility of black professional women to their communities. Their work in the so-called helping professions, as well as their work on racial empowerment in the civil rights era, reinforced all the lessons of childhood and college and formed the foundation of their unpaid work later in life. (p. 314)

Through the study of Slevin (2003), there emerge several institutions that affirm black women’s community work and leadership on behalf of the community. The stories of the elders reveal that consciousness of the community, parents, other influential professionals such as teachers and preachers, all reinforced their “obligation” to work on behalf of the black community, not only as they prepared their professional careers but also through their unpaid activities. What is also revealed is that both private and public sectors of the black community fostered their leadership development and their race, gender, and class as significant factors in their identities that also contribute to their community work. Slevin indicates, “First, their community work allowed them to strengthen their identities as black women, and second, their unpaid work with community youth created or reinforced identities as community mothers” (p. 323).
Additionally, in Slevin’s research, age is seen as a factor; as retired professionals this group of women continued to use their status as elders to impart a level of consciousness within the black youth that they work with. The stories of these women reinforce the avenues in which black women have developed leadership skills and worked on behalf of the community and how this form of leadership stems from a “collective consciousness.”

Moving Towards Black Feminist Leadership

*Shared Lived Experiences*

Contemporary leadership paradigms remain structured to reinforce the values of the “white male experience” which excludes the experiences of black women. Abdullah (2003) indicates “black leadership models tend to emphasize those forms developed by black male leaders” (p. 34) which addresses the race experiences of black women but not their gender. “Black male-centered leadership models” tend to focus on the charismatic leadership practices associated with formal titles and those largely linked to national movements, like DuBois, King, Jackson, and Malcom X (Abdullah, 2003). Feminist leadership models, while focusing on gender experiences, tend to be dominated and founded on “white, middle-class women, largely privileged,” and who reinforce their norm of womanhood (Abdullah, 2003, p. 34). Thus, the leadership development of black women cannot be excluded from their historical experiences of being both black and female.

Rosser-Mims (2005), in her study of black women’s political leadership, “revealed that black women share common features of their leadership, features stemming from their culture which remain rooted in the leadership roles in which black
women have historically served, a legacy of leadership that is evident in contemporary society" (p. 159). Bell-Scott (1982) indicated that black women are socialized through a process within the community that supports a safe space for them to try their new leadership, includes a diversity of role models, mentorship from seasoned professionals and elders, self-affirmation, and accountability for decision making. This perspective is confirmed by Rosser-Mims (2005) who recognizes that while black women are not a homogenous group they tend to have common features in their leadership style:

- Self-determination cultivated by mentors and black female role models
- Intrinsic motivation to serve and improve the black community
- Reliance on faith/spirituality in decision making
- Strong value of learning and education
- Informal learning as primary source of their learning and leadership development
-Balancing role expectations associated with the circumstance of bi-culturality
- Familial and community-based support systems. (p. 159)

Black women’s leadership development has been a product of their experiences in the church, as matriarchs of the family, leading their families out of poverty, behind the scenes in support of political and civil rights, leadership in women’s groups, charitable organizations, political groups, writers on social issues, educators, political leaders, organizing rallies, human and social service causes, and voter registration drives (Simien, 2006; Abdullah, 2007; Collins, 2007; Barrett, 1993; Allen, 1997, Carlton-LeNay, 2000). Berger (2004) documents the grassroots activities of HIV positive black women to
include "attending national conferences as panelists and invited presenters, speaking to women and young girls about AIDS, appearances on radio and television, writing letters to the editor, and working with elected officials to design programs" (p. 5). Thus, black women’s leadership is differentiated by collective work and responsibility, unity, uplift, communality, and their various lived experiences as black women.

Black Feminist Leadership Model

Bell’s (2006), *In the Spirit of Sisterhood: The Meaning for black Women Leaders*, conducted a focus group of eight black women who had completed doctoral programs or were currently employed in leadership positions in the Seattle and Portland area. Bell specifically asked the research question, “Describe the concept of leadership; what does that mean for you?” From this research question several responses were generated that rejected the traditional western definitions of leadership. Excerpts of some of the responses were:

- Leadership for me, is not this concept of “the great man”...that is how so often people have described leadership...that is this person out front...calling others to follow...leadership is more about creating the followership”...it is to the person, it’s what you inspire in other people who follow you.

- …a leader has got to somehow connect with people from the inside, to where you are sharing a vision and they have enough respect for you, about what you can do, your personal influence as well as any role you have, that they will support you in that vision and help you move along.
• A good leader can spot people in need and be able to help ... I think an effective person in a leadership role is one who is more of a support system...is one that is there to encourage...to serve.

• ...everyone is a leader....I believe in servant leadership where as I am the servant, my leadership capacity is shared in order for others to become leaders.

• Leadership means stepping up, stepping out and providing directions, sometimes guidance and support on issues that are critical to helping to build a better community or better workplace, better lifestyles...

• ....leadership for me is more in the vein of servant leadership...leadership is not always about following, it's about creating circumstances where people can achieve...I wouldn't self identify as a leader, but I know I am having an impact.

Thus, these women echo the literature that speaks to shared responsibility, shared vision, and a communal perspective of leadership. Certainly the respondents interpreted their "leadership" as different from the popular definitions of leadership which speak to individual power that is outside of the group. Bell's (2006) research supports the inclusion of a definition of leadership which is based on the experiences of black women.

The work of black women involved in community struggle and liberation is important to understanding leadership. Collins (2007) asserts:

Developing black feminist thought as critical social theory involves including the ideas of black women not previously considered intellectuals- many of whom may be working-class women with jobs outside of academia ... Through their
words and actions, grassroots political activists also contribute to black women's intellectual traditions. (p. 411)

Much of the literature on black women's leadership appears to be narrative documentation of politicized activities of a select few women (Ida. B. Wells, Harriet Tubman, Sorojuner Truth, Mary McLeod Bethune, Mary Church Terrell, Fannie Lou Hammer, Rosa Parks) which appears to have the core focus of community building. These women, although singled out for their individual contributions, acted in conjunction with their gendered and racial peers to bring about social change. The autobiographies, biographies, interviews, case studies, and other research methodologies, reveal common themes among the characteristics of these women which support the definition of a unique leadership model. Excluded from participating in traditional political processes like, voting, and holding office, black women developed their own informal and formal means of developing leadership and a political voice.

As recent as 1995, there emerges a definition of black female community leadership described by Allen (1997):

The struggle for group survival whereby group collective experience, and group socio-emotional support, as well as the instrumental aspects of developing and maintain internal female networks for institution building, merge to form collective action for cultural maintenance and black community empowerment. (p. 47)
This particular definition is supported by the individual social and historical experiences of black women in America based on their race and gender. Allen’s research is similar to other black women researchers (Bell-Scott, 1990; Parker, 2001; Gilkes, 2000; Parker, 2001) concerned with the topic of black women’s leadership. Allen (1997) identifies the importance of future research “to identify the processes, content, and form of black female leadership in contemporary America” as a means of “rebuilding the black community” (p. 3).

The re-articulation of leadership is seen as both necessary and viable to a discussion on community building. Missing from traditional models of leadership, are the activities and experiences of black women and their continued work for community betterment. The research fails to capture the ways in which black women during times of unrest, have “self-defined” and emerged as the “intellectual leader of the Race” (Gilkes, 2000). Abdullah (2003) synergizes the historical community work of black women’s political leadership and activism to arrive at a model of self-defined leadership:

Black women’s self-defined leadership stands as an independent model with four tenets: (a) it is proactive in nature (versus simply reactive), (b) it bridges theory with practice, with each constantly informing the other, (c) it embraces collective action/group-centered leadership (as opposed to a leader-centered group), and (d) it employs both traditional and non-traditional methods of political engagement. (p. 3)

Throughout Abdullah’s discussion, there is a connection between black women’s leadership development that is based in African traditions as well as, responsive to the
political tides of Africans in America. For Abdullah (2003) the discussion of leadership “emphasizes a communal verses individual model” and develops from grassroots efforts, rather than top down directive. This model of leadership appears in contrast to popular models of leadership in educational, political, and business structures.

In 2007, Abdullah’s, *Emergence of a black Feminist Leadership Model*, appears to be the first research documenting the term black feminist leadership model. While Shelia Radford Hill (1999) describes the formation and dissolution of black feminist organizations, there is no link to a definition of black feminist leadership. Thus, Abdullah (2003), begins an expansive discussion of her previous “self-defined leadership” as she relates it to the activist work of the black women’s club movement, the Anti-lynching movement, and the Civil Rights movement.

Abdullah (2007) identifies four characteristics of black feminist leadership:

1. It connects theory and practice, with each constantly informing the other;
2. It is proactive and not simply reactive;
3. It adopts a group-centered approach in which all members share the responsibility of leadership and collectively “own” the movement; and
4. It utilizes both traditional and nontraditional forms of activism. (p. 329)

In the same year, Hall, Garrett-Akinsanya, and Hucles (2007) published an article, *Voices of black Feminist Leaders: Making Spaces for Ourselves*, which defines specifically black feminist leadership:

Black women activists who, from the intersections of race and gender, develop paths, provide direction, and give voice to black women. Black feminist leaders
lead by example and generate opportunities for change, provide encouragement 
and skills to others, and ignite a desire in other black women to create conditions 
for success. Black feminist leadership is a designation that is accorded to a 
person-formally or informally. (p. 283)

Black feminist leadership, therefore, connects the black feminist consciousness of 
activism, the legacy of “race women” and “uplift” to a definition that redefines and 
rearticulates their perspectives as leaders.

The intersection of race, gender, and class has multiple consequences for black 
women as leaders. Black feminist leadership gives us a means to re-conceptualize and 
rearticulate African Americans’ community work on behalf of the community. Radford-Hill (2000) resolves:

Black women experience multiple brutalities because of gender, race, and class. 
They will respond to black feminist leadership if it moves them beyond anger and 
disappointment toward new forms of hope, solidarity, and transcendence black 
women require a feminism that insists on their self-worth, their power and their 
responsibilities. They need feminism that boldly accepts the challenge to help 
them heal themselves. These women and the feminist who reach out to them 
must reclaim a black female identity that ends their personal crisis and restores 
their sense of black womanhood. (p. 92)

The potential of framing black women’s community work through a black feminist 

 lens becomes critical to the mobilization of the community and offers an alternative 
Feminist theory presents multiple yet related frameworks of empowerment than can guide those who seek to rebuild social institutions and interpersonal relationships while engaging in struggles for social justice. For blacks this requires (a) commitment to black cultural traditions and (b) insistence on a heightened gender consciousness in the service of progressive social change. The black feminist challenge is to confront issues of diversity, fairness, justice, and gender equity while reclaiming our historic standards of womanhood and rebuilding our communities. Reconstituting black feminisms as principled action can renew black women’s political culture and can help America towards its greater destiny. (p. 94)

HIV/AIDS and the Black Community

It happened 17 years too late, but it happened: the federal governments’ first targeted effort at addressing HIV/AIDS in black communities. It’s hard to understand how it took until 1998 for Congress to officially recognize the epidemic’s disproportionate impact on African Americans — reality that was plainly visible from the epidemic’s opening moments. (Wright, 2006, p. 9)

Acquired Immune Deficiency Syndrome (AIDS) was publicly recognized by the United States in a 1981 after the Centers for Disease Control and Prevention (CDC) linked it to the fatal pneumonia found in five gay men in Los Angeles. IDS, according to Wright, was “Originally called GRID (Gay-Related Immune Deficiency) or ‘gay cancer’” p. 22). The initial spread of AIDS was described as being part of the four “H’s”— hemophiliacs, heroin addicts, Haitians, and homosexuals (Epstein, 1997; Cohen, 1999;
Wright, 2006). It was not until 1984 that HIV (Human Immunodeficiency Virus) is the term used to describe the virus that causes AIDS (Wright, 2006). However, it was not until six years after the CDC’s declaration that former United States President, Ronald Reagan includes a discussion of AIDS in his first public speech (Cohen, 1999; Wright, 2006).

According to the CDC in their June 2007 report, *Heightened National Response to the Crisis of HIV/AIDS Among African-Americans*, HIV/AIDS continues to threaten the health and well-being of many communities in the United States, but for African Americans, HIV/AIDS is a major health crisis. Local, state, and federal efforts to combat HIV among African Americans have been increased over the life span of the disease. However, these efforts have been limited at best in decreasing the persistently high rates of HIV infection among African Americans. A heightened national response, one that ignites focused, collaborative action among public health partners and community leaders, is vital at this time to reduce the impact of HIV/AIDS on rural and urban African-American communities (CDC, 2007).

AIDS is the greatest Maafa to date that threatens the continuation of the race of persons of African descent. Invoking “nommo,” Richards (1989) describes “The Maafa” as:

A great disaster designed to dehumanize and/or destroy African people. It is not a single abhorrent event in history, but an ongoing sophisticated continuous ‘process’ in the support of worldwide white supremacy. Therefore, it is the
systemic disintegration, dehumanization and negation of the essence of the African. (p. 34).

Authors such as, David Kirp in his 1995 article, *Blood, Sweat, and Tears: The Tuskegee Experiment and the Era of AIDS*, describes AIDS as a metaphor for pervasive racism. HIV and AIDS are not exclusively health issues. AIDS is a personal disease that has been politicized. Access to health, insurance, employment, housing, and education are just some of the social systems that intersect with a person’s personal response to HIV. Intimate relationships with family, friends, and sexual partners are equally affected by persons identified as HIV positive, living with AIDS, or suspected as being at risk of becoming infected. Segments of America’s population who have not been able to overcome other social ills in society are also ill equipped to respond to AIDS (Kirp, 1995).

Evidence-based research has determined that multiple factors contribute to racial/ethnic health disparities, including socioeconomic factors (e.g., education, employment, and income), lifestyle behaviors (e.g., physical activity and alcohol intake), social environment (e.g., educational and economic opportunities, racial/ethnic discrimination, and neighborhood and work conditions), and access to preventive health-care services (e.g., cancer screening and vaccination) (Williams, 2003). The CDC (2006) concurred that:

There is growing evidence that the HIV/AIDS epidemic is increasingly concentrated in low-income communities in which people of color are often disproportionately represented . . . and are generally faced with multiple health
and social issues including access to high quality health care and prevention
education. (p. 4)

Wright (2006), using resources generated from the CDC, notes:

Between 2000 and 2003, the epidemic’s frontline is quickly shifting from large,
northern cities to the more dispersed communities of the South. Today, seven of
the 10 states with the highest per capita AIDS rates are in the South, and 41% of
people living with HIV are in the Southeast. It is a particularly black epidemic:
Eight of the 10 blackest state epidemics are in the South. (p. 19)

In 2004, Georgia ranked eighth in the United States with 30,405 cumulative AIDS cases,
according to the CDC’s March 2007 HIV/AIDS Surveillance Report. Of this cumulative
number of cases, an estimated 27,000 people were reported to be living with HIV (non-
AIDS). An additional 16,181 residents of the state were reported to be living with AIDS.
Newly diagnosed persons with HIV accounted for 1,246 reported cases, while 1,268
newly diagnosed AIDS cases comprised the remainder of reported cases. Of these
figures, African Americans accounted for 77% of all reported cases. The AIDS rate for
African Americans is nine times higher than the rate for their white counterparts. The
most common modes of transmission continue to be men having sex with men (59%), as
well as, heterosexual exposure (20%). Approximately two-thirds of all persons newly
diagnosed with AIDS in Georgia live in the 20-county Atlanta metro area. Persons
residing in the Fulton and DeKalb Health Districts combine to make up 51% of reported
HIV/AIDS cases in 2005.
African-American Women and AIDS


Today, women account for more than one quarter of all new HIV/AIDS diagnoses. Women of color are especially affected by HIV infection and AIDS. In 2004 (the most recent year for which data are available), HIV infection was

- The leading cause of death for black women (including African-American women) aged 25-34.
- The 3rd leading cause of death for black women aged 35-44 years.
- The 4th leading cause of death for black women 45-54 years.

The only diseases causing more deaths of women were cancer and heart disease. These numbers are especially alarming when one considers that the CDC did not begin to add female sex partners to the list of “at-risk” populations until 1983 (Wright, 2006) and early in the epidemic very few diagnoses were made that included women (CDC, 2008) (see Figure 1).
Figure 1. Transmission Categories and Race/Ethnicity of Women Living With HIV/AIDS at the End of 2005

Note: Based on data from 33 states with long-term, confidential name-based HIV reporting. (Center for Disease Control and Prevention HIV/AIDS Fact Sheet: HIV/AIDS Among Women, Revised August 2008).

The CDC (2008) reports:

Most women are infected with HIV through high-risk heterosexual contact. Lack of knowledge, lower perception of risk, extra drug or alcohol use, and different interpretations of safer sex may contribute to this disproportion. Relationship dynamics also play a role. For example, some women may not insist on condom use because they fear that their partner will physically abuse them or leave them.
Such sexual inequality is a major issue in relationships between young women and older men. (pp. 3-4)

A large number of the uninsured or underinsured persons are working mothers who do not have adequate health coverage (Kaiser, 1998; Beard, 2005; Wright, 2006). In the African-American culture, it is not uncommon for mothers to sacrifice their health in order to care and provide for their families. Women are also more likely to be the sole or main provider of income for the family. Taking time off from work to seek preventive medical care or for illnesses may not be an option, thus, delaying the discovery of many chronic health problems including HIV infection (Beard, 2005).

Due to a variety of barriers, including lack of cultural competency, traditional programs of HIV prevention and intervention have yielded limited results in decreasing the spread of the disease in the African-American community and particularly among African-American women. Large numbers of HIV infected women have an especially injurious impact on the family considering that African-American women are more likely to be the heads of the household, the primary income provider, underemployed and underinsured. African-American infants already plagued with high infant mortality rates, comprise over half of all reported pediatric cases (CDC HIV/AIDS Surveillance Report, 2000). AIDS is, therefore, a threat to the health and welfare of the African-American woman, the African-American family, and the African-American community.
Black Leadership and AIDS

A seminal document on AIDS in the black community was birthed from the doctoral dissertation of Cathy J. Cohen (1999) resulting in the book, The Boundaries of blackness: AIDS and the Breakdown of black Politics. This premiere text contains an in-depth analysis of the political and personal attitudes that have shaped the HIV/AIDS crisis in the black community and contributed to the response and lack of response to it. Her examination of political attitudes, power dynamics, political voice, and resource mobilization, are linked to the discussion around leadership, indigenous norms, and linked fate. Cohen’s overarching theme is framed around AIDS mobilization in African-American communities, but essentially she asks, “By what process are issues affecting substantial numbers of African Americans deemed ‘black issues’ deserving of attention, resources, and action on the part of black people?” (p. x).

Unlike other threats to the black community (slavery, civil rights, poverty, and economics), AIDS was ignored by the middle class and initially given voice through the gay and lesbian black community (Cohen, 1999; Wright, 2006). According to Cohen: AIDS began in black communities, apparently with black gay men, black men who have sex with men, black injection drug users and their sexual partners—groups we are accustomed to ignoring. The actions of national black political organizations, black churches, the black press, and community leaders who silently and ‘morally’ refused to respond to this crisis or delayed their mobilization are barely discernible to an unsuspecting and uncaring public. (p. xi)
Both stigmatization and marginalization became apparent within and outside of the black community as code words were used to distance middle-class black America from its’ community. Cohen documents:

Attempting to purify the reputation of the group and hold on to their hard-won cultural capital and social mobility, African Americans with relative privilege made their own distinctions between ‘good and moral’ black people and those deemed unworthy or ‘tainted’ by outside evils. Code words like junkie, faggot, punk, and prostitute were deployed both inside and outside the black communities to designate who was expendable. (p. 90)

Unlike the legacy of “uplift,” the middle class in the early days of HIV/AIDS focused on recognition of individual efforts and successes at the expense of recognizing the efforts of those working on behalf of those less fortunate. This change in community consciousness was a remarkable shift from the early days of pre and post reconstruction, as well as, the civil rights movement. The black community leadership that had historically fought against oppression, Cohen details:

Focused more energy and attention on detailing the ‘faulty and inferior’ norms, culture, and behavior of those segments of black communities thought to be most at risk for AIDS than on dominant systems of marginalization contributing to the spread of this epidemic (p. 90).”

In fact, it appears that the black leadership reinforced the stance of Eugenics theorists.

From the epidemic’s start, however, African Americans living with AIDS, particularly black gay men were leaders among the grassroots activists trying to turn the nation’s attention to the epidemic. In hard-hit cities around the country during the early 1980s black gay men spoke up and took action... One of the things that kind of pisses me off, frankly, is we always hear that white gay men were the only ones organizing in the 1980s and gay men of color weren’t there. (p. 12)

Wright (2006) documents the early efforts of Reggie Williams in establishing the gay community group Black and White Men Together (BWMT) which “later officially formed as an AIDS task force in 1985, now considered America’s first black AIDS organization” (p. 12). By 1988, both Wilson and Williams, according to Wright, are believed to have secured the “first-ever grant for HIV prevention targeted at black gay men” from the CDC. This resulted in the establishment of the National Task Force on AIDS Prevention, which went on to serve as a lead agency for a coalition of groups working to stop HIV’s spread among gay men of color until it folded in late 1998 (p. 12).
During the early 1980s, traditional leadership in the black community remained invisible and symbolic in their response to the threat of HIV/AIDS, forcing the emergence of grassroots efforts and marginalized sectors of the community (Wright, 2006; Cohen, 1999). Cohen (1999) documents, early efforts were mobilized through “inclusive political and transformative work pursued, at least initially, by black gays and lesbians” (p. 91). The efforts of the National Coalition of black Lesbians and Gays (NCBLG) seized the topic of HIV/AIDS as a defining milestone in their organizational development and committed “significant resources to responding to AIDS (Cohen, 1999). Notably, in the early days of the epidemic, traditional black institutions limited their support, and when they did support AIDS issues, they tempered their involvement “to fit within a constrained moral and political framework, where anything from a lack of expertise on this issue to the word of God were offered as reasons for doing less” (p. 256).

The efforts of the historical “social justice“ organizations (National Urban League, National Association for the Advancement of Colored People, Southern Christian Leadership Conference, etc) were all but unresponsive to the AIDS epidemic. Within the context of these organizations, initial strategies to address HIV/AIDS with black women and their children, are viewed as pathological participants in the spread of the disease (Cohen, 1999). While these organizations originated from the “uplift” era of self-help their early strategies to address AIDS were reminiscent of the classist, racist, gendered, and homophobic attitudes that they had been designed to eradicate. It would take the efforts of local AIDS community leaders to garner political support and funding,
which would eventually move these traditional black community organizations to address HIV/AIDS.

In spite of the tension regarding mobilization, according to Cohen (1999), several stages of black communal leadership emerged:

*Phase I* (1980 through present)—black gay men and lesbians provide informal community education and service delivery;

*Phase II* (1986-1990)—Traditional social service agencies become involved in drug treatment programs, also civil rights organizations, contemporary black magazines and newspapers, and the black church, along with black elected and public officials, begin to acknowledge the spread of AIDS;

*Phase III* (early 1990s through present)—Professionalization of AIDS work in black communities; institutionalization of community-based organizations; gender specific service delivery; coalition building between communities (white/black, gay/straight, etc.) fight for equitable funding and resources by government and funding agencies. (pp. 91-118)

Cohen also notes that while there were some initiated efforts to serve; there was not a consistent effort to lead. In fact four categories of response surfaced:

1. *Service*—efforts meant to directly and indirectly address the material and emotional needs of individuals with AIDS, as well as others affected by this epidemic.
2. *Awareness*—strategies include actions aimed at increasing community understanding of AIDS and dissemination of culturally sensitive information about AIDS.

3. *Distributive Claims*—demands for a more equitable distribution of resources to fight AIDS.

4. *Recognition and Redefinition*—leaders and other political entrepreneurs use the devastation of AIDS to highlight the secondary position of certain segments of black communities at greater behavioral risk. Redefinition focused on reframing the discussion about the disease which included those suffering from secondary marginalization within the black community.

(p. 257)

Local black AIDS activists were among the initial community leadership, according to Wright (2006), who indicates “Their names have been largely left out of official histories, but their communities continue to benefit from their bravery” (p. 13). While there appears to be a need to rewrite the black gay and lesbian community back into the historical AIDS leadership, it is also important to document the early efforts of black women. As early as 1987, Debra Fraser-Howze founded the National black Leadership Commission on AIDS, a national organization that coordinates and supports black leaders in their AIDS work (Cohen, 1999; Wright, 2006). In 1985, according to Wright (2006):

Local activists did the same for their communities. BEBASHI may have been the first black AIDS organization to spring into action, launching street outreach in
black neighborhoods. In 1988, the group had wrangled federal money to teach other organizations in the Mid-Atlantic states how to do the same sort of work, and today provides a range of services to more than 15,000 people. (p. 13)

By 1986, local efforts in Atlanta Georgia are attributed to Sandra McDonald founder of Outreach, Inc. Wright (2006) records, “In 1987, Georgia contracted Outreach to develop an AIDS education curriculum aimed at minority communities” (p. 13). Outreach, Inc. is credited with its pioneering work of facilitating street outreach with drug users and advocating for access to drug addiction treatment (Wright, 2006).

In 1989, Pranessa C. Seele, founded The Balm in Gilead, a nonprofit to mobilize and educate faith leaders and the faith community. One of her signature initiatives is “The black Church Week of Prayer for the Healing of AIDS” which is held the first Sunday of March annually. According to Wright (2006), “The group is the only AIDS service organization endorsed by all major historically black church denominations and caucuses, including the eight-million-member National Baptist Convention USA and the four-million-member African Methodist Episcopal Church” (p. 74).

Afritics (DeLany & Rogers, 2004) “describe and promote the ongoing interactions of black women leaders to analyze and distribute scarce resources in a manner that simultaneously attend to those most in need and the good of the collective” (p. 93). Both Cohen (1999) and Wright (2006) record the significant efforts of the Honorable Maxine Waters, United States House of Representative from California, to bring HIV/AIDS to the political forefront for the black community through the efforts of the local AIDS community leaders, Dr. Benny Primm, and the Congressional black
Caucus. Wright’s (2006) document includes an interview of Congresswoman Maxine Waters by Sharon Egiebor. In the interview, Congresswoman Waters speaks about her early efforts in the 1980s as a California State Assembly member to secure funding for a local organization at the request of Reverend Carl Bean. Waters’ affiliation with the black Women’s Forum was the supporting organization that allowed her to obtain these funds.

The defining moment was when they (Rev. Bean’s group) put on a fundraiser and ask me to come to a place called Catch One. Catch One was a bar frequented by gays and lesbians in Los Angeles. It was a riveting experience that brought me face-to-face with the real devastation of HIV and AIDS. Not only were their health conditions absolutely devastated, their entire lives were too-no place to live, no income, no program that was connecting them to health care services. We had a community that had fallen far behind the gay community in addressing this issue. They needed help. (p. 56)

Congresswoman Waters, her “web of affiliation” (a strategy of the black clubwomen) along with her status as an elected official and as a member of the black middle-class, positioned her to secure resources on behalf of those concerned with the HIV/AIDS epidemic.

Congresswoman Waters’ initial view of the lack of response of the black community was met with criticism from other leaders in the black community. Wright (2006) documents:
The black community was slow, the public policy makers were slow, the ministers and churches were absolutely uninvolved at that time (early 1980s).

Basically one minister said that these were people who were involved in drugs and that I as involved with drug addicts and drug dealers. But I fight on cutting-edge issues for my community and for my people. I decided that I would make AIDS a priority, as a public policy-maker. (p. 57).

Congresswoman Waters would take her commitment to the AIDS community with her to the U.S. House of Representatives. Egiebor records for Wright (2006) her ongoing efforts:

I held the first meeting about AIDS at the capitol-the first among the black elected officials, the congressional black Caucus. Then I went on to become the chair of the Congressional black Caucus by 1998. There was meeting held at the Capitol sponsored by the Health Brain trust of the Congressional Black Caucus that focused on the HIV/AIDS crisis in the black community. There was a speech given by Dr. Benny Primm, who is a leader in the HIV/AIDS community out of New York, advocating that a ‘state of emergency’ is declared in the African-American community. As chair, I met with Donna Shalala, Secretary of Health and Human Services to call on her to declare a public health emergency around the HIV/AIDS crisis in the minority community. That is when it got extremely political.
I took the CBC on a tour to Baltimore to look at the high incidence of HIV/AIDS among African Americans. We visited a syringe exchange program and a program that targeted African-American women. We brought 20 AIDS activists from all over the country and met with Congressman Louis Stokes, the senior member of the CBC with a high ranking position on the Appropriations Committee. Dr. Shalala and the Clinton administration agreed that we needed to have additional money to address the crisis. On October 28, 1998 the CBC held a press event and rolled out the Minority AIDS Initiative. (p. 57)

The Minority AIDS Initiative was funded to provide grants to community based organizations and health care providers serving African American, Hispanic, Asian and Native-American communities. The idea was to enable health care providers serving minority communities to expand their capacities to deliver culturally-and linguistically-appropriate care and services. (p. 58)

Additionally, Cohen (1999) reports Congresswoman Waters’ response to AIDS involved her: (a) Convening a meeting of the Congressional Black Caucus to discuss the role of black legislators in the fight against AIDS, (b) Sponsored meetings on the Veteran Administration’s studies identifying disparate effects of AZT on white and black patients, and (c) Meeting with black AIDS activists to listen to their concerns and strategize about possible action (p. 337). According to Cohen, AIDS activist leader Phil Wilson, “praises Waters as one example of a new black leader willing to fight for all her people” (p. 337).
Congresswoman Waters’ use of private and public activist strategies, group centered approach to leadership, proactive stance, and willingness to connect theory to practice are incongruent with the type of community work and community leadership previously described as black feminist leadership. Thus, one could infer that she is one of the initial black feminist leaders involved in HIV/AIDS community work.

A call for a new type of leadership is the result of Cohen’s (1999) critique of the black political response to AIDS. While Cohen appears to be somewhat confrontational at times as she documents the lack of response to the epidemic, she also provides a different lens for us to view our indigenous leaders through. The charismatic and transformational leadership styles of the past proved ineffective in efforts to address AIDS. Significantly important is the effort to write the gay and lesbian sector back into the “black community.” Cohen’s inclusive discussions address the homophobia and elitism that has marginalized sectors of the community. She also raises the crucial discussion around AIDS as a social justice and civil rights issue worthy of resources and attention from the black leadership. Her opposition to the lack of response of traditional black institutions that historically foster leadership on behalf of the community, is blaring as the inaction of the black church, NAACP, SCLC, and Urban League, fell into the trap of self preservation and second marginalization (Cohen, 1999).

Early on in the HIV/AIDS fight there were calls for leadership, yet outside of traditional fraternal and civil rights organizations, or elected officials, AIDS leadership had not been identified. However, it is in the documentation of Wright (2006) that there
is a brief description of AIDS leaders offered, as the author includes the names of deceased and present day leaders in HIV/AIDS community work:

The 25 voices collected here come from varied walks of life, representing just a handful of the sectors of black America that have begun to mobilize. Some are recognizable names, but most are everyday people who have found a way to get involved. None set out to become AIDS activists, they just found ways to make a difference through the work they were already doing. (p. 20)

Cohen (1999) documents the efforts of Adolph Reed (1986) to call for a more responsive type of leadership—“a hope of a new type of leadership- one attentive to all segments of the community, even the most vulnerable of our members rests in the ever widening mechanisms for establishing leadership claims” (p. 338). Since the Voting Rights Act of 1965, black elected officials have garnered the favor of black leadership, which has led to the decrease in political protest and activism (Abdullah, 2003; Collins, 2007). Cohen continues her call for new leadership indicating:

It is hypothesized that this broadening of avenues to leadership within black communities, beyond traditional paths such as the church, may produce a new generation and gender of leaders, one less constrained by the old tenets and moral codes that historically framed decision making by black elites . . . Whatever these officials perceive as their duty, we have now reached a point in black politics where all who proclaim leadership must be held accountable for their actions as well as their silence. (p. 338)
The black AIDS Institute also makes a call for leadership in the black community. Phil Wilson is recorded, Wright (2006), as stating, “America’s ability to defeat the AIDS epidemic will be determined by our ability to stop it in black America” (p. 6). Wright’s (2006) closing next steps include a call to mobilize, mobilize, mobilize! We must build a national mass black response to the AIDS epidemic in America. As Coretta Scott King said:

Anyone who sincerely cares about the future of black America had better be speaking out about AIDS. AIDS will not be over in black America unless and until black people develop the capacity and commitment to stop it. Every black organization in America must make HIV/AIDS a top priority. Black leaders—from traditional black ministers and civil rights leaders to hip-hop artist and Hollywood celebrities—must join in a national call to end the AIDS epidemic in our communities immediately. (p. 81)

Summary

This chapter focused on the extensive legacy of leadership of black women and their response to critical issues in the black community. Black women’s leadership is developed through their “linkages” to African traditions, shaped by the political climate of social injustice across the Diaspora, and embedded in the consciousness of “uplift.” Their model of communal leadership gives voice to the collective “ills” and “action” and holds both the personal and political accountable for the outcomes. Gostnell (1997) sums up black women’s leadership as “built upon connectedness and responsibility for others.
Their leadership cannot be separated from the private self and public/leadership self, and their leadership is embedded and interwoven in their daily acts of life” (p. 202).

Black feminist thought maintains that it is not just important to rearticulate how the social sciences define African-American women, but also that it is important for black women to collectively identify their experiences in their own terms (Abdullah, 2007; Collins, 2007; Radford-Hill, 2000; Howard-Hamilton, 2003). Collins (1990) explains:

Black feminist thought encourages collective identity by offering black women a different view of themselves and their world than that offered by the established social order. This different view encourages African-American women to value their own subjective knowledge base, culture and traditions, rearticulate a consciousness that already exists, and provides a tool of resistance to all forms of their subordination. Black feminist thought specializes in formulating and rearticulating the distinctive, self-defined standpoint of African American women. (p. 750)

Thus the definition of black women’s leadership and particularly black feminist leadership is structured through her encounters of resistance and oppression based on her personal and political position within the greater society. Black feminist thought, black women’s community leadership and black feminist leadership, therefore become crucial to understanding the fight against HIV/AIDS in the African-American community. A review of literature calls not only for a re-articulation of black women’s leadership, but also the re-orientation of HIV/AIDS as an ongoing social justice and civil rights concern.
Chapter three provides the methodology for understanding the characteristics of black feminist leadership in AIDS community work through the qualitative research methodology of case study. This phenomenological research seeks to understand underlying descriptors that comprise this unique form of leadership, how it manifests in women involved in community work, and why it is important for further study.
CHAPTER III

METHODOLOGY

The purpose of this study is to explore the nature of black feminist leadership in AIDS community work. The research questions used to guide this study are as follows:

RQ1: What is the nature of black women’s leadership in HIV/AIDS community work?

RQ2: Given the prevalence of HIV/AIDS amongst African-American women, what has influenced black women’s mobilization on behalf of the community’s welfare?

RQ3: How does the intersection of race and gender influence black women’s leadership in their response to HIV/AIDS?

RQ4: What is the added value of this kind of leadership to contemporary leadership models?

This chapter describes the methodology that was used to investigate the four research questions previously listed and is organized by the following sections: Research Design, Sample Selections, Data Collection, Data Analysis, Validity and Reliability, Researcher Stance, and Summary.
Research Design

Research questions that are best addressed through qualitative methods are orientated toward exploration, discovery, and inductive logic (Few, 2003; Green-Powell, 1997). Qualitative research, according to Few, Stephens, and Rouse-Arnett (2003), is:

Rooted in a phenomenological paradigm, holding that reality is socially constructed through individual or collective definition of the situation the use of qualitative methods, particularly interviews or narrative documents, has been instrumental in informing researchers of the various dynamics that shape sexuality, race, and gender interactions. Thus the analysis of the phenomenon being studied is not analyzed separately from the reality as it is experienced by black women. (p. 207)


Qualitative research is a concept that involves different types of inquest to help researchers investigate and understand social phenomena (Merriam, 1998). Qualitative methods, as described by Few, Stephens, and Rouse-Arnett (2003) in *Sister-to-Sister Talk: Transcending Boundaries and Challenges in Qualitative Research with Black Women*, offers "enriched empirical data by highlighting the meanings behind the numbers as well as cultural distinctions between and within groups" (pp. 206-207). The philosophical foundation of qualitative research is comprised of a cross section of
disciplines and varies in assumptions, foci, and methods. The philosophical orientation
most often associated with qualitative research is the interpretive research model which
positions itself in understanding the process a phenomenon undergoes to exist and its link
to the meanings that are entrenched in people’s lived experiences. Hence, the basic
guiding assumption for all types of qualitative research are that reality and truth are
socially constructed, multifaceted and ever evolving (Glense, 1999; Merriam, 1998). The
researcher is typically looking for a variety or combination of themes, categories,
concepts, theories, or hypotheses that can be intercepted as the result of data collection.
Green-Powell (1997) documents five features of qualitative research as described by
Bogdan and Biklen (1982):

1. The natural setting is the direct source of the data collected;
2. It serves primarily as descriptive research;
3. It is concern with the research process, not merely with the outcomes or products;
4. Theory emerges as the data are being gathered and grouped;
5. It is concern with participant meanings and perceptions. (p. 202)

When conducting a qualitative study, the researcher is fundamentally, from their
perspective, attempting to understand the construction of a person’s lived experiences and
how it is interpreted within its natural environment. Qualitative research is significant
since it allows the researcher to conduct an in-depth investigation of participants’
experiences through the collection of a variety of sources. Few, Stephens, and Rouse-
Arnett (2003) offer that:
Black feminists like Patricia Bell-Scott (1994) highlight the importance of nontraditional information sources, such as personal journals, to understand human experience... For black women, their opinions, values, and resources (journals, writings, music, and other cultural expressive materials) become the frameworks of analysis. (p. 207)

While quantitative research methods posit that only a single reality is quantifiable, and therefore able to be generalized; qualitative research allows the researcher the freedom to be flexible in the investigative process, and interpret multiple realities based on the participant's information.

A qualitative design is the most appropriate research methodology for the study of Black feminist leadership experiences in the fight against HIV/AIDS since it is cutting edge, culturally appropriate, and in line with the theoretical framework of black feminism/womanist epistemology (Few, 2003; Taylor, 1998; Green-Powell, 1997; Howard-Hamilton, 2003). Qualitative research provides an opportunity to gain insight about Black women's lived experiences. Additionally, a qualitative design is the most desirable for uncovering the complexities of black women's leadership development experiences in relation to multiple systems of oppression: race, sex, class, homophobia, poverty, and stigma. Third, no theory of black women's leadership in community HIV/AIDS work exists to guide this study. Hence, the qualitative research paradigm will enable the researcher the opportunity to employ inductive research strategies that uncover key indicators, emerging themes, concepts and hypotheses for the purpose of creating theory about black women's feminist leadership development in the fight against
HIV/AIDS. Lastly, qualitative research methods offer the opportunity to entertain multiple perspectives and alternative interpretations of black women’s HIV/AIDS work on behalf of the community.

Phenomenologists posit that knowledge and understanding are embedded in our everyday experience of life. This view is inconsistent with positivists, who believe knowledge can be quantified or reduced to numbers or statistics. Phenomenologists assert that truth and understanding evolve through a person’s lived experiences. Phenomenologists in contrast to positivists believe that the researcher cannot be detached from their own presumptions and that the researcher should not pretend otherwise (Bryne, 2001). The intention of the research, at the outset, is to explore the perspectives of research participants about the phenomena (Creswell, 2007). Purposeful sampling of participants is established based on the purpose of the research, looking at those black women who experience leadership in HIV/AIDS community work.

This phenomenological study seeks to capture the nature of black feminist leadership in the fight against HIV/AIDS. The research presents phenomenological findings that will contribute to increased understanding of black women’s AIDS community leadership. It will:

1. Provide alternative interpretations of black women’s leadership.
2. Identify indigenous characteristics of leadership which are also gender specific.
3. Rearticulate black women’s experiences as leaders and activist and not just as victims of the AIDS pandemic.
4. Showcase and document the multifaceted roles as change agents that black women have been involved in on behalf of and within the black community.

5. Unveil indigenous models of self help.

6. Write black women into the leadership literature related to AIDS.

7. Identify areas of future research.

Each participant was contacted by phone, email, or written letter requesting their participation in the study. Notes were taken by the researcher. Data collection reviewed preliminary review of documents such as the participant’s resume, and when appropriate, the agency’s website. Semistructured interview questions were developed based on the research questions and a review of the literature. An analysis includes coding and looking for themes across and within each case study.

**Justification of Research Design**

Qualitative research is frequently presented in opposition to “traditional” or “scientific” paradigms found in quantitative research. Merriam (1988) states:

Traditional research is based on the assumption that there is a single, objective reality—the world out there—that we can observe, know, and measure. In contrast, qualitative research assumes that there are multiple realities—that the world is not an objective thing out there but a function of personal interaction and perception.

(p. 17)

Thus, qualitative research is utilized best when the researcher is trying to gain meaning and understanding of “nature” and “essence” (Merriam, 1988).
Black feminist researchers (Rosser-Mims, 2005; Few, 2003; Taylor, 1998; Abdullah, 2003; Simien, 2004; Banks-Wallace, 2000; Collins, 2000; Etter-Lewis, 1991; Green-Powell, 1997; Allen, 1997) indicate that approaching research through a black feminist theoretical framework asserts that the research provides a service to black women rather than simply a discussion about black women. An Afrocentric Womanist ethnographic approach as described in Taylor’s (1998), *Womanism: A Methodologic Framework for African American Women*, examines:

The hidden agendas, power imbalances, power centers, and assumptions that inhibit, repress and constrain African American individuals, families, and communities as well as examines how women express agency within hostile social environments. Additionally, Womanist research is conducted for their improvement of social and material conditions of women and to promote emancipation. Emancipation infers an expansion of one’s perception, which increases action toward realizing alternative possibilities. (p. 60)

Rodriguez (1996) cites Collins (1990), in describing an Afrocentric feminist epistemology that supports the development of an activist tradition and vehemently advocates social change within all societal constructs. “This type of research describes community-centered applied research as an example of participatory-action research that eschews the notion of scientific detachment and can include intervention, advocacy, empowerment, and activism” (p. 424). Afrocentric feminist epistemology has three main factors:

1. Interweaving of Afrocentrism and feminism;
2. Provides a critical framework for analyzing the interlocking hierarchies involved in issues of race, ethnicity, gender, class, sexual identity, religious/spiritual practices; and

3. Other sociocultural phenomena that must be addressed in African-American community research. (Rodriguez, 1996, p. 423)

Few, Stephens, and Rouse-Arnett (2003) indicate a black feminist epistemology toward research is articulated through a three phase process: knowledge, consciousness, and empowerment.

1. **Knowledge**—begins with validating the individuals experience as an authoritative standpoint.

2. **Consciousness** is moving beyond knowing to understanding what factors influenced that experience (manipulation of ideas, images, symbols, and ideologies).

3. **Empowerment** within the context of black women’s lives; this focus is the first step to social change and requires a contextualized understanding of power in three dimensions:

   A. **Personal power**—experiencing oneself as an agent of change with the personal capability to effect change.

   B. **Interpersonal power**—having influence over others because of one’s social location, interpersonal skills, or credibility.

   C. **Political power**—effectively utilizing formal and informal means to allocate resources in an organization or community. (p. 206)
In qualitative research the interactions between the researcher and the community are an exchange of power and ideas. Black feminist researchers (Few, 2003; Etter-Lewis, 1991; Hamilton-Howard, 2003; Taylor, 1998) note that there are both formal and informal power systems at work during the interview process. Traditional forms of research place distance between the respondent and the researcher. However, black feminist/womanist frameworks call for participant observation and participant witnessing (Taylor, 1998). How researchers position themselves in the investigative process is important. Black feminist/womanist research, according to Taylor (1998), promotes:

A shift from distant authoritative perspectives forces us to consider how we approach and interpret African-American women’s stories. It is not enough to just collect narrative data; rather, we must attempt to locate ourselves and perform research in ways that affirm African-American women. The process of participant ‘witnessing’ is more accurate than our roles as researchers, particularly when engaged in research with African-American women. (p. 58)

Thus, black feminist/womanist epistemology calls for personal investment in the research which moves beyond objectification, and toward empowerment (Hooks, 1984).

Womanist epistemology remains significant because it centers the everyday experiences of African-American women as a prerequisite to addressing philosophic problems related to the concepts of knowledge and truth (Banks-Wallace, 2000). Banks-Wallace (2000), *Womanist Ways of Knowing: Theoretical Considerations for Research with African American Women*, also distinguishes four canons of womanist epistemology based on Collins (1990) research:
Concrete experience as a criterion of meaning—having wisdom (understanding how to apply the information appropriately to achieve the desired results) based on experience is seen as crucial to individual and collective survival in the midst of an oppressive environment. Individuals who lived through the experiences about which they claim to be experts are more believable and credible than those who have merely read or thought about such experiences. (p. 38)

Use of dialogue in assessing knowledge claims—the selection of specific stories, proverbs, or sayings are deemed appropriate for the knowledge to be conveyed. Sharing stories has dual benefits of promoting community development among women with common issues and helping facilitators evaluate or ‘tweak’ the outcome of a methodology. (p. 39)

An ethic of caring—three interrelated components: (a) personal expressiveness, (b) emotions, and (c) empathy. Personal expressiveness is highly valued and rooted in African traditions. The affirmation and expression of one’s uniqueness are considered essential to the individual and collective well-being of African Americans. This includes but is not limited to language, dress, forms of worship, and ways of interacting with others. The appropriateness of emotions in dialogues is the second component of the ethic of caring. Knowledge claims are evaluated in terms of both content and depth of feeling associated with them. ‘Not just what you say, but how you say it.’ Empathy is a sense of concern or connection between the person making the claim and the individual evaluating the claim is
considered an essential part of assessing the claim’s validity (p. 40). The ultimate goal of establishing an empathic relationship is the development or institution of actions that improve the material and social conditions of African American women individually and collectively. (p. 41)

*An ethic of personal responsibility*—all knowledge claims are grounded in concrete realities rather than in mere abstractions. The views expressed and the actions taken by an individual are assumed to be derivatives of her or his personal core beliefs. Claims made by individuals considered to be morally and ethically connected to their ideas carry more weight than those offered by people not considered as respectable. Scholars are required to some extent to present insights into themselves as persons in order for women to have sufficient information upon which to assess the validity of a particular knowledge claim (p. 42). Also, women should be given every opportunity to develop skills that will assist them in making behavioral changes consistent with the goals of the study or improve their overall quality of life. (p. 43)

Qualitative methodology is congruent with the black feminist/womanist perspective since it offers the opportunity to formally validate and affirm Black women’s ways of knowing through their lived experiences. Womanist research is conducted with the intent of improving social and material conditions of women while promoting emancipation.
Sampling

Purposive sampling, according to Yegidis and Weinbach (1996), allows for cases to be selected "because they are believed to be able to give the researcher access to some specialized insight or a special perspective, experience, characteristic, or condition that the researcher is trying to understand" (p. 122). Through this method, the researcher handpicks subjects to participate in the study based on identified variables under consideration. This methodology is generally used when the population is considered to be highly unique. Some common uses of purposive sampling include: (a) validation of a test or instrument with a known population, (b) collection of exploratory data from an unusual population, and (c) to study the lived experience of a specific population. This sampling method is also seen as time and cost effective.

However, one disadvantage noted in the literature, is that while the data gathered is specific to the population, it may not be considered representative to the whole. Purposive sampling is the most desirable for this research since the research is focused on understanding the nature of black women's leadership in their HIV/AIDS community work. This is a unique approach to describing leadership thus the sample selection must represent the designated population. Purposive sampling will allow for the intentional selection of a group of Black women who are involved in community leadership in HIV/AIDS.
Sampling Frame

Sampling frame, as indicated by Rubin and Babbie (2001), “is the actual list of sampling units from which the sample, or some stage of it, is selected. In single-stage sampling designs, the sampling frame is simply a list of the study population” (p. 260).

For the purpose of this study, the sampling frame includes:

1. Women of African descent, currently residing in the United States;
2. Women between the ages of 23 and 70;
3. Women currently engaged in HIV/AIDS work;
4. Women identified by their peers, through local and national media, CDC documents, affiliation with AIDS service organizations and/or government health agencies as “leaders” in the fight against AIDS; and
5. Women who have been involved in HIV/AIDS work for at least seven years.

Recruitment

Through the involvement of this researcher’s work in the AIDS field, names of black women who are perceived to have had an impact on the AIDS epidemic were generated. The internet was used to locate current information about women who frequently appear in stories regarding AIDS community work at the local and national level. Also, women who hold formal leadership positions in local HIV/AIDS organizations or government organizations that work with this population were asked to identify person’s whom they consider leaders. From these activities an initial list was compiled that was narrowed down to include five participants. Each identified
participant was contacted by phone, email, or written a letter requesting their participation in the study.

Data Collection

In an effort to ensure an ethical research study, an informed consent was initially obtained. This agreement documents:

- That the women have agreed to participate in the research study;
- The purpose of the research;
- The procedures of the research;
- The risks and benefits of the research;
- The voluntary nature of their participation and that their names will be used in the final document; and
- The participant’s right to withdraw from the research at anytime.

For the purposes of this research, the researcher used the semistructured interview process which allowed for the incorporation of both structured and unstructured elements. This included the use of a demographic survey, and guided interview of approximately 10 to 15 questions for the initial interview. The interviews were audio-recorded, with the permission of the participants. Black feminist researchers like Few, Stephens and Rouse-Arnett (2003) caution that:

Using a black feminist theoretical framework to design interview protocols and to code data, the diversity of black women’s experiences are analyzed within a dynamic matrix of intersectionality or multiple jeopardy that informs and
manifests itself as a multiple consciousness individually and collectively for black women. (p. 210)

In this particular research the interview guide and demographic survey allow black women to self-identify their African identity and theoretical base, as well as, discuss specific issues around race, class, gender, and stigma that impact their AIDS leadership work.

Another important part of the data collection method included reviewing documents such as resumes, written documents about the participants and their position in an agency (when applicable), review of any historical data, articles written about their work, as well as, internet websites. Depending on the length of time the women have been involved in AIDS work, the researcher anticipated seeing a documentation that was reflective of the political attitude and policy reflective of the dominant political party and the demographic location of their activities (rural, urban, federal/state).

To preserve the integrity of each interview, the researcher maintained a hard copy file of all significant documents and notes related to the research participants. The suggested format and content is outlined by Groenewald (2004) and includes:

- The informed consent agreement;
- Researcher notes made during the interview;
- Field notes made subsequent to each interview;
- Any notes or sketches that the participant made during the interview, which the participant presented to the researcher;
• Any additional information that the participant offered during the interview, for example brochures;

• Any notes made during the “data analysis” process, for example, grouping of units of meanings into themes;

• The draft “transcription” and “analysis” of the interview which is then presented to the participant for validation;

• The confirmation of correctness and/or commentary by the participant about the “transcript” and “analyses” of the interview;

• Any additional/subsequent communication between the participant and the researcher; and

• Data storage includes audio recordings, field notes and filing of hard copy documentation. The interview transcriptions and field notes are also stored electronically on multiple hard drives. (pp.16-17)

The Interview Process

The interview process began in January 2009 and continued through February 2009. A Participant Demographic Survey (Appendix B) was emailed to the study participants based on their agreement to participate. Participants were asked to complete the survey, and return it with a copy of their recent resume, and consent form (Appendix C) as an indicator that they agree to participate. Survey Monkey, an internet-based survey tool, was used to gather the demographic survey data. The researcher called or sent an email to schedule a time for the formal interview. An Interview Guide (Appendix
D), which included a series of open-ended and semiopen-ended questions, was used to guide the interviewing process and allow each participant to describe her leadership experience in HIV/AIDS community work. Each interview ranged from one and half hours to two hours in length. The interviews were conducted at the location of each participants choosing. Any follow-up interviews needed for clarification were conducted by phone. Each interview was tape recorded and transcribed. Field notes were taken by the researcher.

Validity—Internal and External

Establishing validity is a vital process to legitimizing research findings and maintaining rigor in qualitative research (Green-Powell, 1997). There are two approaches, internal and external, that comprise validity. Internal validity speaks to the “credibility,” while external validity responds to the criterion of “fittingess” (Green-Powell, 1997). The internal validity, as cited by Green-Powell, “involves the question of how well the findings of the study match reality. One assumption in a qualitative case study is that humans make or perceive multiple realities” (p. 205). The leading standard for internal validity in qualitative research is to make certain that the researcher’s observations and measures are attuned with reality and that the researcher operatively represents the participants’ construction of reality (Merriam, 1998). Since qualitative researchers are the primary data collection instrument, ensuring internal validity is central to the methodology. Green-Powell offers the following guiding principles for the use of the “role of the researcher as data collection instrument and collecting case study data” (p. 202).
• The researcher should be able to ask appropriate questions and to interpret the answers.

• The researcher should be a good listener, and not be trapped by his or her own ideologies or preconceptions.

• The researcher should be adaptive and flexible, that newly encountered situations can be viewed as opportunities and not threats.

• The researcher must have firm grasp on the issues to be studied, whether within a theoretical or policy orientation.

• The researcher should be unbiased by preconceived notions, including those derived from theory, including being sensitive and responsive to contradictory evidence. (pp. 202-203)

External validity seeks to understand if the findings of the study can also be applied to another situation. In other words, Can the results be generalized to understand other phenomena? Unlike quantitative research standards, for the qualitative case study, like the one proposed in this study, Green-Powell (1997) notes “the primary aim is to gain an in-depth understanding of a particular phenomena or specific phenomenon, rather than to generalize or state what is generally true across populations” (p. 205). Thus the researcher, per Rosser-Mims (2005), is not responsible for determining how study findings can be applied to other situations (Bogdan & Bilken, 2003); instead it is up to the reader to do so. In short, for all types of research accessing validity and reliability essentially examine how a study is conceptualized, how data are collected, analyzed, and interpreted.
Black feminist researchers, as documented by Few, Stephens, and Rouse-Arnett (2003), offer additional techniques and advisement for increasing dependability of the data:

It is important to recognize that black women’s narratives are inherently political narratives. Black women’s narratives historically have been distorted, maligned, appropriated, and rendered invisible in the interpretation and representation processes. To increase dependability of data, two recommended techniques are to ask the same questions in multiple ways and to collect multiple nontraditional data sources. (p. 211)

Additionally, Few, Stephen, and Rouse-Arnett offer the following recommendations to qualitative researchers for conducting research with black women, which are especially important to this study:

1. Educate self about the history and culture of the informant;
2. Contextualize intersectionality;
3. Integrate informants into the planning of the research;
4. Validate the involvement of informants as partners;
5. Empower women to speak from and about their own experiences;
6. Make research practical, assessable, and empowering;
7. Be accountable as a researcher;
8. Maintain a researcher journal;
9. Be self-reflexive: Researcher maintains a research agenda to secure a forum for informant to express, be accountable to, defend, and validate knowledge
claims that contribute to black women's collective experience. Our research methods should center black feminism as an identity politic for black women in the research process for both the researcher and informants; (p. 210)

10. Allow informants multiple and creative forms to share their stories

11. Collect non traditional sources of data;

12. Refrain from interruptions or personal citations, but do self disclose;

13. Be reflexive in use of language;

14. Explain boundaries of relationship;

15. Provide closure at the end of the interview;

16. Send the data and interpretations back to the informants for their review;

17. Provide findings and research document in its final state. (p. 209)

Data Analysis

Data analysis, according to Green-Powell (1997), "requires the researcher to capture the complexity of reality (phenomena) and to make convincing sense of it" (p. 207). It is a continual process. Merriam and Simpson (2000) offer that analysis of data occurs at the beginning, middle and end of the research process. Few, Stephens, and Rouse-Arnett (2003) indicate, "Theory grounds how we identify, name, interpret, and write about experience. The theories we select to explain phenomena results from our own personal experiences and how we understand our social location and that of others in the world" (p. 206). Thus, for the purpose of this study, black feminist thought provides a context to examine the experiences of black women’s feminist leadership and community work in the fight against AIDS.
Step 1: Document review

- Data analysis will include open coding to look for clumping of data, categories, and reoccurring themes in their work and volunteer experiences.
- Review level of education and academic discipline.
- Review speaking engagements (local, regional, state, national, international), invited speaking engagements, and honors or awards.
- Gaps in information can be followed up on during the formal interview.

Step 2: Semistructured interviews

- Initial questions will be based on themes identified in the literature and are intended to allow the participants to talk about their experiences in AIDS work and self define from their perspective.
- Analytic memos (Strauss & Corbin, 2006) - after each interview to capture any thoughts or observations.
- Transcribe after each completion.
- Actual analysis of each interview prior to conducting next interviews.
- Based upon initial analysis, the writer determined if any additions or restructuring of questions are needed for the next set of interviews.

Step 3: Data Analysis (Creswell, 2007)

- Describe personal experiences with the phenomenon under study. The researcher begins with a full description of their own experience of the phenomenon.
- Develop a list of significant statements.
• Take the significant statements and group them into larger units of information, called, "meaning units" or themes.

• Write a description of "what" the participants in the study experiences with the phenomenon; also known as a "textural description."

• Write a description of "how" the experience happened; also known as the "structural description."

• Finally, write a composite description of the phenomenon incorporating both the textural and structural description. This passage is the "essence" of the experience and represents the culminating aspect of a phenomenological study. (p. 159).

*Step 4: Send data back to participants for clarification*

*Step 5: Conduct follow up phone interview if necessary*

**Summary**

The chapter represents the methodological process of phenomenological research to be used to investigate a specific dimension of the lives of black women engaged in black feminist leadership in the fight against HIV/AIDS. Using a purposeful sampling of five participants, the research includes semistructured interviews and a focus group with the coworkers of the participant. Qualitative research is justified as the appropriate means of research since it allows the researcher to explore the phenomenon around the characteristics of black feminist leadership. Phenomenological research is incongruent with black feminist epistemology.
CHAPTER IV
FINDINGS

The purpose of this phenomenological research was to explore the nature of black women's leadership in HIV/AIDS community work. These experiences incorporated both descriptors and definitions of their leadership. Respondents included a sample of 10 black women leaders involved in HIV/AIDS community work identified through a snowball sampling method. The research utilized semistructured interviews to collect data. This approach to data collection was determined to be most effective at capturing the unique perspectives and insightful knowledge about how black women experience and define leadership in their HIV/AIDS community work.

Chapter four presents the detailed analysis of ten interviews with Black women leaders involved in HIV/AIDS community work. This exploratory study examined four key factors: leadership, community mobilization, the intersection of race and gender, and how Black women's leadership in HIV/AIDS contributes to contemporary leadership models. Each participant was invited to participate by email and/or telephone. Once the women agreed to participate, they were then sent electronically a formal letter of invitation, consent forms, and a demographic survey. Participants were asked to provide availability dates and to forward a current resume. Seventeen women were identified through a snowball sample, however due to schedule conflicts, goodness of fit, and non-
responsiveness, 10 were selected and interviewed for the final study. Each interview was recorded and transcribed with the written and oral permission of the participant. Each participant was sent a “thank you” along with a $25.00 gift card, after they returned their reviewed transcript.

Through examination of the transcripts, code themes emerged that added to the textural and structural description of the nature of black women’s leadership in HIV/AIDS community work. The presentation and analysis in chapter four includes an explanation of the method of data analysis used to reveal the common themes, and their relationships directly to the research questions, supporting literature similarities and differences described.

The research questions guided the semistructured interviews for the conducted study, as well as, foundation for the research and the results. The research questions are:

RQ1: What is the nature of black women’s leadership in HIV/AIDS community work?

RQ2: Given the prevalence of HIV/AIDS amongst African-American women, what has influenced black women’s mobilization on behalf of the community’s welfare?

RQ3: How does the intersection of race and gender influence black women’s leadership in their response to HIV/AIDS?

RQ4: What is the added value of this kind of leadership to contemporary leadership models?

The snowball sampling frame included the following demographics:

2. Women over 18 years of age.

3. Women currently engaged in HIV/AIDS work.

4. Women identified by their peers, through local and national media, public health and social service networks, affiliation with AIDS service organizations and/or government health agencies as “leaders” in the fight against HIV/AIDS.

5. Women who have been involved in HIV/AIDS work for at least seven years.

The subsequent paragraphs provide a summative description of the women’s identified race and ethnicity, age, marital status, worldview, religious affiliation and participation, education, parental status, and political orientation/affiliation.

Study Participant Demographic Profiles

Each participant completed a Participant Demographic Survey which was developed for the purposes of this research study. The survey was designed to gather background information on each participant. The type of information was based on the literature review in chapter two. General information such as name, age, and birthplace were part of the initial questions. Each participant was asked to self-identify their race/ethnic group, and gender. There was also the option to self select transgender, sexual orientation, and marital status, which also include categories such as committed relationship and domestic partnership. Parental status was broadened to include adopted or foster children, as well as, dependent care of elder family members. Religious information included self identifying affiliations, membership at a house of worship,
attendance, and participation in ministry work. Additionally, political orientation was
surveyed to include political party. Lastly, each participant was asked to self-identify
their worldview.

The 10 women leaders who participated in this research self identified their
racial/ethnic identity as 7 African American, 2 black Non-Hispanic, and 1 Bi-racial.
Their ages ranged between 23 and 64, with an average age of 46. Five participants
reported being born in the southeastern part of the United States, two from the east, one
Midwest, and two did not identify their birthplace. All reported being United States
citizens. All identified their gender as female, although transgender was an option. Nine
of the women self identified as heterosexual, and one self identified as lesbian. Marital
status included three divorced, three single, never been married, one domestic
partnership, one married and one widowed. Three of the ten had one child, one
participant had two children, one participant had three children, and five reported having
no children. One participant reported having one or more grandchildren. One participant
also indicated caring for at least one parent or elder.

Several of the women reported returning to school to obtain additional degrees
and credentials to help them further advance community concerns related to HIV/AIDS.
Three participants held doctoral degrees of which one was an honorary doctorate based
on her life’s work in HIV/AIDS community work. One study participant held a
Physician’s Assistant (P.A) degree. Five of the participants held at least one master’s
degree, of which one had two master’s degrees. One participant had a Bachelor’s degree
without an advanced degree. Only one participant had a high school diploma with some
college and one participant had an earned high school diploma without any college.

Eight of the nine participants attended a Historically Black Colleges and University (HBCU) for their undergraduate studies, of which seven graduated with earned degrees. Three participants earned master’s degrees from HBCU’s of which two of the participants earned both undergraduate and graduate degrees from the same HBCU. One participant had a doctorate from an HBCU. Disciplines of study vary from education (higher education administration, counseling and student development, physical education administration, physical and health education), health (primary care, public health, community health sciences, health promotion and education), social sciences (public administration, sociology, and political science), earth sciences (biology, immunology) and the humanities (English). One participant is also a certified Reiki Master and is completing coursework to become an Ayurvedic Practitioner.

Many of the participants related comments during the interview to spirituality, a belief system, God, or a power greater than themselves. Demographic data revealed that eight were members of a house of worship with five attending services at least once per week. Two women reported not being a member of a house of worship. Religious affiliations varied between Christian, Muslim, and metaphysics. Two women chose not to identify a specific religious affiliation. Ministry work at their houses of worship included traditional roles of leadership such as Sunday School teacher, the women’s ministry, and/or had service as an invited speaker.

Political activism and addressing policy was a common point of discussion during the interviews. While all of the women reported voting with the Democratic Party, two
indicated although they vote democratic, they believe they are Independent. This is reflective in their political orientation. Half of the women or five participants described their political orientation as sometimes conservative, sometimes liberal, while three felt they were liberal on most issues. Only one described her political orientation as radical left. Additionally, one participant identified as a Progressive.

The women identified with diverse worldviews. Participants’ responses were not mutually exclusive, and reflected multiple identifications. Afrocentric, African-centered was most commonly identified with 10 of the women indicating this worldview. One identified with (black) Nationalist, two as black feminists, one as a Womanist, and one who was identified as an Africana Womanist. One respondent wrote in “Humanist with the understanding of Africa’s role in the development of civilization,” in addition to identifying as an Afrocentric and African-centered. Another respondent identified as Afrocentric, African-centered and also included the term “Pan-Africanist—an amalgamation of all the terms (Nationalist, Feminist, black Feminist, Womanist, Africana Womanist, and African Womanist). Only one respondent indicated none of the above, however, during the interview she felt that she had attributes that could be described as being in line with Black feminism, however, she did not feel that this was necessarily an alignment she could openly bring to the black church or African faith-based communities which were predominately male. Table 3 Summarizes the Demographic Profile of Study Participants and is a summation of the demographic profile of the study participants.
Table 3

*Summarized Demographic Profile of Study Participants*

<table>
<thead>
<tr>
<th>Summarized Demographics</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>7</td>
</tr>
<tr>
<td>Black/Non-Hispanic</td>
<td>2</td>
</tr>
<tr>
<td>Bi-Racial</td>
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</tr>
<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Pacific Islander</td>
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</tr>
<tr>
<td>West Indies</td>
<td>0</td>
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<tr>
<td><strong>Birthplace</strong></td>
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<td>East</td>
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<tr>
<td>Northeast</td>
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<tr>
<td>Southeast</td>
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<tr>
<td>Midwest</td>
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<tr>
<td>West</td>
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</tr>
<tr>
<td>Southwest</td>
<td>0</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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</tr>
<tr>
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</tr>
<tr>
<td>Divorced</td>
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</tr>
<tr>
<td>Summarized Demographics</td>
<td>Number</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Marital Status (continued)</td>
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<tr>
<td>Committed Relationship</td>
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<tr>
<td>Widowed</td>
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<td>One</td>
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<tr>
<td>Two</td>
<td>1</td>
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<td>Three</td>
<td>1</td>
</tr>
<tr>
<td>No Children</td>
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<tr>
<td>Adopted</td>
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<tr>
<td>Eldercare (at least one)</td>
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<tr>
<td>Education</td>
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<tr>
<td>Some College</td>
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<tr>
<td>Bachelor’s Degree</td>
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</tr>
<tr>
<td>Master’s Degree</td>
<td>5</td>
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<tr>
<td>Doctoral Degree</td>
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</tr>
<tr>
<td>Specialized Degree: Physician’s Assistant</td>
<td>1</td>
</tr>
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</table>
Table 3 (continued)

<table>
<thead>
<tr>
<th>Summarized Demographics</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historically Black College or University (HBCU)</td>
<td></td>
</tr>
<tr>
<td>At least one year only</td>
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</tr>
<tr>
<td>Earned Bachelor’s Degree</td>
<td>7</td>
</tr>
<tr>
<td>Earned Master’s Degree</td>
<td>3</td>
</tr>
<tr>
<td>Earned Doctoral Degree</td>
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</tr>
<tr>
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<tr>
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</tr>
<tr>
<td>Muslim</td>
<td>1</td>
</tr>
<tr>
<td>Not Identified</td>
<td>2</td>
</tr>
<tr>
<td>Other (Metaphysics)</td>
<td>2</td>
</tr>
</tbody>
</table>

Although permission was obtained to use the participants' names in the final study, the researcher chose to ensure anonymity of the respondents by assigning anonymous names. After reviewing the depth of the comments from the participants, the researcher felt some comments may be seen as controversial and therefore wanted to protect the participants from any possible retribution.

Tiye is a 49 year old administrator from the Midwest, who currently works for a federally contracted private consulting firm in the area of public health. She currently serves as program director working with peer HIV/AIDS leaders at Historically Black Colleges and Universities, the Hispanic Association of Colleges and Universities, and
Native American Colleges and Universities. She began working in the HIV/AIDS arena in 1982 through her work with a major metropolitan department of health in the child and maternal health division. She recalls hearing a discussion around a “mystical illness.” She has over 25 years of experience in public health and health related fields such as HIV/AIDS, addiction services, criminal justice, child and maternal health. She has provided both national and international consultation in the development of social marketing campaigns, policy development, capacity building, management, technical assistance, and strategic planning development. She has assisted in the curriculum development of some of the pioneering national HIV/AIDS prevention education curricula for African-American populations, and women specifically. She is a nationally and internationally sought after speaker on HIV/AIDS. She has a Bachelor of Arts degree in community health sciences and a Master’s of Public Health in health resources.

Afiyia is a 56 year old native of a major metropolitan city in the southeast. She currently serves as a health education specialist for the federal government. She began working in HIV/AIDS in 1986 while working with the blood banks for a national health organization. She was the first health educator hired in a major urban eastern city to address this new illness. Afiyia has worked with promoting healthy lifestyles and disease prevention since 1984 focusing on childhood immunizations, HIV/AIDS, sexually transmitted diseases (STD) and hepatitis. She has worked nationally and internationally providing health education, curriculum development, harm and risk reduction techniques, training of trainers, program development and monitoring, grant writing, and the development of culturally and gender specific social marketing campaigns to city,
county, regional, national and international health agencies. She has received numerous community and professional awards and honors. She also is affiliated with over 10 professional and community based organizations including leadership in a Pan-Hellenic sorority. She has a Bachelor of Arts degree and a Master of Education degree in counseling and student development.

Asha is a 39 year old Physician’s Assistant in a metropolitan city in the southeast. In discussing her work in HIV/AIDS, she recalls: “No one wanted to touch it,” as she took care of over 400 patients annually in a community health center starting in 1984. She recalls being the “one and only” person of color and woman at many education seminars where she was surrounded by health providers during her early involvement with the epidemic as. A review of her current resume reveals over 13 research projects related to HIV/AIDS for which she has served as the sub investigator or clinical coordinator. Additionally, she has done numerous invited and peer reviewed presentations at national and international professional conferences and meetings. She is the founder of an educational support group for women infected with HIV/AIDS, and involved in expanding health care service delivery for those in South Africa. Lastly, she serves as medical advisor for a national publication dedicated to motivating, educating, and empowering young women related to health and wellness with a specific focus on HIV/AIDS prevention and education.

Rashida is a 49 year old administrator at an urban research center at an HBCU in the Southeast. She recalls hearing about HIV/AIDS in the mid eighties while she was in the military. She indicated after returning to the United States from being overseas, her
brother disclosed that he was HIV positive. While in the military she was involved with HIV/AIDS prevention projects as part of her duty in Thailand. Her professional career has involved public administration, working around health disparities and providing culturally specific health education to rural populations. Additionally, she is extensively involved in building the capacity of community-based organizations (CBO) and AIDS service organizations (ASO). She holds membership in several professional organizations and is the recipient of 19 military medals/awards.

Shani is a 50 year old administrator in an urban county department of health. In 1986 or 1987 during her work in public health, she recalls hearing about a "mysterious disease," but felt it was irrelevant to her. She reports subsequently discovering that her only brother was infected with HIV. Over the past 20 years, she has been involved in developing social marketing that promotes health and social services provided by state divisions. Some of her work has included working with populations like Special Olympics, teens, and seniors. She is particularly interested in public health concerns related to HIV/AIDS, breast cancer, immunization, and teen pregnancy. She has received approximately 20 awards and honors for her professional and community work. Over 14 years she garnered 7 certifications, including a train the trainer certificate in strategic planning. She is the president of a volunteer community based organization that focuses on parents of HIV/AIDS positive persons. Her leadership focus in this organization has been on developing economic resources and community capacity as a means of HIV/AIDS prevention and intervention. She holds a Bachelor of Arts degree.
Ngozi is the 53 year cofounder and executive director of a southeastern AIDS service organization. She reported attending a workshop given by a community public health department in 1985-86 and meeting a community activist who was providing HIV/AIDS education through local barbershops and beauty salons. The community activist approached her about serving as an administrator in her organization. She and the community activist began to work together providing culturally specific HIV/AIDS prevention education for the youth and community at large. She states that her first professional position in HIV/AIDS did not include a salary. Throughout her 28 year tenure in the field of health education and HIV/AIDS prevention she has served in various administrative roles that involved curriculum implementation on human sexuality at the primary, secondary, and college level of education. As a consultant she has facilitated community focus groups that have addressed HIV/AIDS with teens, young adults, and the special education population. She has served as a consultant to several HBCU’s and is a published scholar. She is a noted national speaker. Her areas of expertise include faith-based, alcohol and substance abuse, cultural competency, teen pregnancy and human sexuality, and HIV/AIDS. Her terminal degree is a Doctor of Public Health.

Zuri a 64 year old administrator from a major metropolitan city in the northeast is the current executive director of a community based health agency in a metropolitan southeastern state. Her introduction to HIV/AIDS began by discovering that her brother, as well as, a guy she was dating had a “mysterious disease” that involved them wasting away. It is 1979-1980 and the terms HIV/AIDS have not been coined yet. She states she
remembers attending seminars and doing research to find out what was happening to the
men she loved. The modes of transmission such as drug use, and unprotected sex with
infected persons were fueled by men having sex with men, such as those previously
incarcerated, would lead to her understanding that both were infected with HIV/AIDS.
She reports that over the past 22 years of her professional career in public health, she has
focused on administrative development of community resources related to health
disparities. She has attended over 25 intensive training programs at the state and federal
level to develop her leadership skills and public health literacy. She is a certified trainer
and facilitator in coalition building, grant writing, evaluation, program planning and
development, cultural diversity, HIV/AIDS education and risk reduction, substance abuse
prevention and violence prevention. She has received over 10 different honors and
awards for her community service. She has served as a member and leader in over 23
community based and professional organizations since 1993, including as the founding
president of a national black women’s organization at the county level. She is both a
national and local speaker.

Nia is the 23 year old daughter of Zuri and has been mainly working under the
apprenticeship of her mother. She became formally involved in HIV/AIDS education at
the age of 14 as a high school peer educator. Currently she works as a consultant
outreach worker providing HIV/AIDS prevention education to young adults through her
work at the community health agency where her mother is the executive director. She
stated, although it started out as work, once she started seeing persons she knew become
infected, and saw how thirsty people were for information, she knew she had found her “calling.”

Thandeka is a 43 year old Chief Executive Officer (CEO) and founder of an AIDS Service Organization (ASO) designed for and by African-American women in a major metropolitan southeastern state and in South Africa. Her organization has been instrumental in setting a reproductive justice agenda that focuses on HIV/AIDS and African-American women. She works both nationally and internationally collaborating with community organizations across gender, race, and sexual orientation to acquire resources and funding for the women she serves. She has received recognition, honors, and awards from numerous community-based, civic, faith-based, educational, and AIDS service organizations, as well as private foundations. Her work with HIV/AIDS stems from her work with a private feminist women’s health clinic which was caught in the controversial practice of abortions. She remembers hearing about Rock Hudson dying around 1985 and how this heightened the HIV concern among women. After working collectively with other women to develop a response through a local ASO, she recalls being compelled to pick up the gauntlet and run after a board made the decision to scrap their HIV/AIDS prevention efforts. Working with a group of advisors and the resources of her severance pay and unemployment benefits, she established an organization to address the reproductive and HIV/AIDS needs of women of color, and particularly women of African descent. She has an earned bachelor’s degree in English and a master’s degree in public health.
Imani is a 54 year old founder and CEO of a national and international non-profit, non-governmental organization whose primary mission is to improve the health status of people of the African Diaspora by building the capacity of faith communities to address life-threatening diseases, especially HIV/AIDS. Her organization is a pioneer in mobilizing and educating faith communities to become engaged in the fight against AIDS. She is an established leadership expert in HIV/AIDS with faith communities throughout the African Diaspora. The entrée for her work in the HIV/AIDS began with her professional employment as an immunologist at an urban hospital around 1985. She also described the death of two male friends who tragically died as a result of their HIV/AIDS status. These personal experiences with the men in the community intersected with her work at the hospital. Imani states, “I had no idea this would be the work I would do. God gave me an idea for the moment. I didn’t do this to create something and I had no idea this would be my life’s work...” She has an earned Bachelor of Science degree in biology, a Master of Science in immunology, and an honorary doctorate of Humane Letters, based on her work in HIV/AIDS.

Data Analysis and Procedures

This phenomenological study of ten women included a cross-generational group of women who were identified through a snowball sampling and perceived as experts in HIV/AIDS and involved in community leadership. According to Creswell (2007):

A phenomenological study describes the meaning for several individuals of their lived experiences of a concept or a phenomenon. The focus is on describing what the participants have in common as they experience the phenomenon. The basic
purpose of phenomenology is to reduce individual experiences with phenomenon to a description of the universal essence. (pp. 57-58)

The focus of the data collection was to capture descriptions of leadership behavior as seen through the experiences of women involved in HIV/AIDS community work. Data collection involved semistructured interviews conducted by phone, in their homes, and at their workplaces. Data analysis focused on reviewing textual transcripts of recorded individual interviews to reveal common themes that described their understanding of leadership, the intersection of gender and race in leadership, and how their leadership adds to contemporary definitions of leadership.

There were four major steps in the data analysis process. The first step involved data collection and review. Upon obtaining approval from the Institutional Review Board of Clark Atlanta University each participant was invited by phone or email to participate. A tentative time table based on availability was established for the initial interviews. Using a snowball sampling method, each participant was sent a formal letter of invitation, consent forms and a demographic profile to complete. These forms were secured by fax and/or in person prior to beginning the interviews. Each participant was asked to send a current resume. Information regarding their professional roles and community involvement was obtained during the interview and from internet searches. While 17 women were initially identified, only 10 were selected for inclusion, based on several factors including goodness of fit and availability.

A review of documents included each person’s Participant Demographic Survey, bio-sketch, and resume. Some participants also shared agency newsletters, presentations
and training materials, as well as reference materials on their agency websites. The documents were reviewed to understand their career path, formal and informal leadership development, community involvement, honors and awards, professional and community organizational affiliation, educational achievement, informal and formal training or education, as well as, types of skill sets.

Semistructured interviews were tape recorded with oral and written permission of each participant. Five of the interviews were conducted at the women’s worksites, one at the family residence, and four by phone. The phone interviews represented the participants who lived outside of the state of Georgia. At the beginning of each interview, the researcher asked for oral confirmation that the participants understood and gave permission to be taped. The researcher briefly described the nature and purpose of the study. The participants were also asked to describe their current role in HIV/AIDS community work.

Questions were developed to answer the four major research questions and based on themes identified in the literature. The interviews were structured to encourage the women to talk about their experiences in HIV/AIDS work and self define from their perspective. Research notes were taken throughout the interview and transcribed and reviewed after each interview. To increase validity and reliability a research assistant was present as an observer for the first three interviews. This person also compiled research notes. Analytic memos (Strauss & Corbin, 2006) were made after each interview to capture any thoughts or observations. Based on a comparison of the observer and the researcher notes and after discussion changes were made to the
interview questions. Prior to the third interview, several interview questions were added to help capture the intent of the four major research questions. Additionally, the wording was changed on several questions to facilitate a more open ended discussion.

The research assistant remained present for the next interview after the changes had been made to the questions. After the fourth interview with the use of the new questions, the researcher and the assistant compared research notes and observations regarding the data collected. The researcher noticed that more in-depth information was provided as a result of the changes made to initial questions.

Data analysis was conducted beginning with the reading and memoing process as part of data collection with the semistructured interviews. Notes were made in the margins of research notes both during and after the interviews. Notes were made to capture significant statements on the transcription text. There was a continuous comparison between the research notes and the transcription for consistency, and to capture the exact context of the participant’s comments. Two research assistants were utilized during four of the interviews to take research notes, check the recording equipment, and keep track of time. At the end of the interviews, the researcher checked with the research assistants to compare notes, themes and to ensure validity.

The data analysis procedure described by Creswell (2007) provided the structure to analyze the data of this phenomenological research. Lists of significant statements were generated after reviewing the research field notes, research assistants’ field notes (when available) and the transcribed text. The researcher listened to the recorded interviews and noted any discrepancies in the transcripts. Also during this beginning
stage, the data was compared with the research field notes, resumes, and transcribed oral interviews to ensure that the responses from the participants were appropriately lined up under each question. This method represented a cleaning of the data.

Coding involved separating the interviews into segments by looking at the answers to each question by the participants. Key words were highlighted using different colored pins based on the questions. These codes were examined for consistency of patterns, as well as topics. The main theme of the research question was placed on a separate sheet of paper in a circle. Mind mapping was used to place the codes on the outside of the circle based on their relationship to the research question. A mind map is an outline in which the major categories radiate from a central image and lesser categories are portrayed as branches of larger branches (Budd, 2004). This technique provided a visual brainstorming method for the researcher to understand the relationships between the words. To help with reliability one research assistant also went through the transcripts and used mind mapping to look at the relationship between the codes. Additionally an objective researcher not connected to the study was asked to review the transcripts for codes. This method of inter-rated reliability was used to comparatively arrive at the final codes that were used to develop the next phase of meaning units.

Significant statements were grouped into larger units of information, called, "meaning units" or themes. For this project, the themes provided insight into the nature of Black women's HIV/AIDS work. Initial analysis of the themes was the first step to understanding the necessity of their leadership, the strategies they used, and their ideas about leadership as black women in the arena of HIV/AIDS community work. A
description of "what" the participants in the study experienced with the phenomenon; also known as a "textural description" was added. A description of "how" the experience happened; also known as the "structural description" was documented. Finally, a written composite description of the phenomenon incorporating both the textural and structural description was added. This passage is the "essence" of the experience and represents the culminating aspect of a phenomenological study.

Study Findings

The purpose of this study was to explore the nature of black women's leadership in HIV/AIDS community work. Although each of the women revealed stories that were singularly descriptive of her experiences as a leader, similar elements were embedded within their narrative transcripts. One significant element is the personal investment and "commitment" or "a calling" to work on behalf of the black community. Most of the women expressed "linked fate" in tying their survival, health, and welfare to that of the community. All of the women noted the influence of gender, race, class and/or sexuality, and the intersection of these factors on their ability to provide and sustain leadership. Repeatedly the women relayed incidents of daily challenges which included marginalization, establishing credibility, and being negatively targeted or attacked for speaking up on behalf of black women or the black community. However, spirituality was both the motivator and the sustainer of their unconditional investment in their community. All of the women discussed some need for transformation, either in relationships, power structures, social change, or/and the development of new leaders in HIV/AIDS community work.
Based on the research questions, 10 interviews were conducted that generated verbatim transcripts. Table 4 illustrates the research questions, significant statements per the transcripts, and formulated meanings which are the essence of the statements.

Table 4

*Selected Significant Statements of Black Women Leaders in HIV/AIDS Community Work and Their Formulated Meanings*

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Significant Statement</th>
<th>Formulated Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>RQ1: What is the nature of black feminist leadership in HIV/AIDS community work?</td>
<td>I think leadership is the ability to listen to all sides, work with people and facilitate a common ground. To help the group develop a process and move it forward. It's understanding that no man is an island and you can't do it all by yourself. Everybody brings to the table talent or skills and experience and background. I mean, as a leader, you place yourself as someone who can facilitate a process.</td>
<td>Leadership is situational and contextual and in part a living entity that is utilized by the group and for the group to achieve an outcome.</td>
</tr>
<tr>
<td>Research Question</td>
<td>Significant Statement</td>
<td>Formulated Meaning</td>
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<tr>
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<td>-------------------</td>
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<tr>
<td>Kinship - regardless of our status in life, wherever we are and wherever we are we are in charge of leading something in our lives- good/bad. The leadership I experience with, for, around, black women is a common bond. The horizontal diversity is the least and most common denominator for black women and says we can change whatever we need. We will get it done better when we recognize all of our strengths. I may not use those same terms. But, because I am an African-American woman and I come from the mind set of understanding and appreciating who I am and whose I am. And from the</td>
<td>Black women's leadership is viewed as an extended family with a collective experience and voice focused on a common goal. Labeling is not as important as self-definition or the intent of the action. Leadership is an action not a simply a descriptor. Leadership is contextual and utilized to work on behalf of the collective.</td>
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<td>spirit of the African Diasporas</td>
<td>that whatever I did is a powerful strength that they would need to be sensitive and yet transform pain to power among the women that they’re influencing, not just pain but fear to faith.</td>
<td>Leadership is rooted in spirituality and liberation.</td>
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<td>Leadership is undertaken to be transformative.</td>
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<td>They always want to make us jump higher and run faster in order to prove that we are equal. I think my fight is our fight as leaders in the Black community and as women is a lot harder, because, the expectation is there as well as a “present foot on neck syndrome.” Sometimes, we can be our worst enemy so even from your own people you have to prove yourself to</td>
<td>Leadership is scrutinized and validated based on gender and race both internally and externally to the Black community.</td>
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<td><strong>RQ2:</strong> Given the prevalence of HIV/AIDS amongst African-American women, what has influenced black women’s mobilization on behalf of the community’s welfare?</td>
<td>We bring that resilience, we bring that compassion. We’re the ones that can make a whole lot of something out of nothing.</td>
<td>Black women utilize their leadership to create.</td>
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<td>The HIV movement has been led by Black women. We brought compassion as mothers, sisters, grandmothers, wives, and daughters to the community that had to take care of the dying. We brought compassion and integrity, especially in the early days of...</td>
<td>Black women’s leadership is inclusive, nurturing, and compassionate. Their leadership is relational and is primarily motivated by their love for others.</td>
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<td>HIV/AIDS. Women helped to open up the ideas that black gay men belonged to family.</td>
<td>They were our brothers, fathers, uncles, lovers and we the black women loved them. There was an unconditional love infused into the hatred that was in the black community directed at gay men and fueled by homophobia. This could be my sister, my daughters, my grandchildren, my great grandchildren. I believe if not me then who? I believe that we are more than our brothers’ and sisters’ keepers. We are our brothers and sisters so what happens to one of us I think affect us all.</td>
<td>Black women’s leadership is a conscious effort and personal responsibility to attend to those in need as reflections of themselves and their extended family.</td>
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<td>And so what that means to me then is... that the community, the culture, the people, the lack of knowledge, the belief around how the, the role of racism and oppression and how that plays out and how people choose and live their lives has nothing to do with the structures that government established. I mean I didn't believe that there was a genocide theory, but I couldn't ignore the fact that people believed it. And it needed to be addressed, those belief systems needed to be addressed. So my inability to address those issues in a government setting lent itself</td>
<td>Cultural competency means acknowledging issues of social injustice in order to address the public health issue of HIV/AIDS.</td>
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<td>toward controversy and political upheaval. Because, I’m suppose to! I don’t have a choice, I don’t think about how I do this — if I did I’d probably be overwhelmed and paralyzed. So I don’t think about how. But I do know the why-This is my given purpose it is what I’m supposed to do with this life that I have as a gift.</td>
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<td>An innate sense of purpose, influenced by spirituality, motivates black women to continually work to address the social issues in the black community.</td>
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<td>RQ3: How does the intersection of race and gender influence black women’s leadership in their response to HIV/AIDS?</td>
<td>It’s hard to separate the two. I am a black female. When I look at things, I look at it as a black female. My race comes into play because I realize and understand the historic racism that’s alive and real in this country. Also, when I’m in a group of black folks and I’m</td>
<td>Race and gender have historical and ongoing consequences for black women in leadership.</td>
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<td>real confident of how gender and gender equality or inequality comes into play and this epidemic and unfortunately how this epidemic more or so than any other has divided us.</td>
<td>I use my power to change people's attitudes and beliefs by providing them with knowledge and confronting them on attitudes and beliefs that curtail their actions. I try to use my power to motivate people who think they're powerless to feel more powerful. I try to use my power to reduce stigma among people that traditionally have been oppressed so that the border community sees them.</td>
<td>Leadership is influenced by black women's relationships with one another, and their power is centered in &quot;mothering&quot; characteristics, that help them to connect to the community at large.</td>
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<td>RQ4: What is the added value of this kind of leadership to contemporary leadership models?</td>
<td>Young girls that seek to make a difference in the community, women like me would take them under our wing and train them in the way they should go . . . sort of speak and be their mentor and take time with them and teach them what we know so that when we get tired they can take over.</td>
<td>Transferring experiential knowledge from those Black women who have been the trailblazers in the field of HIV/AIDS is equally as important as learning the technical skills needed to be a successful leader.</td>
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**The Nature of Black Feminist Leadership in HIV/AIDS Community Work**

The initial sets of questions were designed to provide insight about the nature of black feminist leadership in HIV/AIDS community work. After each participant gave her definition of leadership, they were then asked to describe their specific leadership with black women and how this was applied daily. The women expressed their leadership with black women as one that was a reciprocal relationship that is interdependent based on a commitment to pull together and collectively work on behalf of communal survival.
Black women’s leadership is viewed as an extended family with a collective experience and voice focused on a common goal.

*Leadership is Situational and Contextual*

The first question of each interview began with the participants giving their definition of leadership—*Tell me how you define leadership?* The women described leadership as situational and contextual and in part a living entity that is utilized by the group and for the group to achieve an outcome. While sometimes stated in different terms, Tiye, Rashida, Afiyia, and Shani commonly referred to this type of leadership through terms such as common ground, common goal, and mutually agreeable.

Tiye, described leadership as an inclusive approach which includes shared responsibility toward a common goal.

I think leadership is the ability to listen to all sides, work with people and facilitate a common ground. To help the group develop a process and move it forward. It’s understanding that no man is an island and you can't do it all by yourself. Everybody brings to the table talent or skills and experience and background. I mean, as a leader, you place yourself as someone who can facilitate a process.

Thandeka provided a similar definition of leadership: “Leadership is service through demonstrating and working a vision that you have chosen to share with others.”

Afiyia described leadership based on a collective goal that stems from an emotional base to support the greater community, while Rashida indicated a collective approach to
leadership that includes cooperation and shared ideas and is defined by the work she does with women.

Leadership to me is . . . it's the art of influencing and directing people in a way to get their willing help and assistance to do what you want to do in a way that is a win-win situation for both sets of people. And what I mean by that, in leading people, it's not about showing them what to do. It's about guiding them. It's about putting the information out and coming up with a mutually-agreeable way of dealing with the situation and accomplishing what women can accomplish.

Although the definition and the role of leadership were used interchangeably, the women described the role of leadership as one of service and non-positional, meaning that there was not necessarily a top down approach as described in more traditional forms of leadership. They described the role of leadership as less authoritative, and more supportive, empowering, motivating, and visionary, but with the purpose of bringing about change. This role was embedded in the definition, and thus the role, purpose and definition were seen as one.

Leadership is utilized by the group and for the group to achieve a desired outcome, but in different ways; as a partnership, internally, and on a macro level. Zuri described the role of leadership as one of service, built on relationships, and acts as a catalyst to help facilitate the partnership of change with people.

I attached the word servant in front of leadership because I consider myself to be a servant leader. Leadership to me entails inspiring, motivating, and helping to empower people. I don't think that leadership is doing to or for people but rather
working with people. In that regard, I feel that the people are the best knowers of their own problems and also the best knowers of the solution to those problems. For me as a leader, I think it's up to me to help people go deep and recognize and pull out what they have inside of them that sense itself efficacy that they can succeed so to me that's what a leader is.

Ngozi explained the role of leadership as a personal investment, and saw as the unit of change as an internal process. She explains: “I would probably define leadership as someone's ability to motivate individuals and groups. Leadership means to take personal responsibility to make an investment in creating their own social change.”

Asha believes the role of leadership is about producing change in both individual and larger systems.

I think leadership is one who acknowledges responsibility to influence others and to guide and direct both persons and maybe the way a policy or things are governed to create change. I hope someone in leadership acknowledges their position to influence and to create change and to cause a shift to occur both in people and the environment. And then with the acknowledgment of that influence has the responsibility that they can guide and advise and help stir people to do or help people change the way they do things into a better way.

The definition of leadership was embedded in the purpose to produce change. Change was both internally and externally to the person and the community. A major part of leadership was to accept the personal responsibility and investment to support change that produces an enhanced outcome.
Leadership is Inclusive

Contextual and situational leadership is viewed as non-positional and is the space from where leadership is facilitated as an inclusive process. Tiye and Thandeka portrayed non-positional leadership as the willingness to be in any position so that the shared vision and skills of the group led to the desired outcome. Thus, rooted in their definition is the ability to surrender their formal or informal role as a leader to make sure the desired outcome was achieved.

Tiye saw the role of leadership as “Leaders sometimes are also in the background. They may not be the loud vocal one that you see, but they are the ones who are willing to be in the background and can support, again to move everyone forward.” Thandeka saw the role of leadership as:

Service through demonstrating and working a vision that you have chosen to share with others. It is the willingness to be in front; the willingness to be at the side of those in the front; it is being the backdrop so others can be in front.

Leadership is taking responsibility of your ideas thoughts and action. It is also about creating space for others recognizing and others to be recognized.

The definition of leadership as described by these women leaders was based on their integration of both the definition and the role. Leadership is seen as situational and contextual and in part a living entity that is utilized by the group and for the group to achieve an outcome. This is in contrast to the reviewed literature that places leadership within one individual, in a hierarchy, authoritatively moving towards a goal, with or
without the consensus and input of those in the group. The leadership described by the women appears to be more holistic and evolutionary.

**Leadership is Collective**

Black women’s leadership is viewed as an extended family with a collective experience and voice focused on a common goal. Thandeka described this linked fate as a fictive kinship to one another that recognizes differences and diversities, but respects the finality that there is a common bond to our lives.

Kinship—regardless of our status in life, wherever we are and wherever we are we are in charge of leading something in our lives—good/bad. The leadership I experience with for, around, black women is a common bond. The horizontal diversity is the least and most common denominator for black women and says we can change whatever we need. We will get it done better when we recognize all of our strengths.

Asha felt that in working with HIV/AIDS positive women it’s important to understand the connection of health and wellbeing between her patients and herself.

Making sure we don’t set ourselves aside or apart that we’re human just as well as the next person and they may have a more physical demonstration of what may have been wrong but, you know, we all have gone through challenging situations and may have made better choices that have put us in places not so detrimental or depressing but it’s all about choices.

Rashida, much like Asha, described the connection between her health and the community’s health. As an administrator at an urban research center, she feels it’s
important that communities see a demonstrated action of your concern for their well-being and understand that you are connected to them and their survival.

When we talk about leadership in our community, we are the people, we can’t just say, you have to be able to make it real for people. They have to be able to see themselves and be able to say, oh yeah, I can too. She’s experienced the same things or the same types of things. You know, if she can do it, then I can do it too. You have to be able to show people that’s it’s not about money, you know, you’re my people too. You know, its, when we talk about HIV and AIDS, it could be me, my family; because we are you. It’s a connection. We have a ‘we are you’ connection to each other; skin color, spirituality, family, low income, growing up in poverty, experiencing some of the same types of things growing up.

Application of leadership as a black woman with black women meant being linked to their well being, ongoing life challenges, and understanding their common bond in the fight against HIV/AIDS and other injustices. The urgency of the community survival was an understood part of their personal connection which impacted how they viewed their leadership.

The women described a commitment to build the community through personal and collective investment, as they shared the struggle of the community. They described an interdependent relationship that involved a commitment to pull together for the betterment of the community.

Thandeka, spoke about the cooperative efforts and skills of all committed black women working together to create a communal intelligence and knowledge base. She
believes that “we” acting as “one” without separation can meet the challenge of
HIV/AIDS as well as, any other concern in the Black community.

We have to create space for us all to work together. Every single one of us has
something to contribute and we have to use all of those talents. The women who
we work with who are HIV positive, or at great risk, who have lived experience,
worldly or formal education, background experience, training, work experience,
or professional exposure, that every single one of us has something to contribute
to this struggle, across the board. We have to recognize them and use them. This
is how we are going to get to the end of this epidemic and any other challenge.
There’s no us and them between service providers and consumers of services
especially if we are all Black and female, we are all one.

For Thandeka, the summation of each person’s education, experiences, and contributions
were linked to the next person’s and the community as a whole to form one community
intellect that has the ability to address the HIV/AIDS epidemic.

As a person entrusted with the health care of her patients, Asha identified an
inclusive approach to understanding HIV/AIDS and developing appropriate treatment
plans based on culture and gender. She emphasized the importance of collective work
through a shared expertise that was interdependent on both the patient’s and medical
provider’s knowledge.

So in my opinion there are no real experts on this disease. There are expert
opinions I guess from folks who have been doing this a long time, but these
diseases are very young compared to many others. We’re also learning that our
patients are people that are infected with HIV. We’re learning along with them and they are helping us learn. They’re teaching us. So I try and make sure that we’re a team. We depend on each other and we have to count on each other to further understand the disease process but also understand the emotional and the mental and the spiritual results of the disease and then how to address each one of those to create a healthier outcome for the patients and for ourselves.

Leadership with black women by black women was illustrated using the terms such as faith, purpose, and creativity to describe the essence of what they do. A sense of vulnerability was also evident in these women’s leadership. At times the women described not having clear direction about what to do but a willingness to do the work. Their perception of leadership as an extended family and collective experience helped them to remain focused on the work of the collective and struggle towards a common goal.

*Intent is More Important than Label*

Labeling their leadership was not as important as self-definition or the intent of the action. Leadership is an action not simply a descriptor. Leadership is contextual and utilized to work on behalf of the collective. Leadership for this group of black women was rooted in spirituality and liberation.

The direct question, *Would you call this black feminist leadership*, led to varying responses which included a negative association with the term feminism, although several women admitted they had not researched the term black feminism. The women associated the term feminism as being race based and one that originated in the white
community by women whose life experiences were different from theirs. They felt the term feminism was confining and evoked perceptions of those who had the luxury of choice to not only enter the workforce, but also to be in opposition with their male counterparts. Their description of leadership was in partnership with black men, and a dedication to black women's health and wellbeing. They also felt their lived experiences were rooted in the context of shared racism with other black men and women. Their perception of their leadership involved the use of terms such as strength, liberation, humanist, opportunity, education, equality, wholeness, and spirituality. Thus their descriptions of their leadership, even when in opposition to the term, included in part the theoretical definition of lived experiences and multiple intersections, such as race/gender/class/ and sexuality.

Afriya felt that the terminology may or may not be inclusive of her leadership experiences, but there were components to her work that recognized her race and gender, as well as, the importance of her work on behalf of the black community.

I may not use those same terms. But, because I am an African-American woman and I come from the mind set of understanding and appreciating who I am and whose I am. And from the spirit of the African Diaspora that whatever I did is working from that spirit. And I know my guides guide me through that. So, it is all about liberating and survivability of women, specifically African-American women.

Zuri was quick to disassociate her leadership from her perception of feminism. She pointed to the differences in the experiences of black women with their black men, as
opposed to white women with their men. She saw black women as having more freedom in the workspace than their black male counterparts. She equated white women’s labor experiences as being bored with their housework as opposed to black women who needed to work in order to support their families.

Because I believe as a black woman, we have always had a lot more freedom and a lot more opportunities than our black brothers. Even during slavery just because of the fact that we were females that other men desired so we were always able to advance. Even when I started out working for the first time in the 1960s in the corporate world, I was able to advance and a lot of my sisters were able to get into the corporate arena, while our brothers couldn’t. They couldn’t come in unless they were the janitors or the cooks in the kitchen. The black women were already in the corporate America albeit it may have been in a non-managerial position. I’ve always believe that when my brothers are freed and have the same opportunities that I have had as a black woman, it benefits us all.

Zuri further explains:

I’m not the bra-burning type. I don’t want to burn the bra and wave up the flag. I want my brothers to be respected. You see what I’m saying. I’m not in competition with my brothers. I understand that brothers and sisters are partners. I have never been like the white women and when they went through that period where they wanted to have freedom and they wanted to get out and get a job and they didn’t want to be tied in the house and stuff, I never had that luxury. I had to go out to work. I believe that black women were really the strength of the family
that kept our black family together because our brothers were emasculated. They were not allowed to be the men that other people knew that they were but they didn’t know because they had been suppressed and depressed.

Zuri continued to explain her concern with the use of the term Black feminism.

Well, if you look at the definition of feminist, I think it’s basically the same and then we become categorized; you got black feminist, you got white feminist, you got all these different . . . I guess you would have a Hispanic feminist, an Asian feminist. To me, when the feminist movement started, according to my memory and my understanding, it’s really initiated by white women who wanted to have equal opportunity with white men and to get out of the house and go to work and to have freedom, to burn their bras. That’s how I look at it.

Asha, prefaced her response based on her work as a health provider for HIV positive women. As she processed her answer out loud, she arrived at a term more to her liking, “human rights leader.”

I’m sure it can be called black feminist leadership but that’s something that someone needs to try and get a further understanding of. I mean how important or how dedicated I am to women, to women’s health, to black women’s health, to health of women of color, to equal opportunity and rights, to access health care, and the right an opportunity to access information that leads to health and wellness for not just women but our teens and our young women and our adolescents and our women and children who we really need to be spending more time educating. But – so this can be a definition, but I don’t like to be put into a
box or to put titles on. I am not against putting titles on things but I don’t like to just—it makes me feel more comfortable than, if we can try to understand, but I think we have to expand our operation and our thinking and so maybe a human rights leader who can also get something or find ways to keep reaching for the whole—in fact the whole.

Asha was especially passionate about the work she does for black women and the communities of color, and then she decides that what is needed is a more holistic operational term to describe her desire to care for humans.

Thandeka, however, is definitive about associating her leadership with the term black feminist. Similar to Zuri, Nia, and Rashida, she distinguishes black feminism from other feminism, and qualifies her definition by her lived experience.

Yes! I would call this black feminist leadership because I think a basic differentiation from a non theoretical standpoint, from a lived experience, how I see it, how I feel it, perspective. Feminism while it’s for everybody , it has by its very definition a limited focus on what equality entails and leaves rooms for different identities to define equality in different ways. What I mean by that—most people think of feminism as broken down strictly along misogyny, along gender discrimination, along inequality among sexes. I think black feminist theory takes equality from a women’s standpoint to another level of recognizing the intersecting complications of race/class/gender/sexuality as a whole in terms of addressing equality. I think that multiple oppressions become more clearly defined by people of the lived experience of being black and female.
The leadership experiences that the women described included the lived experiences of the multiple intersection of being a woman, a black woman, in partnership with black men, other black women, and other communities of color, including the African Diaspora, connected by the experience of oppression and racism and their struggle for equality. The terms of creativity, spirituality, and purpose shared by Afiyia were the common thread of each woman’s described experience. This was expressed by their need to define their leadership under their own conditions, and thus there was an intentional and consistent break from other community’s attempts to contain them with their “labels.” The spirit of these women is captured by their need to describe the historical and ongoing tasks of liberation and sustainability. This can also be described as their purpose, as suggested by Afiyia. The deliberate need to process and re-center their leadership experiences is evident in their creativity to come up with another term to describe their leadership. Even when the term black feminist is embraced, there is a declaration that only black women can use this name on their terms. Leadership is less about a definition and more about the intent of the action.

*Leadership is Transformative*

The qualities and characteristics of black women who provide leadership in HIV/AIDS community work are transformative. They understood that whether they were directly working with a patient’s care such as Asha, or dealing with the loss of their family member, such as Shani, the ability to transform “pain to power” and “faith to fear” was a task that they were willing to bare. Zuri internalizes the use of Ma’at based on the African society of Khemit to describe the transformational values of her leadership style.
Using their web of affiliation was also a means by which Afiyia was able to provide HIV/AIDS educational programs and services when there were limited resources. Each woman discussed the ability to rearticulate and reconstruct the circumstances so that a negative became a positive.

Asha described her leadership style as transformational in terms of health care for HIV/AIDS positive persons. In her opinion persons in leadership possess:

A powerful, powerful, strength that they would need to be sensitive and yet transform pain to power among the women that they’re influencing, not just pain but fear to faith. I mean they have to be these transformers and excellent researchers like librarians they have to be full of resources because unfortunately there’s not one stop shop for women, community women that are infected.

Imani described transformation as an integral part of her socialization as a young woman growing up in the segregated south.

I came from the segregated South where the focus has always been on saving the people. I sat at the table with my grandparents, aunts, uncles, mom and dad where the discussion was always centered at saving black people. Right now the issue just happens to be saving black people from HIV/AIDS. We have got to save the race. This is our time so that our children’s children will be able to save the community for the next generation.

Zuri spoke of an internal set of values based on the ancient African society of Khemit. This values system served as means of describing her leadership style and her
personhood. The transformational properties are evident in the terms associated with Ma’at (Karenga, 1988).

I bring my personal values, my personal beliefs in my interactions with all people. I believe very strongly in the value of Ma’at. Truth, justice, righteousness, balance, harmony, order and reciprocity, those are my benchmarks for how I interact with people and as people on all levels; children all the way up to the highest levels that I’ve ever worked with, that’s it! I am who I am.

For Afiyia utilizing her web of affiliation allows her to transform scarce resources from a problem to a program.

Well, knowing how to organize the program, knowing where the information has to be put out there, knowing who I can pick up the phone and say, ‘Listen, I need some brochures over here. I need some food over here.’ Knowing who to pick up the phone to and bring to the table; knowing the linkages that take place for the women and who I can call and put into my reference book and they will be right there for me; knowing that there are enough women out there who will pass the word.

Leadership for the study participants was experienced in a variety of ways, but most importantly focused on the transformative power to change the negative impact of HIV/AIDS into a positive. This was done repeatedly through witnessing and experiencing personal tragedies to expanding scarce resources.
Their Leadership is Scrutinized

The women recognized that their leadership was experienced differently from those outside their gender and race. Leadership is scrutinized and validated based on gender and race both internally and externally to the black community. The participants were asked to describe the differences between their leadership experiences and leaders who were either white or male. This was a sensitive issue for the women. They discussed issues of institutional racism, historical racism and sexism, internal (within the black community) racism, and the overarching pressure of constantly having to legitimize their presence as leaders.

This “elusive” feeling of constant judgment and being compared to others seemed to leave black women outside of the realm of influence. Other” is defined in the context of black feminist epistemology as a social construct that applies to anyone or anything that differs outside of the “average white male.” Othering is an attempt to establish a person as outside the normative acceptable realm (Collins, 1986). Tiye used the phrase “foot on neck syndrome” as an analogy to describe the constant daily pressure of being black and a woman in leadership. She also used the phrase “ice has to be colder” as a parallel to describing the need to always be better to sort of “make up” for being a black woman. Literally there is no such thing as ice being colder, and so one interpretation may be that there is no way to achieve this equality. Other was also perceived to be harmful and destructive perceptions and behaviors not just being outside of the black race, but also coming from inside the black community. Black females were described as
being pitted against our male counterparts, and yet, for displaying behaviors equal to a male labeled, "the B word."

For Tiye she starts out wanting to believe that all leaders are created equal, but quickly describes her experience as a leader as one of constant struggle, offense, defense, and comparison of skills and talents that never seem to quite measure up.

I'd like to say leaders are leaders are leader. I think what happens when you start looking at blacks specifically or people in color in general and you try to compare them to the majority community, the white community, they always want to make us jump higher and run faster in order to prove that we are equal. I think my fight is our fight as leaders in the black community and as women is a lot harder, because, the expectation is there as well as a 'present foot on neck syndrome.'

Sometimes, we can be our worst enemy so even from your own people you have to prove yourself to some of our black people and Black women. Your 'ice has to be colder,' . . . because in some circles they make it harder for a sistah and make it harder for a black person. Those types of challenges are there. There's always a need to overcompensate be smarter, be louder, be more articulate, write better, present better, look better and unfortunately I think we as black women we're also judged by our appearance.

Tiye continues:

It's those little things can kick you down the mark. But, I know that's crazy but that's unfortunately how that works. And so again, you would like to think a leader, the leader, the leader in all things being equal but all things aren't equal
and as women and black woman in particular, we do have to fight a little bit harder. We are pitted against our male counterparts and in some circles it’s easier for the sisters than for the brothers in some cases it’s harder. As folk think of men as being more the leaders because with the woman comes being aggressive or a little bit more animated and into her culture and her femininity then they want to call you the “B word” and say that you’re angry ... you know how they do. So, sometimes they can put you down.

Ngozi agreed with Tiye’s sentiments about the interpretation of assertive and aggressive behaviors as a black woman. Although she confesses that her father had a great impact on her upbringing and leadership development, she still feels that men are allowed to be more vocal without being negatively labeled.

I think I'm seen as aggressive. I'll use the word assertive. Part of it has to do with my upbringing and the other part I think because I'm from the North originally, so because I think that because I've been in the south so long people see me, they know, they say I'm 'different' but they still accept me because I've been here so long and because of the work that I've done in the community, the southern community but I'm not really like one of the 'homegrown soul.' When I'm compared with women, a man, I can't deny that a man shaped my leadership style. I do think that I'm seen as assertive and or aggressive depending upon who is defining ... and I think that's how men are seen in business more so than women. When women are assertive and aggressive they call them a bitch or they call them pushy. I don't think they call men those things.
Asha’s thoughts about a comparison of her leadership and those male or white, were viewed in terms of the access to same sex and same race health care providers. She explains that there is an imbalance when it comes to African Americans being able to select those like them based on numbers. She felt that while there may not be direct attempts to provide a different level of care to those different from you, she felt this may be an indirect result of not having a common bond culturally and based on gender. These underlying prejudices can manifest as delayed care or substandard care.

Being a woman and taking care of women is just a common bond and a common alignment. So I think many people would like to go to the same sex or go to the same race when they’re looking for a provider. I don’t know a lot of white men who seek out a black doctor. And there’s a not a wealth of black doctors. We have 1500 patients and sometimes I look at how many Black patients have white providers that take care of them. I don’t see that being the alternative with a lot of black providers in the communities I worked in. They take care of a lot of black patients but not the opposite. So with white providers taking care of patients and white men taking care of patients that are black or not white, there’s already I think cultural differences as well as sexual differences and racial differences that can lead to or that have results in the person’s perception that may make them prejudice or races to their sexes and they may or may not be aware of those beliefs and assuming research how that’s come out to—that may result in black persons and black women receiving substandard care such as delayed care. Some recent studies looked at the delay in HIV treatment for women versus men.
Women were getting treatment less rapidly and less aggressively. Black folks get treated less rapidly, less aggressively for hypertension in different studies that have had been. So I think those things are pretty obvious and have improved in what I see in my practice. I think that I work with some compassionate providers but there are some statements that I hear that may influence or affect their approach to that patient and those are not real specific examples but some things that I think are very present and prevalent not just in my practice but throughout the nation, the country that effect how we give care.

Leadership experiences of black women differed from their male and White counterparts based on numerous factors. The concept of “other” described how the women’s leadership was undermined, diluted, and labeled. The women felt that their reality of leadership was rooted in both the historical ties of racism and sexism, but were also a part of a socialization process which denied power and access to those on the “outside”. Their daily experiences put them in opposition to those in power (males and whites) to be perceived as different and in constant struggle for limited resources. Thus, leadership appeared to be contingent on gender and race which could produce negative consequences for them as leaders, as well as, those they worked on behalf of.

*Mobilization on Behalf of the Community’s Welfare*

The data gathering phase moved from questions that focused on understanding the nature of black feminist leadership in HIV/AIDS community work, to the influences that kept the women mobilizing on behalf of the community. Leadership for this group of black women was used to create. Black women’s leadership is inclusive, nurturing, and
compassionate. Their leadership is relational and is primarily motivated by their love for others. It is a conscious effort and personal responsibility to attend to those in need as reflections of themselves and their extended families.

Study participants were specifically asked, “What value, do you believe, if any, black women bring to the fight against HIV/AIDS? The women were confident that their contributions were valuable not only to Black women, but also for their children and families, black communities, black men, and other marginalized members of the community. Words such as strength, resilience, spiritual voice, empowerment, problem solvers, gatekeepers, beauty, intellect, respect, advocacy spirit, genuine, and human rights were used to describe their views. They talked about “pulling together” and “setting the agenda.” There was a sense of determination and hope that through their contributions HIV/AIDS could be resolved.

*Leadership Creates*

As community builders, Tiye, Afiyia, and Asha described how black women create a space for themselves at the working table for developing solutions around HIV/AIDS. This may include the determination to create an agency despite not receiving government resources, recruiting other health providers to the HIV/AIDS fight, peer education with HIV/AIDS positive women to peer educate, bringing an “advocacy spirit” to the decision making table, and accepting the responsibility to lead and make sure that the black community’s interests are represented.

Tiye spoke about witnessing the resilience and compassion of black women who took their resources and created agencies that would allow the black community to
address the epidemic of HIV/AIDS. While some of these actions can also be seen as bridge building, she mostly talked about the characteristics of the women who make this type of commitment to building the community.

We bring that resilience, we bring that compassion. We’re the ones that can make a whole lot of something out of nothing. I’ve seen black woman from their compassion in their heart and what they were experiencing pull together agencies and now these agencies are national organizations. I’ve seen sisters start things in their basement and work it. Some of them were fortunate enough to get funding, others weren’t and that didn’t stop them. They moved forward, so we bring that to this fight and in some respect we’ve been sent to the back room to eat when clearly at that kitchen table we felt all the problems of the world. So, I think it’s the strength of the black female, her character, her resilience, her determination that we bring to this that helps keep it moving. I wish that more of us would pull together to support each other so, that we can move forward as a group. That’s one thing that I think the Black leadership in HIV AIDS has been lacking and has always been one of my dreams to pull together a round table of women. We can solve this thing. We could fix this and move it forward.

Much like Tiye, Asha spoke of a dream to bring black women together to build up community efforts and bring about a resolution to HIV/AIDS. Asha described the importance of bringing more black women health providers to the table to help build a community of culturally competent and gender sensitive providers who can serve as role models and care providers for the HIV/AIDS positive women she serves. She felt their
presence may inspire her patients to become peer educators in HIV/AIDS prevention
efforts.

We need more black women providers. There are a lot of black women in Atlanta
that are providers and have an interest in taking care of black women. The
women that I’ve talked to have had focused scripts about how they would prefer
to be treated. Not a hundred percent of the time, but most often, in my
experience, treated by a woman and a woman of color. So I think that as far as
with women being and women of color being the one of the fastest growing
subpopulations new infections, there’s a good chance we can build the
communication and perhaps we can help reduce or affect the transmission rates
and then get them to get a message to those that are like them who perhaps may
not be infected yet. But that’s been one of my desires is to build up the women in
my practice, build their understanding and comfort level and self-definition so
that HIV is something that they can see as something they are destroying and that
might empower them and destroy it in their younger sisters and older sisters and
mothers and community members and somewhat like each one teach one. In this
case each one teach one how not to get infected. And I believe that’s possible.
We really have to work with the women, and as women we work together, help
the women recognize they are more than the HIV diagnosis and they have the
power to change and prevent their children and their daughters in getting infected.
Right now there are just a lot of women who are more afraid to even talk to their
daughters.
A shared vision to bring black women together to build up community efforts and bring about a resolution to HIV/AIDS was often articulated. One concern was the importance of bringing more black women health providers to the table to help build a community of culturally competent and gender sensitive providers who can serve as role models and care providers for the HIV/AIDS positive women she serves.

*Leadership is Relational*

Black women’s leadership is relational and is primarily motivated by their love for others. Imani described the role of black women as the caretakers of the community. The HIV movement has been led by black women. We brought compassion as mothers, sisters, grandmothers, wives, and daughters to the community that had to take care of the dying. We brought compassion and integrity, especially in the early days of HIV/AIDS. Women helped to open up the idea that the black gay men belonged to family. They were our brothers, fathers, uncles, lovers and we the Black women loved them. There was an unconditional love infused into the hatred that was in the black community directed at gay men and fueled by homophobia.

Afiyia spoke very openly about what leadership as black women in the community addressing HIV/AIDS meant. The intention of this leadership meant being the one who is willing to be vocal, speak up, and put the issues for the community on the table. She relayed that it is more than bringing the issue to the table; it is about making sure that our community issues are represented genuinely, and then being willing to assume the leadership role to carry it through.
I think the value is just being the person who continues to say that these issues have to be looked at; these people have to be empowered. And so, whatever movement you can move, you have to be there to do that. I know a lot of women who, especially black women who take backseats because they fear their status and the job in which they work. But there are a lot of us out there and clearly they identify us. They put us in a book. You know, you are one of them. [Laughs] But the longer you are in this industry, the longer you get things done. And people have to be there to be recognized. And there are a lot of people out there in the community who have been doing some excellent work for black women. So, the value I think . . . I know the value is being there and being the one who continues to put the agenda out there.

For the black women in HIV/AIDS leadership their value was based in their historical and contemporary presence rooted in their experiences of race and gender. Resilience, passion, and empowerment were used to describe their position as knowing how to make things happen when no one knew what to do. Their ability to love unconditionally was evident in their response to being forced outside of the power circles and their innate sense of caretaking for their intimate partners, families and communities, even when this was not reciprocated. Their value meant that they were willing to stand in harm’s way and self-sacrifice to make sure that their community participated in its own survival.

As leaders, black women continued to reach across the isles in a nonjudgmental way to educate themselves and gather resources for the community. They made a
conscious effort to attend to and meet the needs of the community. They stand in the gaps to address unmet needs with their resources for those who are not able or who will not step up to lead. This gap may have included other women, their children, families, faith communities, black heterosexual men, and those from the gay and lesbian community.

Zuri felt that black women's spirituality served as a bridge to allow them to be seen as authentic and genuine in their willingness to serve with others from a nonjudgmental perspective.

There's no question that we bring value. I think the value that we bring again is working with all types of people in a nonjudgmental way—meeting people where they are. We bring innate sense of nurturing and mothering to what we do. I haven't met too many black folks that are not part of a religion, that they are not connected spiritually in some kind of way, most black people I've ever met in my life have always believed in something bigger than them, and we bring that with us. As a result of that, I think our people respond to that approach. It is easier to build relationship and to establish trust when people feel that you are genuine, that this is more than a nine to five and a paycheck. That's what I think we bring value of.

Shani, spoke about a similar authenticity regarding working from a culturally competent standpoint and meeting people where they are. What's important to note is that she also brings in faith, but discusses meeting faith communities where they are.
Building bridges as leaders was about empowerment for each segment of the community no matter where they are in a respectful manner.

It’s that cultural piece. I believe that women of color understand the subpopulations and cultures that encompass and make up what we call this community of color, and by having those gate keepers, leaders, representing those subpopulation, you have more efficacy and impact in terms of hopefully creating HIV/AIDS prevention programs that reach them. So you just don’t get out on the surface of it but you really have to be able to drill down into those subpopulations. And what do I mean by subpopulation? I mean being able to talk to, MSMs (men having sex with men), being able to talk and outreach to MSMs, being able to talk to women who are dealing with sex and drugs, sex workers, being able to talk to women who are going to college, going to school but might be involved in promiscuous behavior or at risk behavior that places them at risk, being able to talk to women who are part of a faith- based system, and being able to talk about HIV/AIDS in a way that is respectful of their religion and their faith, being able to talk to educated women, you know, when you go on Spelman’s campus, being able to do a program on Spelman’s campus and other HBCU campuses that embraces the fact that you’re talking to young, sharp, empowered minds who still might have some misconceptions and misperceptions about HIV/AIDS and how it’s spread. So that’s what women bring to it and we need women from all walks of life engaged in this HIV/AIDS battle—women who work for refugee programs,
women who work within the shelters, domestic violence shelters and homeless
shelters, who understand the audience.

Thandeka believed as leaders, building bridges to resources and other people who
can help is essential to the survival of the community. Black women, can have the most
profound impact because they have the greatest opportunity to effect change through their
positions of visibility in the community. Black women, as mothers, have always had the
solutions and are resourceful, and therefore they can use these skills to also resolve
concerns regarding sexuality and HIV/AIDS.

In our communities and especially our urban communities there are a
disproportionate number of female headed households with no male partners—
our schools where our children are disproportionately taught and administrated by
black women, our churches are worked, coordinated, the ministry work, and
congregations are mainly represented by black women. In the workplace women
of color do the majority of the back breaking work which is the hardest of the
organization. Just by the fact that every aspect of daily living and building
communities is dependent on the resources of those communities mainly being
the women more so women of color and black women, then by in large we have
the greatest opportunity and power to create change in all those spaces. And
what’s even more important about why Black women are so necessary is that
where homophobia and heterosexual have their place in pressing forward the
HIV/AIDS epidemic, black mothers have always known what to do. When it
came to women diagnosed with HIV/AIDS bridging the gap between racism,
sexism, and gender, black women worked across the aisles, because we didn’t have models of our own to work from. How do you address this issue of sexuality and sexual expression and sexual decision making? We’ve not been necessarily intentional about those issues in our own lives. But most importantly because we occupy so much disproportion of the epidemic nobody is going to save us but us. And if we don’t do it, we don’t survive.

Ngozi felt that black women are forced to be the leaders in the absence of straight black men’s willingness to lead. Black women’s bridging activities meant standing in the gaps in spite of homophobia to make sure that the community survives.

We bring most of the value. I think that what’s’ missing is straight black men. If straight black men would get involved we could put a lid on it. Black women are forced into taking a lead because black straight men won’t step up. It’s seen as a black gay man, black woman epidemic where straight black men take little or no leadership because they are afraid sexuality orientation will be questioned. And in doing so, sit in positions of authority at all levels of government and in the church and nothing gets done because they do nothing.

Black women acknowledge their skills as mothers and nurturers to address the hurt and pain caused by the HIV/AIDS epidemic. Their willingness to step into leadership in the absence of others was also predicated by professional and lay activities in the community. Building bridges to other communities meant stepping outside of the issues of homophobia and immorality to embrace all those who were suffering, and to collectively develop strategies to address HIV/AIDS on behalf of the black community.
Leadership on behalf of Black women is not conceptualized exclusively. Each contribution as leaders is important to the ongoing community work around this epidemic. In the absence of formal of leadership, strategies, and resources black women relied on their past and ongoing work in the community and as caregivers to develop their leadership abilities. Working in the community as leaders is relational and primarily motivated by love. Their leadership is used to create whatever is necessary for the wholeness of the community.

*Leadership is a Conscious Effort and Personal Responsibility*

An innate sense of purpose, influenced by spirituality, motivates black women to continually work to address the social issues in the community. To better understand what has influenced black women’s mobilization on behalf of the community’s welfare, the women were also asked to share why you continue with HIV/AIDS in spite of the continued rise of AIDS among black women. The question was designed to get at the core of what kept them in the fight. What made them keep going, even though the HIV/AIDS rates continue to grow? How do they continue to sustain themselves?

Black women’s leadership is a conscious effort and personal responsibility to attend to those in need as reflections of themselves and their extended families. While the women recognized that the fight was not easy, they spoke of being committed to the historical need to fight for the community. Tiye and Thandeka imagined and hoped for an end to the disease, consistent and confident that they are in the fight for the duration. Terms such as resiliency and sustainability were used to describe their individual determination as well as their willingness to build organizations that can speak to the
continuous concerns of tackling HIV/AIDS. Purposeful appears to be how the women approach the fight and spirituality seemed to express the essence how they keep going.

These women spoke about a burning passion that humbled them in service to work on behalf of their community. Without hesitation, they claimed this duty of leadership, which is reflected in statements such as; “If not me who?” “There’s work to be done;” “These are the only hands;” “If I walk away, then who?” and “What else would I do?” They expressed a kinship to those that they see infected with HIV/AIDS, “those are we; that could be my mother, daughter, sister, grandmother.” But most of all they spoke about their spiritual path and purpose: “this is my calling,” “this is my path,” “I’m supposed to be,” “by the grace of God,” “The Lord keeps me in this.”

Zuri described her sense of commitment and purpose based on the need to keep moving and following in the footsteps of other Black women HIV/AIDS leaders who built organizations based on personal sacrifice. Her connection was one of both admiration, and duty to also participate in the struggle.

This could be my sister, my daughters, my grandchildren, my great grandchildren. I believe if not me then who? Whatever little bit I can contribute to this work, I’m going to continue to do it as well as some of the sisters that I know, I think about people like Dazon Dixon, and Sandra McDonald—the forbearers in this work and how they started out in this work. Sandra used to talk about starting out in her car—from the trunk of her car. They weren’t being paid. We weren’t getting the grants. We still don’t get the grants. If these women sacrificed their lives for this work, then who am I to do any less? I believe that we are more than
our brothers’ and sisters’ keepers. We are our brothers and sisters so what happens to one of us I think affect us all. That’s why I’m still sitting here, trying to do what I do. At 64 years old, wanting to retire; but this disease isn’t retiring yet.

Zuri’s level of passion is duplicated by her daughter’s comments in which she struggled initially with the duty of working in HIV/AIDS, and finding her passion in life. Nia expressed:

To be honest, I try my best not to get involved in this, it’s only because it was my mother’s profession, just to go against it; but every since I started volunteering, it is something that’s in me like I have a passion for it. I feel like there’s still work that’s needed to be done. I just want to have a part in it. That’s about it; I have a part in it. There’s work to be done. These are my friends. These are people that I know that are getting infected.

Rashida talked about the heartbreaking part of her work as she saw people who were not infected become infected. She discussed the need to approach her work with a sense of purity and genuineness that helps her to get through to people and to perform her job with integrity.

If I can help or keep one person from going down that road that satisfies me. I look at young people. I work with some college projects and I keep doing this because I see what my brother went through, I see what others went through. How they lose everything. How they lose themselves and in the sense that, even when they’re not sick, they’re not the same person or the same people they were.
So my thing is if I can just keep one person from becoming infected, then I’m happy. I’m satisfied with what I’m doing. And, I say if I walk away from this, then who? If not me, who? A lot of people chase the dollar, you know, they look for money. And this is not all about the money. So if I walk away, who’s going to walk in? Who’s going to continue to fight this fight? So that’s really more heartbreaking. And, people that you know when you first meet them, they weren’t infected but then they become infected. And I ask myself, if I wasn’t out there, how many more would become infected? And then, that makes it so, it puts me in a different frame of mind and I say, oh no you’ve gotta keep going because if you don’t, how many people, how many more people?

Afifiya believes the mission will continue as long as African-American women continue to become infected. She charges that there has to be an effort to get in every woman’s face and put the information in her hands so that she understands and can use this information to be safe. She felt that empowerment was a daily task.

I know that our mission is not over. We are still . . . as long as AIDS is still around or HIV has been around. It is not AIDS. It is really the infection because what we are seeing makes you want to focus on AIDS. You are always going to want to see the gay white male as being the leader. But when you start to look at the new infections of HIV, you are talking about African-American women. It is a continuous process because the process is for every woman to become empowered. And empowerment means that you may be empowered with this relationship but your next relationship maybe different. You may be empowered
for casual relationship versus your primary partner. You may have a partner who has been imprisoned and coming out without giving the secrets that they have held within that prison and yet still coming out to still infect you. Those things are still issues that are day-to-day. It is always being in women’s faces to help them understand and remember and empower and listen to where they are and help them where they think they are not where you think they should be.

*An Innate Sense of Purpose Motivated by Spirituality*

The women’s experiences in community mobilization around HIV/AIDS were linked to a sense of purpose and individual mission on behalf of the black community. They spoke about witnessing other women who continued to self-sacrifice in order to bring about hope and change in their community. They were diligent and unyielding regarding their ability to make a difference. While they acknowledge that the work was difficult, there was a sense that their presence alone was significant to lessening the burden on others.

An innate sense of purpose, influenced by spirituality, motivates black women to continually work to address the social issues in the black community. Their spirituality fed into their self-renewal, regeneration, and informed and guided their leadership activities. Through the demographic survey 7 out of 10 of the women indicated a membership in a local house of worship. While not everyone saw their spirituality as connected to a formal religious affiliation, all of the women recognized a connection to a higher presence that supported and grounded their behavior and intentions in their community work. There was sense of humbleness, humility, and a servant attitude that
threaded their idea of leadership. The women used phrases and terms such as, “cocreator of life,” “The Lord knows me by name,” “I see it as a blessing,” and “that’s what God put on my path.”

Asha understood her spirituality as a woman as a cocreator of life. Within her Metaphysical/Christian belief system, she understands that God is the creator of life, but that women work with God to manifest this. Thus she inferred that being a woman gave her power, and working with women to influence their health was “a blessing” and “a gift” to serve. She stated while she understands her formal role as a health provider, her work with the women led to the development of her self-discovery and betterment as a woman.

Well it seems like there’s no other hands. I mean there’s no other thing to do. I think for me to be able to be in a position of service and to serve people that are—just to serve humankind and then more specifically women being that I am woman, being that “those are we” have close ties to one another and we’re here to create life. To cocreate life of course but we definitely are the component of the cocreators of life and we are really powerful. So if I see there’s a place I can be of service to something that is here to create life and keep life going then that’s like wow, what a blessing. I see it as a blessing and opportunity and it’s also been such a gift to be in this position to have influence and care of women that I’ve learned so much about who I am as a woman, who I want to be as a woman and who I don’t want to be and how to—I’m always challenged on how to become a
better woman regularly. So there's so much I get out of this—in this place since day one.

For Ngozi, her spirituality, gave her the ability to love her work and anchored her to her commitment on behalf of the community.

Because it's my calling. That's what God put in my path and it's the only job that I ever engaged in where I still get up and I love what I do, there's always something new; there's always something different. I get to meet all kinds of people; help all kinds of people; change systems; change perceptions of leadership; I can see the fruits of my labor; both from a client perspective as well as a systems level and a lot of people don't get the opportunity to say that. I believe that leadership moves beyond just your vocation. And that everybody should do something to change their community period.

Ngozi also talked about being compelled to do the work, but acknowledged her fragility as a human and knowing that at some point she would need to walk away. Her self-sacrifice is akin to the religious teachings in her Christianity.

If black folks don't pick this issue up and start taking it on the way it needs to be, I could literally be 70 years old still trying to make changes in a system that's in denial. I think about my retirement and what that means as a nonprofit director, you know, without a contract—Without a 401(k), without a retirement plan so to speak I mean am I putting something away? Yeah I am, but I mean I don't know where or how I see myself retiring certainly not now so there is always this balance that people, at least people like me who run nonprofits, find themselves
which is this fine line between wanting, needing and being compelled to do the work, but on the other side wondering when will you be able to sit down and in what condition will you be in when it's time, when you have to concede and so you've done all that you can do.

Thandeka incorporated lyrics of a popular gospel song: “I believe I'll run on and see what the end is going to be,” which were a way of justifying that their rationale for doing HIV/AIDS work was tied to something bigger than them.

Because, I'm suppose to! I don't have a choice. I don't think about how I do this; if I did I'd probably be overwhelmed and paralyzed. So I don't think about how. But I do know the why—this is my given purpose it is what I'm supposed to do with this life that I have as a gift. No matter what it is if I'm not working here, it will still be on this path of seeking as much change and justice as possible to change the quality of life for black women and girls and people in general. That's the why of it. If I ever stop doing this, then I'm not being truthful and responsible of the path that I'm supposed to be on. If I ever stepped off that path, I don't think my blessings would be the same. On a more practical level, I have to make sure that my ideas have the infrastructure so that they are sustainable. Doing the work means that I do and being an ED, it means that I get to envision and dream about the ways we can tackle this disease. I can continue to be innovative and creative. This keeps things fresh even when the epidemic is starting to get real old. I also find is that my role and with this organization is to really be intentional about staying focus on the future and where we're going and mark
some trends and understand how we sustain ourselves in this work long after people think it’s not that big of a deal. So that’s how I do it. I stay focused on where we’ve got to go, as they say, “I believe I’ll run on and see what the end is going to be.” I think I want to see what the end of the possibility of the end of this is and if I give up I might not see it. I might not see it anyway but neither did Dred Scott, but that didn’t stop him from fighting until his death.

Imani, not only looked to spirituality as a sustaining force in her life, but also as a means of restoring the community back to traditional and historical African values.

Girl, the Lord keeps me in this. My life is invested at this point. What else would I do? It is not just about HIV/AIDS but the health of the community. We are so far away from our center as an African community. Issues around sexuality, for both our youth and elders are a manifestation of this. Our young girls are out of control with their lack of self-esteem. Our young men won’t pull their pants up. Our seniors are experiencing a sexual liberation due to new pharmaceuticals that is reflective of the seventies. AIDS is the result of decades of our stuff, our discovery, our doing our own thang. We are so far away from our center—black women becoming infected from their bisexual lovers and husbands. We are seeing the results of something that is the “chickens coming home to roost.” The disease is just a catalyst for the enfolding of many issues. Our center is grounded in our values as Africans.

Spirituality was part of the call and response of their experience. Their creator called them to do something. Their response was to unquestionably stay committed to
the fight until the end. At times their answer to why they mobilized seemed almost rhetorical, “I’m supposed too.” Their contract was not just with the people around them, but to a higher calling that meant there was no other option. Spirituality was also the method by which they maintained balance, direction, and a sense of worth when the struggle became hard.

The women in HIV/AIDS leadership while aware of the ongoing fight described a sense of resilience that was embedded in a powerful sense of their purpose which was grounded by their spirituality. They recognized the need for self-sacrifice and to serve. They expressed a sense of vulnerability at knowing that they might not be alive when the end of the disease comes, but that they could dream and hope for a day when it would come. The women expressed how their work allowed them to express love and be a part of something that was larger than them. Their commitment to their purpose and their spirituality is what sustained them internally and externally in the fight against HIV/AIDS.

*The Intersection of Race and Gender*

The respondents were asked in the third section of questions to discuss the influence of the intersection of race and gender on their leadership. The interview questions focused on the impact of their gender and race on their perspective of HIV/AIDS, their definition of power, and their use of power to address HIV/AIDS on behalf of black women. The first question asked was, “As a Black woman, what impact do you feel your gender and race has had on your perspective of HIV/AIDS community work?”
Historical and Ongoing Consequences

Race and gender have historical and ongoing consequences for black women in leadership. The research literature indicates that black women’s standpoint is the lens by which they experience and understand the social constructs of the world (Collins, 1989). For the women involved in HIV/AIDS community work and leadership, describing the impact of gender and race brought to the surface historical issues of inequality and the struggle for black women. Their voice inflection and nonverbal communication echoed the frustration and pain of being both black and a women. As black women they felt there was a struggle over choosing which camp they needed to fight from, but that as Black women the answer was always both. It is a daily preparation as a black woman leader to be ready to fight no matter which way you are approached. Black women’s sense of addressing these historical fights about power helped them to better understand issues around cultural competency. The women acknowledged the fight was not only outside of their race and gender but also within their communities. They understood the concerns that emerged at the personal relationship, organizational, and policy level that were impacted by their race and gender and thus influenced their response to HIV/AIDS. Some phrases that were used were “I’m a poor black woman,” there is “no sense of entitlement in humanity work,” and “stay in your place as a woman, a northerner, and as a black.” Race, poverty, oppression, conspiracy theory, and genocide were underlying terms used to describe their experiences.

Tiye specifically spoke about the “race card” and the “gender card” in terms of dealing with political and policy issues that shape HIV/AIDS. While she felt that her
gender and race created a unique struggle for her within the black community, she also felt that this struggle was in partnership with black men.

It’s hard to separate the two. I am a black female. When I look at things, I look at it as a black female. I’m more tuned into listen to stuff that’s out to the general public or things that are released or our statements you know from the white folks or from white community. My race comes into play because I realize and understand the historic racism that’s alive and real in this country. Also, when I’m in a group of black folks and I’m real confident of how gender and gender equality or inequality comes into play and this epidemic and unfortunately how this epidemic more or so than any other has divided us. So, sometimes you have to change the plan being black and being a female which is crazy. I think that’s the biggest disservice that has been done in terms of this epidemic and I will sit back and think if we had just thought about targeting men and women.

Regardless of whom you have sex with, regardless of how you identify it, regardless of your color. Focusing on what we did would have put us in a better place. But, we started to divide and pull people apart and make you choose between being a female and being black. So, you have to pull that all together. I think that when I look at the power struggle, my power struggle in a struggle because I’m black and because I’m female. Sometimes I tell people you know “I’m a poor black female under the struggle,” because sometimes you can’t separate it. It’s hard to separate. As I watched the epidemic, become darker, younger and more female that still never took me away from what my black
brothers were going through. I was angry at them because a lot what was happening to the sisters was the result of issues that men bring. It’s not so much that they bring “it,” it's the sisters reactions to what men bring. You go through the cycle. When you’re on “the hill” and you’re dealing with policy pieces, the race card is always up front. More so than the gender card but it’s clearly the race thing. So, I think I struggle because I am black. I struggle because I am female. Again, in some circles it depends on what the predominant fight is. How they want to come. How they want to come at you. And you prepare for that.

For Ngozi, there was a sense of being attacked and “Blackballed” for speaking up on behalf of the community.

I've had white men just flat out lie on me I mean just flat out and I think it's because, I don't know whether if it's because they were white or southern. I'm not sure which one it was so I say that as a preface I just think that they thought that I was too aggressive because I'm straight to the point about what I need or want or what I'm seeking and what I want from them or what I need from them. And I think that from white men they think people should stay in their place, women either should stay in their place or blacks should stay in their place I would be a conflict for them.

Thandeka described how being black and female influences the work she does as a CEO and founder of an agency that was developed for and by black women to address HIV/AIDS. Her perspective was shaped by her parent’s values that she uses her beauty and power to help serve the community.
It has defined it! Not just my experiences as a black woman but what the stories are of the collective experiences of what being black and female have been. How we do what we do has defined it. Who we do it with has defined it—the choices and decision that we have had to make about how we are as an organization and what we want to be about. When you build an HIV/AIDS organization as small and as grassroots as we are and you make a formal decision that you are going to live and practice the human rights framework within the organization, that’s simply because as black women we believe we have an equal space and all the same entitlements to humanity as everybody else so we are going to live up to that idea expectation that everybody should be able to have in this life. The race issues, the class issues, the whether you are from the north of south issue, gives us a clear identity. And we understand at this organization that it is not just that we are black women, but we are black southern women and female which lends itself to some other experiences. My family believed that we were to try hard in a family that tried hard to make sure that their children knew they were beautiful and special and that they were expected to contribute to the world, whether or not somebody recognizes it or not. That experience, and having to be extreme about that experience, because all the other forces will tell you otherwise, it helps to know where to go with that and how you apply that to the work thang. So when I talk about striving for humanity, in our organization, we have no qualms in striving for excellence but understand that we are far from perfect. That’s all we can ask of ourselves and for our children so that we can be a stronger class of
people. There is also that humility factor . . . yes you are strong, powerful, and beautiful, but you are not the all purposeful one! Make sure you remember, you are not the all powerful one!

Although the women felt there were underlying negative connotations from being black and female, they felt that being a black woman gave them a special sense of integrity, genuineness, and wisdom to approach the issue of HIV/AIDS. Their partnership with black men was rooted in ongoing racial injustices, while fighting for humanity as a whole was part of their responsibility as women. They felt their historical shared experiences of inequality allowed them to be able to better connect to the communities they served. These black women leaders acknowledged that while others may devalue them at times, they never doubted their self-worth or their capabilities to set the agenda on behalf of those they served.

*Acknowledging Social Injustices*

A subtheme of this question evolved around the conspiracy and genocide theories in the black community. This topic was seen as a source of demonstrating cultural competency in their leadership. The women expressed that while they may not personally agree with genocide theories, the importance of acknowledging it as a concern in the black community was significant to promoting HIV/AIDS education. They recognized the belief in conspiracy theories was not an oppositional stance from the black community but was based on the historical racial and gender inequality embedded in the U.S. healthcare system.
Ngozi discussed at length how working for the state public health education department and her work with an HIV/AIDS community activist was in conflict because they affirmed the concerns of the community as a way of building bridges to HIV/AIDS education. She talked about being ostracized and marginalized for addressing the conspiracy theory.

Governments are not necessarily designed to address the needs of the community; they are designed to follow a set of guidelines which are not always centered in cultural diversity. And so what that means to me then is . . . that the community, the culture, the people, the lack of knowledge, the belief around how the, the role of racism and oppression and how that plays out and how people choose and live their lives has nothing to do with the structures that government established. So for example when the community activist and I were working in the community we confirmed that there were many beliefs of genocide. That there were theories and beliefs within black folks that the white man was trying to kill us and that HIV and AIDS was part of that conspiracy. And when we addressed it we were blackballed. The community activist was blackballed. People who were professionals within state government strategically went about going to other colleagues to blackball us and her specifically to, to talk to say that we were perpetuating hysteria. They wanted us not to talk about what we were hearing in the community. Um, and you know me going to Tuskegee, I already knew that those thoughts existed. I already knew what people were capable of. But, I wasn’t in a position as a public health person to validate that and on the other
hand I didn't believe it. I mean I didn't believe that there was a genocide theory, but I couldn't ignore the fact that people believed it. And it needed to be addressed, those, belief systems needed to be addressed and so, you know, my inability to address those issues in a government setting lent itself toward controversy and political upheaval.

Black women leaders in HIV/AIDS community work described their experiences with racial and gender oppression as giving them credibility and firsthand accounts of pain and suffering. The women incorporated this familiarity with historical injustice to validate the fears and perceptions of the black community around historically based evidence of genocide. The women understood that without the acknowledgement of historical events in American history by the government, they would be viewed as enemies of their communities. Consequently, this meant sometimes being viewed as oppositional by those outside the community. However, their creditability within the black community was significant to them being able to provide HIV/AIDS education, prevention, and service delivery.

*Power is Centered in "Mothering" Relationships*

Leadership is influenced by black women's relationships with one another, and their power is centered in "mothering" characteristics that help them to connect to the community at large. A definition of power and the description of how the women used their power to address the HIV/AIDS epidemic with black women, yielded the definition—the ability to influence people's thoughts and actions, attitudes and beliefs
about something. Power involved influence, control, or the ability to persuade something or somebody to "move." Ngozi described her use of power as:

I use my power to change people's attitudes and beliefs by providing them with knowledge and confronting them on attitudes and beliefs that curtail their actions. I try to use my power to motivate people who think they're powerless to feel more powerful. I try to use my power to reduce stigma among people that traditionally have been oppressed so that the border community sees them differently.

Leadership is influenced internally and externally by Black women to impact how HIV/AIDS is addressed in their community. Both Ngozi and Afiyia talked about "bringing something to the table." This something was described as their passion and resilience. Their networks or "circles of influence" were also a part of this "something" which was built on their credibility within the HIV/AIDS fight.

For example, Afiyia recognized that black women are not typically the ones involved in political lobbying and advocacy work, like the gay men in HIV/AIDS, however the work that black women do around community work is equally as important in terms of directly impacting the community.

The advocacy and the lobbying are not for African-American women. It is strong among other populations. I mean, when I say other populations, it is specifically the gay community. So, basically you do a lot of your work through community work. As African-American women, we have always been organized leaders and coordinators in our community. You get people. You bring people together. You bring a pot to the table.
Tiye relayed a similar description of the use of her power. However, she added passion and resilience as part of her influence.

I use my power of communication and my power of relationship. Because you learn that again, no man is an island and so sometimes the best thing you can do is to know whom you need to go to; who your go to people are. I know that I have, if I’m not the best person or if I know someone who may have a better answer the ability to reach out to that person. The power that I bring is I can bring my passion and resilience to the table and let people know that you know I’m not going to move. I’m in it. I’m at this table. I made my place or move over, I’m making the place and make sure that I’m heard and wait out my time and I’ll be there until the end of the meeting and then I’m going to ask my questions. I have been blessed because I have an in for the long hall and I have credibility with that but I’m able to get to some tables and get to some people who will listen and to get that message to them and help them start and understand you know, you even have to mention my name. But, this idea this needs to move forward. This concern needs to move forward. I am especially cognoscente about my impression that I leave and the foot prints that I leave for those coming up after me. To show them the way . . . one of the things that you and I never had was that generation of those women before us to do this. We are they.

The women’s power was rooted in their longevity with community and government agencies around HIV/AIDS but also in their ability to bring people and issues to the forefront of the fight. The women felt that their relationships with others
were rooted in personal responsibility to be accountable for getting things done on behalf of the community. Assessing formal education and staying abreast of current events armed the women with the necessary credentials to impact decision making and make sure their voice was counted.

*The Added Value of This Kind of Leadership*

*Experiential Knowledge is Equally Important as Technical Skills:* Transferring experiential knowledge from those back women who have been the trailblazers in the field of HIV/AIDS is equally as important as learning the technical skills needed to be a successful leader. The interview question—In your opinion, how might future back women be developed for leadership in HIV/AIDS community work—was asked to gather this information. Mentorship for these women meant “passing the torch.” They saw leadership development for the next generation as being able take the knowledge and skills many of them had developed as pioneers and enhancing it to further expand the response to HIV/AIDS in the black community. The development of future leaders included basic knowledge and capacity building, but also being able to be innovative, resilient, determined, and to use their spirituality to anchor their response to the epidemic. They explained that the women’s leadership needed to be rooted in the historical responses that the black community has used to address other injustices, but also the contemporary technical skills to address the chronic and global issues of the epidemic.

Ngozi felt it was important to mentor young women but it was just as critical to develop black men to fight alongside black women.
Young girls that seek to make a difference in the community, women like me would take them under our wing and train them in the way they should go . . . sort of speak and be their mentor and take time with them and teach them what we know so that when we get tired they can take over. But again I will say that in the black family if we want our black women to be protected we can’t work with just black women we have to work with young black males. Black straight men need to step up and do their jobs. You don't see black men in social work; you don't see black men in public health; you don't see . . . you know, with all the many men that are home taking care of their families we still have a significant proportion of black men that don't. Black women can’t address their issues without black men, I don't believe they can whether they're gay or straight even if they're gay, even if the women loves women only as long as black men and men period sit in positions of authority and make decisions about our lives we've got to engage them at some level.

Zuri’s idea of leadership development also involved mentoring that includes more than technical skills. She focuses on the urgency to learn from the elders and to be passionate about working with the people who are impacted by HIV/AIDS.

I think that through a mentoring program, that would be very, very helpful. I think that we should always be looking for a succession, passing the torch on to the next generation. Coupled with that mentoring, I think that education is key in helping to build the skills, the comprehensive set of skills that the women are going to need. They’re going to need to come with something. They need to
come with a sense of compassion; this is more than a job that this is a mission or something like that. Once that you come with that, then with mentoring and support and education we can help to build future leaders, women leaders, in this field. When I say education, I don’t necessarily mean an academic. I don’t think that you need a Ph.D. or you need to be a brain surgeon to work in here, but you need to have an open mind trying to minimize academic education. You need to learn people’s skills. You need to learn how to communicate. You need to learn how to practice active listening. On the other hand, we need women who are leaders willing to do that, willing to reach back, and identify somebody or work with somebody so you can pass that torch too. We don’t need to be like the old school Civil Rights leaders. They want to wait until they’re ninety. Even at that time, they haven’t passed the torch over. We need to pass that torch.

Ngozi felt that an important ingredient in developing new leaders is assuring that they incorporate spirituality into their skill sets.

I want to just say this that when you prepare leaders to work in HIV leadership, it’s just not a categorical issue that you’re dealing with, HIV. It goes also into so many other areas that I think we need to recognize and pass that on. Spirituality I think is a real key. I am not talking about religion. I am not talking about, if you’re a member of a church or temple or whatever kind of place you go to faithfully. I’m talking about people who are real and have a sense of connection again with something bigger than they are and they know who they are.
Shani felt that her learned experiences in HIV/AIDS work could be the foundation for helping with the future development of other black women leaders in this type of community work.

There is a historical perspective of the old timers like myself, those who will be ending in the next ten or 15 years. What legacies or innovative things that we tried that they might want to have in their arsenal in the future so that, you know, you don’t together in a way that they can have access to it to be able to review it. And then I think that they need to, again, same thing that we did, read, educate, and then look at those tools that are existing in and around them in terms of those power pieces, those resources, and tap into them, and then kind of think way outside the box.

Mentorship was seen as a crucial factor in developing the next set of black women leaders. Learning technical skills was viewed as significant; however, the women emphasized that leadership also meant “sitting at the feet of elders” so that the new generations had a personal account of the challenges and triumphs of being a black woman, a black woman leader, and a black woman in HIV/AIDS leadership. There was a sense of urgency to not repeat to the mistakes of the Civil Rights leadership in not preparing the next generation. The women felt that new leaders needed to be developed simultaneously as the first generation of black women leaders prepared for retirement or to move from grassroots leadership positions. They were adamant that black women leaders were needed from all disciplines and at all levels of the fight. Black women also
needed to continuously partner with Black men, especially straight black men to develop leadership on behalf of the black community and black women.

**Summary**

Chapter four presented the findings of 10 interviews of African-American women leaders involved in HIV/AIDS community work. Black feminist epistemology which focuses on the intersection of race, class, and gender was used as the theoretical framework. The data revealed black women were engaged in various aspects of the fight which included direct services, such as community outreach, healthcare provider, public health officials and as executive directors of their own agencies. Their leadership experiences described a diverse set of qualities that were based on the collective understanding of being both black and female in a country where race and gender have been historically undervalued.

Black women's leadership in HIV/AIDS community work is experienced at multiple intersections of race, gender, and power. Their ability to define their leadership was based on their need to forge new paths and to create strategies and programs where there were none. This meant relying on their historical experiences as black women and their gendered skills as nurturers and caretakers. They felt that they brought a special integrity and sincerity to the fight as stakeholders in their grassroots community work. Black women's leadership in HIV/AIDS community work was centered in their call and their response to stand in the gaps, community betterment, providing a voice, and setting the agenda on behalf of their community. They understand that their fight was difficult because of historical racism and sexism, as well as, homophobia. However, their
socialization through historically black institutions such as HBCU’s, the black church, the black family, and the legacy of black civil rights movements gave them the foundation to address HIV/AIDS.

Chapter five builds on the research findings. The chapter connects the findings to the research literature, its implications, and recommendations about future research in this area.
The purpose of this phenomenological research was to explore the nature of black women’s leadership in HIV/AIDS community work. These experiences included both descriptors and definitions of their leadership. Respondents included a sample of 10 African-American women leaders involved in HIV/AIDS community work identified through a snowball sampling method. The research utilized semistructured interviews to collect data. This approach to data collection was determined to be most effective at capturing the unique perspectives and insightful knowledge about how black women experience and define leadership in their HIV/AIDS community work.

Ten African-American women between the ages of 23 and 65, with the average age being 46 were interviewed between February and April 2009. Semistructured interviews were tape recorded with oral and written permission of each participant. Questions were developed to answer the four major research questions based on the literature. The interviews were structured to encourage the women to talk about their experiences in HIV/AIDS work and self define from their perspective. Research notes were taken throughout the interview, transcribed, and reviewed after each interview. Analytic memos (Strauss & Corbin, 2006) were written after each interview to capture thoughts and observations. To increase validity and reliability a research assistant was
present for the four interviews at which she also made research notes and analytic memos. The recorded interviews, demographic surveys, resumes, analytic memos, research and field notes, and transcriptions and reviewed transcriptions were the source of the data analysis.

Chapter five is designed to further explain the research findings and analysis, implications and recommendations regarding further research. Thus, the interpretation of the phenomena of black feminist leadership in HIV/AIDS community work, inferences regarding the importance of these findings, and results of the analysis to contemporary leadership, and recommendations for understanding the development of leadership in HIV/AIDS community work for black women will be expanded upon.

Overview of Findings

Black feminist epistemology was the guiding theoretical framework of the study which was incorporated into the development of the research questions, the implementation of the research methodology, and throughout the data analysis. Black feminist epistemology served as the filter and lens for interpreting the findings. The results revealed that black women in HIV/AIDS leadership were engaged in various aspects of the fight which included direct services, such as community outreach, as healthcare providers, public health officials and as executive directors of their own agencies. There was a strong connection between their professional and private lives. Their work involved supporting and encouraging other black women to develop the internal and external resources to address social injustices, but especially HIV/AIDS. Each participant expressed commitment to the value of creating positive and nurturing
relationships as a part of their leadership style. Their leadership experiences described a
host of qualities that were based on the collective understanding of being both black and
female.

Conclusions and Discussion

Based on the analysis of the data, several conclusions were drawn from the
findings:

1. The documented concepts and descriptors historically used to explain black
women's leadership and community work are similarly identified in
HIV/AIDS leadership and community work.

2. Rearticulating black women's leadership in HIV/AIDS community work
through the black feminist epistemology theoretical framework centers their
way of knowing as an effective, legitimate form of leadership.

3. Black women have developed strategies that help them bridge the gaps and
build community resources in spite of multiple intersectionality that work
towards the betterment of the community.

4. Current social service leadership models have yet to successfully address the
added complications of working with marginalized populations who are also
stigmatized based on sexual behavior.

5. Collective intellect emerged as a concept to describe the collective knowledge
of those infected with HIV/AIDS, the service delivery persons, formally
educated, HIV/AIDS trained persons, and those living the experience of
HIV/AIDS prevention and intervention coming together to develop solutions toward disease reduction and elimination.

*The Nature of Black Feminist Leadership in HIV/AIDS Community Work*

The women described leadership as situational and contextual and in part a living entity that is utilized by the group and for the group to achieve an outcome. Their leadership with black women was a reciprocal relationship that is interdependent based on a commitment to pull together and do collective work on behalf of the communal survival.

Although the definition and the role of leadership were used interchangeably, the women described the role of leadership as one of service and non-positional, meaning that there was not necessarily a top down approach as described in more traditional forms of leadership. They described the role of leadership as less authoritative, and more supportive, empowering, motivating, and visionary, but with the purpose of bringing about change. This role was embedded in the definition, and thus the role, purpose, and definition were seen as one.

Leadership is utilized by the group and for the group to achieve a desired outcome, but in different ways; as a partnership, internally, and on a macro level. The definition of leadership was embedded in the purpose to produce change. Change was both internally and externally to the person and the community. A major part of leadership was to accept the personal responsibility and investment to support change that produces an enhanced outcome.

*Leadership is Inclusive*
The definition of leadership as described by these women leaders was based on their integration of both the definition and the role. Leadership is seen as situational and contextual and in part a living entity that is utilized by the group and for the group to achieve an outcome. This is in contrary to the reviewed literature that places leadership within one individual, in a hierarchy, authoritatively moving towards a goal, with or without the consensus and input of those in the group. The leadership described by the women appears to be more holistic and evolutionary.

*Leadership is Collective*

Black women's leadership is viewed as an extended family with a collective experience and voice focused on a common goal. Application of leadership as a black woman with black women meant being linked to their well being, ongoing life challenges, and understanding their common bond in the fight against HIV/AIDS and other injustices. The urgency of the community survival was an understood part of their personal connection which impacted how they viewed their leadership.

The women described a commitment to build the community through personal and collective investment, as they shared the struggle of the community. They described an interdependent relationship that involved a commitment to pull together for the betterment of the community.

Leadership with black women by black women was illustrated using the terms such as faith, purpose, and creativity to describe the essence of what they do. But, there was also a sense of vulnerability. At times the women described not having clear direction about what to do but a willingness to do the work. Their perception of
leadership as an extended family and collective experience helped them to remain focused on the work of the collective and struggle towards a common goal.

**Intent is More Important than Label**

Labeling their leadership as black feminist leadership was not as important as self-definition or the intent of the action. Leadership is an action not simply a descriptor. Leadership is contextual and utilized to work on behalf of the collective. Leadership for this group of black women was rooted in spirituality and liberation.

The women associated the term feminism as being race based and one that originated in the white community by women whose life experiences were different from theirs. They felt the term feminism was confining and evoked perceptions of those who had the luxury of choice to not only enter the workforce, but also to be in opposition with their male counterparts. Their description of leadership was in partnership with black men, and a dedication to black women's health and wellbeing. They also felt their lived experiences were rooted in the context of shared racism with other black men and women. Their perception of their leadership involved the use of terms such as strength, liberation, humanist, opportunity, education, equality, wholeness, and spirituality. Thus, their descriptions of their leadership, even when opposition to the term black feminist, included in part the theoretical definition of lived experiences and multiple intersections, such as race/gender/class and sexuality.

The leadership experiences included the lived experiences of the multiple intersection of being a woman, a black woman, in partnership with black men, other black women, and other communities of color, including the African Diaspora, connected
by the experience of oppression and racism and their struggle for equality. The terms of creativity, spirituality, and purpose were the common thread of each woman’s described experience. This was expressed by their need to define their leadership under their own conditions, and thus there was an intentional and consistent break from other communities’ attempts to contain them with their “labels.” The spirit of these women is captured in their need to describe the historical and ongoing tasks of liberation and sustainability. This can also be described as their purpose. The deliberate need to process and re-center their leadership experiences is evident in their creativity to come up with another term to describe their leadership. Even when the term black feminist is embraced, there is a declaration that only black women can use this name on their terms. Thus, leadership is less about a definition and more about the intent of the action.

*Leadership is Transformative*

The qualities and characteristics of black women who provide leadership in HIV/AIDS community work are transformative. Leadership for the study participants was experienced in a variety of ways, but most importantly focused on the transformative power to change the negative impact of HIV/AIDS into a positive. This was done repeatedly through witnessing and experiencing personal tragedies to expanding scarce resources.

*Their Leadership is Scrutinized*

The women recognized that their leadership was experienced differently from those outside their gender and race. Leadership experiences of black women differed
from their male and white counterparts based on numerous factors. Leadership is scrutinized and validated based on gender and race both internally and externally to the black community. They discussed issues of institutional racism, historical racism and sexism, internal (within the black community) racism, and the overarching pressure of constantly having to legitimize their presence as a leader.

This “elusive” feeling of constant judgment and being compared to others seemed to leave black women outside of the realm of influence. “Other” is defined in the context of black feminist epistemology as a social construct that applies to anyone or anything that differs outside of the “average white male.” “Othering” is an attempt to establish a person as outside the normative acceptable realm (Collins, 1986). The phrase “foot on neck syndrome” was used as an analogy to describe the constant daily pressure of being black and a woman in leadership. The phrase “ice has to be colder” paralleled the need to always be better than to sort of “make up” for being a black woman. Literally there is no such thing as ice being colder, and so one interpretation may be that there is no way to achieve this equality. Other was also perceived to be harmful and destructive perceptions and behaviors not just being outside of the black race, but also coming from inside the black community. Black females were described as being pitted against our male counterparts, and yet for displaying behaviors equal to a male labeled, “the B word.”

The women recognized they were scrutinized internally and externally to the black community. The concept of “other” described how the women’s leadership was undermined, diluted, and labeled. The women felt that the reality of their leadership was rooted in both the historical ties of racism and sexism, but were also a part of a
socialization process which denied power and access to those on the “outside.” Their daily experiences put them in opposition to those in power (males and whites) to be perceived as different and in constant struggle for limited resources. Thus, leadership appeared to be contingent on gender and race which could produce negative consequences for them as leaders, as well as, those they worked on behalf of.

*Mobilization on Behalf of the Community’s Welfare*

Leadership for this group of black women was used to create. Black women’s leadership is inclusive, nurturing, and compassionate. Their leadership is relational and is primarily motivated by their love for others. It is a conscious effort and personal responsibility to attend to those in need as reflections of themselves and their extended family.

The women were confident that their contributions were valuable not only to black women, but also for their children and families, black communities, black men, and other marginalized members of the community. Words such as strength, resilience, spiritual voice, empowerment, problem solvers, gatekeepers, beauty, intellect, respect, advocacy spirit, genuine, and human rights were used to describe their views. They talked about “pulling together” and “setting the agenda.” There was a sense of determination and hope that through their contributions HIV/AIDS could be resolved.

*Leadership Creates*

Black women create a space for themselves at the working table for developing solutions around HIV/AIDS. This included the determination to create an ASO despite not receiving government resources, recruiting other health providers to the HIV/AIDS
fight, peer education with HIV/AIDS positive women to peer educate, bringing an “advocacy spirit” to the decision making table, and accepting the responsibility to lead and make sure that the black community’s interests were represented. The women spoke of witnessing the resilience and compassion of black women who took their personal resources and created agencies that allowed the black community to address the epidemic of HIV/AIDS.

A shared vision bringing black women together to build up community efforts and bring about a resolution to HIV/AIDS was often articulated. One concern was the importance of bringing more black women health providers to the table to help build a community of culturally competent and gender sensitive providers who can serve as role models and care providers for the HIV/AIDS positive women they serve.

*Leadership is Relational*

Black women’s leadership is relational and is primarily motivated by their love for others. The intention of this leadership meant being the one who is willing to be vocal, speak up, and put the issues for the community on the table. Bringing the issue to the table meant it is about making sure that black community issues were represented genuinely, and then being willing to assume the leadership role to carry out and implement strategic plans.

For the black women in HIV/AIDS leadership their value was based in their historical and contemporary presence rooted in their experiences of race and gender. Resilience, passion, and empowerment were used to describe their position as knowing how to make things happen when no one knew what to do. Their ability to love
unconditionally was evident in their response to being forced outside of the power circles and their innate sense of caretaking for their intimate partners, families and communities, even when this was not reciprocated. Their value meant that they were willing to stand in harm’s way and self-sacrifice to make sure that their community participated in its own survival.

As leaders, black women continued to reach across the aisles in a nonjudgmental way to educate themselves and gather resources for the community. They made a conscious effort to attend too and meet the needs of the community. They stand in the gaps to address unmet needs with their resources for those who are not able or who will not step up to lead.

Building bridges to resources and other people who can help is essential to the survival of the community. The leaders acknowledge that they have the greatest opportunity to affect change through their positions of visibility in the community. Black women as mothers have solutions and are resourceful, and therefore they can use these skills to also resolve concerns regarding sexuality and HIV/AIDS.

Black women acknowledge their skills as mothers and nurtures to address the hurt and pain caused by the HIV/AIDS epidemic. Their willingness to step into leadership in the absence of others has also been predicated by professional and lay activities in the community. Building bridges to other communities meant stepping outside of the issues of homophobia and immorality to embrace all those who were suffering, and to collectively develop strategies to address HIV/AIDS on behalf of the black community.
Leadership on behalf of black women is not conceptualized exclusively. Each person's contribution is important to the ongoing community work around this epidemic. In the absence of formal leadership, strategies, and resources, black women relied on their past and ongoing work in the community and as caregivers to develop their leadership abilities. Working in the community as leaders is relational and primarily motivated by love. Their leadership is used to create whatever is necessary for the wholeness of the community.

*Leadership is a Conscious Effort and Personal Responsibility*

An innate sense of purpose, influenced by spirituality, motivates black women to continually work to address the social issues in the community. Black women's leadership is a conscious effort and personal responsibility to attend to those in need as reflections of themselves and their extended families. While the women recognized that the fight was not easy, they spoke of being committed to the historical struggles of the black community and current social issues. Terms such as resiliency and sustainability were used to describe their individual determination as well as their willingness to build organizations that can speak to the continuous concerns of tackling HIV/AIDS.

Purposeful is how the women approached the fight and spirituality expressed the essence of how they kept going. These women spoke about a burning passion that humbled them in service to work on behalf of their community. Without hesitation, they claimed this duty of leadership, which is reflected in statements such as; “If not me who?” “There’s work to be done,” “These are the only hands,” “If I walk away, then who?,” and “What else would I do?” They expressed a kinship to those that they see
infected with HIV/AIDS. "those are we," “that could be my mother, daughter, sister, grandmother."

An Innate Sense of Purpose Motivated by Spirituality

The women’s experiences in community mobilization around HIV/AIDS were linked to a sense of purpose and individual mission on behalf of the black community. They spoke about witnessing other women who continued to self-sacrifice in order to bring about hope and change in their community. They were diligent and unyielding regarding their ability to make a difference. While they acknowledge that the work was difficult, there was a sense that their presence alone was significant to lessening the burden on others.

Their spirituality fed into their self-renewal, regeneration, informed and guided their leadership activities. Through the demographic survey seven out of nine of the women indicated a membership in a local house of worship. While not everyone saw their spirituality as connected to a formal religious affiliation, all of the women recognized a connection to a higher presence that supported and grounded their behavior and intentions in their community work. There was sense of humbleness, humility, and a servant attitude that threaded their idea of leadership. The women used phrases and terms such as, “co-creator of life,” “The Lord knows me by name,” “I see it as a blessing,” and “that’s what God put on my path.” Most of all they spoke about their spiritual path and purpose; “this is my calling,” “I’m supposed to be,” “by the grace of God,” “The Lord keeps me in this.”
Spirituality was part of the call and response of their experience. Their creator called them to do something. Their response was to unquestionably stay committed to the HIV/AIDS fight until the end. At times their answer to why they mobilized seemed almost rhetorical, "I'm suppose to." Their contract was not just with the people around them, but to a higher calling that meant there was no other option. Spirituality was also the method by which they maintained balance, direction, and a sense of worth when the struggle became hard.

The black women in HIV/AIDS leadership while aware of the ongoing fight, described a sense of resilience that was embedded in a powerful sense of their purpose which was grounded by their spirituality. They recognized the need to self-sacrifice and to serve. They expressed a sense of vulnerability at knowing that they might not be alive when the end of the disease comes, but that they could dream and hope for a day when it would come. Their work allowed them to express love and be a part of something that was larger than them. Their commitment to their purpose and their spirituality is what sustained them internally and externally in the fight against HIV/AIDS.

The Intersection of Race and Gender

_Historical and Ongoing Consequences_

Race and gender have historical and ongoing consequences for back women in leadership. The research literature indicates that black women's standpoint is the lens by which they experience and understand the social constructs of the world (Collins, 1989). For the women involved in HIV/AIDS community work and leadership, describing the impact of gender and race brought to the surface historical issues of inequality and the
struggle for black women. Their voice inflection and nonverbal communication echoed the frustration and pain of being both Black and a woman. As black women they felt there was a struggle over choosing which camp they needed to fight from, but that as black women the answer was always both. It is a daily preparation as a black woman leader to be ready to fight no matter which way you are approached. Black women’s sense of addressing these historical fights about power helped them to better understand issues around cultural competency. The women acknowledged the fight was not only outside of their race and gender but also within their communities. They understood the concerns that emerged at the personal relationship, organizational, and policy levels that were impacted by their race and gender and thus influenced their response to HIV/AIDS. Some phrases that were used were “I’m a poor black woman,” there is “no sense of entitlement in humanity work,” and “stay in your place as a woman, a northerner, and as a black.” Race, poverty, oppression, conspiracy theory, and genocide were underlying terms used to describe their experiences. There were concerns about the “race card” and the “gender card” in terms of dealing with political and policy issues that shape HIV/AIDS. While gender and race created a unique struggle within the black community, this struggle was perceived as being in partnership with black men.

Although the women felt there were underlying negative connotations from being black and female, being a black woman gave them a special sense of integrity, genuineness, and wisdom to approach the issue of HIV/AIDS. Their partnership with black men was rooted in ongoing racial injustices, while fighting for humanity as a whole was part of their responsibility as women. They felt their historical shared experiences of
inequality allowed them to be able to better connect to the communities they served. The black women leaders acknowledged that while others may devalue them at times, they never doubted their self-worth or their capabilities to set the agenda on behalf of those they served.

Acknowledging Social Injustices

A subtheme of this question evolved around the conspiracy and genocide theories in the black community. This topic was seen as a source of demonstrating cultural competency in their leadership. The women expressed that while they may not personally agree with genocide theories, the importance of acknowledging them as a concern in the black community was significant to promoting HIV/AIDS education. They recognized the belief in conspiracy theories was not an oppositional stance from the black community but was based on the historical racial and gender inequality embedded in the U.S. healthcare system.

Black women leaders in HIV/AIDS community work described their experiences with racial and gender oppression, as giving them credibility and firsthand accounts of pain and suffering. The women incorporated this familiarity with historical injustice to validate the fears and perceptions of the black community around historically based evidence of genocide. The women understood that without the acknowledgement of historical events in American history by the government, they would be viewed as enemies of their communities. Consequently, this meant sometimes being viewed as oppositional by those outside the community. However, their credibility within the black
community was significant to them being able to provide HIV/AIDS education, prevention, and service delivery.

*Power is Centered in "Mothering" Relationships*

Leadership is influenced by black women's relationships with one another, and their power is centered in "mothering" characteristics that help them to connect to the community at large. A definition of power and the description of how the women used their power to address the HIV/AIDS epidemic with black women yielded the definition—The ability to influence people's thoughts and actions, attitudes and beliefs about something. Power involved influence, control, or the ability to persuade something or somebody to “move.”

Leadership is influenced internally and externally as black women to impact how HIV/AIDS is addressed in their community. “Bringing something to the table” was described as their passion and resilience. Their networks or “circles of influence” were also a part of this “something” which was built on their creditability within the HIV/AIDS fight.

The women's power was rooted in their longevity with community and government agencies around HIV/AIDS but also in their ability to bring people and issues to the forefront of the fight. The women felt that their relationships with others were rooted in personal responsibility to be accountable for getting things done on behalf of the community. Assessing formal education and staying abreast of current events armed the women with the necessary credentials to impact decision making and make sure their voice was counted.
The Added Value of This Kind of Leadership

Experiential Knowledge is Equally Important as Technical Skills: Transferring experiential knowledge from those Black women who have been the trailblazers in the field of HIV/AIDS is equally as important as learning the technical skills needed to be a successful leader. Mentorship for these women meant “passing the torch.” They saw leadership development for the next generation as being able to take the knowledge and skills many of them had developed as pioneers and enhancing it to further expand the response to HIV/AIDS in the black community. The development of future leaders included basic knowledge and capacity building, but also being able to be innovative, resilient, determined, and to use their spirituality to anchor their response to the epidemic. They explained that the women’s leadership needed to be rooted in the historical responses that the black community has used to address other injustices, but also the contemporary technical skills to address the chronic and global issues of the epidemic.

Mentorship was seen as a crucial factor in developing the next set of black women leaders. Learning technical skills was viewed as significant; however, the women emphasized that leadership also meant “sitting at the feet of elders” so that the new generations had a personal account of the challenges and triumphs of being a black woman, a black woman leader, and a black woman in HIV/AIDS leadership. There was a sense of urgency in preparing the next generation of leaders. Some of the women referred to the mistakes of Civil Rights leadership in not preparing the next generation. New leaders need to be developed as the first generation of black women leaders prepared for retirement or to move from grassroots leadership positions to administrative
positions in government agencies or as CEOs in large community based organizations. They were adamant that black women leaders were needed from all disciplines and at all levels of the fight. Black women also needed to continuously partner with black men, especially straight black men, to develop leadership on behalf of the black community and black women.

Implications for Theory, Social Work Practice, and Policy

Theoretical Implications

Black Feminist Epistemology (Collins, 2003) provides the filter through which black women leaders in HIV/AIDS community work expressed their visionary and pioneering vocation. According to Collins, “Alternative epistemologies are built upon lived experiences not upon an objectified position. Black feminist epistemology, then, begins with ‘connected knowers’ those who know from personal experience” (p. 203). Repeatedly the women talked about becoming involved in HIV/AIDS as “a calling.” This calling while frequently referenced as God or the Creator, also included knowing that they were supposed to be doing “something” with their lives that would add to the collective enhancement of the community. HIV/AIDS happened to be the dominant social justice issue that evolved into their life’s work. The women’s “call and response” is rooted in the historical traditions of the black church (Gilkes, 2000). The call appeared to be the internalized factor that led them to personally invest in the community, which was a factor that many of the women felt, was necessary for doing HIV/AIDS work within the black community. The call is what led them to develop programs when there were not any. The call led them to take up the burden of HIV/AIDS as a means of
demonstrating unconditional love and to support gay and addicted members of the
community who were living on the margins. It was their response of declaring that these
members of the community were part of a communal kinship that needed to be at the
table of decision making and strategizing so that a collective intelligence could become
the informed voice on HIV/AIDS.

The second principle of black feminist epistemology is that the presence of emotion validates the argument:

Emotion indicates that a speaker believes in the validity of an argument.

Centering lived experiences and the use of dialog implies that knowledge is built
around ethics of caring . . . all knowledge is intrinsically value-laden and should
thus be tested by the presence of empathy and compassion. (p. 203)

Repeatedly throughout the interviews the women talked about exercising passion,
compassion and resilience, in face of the intersection of race, gender, class, and
homophobia issues. Sometimes they pounded on the table, other times they raised their
voice, or sang a lyric to a song. Some of the women laughed, when asked about why
they stayed in the fight against HIV/AIDS in spite of the continued rates of infections for
black women. Their voice tone and reflection changed as they spoke about incidents of
being devalued by employers, legislators, other community members, and policy that
sought to “keep them in their place.” There was also a sense of reflection at the
disappointment that in spite of their efforts, and others like them, they continued to see
the epidemic “get darker and change gender.” They felt a sense of vulnerability at being
a part of the community that continues to be faced with a multitude of social problems that could impact their mortality.

Black feminist epistemology requires personal accountability. Collins (2003) interjects “because knowledge is build upon lived experience, the assessment of knowledge is simultaneous assessment of an individual’s character, values, and ethics” (p. 203). One of the major research questions looked at the nature, or qualities and characteristics of black women’s leadership in HIV/AIDS community work. Their lived experiences were assessed through several questions that asked about their leadership style, how it differed from other races and genders, and what value their leadership brought to the fight. One of the most profound statements included a statement that focused on how black women’s ability to insert humanity and love into a disease that is stigmatized by hatred, blaming, and victimization, also repositioned these women’s leadership from being at the fringes to being the center component that created a space for everyone to be a part of the solution process. “Black mothers have always known what to do,” was just one statement made regarding what black women brought to the fight. This type of activist mothering and community mothering is referenced in the community work that black women have historically done on behalf of the community (Rodriguez, 1998; Gilkes, 2000).

Their ability to know what to do is profound in the context that many of these women are viewed as pioneers in the HIV/AIDS fight. They spoke about being the first, or the one and only. They also stated that they did not know what to do but they knew something had to be done to help save the people. Their development of leadership came
from their family values, their community and church involvement, and their experiences of being in communal relationship with others. For instance, the women spoke about knowing who to call in order to help make a program happen, or resources flow for a project. They talked about being side by side with other commitment sisters who were in a reciprocal peer mentorship that provided a safe space for them to take risk, vent, and celebrate.

The last principle of the black feminist epistemology (Collins, 2000) is “knowledge ongoingly emerges through dialog and the author is central to and present in the text. In black feminist epistemology, the story is told and preserved in narrative form and not “torn apart in analysis” (p. 203). While there were times when some of the participants became lengthy with their answers to questions or seemed to digress onto other subjects, the researcher allowed them to talk without interruption. Sometimes the women would ask for clarification or they would place value on their statement by saying, “ok, now I’m just rambling,” “does that make sense,” or “that’s a bunch of mess,” and then they would laugh. It was the uninterrupted flow of their thoughts which allowed them just to talk without being judged or a value ascribed to the legitimacy of their thoughts that added to the openness at which the women shared concerns around vulnerability and annoyance. It was the connection of dialoguing with another black woman as the researcher that provided an opportunity for them to be uninhibited, without having to interpret their thoughts, and trust the research process.

The black women study participants clearly embraced the principles of black feminist epistemology through an open demonstration in their leadership and community
work. However, their willingness to embrace or reject the term black feminism has been an ongoing debate within black women’s scholarship and literature among black women (Allen, 1997; Abdullah, 2003; Simien & Clawson, 2004). Black feminist consciousness, which recognizes the historical contributions of African-American women, and promotes partnering with black men is not gender specific, and is inclusive in definition and intent (Simien & Clawson, 2004), may be a more accurate way of describing the qualities and characteristics of their leadership. The theoretical application of black feminist consciousness articulated by Simien (2004) and Simien and Clawson (2004) includes four key themes: Intersectionality; gender (in) equality, the belief that black feminism strengthens the black community, and individual life chances are inextricably tied to the group.

The black women in this study discussed ongoing struggles with the intersectionality of being both black and female. While they felt this provided an added value in their ability to connect to others like them, as well as, to be inclusive of other groups who had been historically marginalized, which also included ongoing challenges, seen as microaggressions. Gender inequality was described as having to “stay in your place,” or sometimes being the “one and only.” The women expressed having unequal access to resources such as health care and culturally appropriate and gender specific programs for the community. They also identified the need to recruit more black women to the fight so that black women could not only see role models, but also so that black women had choices in terms of social service and health service providers.
The women exhibited a black feminist consciousness in their willingness to challenge inherently institutionalized oppressive structures that were external and internal to the community. The women provided examples of having to “work across the aisle” to build coalitions with white gay men, women of color, and lesbian, gay, bisexual and transgender (LGBT) people to develop strategies, programming, and funding streams that could benefit the black community. These coalitions were often built in the absence of straight black men and faith-based communities during the onset of the HIV/AIDS epidemic.

Linked fate is a significant component of black feminist consciousness (Simien, 2004). These women often described their motivation for mobilization in the black community as tied to a “kinship” or “because we are they.” All the women identified a communal sense of family that was seen as a “common bond” to those who were infected with HIV/AIDS or at risk of becoming infected. They described their vulnerability to the infection based on lived experiences of historical inequality, access to resources, poverty, power imbalances and lack of suitable intimate partners. Linked fate, however, was tied to their historical legacy as black women to overcome, advocate, and uplift the black community. Their efforts are easily recognized as bridge builders and community builders. Much like the Black Women’s Club Movement, these HIV/AIDS leaders see their mission as humanitarian, and themselves as unifiers who collectively gather the talents and skills of the community to enhance and restore. They described using the experiences of those infected as well as those who are formally trained to inform the knowledge about how HIV/AIDS impacts individuals and groups of individuals. The use
of collective intellect is important to developing an ongoing response and solution to the epidemic.

Although black feminist epistemology continues to be a valid theoretical framework for interpreting black women’s lived experiences, including that of HIV/AIDS leadership, the association of feminism with the white community causes many women to reject and misinterpret its usefulness. Exploration of a term that allows them to center their ancestral connection to Africa while simultaneously encompassing their gender and ties to humanitarian efforts is important. While Hudson-Weems (1987) starts out proposing the term Africana Womanist, however, this framework did not allow for the inclusion of the gay/lesbian/transgender community, and thus was not appropriate for addressing the homophobia stigma associated with HIV/AIDS. An African-Centered Womanist term may be more acceptable in the black community which allows for inclusion of the African Diaspora as well as, multiple intersections of oppression to be embraced.

Social Work Practice Implications

This is a critical time for the social work profession to respond, as HIV/AIDS continues to expand as a local and global pandemic that disproportionately impacts the African Diaspora and women and children. Ethical principles embodied in the National Association of Social Workers (NASW) and National Association of Black Social Workers (NABSW) Code of Ethics, guide the professional practice of addressing social injustices such as HIV/AIDS. NASW promotes service, social justice, dignity and worth of person, integrity, and competence. NABSW expands NASW Code of Ethics by
endorsing a personal and collective obligation to the social welfare of the black
community. However, NASW disbanded its HIV/AIDS Task Force in 1995, leaving a
leadership vacuum in the fight against HIV/AIDS at the height of the pandemic.
The Council of Social Work Education (CSWE) made a commitment to include lesbian
and gay issues in the curriculum in 1992 and this brought some attention to HIV/AIDS.
However, the HIV/AIDS issue is not exclusively a gay and lesbian issue. Thus, a review
of major institutions associated with the development of social work leadership and
practice indicate a gap in continuing efforts to develop persons to address the HIV/AIDS
crisis with black women.

Black feminist epistemology is a vital framework that encompasses the major
values of social work, and provides a context by which professionals can develop
culturally competent means of working with a community at the micro, mezzo, and
macro system level. Black women have been considered “race leaders” (Watkins, 2008)
of the community. Black women have a historical legacy of tackling social issues such as
poverty and health disparities in the face of race and gender discrimination. Their lived
experiences at the intersection of multiple oppressions (Collins, 1989), indicates that they
have a means of knowing how to address the issues that impact the black community’s
quality of life and mortality. Black women’s leadership in HIV/AIDS borrows from the
efforts of the liberation and uplift work of the Black Clubwomen of the 19th century, as
well as the black communal leadership of the Civil Rights Era, to address the social
injustices of HIV/AIDS. The integration of theoretical frameworks that are inclusive and
affirming to black women’s lived experiences may be a renewed opportunity to significantly improve the life of those infected with HIV/AIDS, while simultaneously adding to their self-determination. Thus the following recommendations arise:

1. Social workers need to develop a permanent and formal response to HIV/AIDS that addresses issues of policy, programming, and the development of practice skills.

2. Social work leadership curriculum needs an emphasis that can help future professionals develop skills to govern the nonprofit, governmental, and non-governmental local and global agencies.

3. Direct social work practice should embody theoretical frameworks such as black feminist epistemology which provide a culturally appropriate lens to working with communities at the micro, macro, and mezzo system levels.

4. Examining the historical content of indigenous leadership, such as black women leadership can provide a blueprint for future development.

Leadership

The definition of leadership described by the women leaders in this study was based on their integration of both the definition and the role. Leadership is seen as situational and contextual and in part a living entity that is utilized by the group and for the group to achieve an outcome. This is in contrast to the Bass (1990) definition of leadership which addresses issue of compliance by the group and where power is used to persuade the group to achieve goals. Black women’s leadership is inclusive and is developed and executed as a group process. However, much like traditional forms of
transformational leadership (Carless, 1988), the women were able to articulate and implement a vision, and utilize nontraditional strategies to address HIV/AIDS leadership gaps early on in the epidemic.

Rank and Hutchinson (2000) offer the social work leadership definition: “Leadership is a process of advocacy and planning whereby an individual practices ethical and humanistic behavior to motivate others (clients and colleagues) to achieve common goals articulated by a shared vision” (p. 499). Black women leaders addressing social service and health care delivery for those infected by HIV/AIDS frequently advocated for the forgotten and marginalized populations, which included the gay and lesbian community. Additionally, some of the women described their leadership as humanistic and encouraged others to join them in the struggle to deliver much needed resources to underserved parts of the black community. While, social work leadership appears to focus on self-determination, it fails to account for the gendered and racial differences in which the HIV/AIDS epidemic has been perceived. The impact of these social constructs has produced a stigma that is imbedded in social injustice, and often detours specific populations from having equal access to HIV/AIDS prevention, intervention, and treatment. Although according to Porter and Daniel (2007), “Feminist leadership is transformational in nature, seeking to empower and enhance the effectiveness of one’s team members while striving to improve the lives and social conditions of all stakeholders including those indirectly affected, such as consumers and other members of society” (p. 249). The women disassociated the term feminism from their leadership in the black community since the term feminism was seen as being race
based and one that originated in the white community by women whose life experiences were different from theirs. Feminism was viewed as confining and evoked perceptions of those who had the luxury of choice to not only enter the workforce, but also to be in opposition with their male counterparts. Their description of leadership was in partnership with black men, and a dedication to black women’s health and wellbeing. They also felt their lived experiences were rooted in the context of shared racism with other black men and women.

However the black women leaders’ behavior and intent were similar to the definition of feminist leadership since it focused on the transformational nature of moving “pain to power” and “fear to faith.” The women often spoke of empowering their clients and the community to move towards healthier behaviors and outcomes. The women’s community work involved sharing power with stakeholders to focus on improving the lives of those at risk of HIV/AIDS.

Black leadership (Gordon, 2000) while focused on the race-based struggles of the black community and historical social injustices, initially failed to perceive HIV/AIDS as a crisis. Historical race based leadership and organizations rejected early efforts to use community resources to address to raise awareness and address unmet needs of those infected. Black leadership, also was not inclusive the gay and lesbian segments of the community. Black women leaders in HIV/AIDS were inclusive of all parts of the black community and positioned the epidemic as an issue of social justice.

Their forms of communal leadership (Abdullah, 2003) stemmed from an African tradition where community work is used to address the common concerns of the group
rather than the singular desires of an individual and evolved based on the traditional system’s refusal to meet the needs of the black community. The black women leaders centered their leadership in collective action that was developed from community concerns. Black women’s leadership is viewed as an extended family with a collective experience and voice focused on a common goal. Application of leadership as a black woman with black women meant being linked to their well being, ongoing life challenges, and understanding their common bond in the fight against HIV/AIDS and other injustices. The urgency of the community survival was an understood part of their personal connection which impacted how they viewed their leadership.

HIV/AIDS leadership has been historically defined around gay white males. Black women’s leadership activities and behaviors are limited and undocumented. As a result of this research, black women’s leadership in HIV/AIDS community work is experienced at multiple intersections of race, gender, and power. Their ability to define their leadership was based on their need to forge new paths and to create strategies and programs where there were none.

The black women study participants clearly embraced the principles of black feminist epistemology through an open demonstration in their leadership and community work. However, they were unwilling for the most part to use terminology associated with feminist and black feminist. However, black feminist leadership (Hall, Garrett-Akinsanya, & Hucles, 2007) describes the collective action of black women activists who, from the intersections of race and gender, develop paths, provide direction, and give voice to black women. The black women in HIV/AIDS leadership in this study openly
described their activities that involved the transformative power to produce change, and empower other to build healthier lifestyles and response to the HIV/AIDS epidemic.

Combining Public Health and Social Work Leadership

The National Minority AIDS Council Women of Color Leadership Initiative is designed to equip and empower a cadre of skilled leaders to understand the policymaking system, the role of advocacy and the need to find a voice in the decision-making process that impacts health for women of color. The training modules encompass a host of capacity building and skills building educational activities to help develop new leaders. There also appear to be a variety of opportunities to engage a large sector of women from a host of continents to gather and learn from each other. The type of leadership described by the black women in HIV/AIDS community work in this study valued the opportunity to gain formal knowledge by reviewing best practices, and theoretical frameworks. Many of the women returned to school to get advanced degrees to inform their community work around HIV/AIDS. However, the women repeatedly emphasized that formal education was not valued over informal education or living as an HIV/AIDS positive person. They valued strongly the wisdom that was derived from a variety of shared HIV/AIDS experiences. The importance of their HIV/AIDS leadership was tied to the reciprocal relationships that they engaged in and the collective efforts of the community.

The women also stressed the need for a multidisciplinary approach to the HIV/AIDS fight. They felt the collective talents of women in public administration, social work, health and community health, educators, finance and business administration and ministry were all needed to develop appropriate service delivery and prevention
agencies for the black community. Additionally, they spoke about the duty and responsibility to pass on their learned experiences as authors, developers, and shapers of some of the initial HIV/AIDS curricula, policy, programs, and community organizations. They described “take them under our wings” as a means of developing the next generation of black women leaders in HIV/AIDS. This type of leadership suggests more than a mentorship of formal knowledge, but more in line with the “othermothering” Gilkes (2000) described as a nurturing, compassionate, respected, elderwoman who can also transcend gender and race boundaries on behalf of the black community. For these women, the development of new leaders meant an intergenerational process of identifying women who were prepared to do the internal and external work to become leaders.

Another aspect of combining disciplines to develop leadership in HIV/AIDS is the responsibility to understand the ways in which the intersection of race, gender, class, homophobia, and other intersections of oppression impact the service delivery process. Any attempt to address HIV/AIDS within the public health and social work professions must also include an honest discussion regarding social justice and health disparities. While these are the larger macro policy issues, they impact the means by which services are accessed and the quality of services for those involved. One of the women spent a great deal of time discussing the power imbalance in male and female relationships which is complicated by the inability to access the necessary life sustaining services to maintain a healthy and productive family.
Social Work Policy Implications

Several of the women spoke of the crippling effect of having an ultra conservative and morally penalizing political administration of the past eight years under former President George W. Bush. They stated that under the Clinton presidential administration many grassroots organizations were able to flourish and experiment with ways to address the epidemic in their communities. However, the Bush administration took away some of the tools to effectively do HIV/AIDS education by pushing an abstinence only agenda. Abstinence only funding restricted the inclusion of Planned Parenthood initiatives, condom demonstrations and needle exchange programs. The expansion of faith-based initiatives also imposed a “moral tax” on faith communities and organizations that funded abstinence only programs. In addition, while there was welcomed attention to the ongoing HIV/AIDS issues internationally, especially in Africa, the shift in media and funding attention left urban and rural community programs without resources. One of the women indicated many grassroots organizations died under the Bush administration because they refused to take abstinence only dollars.

Social workers need to take advantage under the new Obama presidential administration as the shift to urban and local community HIV/AIDS prevention becomes a priority. Social workers have the knowledge and skills to address policy issues through lobbying efforts and by influencing the social consciousness of social service agencies. The incorporation of theoretical frameworks that address the systemic impact of living at the intersection of multiple oppressions such as stigma/homophobia/gender/race/class
like black feminist epistemology may be an opportunity to rejuvenate failing social service systems.

Limitations of the Study

One important limitation of this research may be a part of methodology employed which included a limited number of participants based on a snowball sampling. The participants were selected from a small pool of identified women, and were further selected out based on their fit for this research. Women who had similar positions in similar agencies or provided similar services were selected out in order to diversify the characteristics of the participants. Also, women who could not devote a full hour for the interview based on the four week data collection period were selected out. In an attempt to gather insight from a demographically diverse group, some participants were selected for inclusion over others. Women who were known to a particular group were included in the snowball sampling, and thus women who were also working in HIV/AIDS community work but unknown to these women, were not included. Thus, the small sampling size may jeopardize the ability to generalize this study. However, generalization is not the focus or goal of qualitative studies (Creswell, 2007).

While the sampling size was small, and 5 of the 10 women were born in the southeast, their professional and educational paths are reflective of both national and international experiences. Seven of the ten women had also attended at least one HBCU during their educational development. Their ties to these historical institutions may be seen as a bias in their worldview, but may also be reflective of their demographical communities of origin in the southern part of the United States.
None of the women self identified as HIV/AIDS positive in this sample. In lieu of the rising rates of HIV/AIDS amongst black women in the U.S. and across the Diaspora, this voice is missing. While the researcher attempted to include several women from this group, due to schedule conflicts, the women were not able to be included. While this is a gap in this particular research, the researcher did not feel that this undermined the experiences of the women who worked with and on behalf of infected HIV/AIDS black women.

Initially participants were asked to give permission for the use of their names in the final document. Use of their names was noted to deny them to participate in the study. However, after about the fourth interview the researcher noticed that the participants seemed to be guarded with their answers. Issues around race and gender were seen as sensitive subjects and some of the women seemed to answer questions to please the researcher. Sometimes respondents made comments like, “is that what you wanted,” “I’m not sure if that is what you’re looking for,” or “I’m not sure if I’m answering your question right.” Also, some of the women asked for definitions of related terms such as black feminist, and then seemed to want to change their responses. Some women made comments such as, “well off the record” or “you’re going to have to turn that thing (the tape recorder) off for that.” However, the women openly welcomed the researcher into their home or their place of work. Afterwards or beforehand they gave the researcher tours, introduced the researcher, and/or gave the researcher extra items such as agency newsletters or educational materials. Thus, there was a balance
between trust with their personal story and distrust of how persons may interpret what they said.

The average age of the participant was 46 which is outside of the age range of the Black women whose HIV/AIDS reported rate of infection continues to rise. While the study did include two women under the age of 40, described as being in their childbearing years, the study also included four women who were over 50 years old who are identified as seniors. Both groups of women are seen as “high risk” populations for infections. Recent data from the CDC actually include seniors as having an alarming rate of new infections. The women in this study also recognized these targeted populations as persons of concern within the community.

This research was limited to women only. However, black feminist consciousness, a part of black feminist theory, is a non-gender based theoretical framework. Interviews that included black men may of have proved valuable in understanding their perspective of leadership and community work in HIV/AIDS. Appreciating how men view the nature of black women’s leadership, community mobilization, intersectionality, and leadership models may prove significant in developing a gender sensitive, gender neutral, and similar consciousness means of addressing HIV/AIDS. Gaining insight into the theoretical perspective used to deliver services to or provide leadership on behalf of black women from black men is important to the overall uplift of the community.

All of the women self-reported in the study. Interviewing and observing women leaders in their host setting alongside their primary coworkers, subordinates, and
supervisors, as well as community partners or direct client contacts may provide additional depth and validity to the leader’s voice. There is an inherent bias in self-reporting which may cause the women to overestimate or underrepresent their attributes and characteristics. Direct observations and confirmation from others who work with these leaders on a daily basis may also provide insight as to how they cope with the underlying stressors of race and gender in their environments, as well as, how leadership is experienced with these women.

Lastly, a limitation of the research could be in discerning the truth of the participants. Since the participants appeared to be influenced by their willingness to please the researcher, this also could have impacted how they described their experiences. Human nature would suggest that one would want to share their best qualities, and to tell their story in a way that characterized them positively. One way of controlling for this factor may have been to also interview the leaders’ staff, coworkers, clients they served, community partners and stakeholders, boards of directors or supervisors. This may have been one way of verifying the impact and effectiveness of the women’s leadership, or providing testimony to their community work in HIV/AIDS.

Recommendations for Future Research

Future research in black women’s leadership in HIV/AIDS community work should include an expanded number of participants throughout the U.S.A. and African Diaspora. Women from the western part of the United States were not represented in this study. HIV/AIDS continues to have a devastating impact on southwestern and western communities which were identified during the initial spread of the epidemic because of
their large numbers. These communities were also the site of early days of protest and resistance from the gay white and black communities. Additionally persons who are HIV/AIDS positive should also be included in the sampling to capture their experiences in leadership.

Inclusion of black men among the study participants may also give insight to their theoretical framework for service delivery to and leadership on behalf of black women. The black women leaders in HIV/AIDS community work, worked from a black feminist consciousness, and repeatedly emphasized the need to partner with black men and recruit straight black men to the HIV/AIDS fight. They felt strongly that issues that were taboo in the black community, such as sexuality and sexual orientation, could not be addressed in isolation from black men. They felt that black men were automatically seen as the black leadership in the community and thus had access to the masses such as in the political and religious sectors. The women also expressed the need to recruit more black men to professions such as public health and social work to help balance the gender pool in service delivery.

Interviewing and observing women leaders in their host setting along side of their primary coworkers, subordinates, and supervisors, as well as community partners or direct client contacts may provide additional depth and validity to the leaders’ voices. Direct observations and confirmation from others who work with these leaders on a daily basis may also provide insight as to how they cope with the underlying stressors of race and gender in their environments, as well as, how their type of leadership is experienced.
Formally trained social workers who provide HIV/AIDS leadership were not included in this study. However, their absence is reflective of social worker’s ambivalence around leadership definitions as well as, their initial delay as a profession to join the fight against HIV/AIDS leadership. As the epidemic continues to spread, social workers will need to develop an ongoing sustainable response that is culturally competent, gender specific, and that impacts the micro, mezzo, and macro systems of HIV/AIDS.

Summary

As we usher in a new political era of change under the 44th United States President, Barack Obama, many of us anxiously await the positive impact of his policies on our individual lives. The President has challenged the nation to engage in a reciprocal leadership process by reinvesting in our local community struggles and working together to develop solutions. The public opinion polls indicate that President Obama’s ideas are welcome and embraced by a majority of the nation’s voters. This marks an opportunity for an inclusive approach.

Black feminist leadership in HIV/AIDS community work has a markedly different way of defining and describing leadership. It marks a change in how historically leadership has been viewed in the black community as well as, the overall general community. The women in this study have been engaged in the HIV/AIDS fight both nationally and internationally for more than two and a half decades, or since the beginning of the epidemic. Many represent the first and “one and only” person of their race and gender who were at the initial meetings and trainings around HIV/AIDS or the
first hired HIV/AIDS educators. They represent non-profit grassroots agencies that they started from their severance pay and beauty salons. Certainly, they give value to the statement "Black mothers have always known what to do." This applied even when they were the ones responsible for creating the first HIV/AIDS prevention education curricula and trainings, as well as, being influential in recruiting the black church and ministers in engaging in HIV/AIDS education.

Black women leaders in HIV/AIDS community work have led the HIV/AIDS movement on national and international fronts, but most importantly in their local communities. Their collective work and shared responsibility have created an opportunity for them to embrace everyone regardless of formal education, gender, and sexual orientation. The women spoke of the ongoing self sacrifice that is a part of their "calling" and their "response." They are hopeful and diligent about having a day when there is no HIV/AIDS in their communities.

The 10 black women who willingly spoke of their ongoing triumphs and challenges declared that what they brought to the HIV/AIDS fight was invaluable. Their lived experiences at the intersection of race/class/gender/ and homophobia provided a unique lens through which to filter the epidemic’s mixture of the social and health concerns of those impacted. The women spoke of understanding that their work was about the liberation, and survival of the black community which required a personal investment.

The study, therefore, concludes that the nature of black feminist leadership in HIV/AIDS work is based on the historical roles of black women in their community. It is
a product of their lived experiences as leaders within the community as educators, churchwomen, and caretakers that provide them the skills to nurture and love unconditionally. Family values of community unity and liberation as the result of historical segregation also factored into their need to uplift the community. Their spiritual relationship with a higher power humbled them to understand that leadership was less about one and more about creating an inclusive space for all. The intersection of race and gender sometimes meant being faced with micro-aggressions internally and externally to the community. However, as black women they felt this gave them a way of knowing how to reach out and build bridges to other marginalized communities in order to better build their community. Black feminist leadership in HIV/AIDS work meant developing an agenda where all persons regardless of skill level and position had a voice to be heard and means to access social services. Their leadership required collaboration with multiple professionals and nonprofessionals who could collectively use their talents and intellect to better the black community. Mentorship was viewed as a part of their leadership responsibility based on sharing lived experiences in the HIV/AIDS fight in order to develop the next generation of black women leaders.

This exploratory phenomenological research study of the nature of black feminist leadership in HIV/AIDS community work concludes that the intersection of race, gender, and class in their leadership development and sustainability provides a viable means by which to describe and define leadership from a black woman’s standpoint. Their center is the unique barriers and strengths that black women bring to the fight against HIV/AIDS. The findings should assist future scholars and community practice
professionals in critiquing and developing leadership development that can address the ongoing challenges of the HIV/AIDS pandemic.
### APPENDIX A

A Comparative View of Afrocentric, Africology, Black Feminist, Womanist, African Feminist, and Africana Womanist

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<thead>
<tr>
<th>PARADIGM OR THEORY</th>
<th>DEFINITION</th>
<th>KEY CONCEPTS</th>
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</table>
| Afrocentricity     | A quality of perspective or approach rooted in the cultural image and human interest of African people | Places African values and ideas at the center of African life. The core cultural African characteristics and shared orientations:  
  a. The centrality of the Community  
  b. Respect for traditions  
  c. A high level of spirituality and ethical concern  
  d. Harmony with nature  
  e. The sociality of self-hood  
  f. Veneration of ancestors  
  g. The unity of being |
<p>| Karenga (1988)      |            |              |
| Africology          | The Afrocentric study of phenomena, events, ideas, and personalities related to Africa. | a. Location/place/center—the belief that one’s history, culture, and biology determine one’s identity. That identity, in turn determines our place in life, both material and spiritual. To practice one’s culture and to apprehend oneself in a manner that is consistent with one’s history, culture, and biology is to be centered or to proceed from one’s center. To |</p>
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<tr>
<th>PARADIGM OR THEORY</th>
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<tr>
<td>Black Feminism</td>
<td>Collins (1989) contends that the definition of black feminist thought “consists of specialize knowledge created by African-American women which clarifies a standpoint of and for black women. Black feminist thought with the contention that knowledge exists on two levels: (1) everyday, taken-for-granted knowledge shared by members of a given group; (2) specialized knowledge furnished by experts who are part of a group who express the groups standpoint” (p. 750). “The social construction of class, race, and gender constitutes three interdependent control systems that are interactive and produce a unique multiple jeopardy (Collins, 1989, 2000).”</td>
<td>Collins (1990) hypothesizes “offers two significant contributions toward furthering our understanding of the important connections among knowledge, consciousness, and the politics of empowerment. First, black feminist thought fosters a fundamental paradigmatic shift in how we think about oppression. By embracing a paradigm of race, class, and gender as interlocking systems of oppression, black feminist thought reconceptualizes the social relations of domination and resistance. Second, black feminist thought addresses ongoing epistemological debates in feminist theory and in the sociology of knowledge concerning ways of assessing truth.” (p. 222).</td>
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<tr>
<th>PARADIGM OR THEORY</th>
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| Womanism           | • A black feminist or feminist of color.  
                    • A woman who loves other women, sexually and/or nonsexually.  
                    Appreciates and prefers women's culture, women's emotional flexibility, and women's strengths.  
                    Sometimes loves individual men, sexually and/or nonsexually.  
                    Committed to survival and wholeness of entire people, male and female. Not a separatist, except periodically, for health. Traditionally universalist  
                    • Loves the Spirit...Loves struggle.  
                    Loves the Folk. Loves herself.  
                    Regardless, Womanist is to feminist as purple to lavender" (Taylor, 1998, p. 55)  
|                    | "Qualities as being challenging and bold, being inquiring, pushing and straining toward a special kind of maturity. The idea involves love, being relational, being committed to health and survival" (Gilkes, 1995, p. 36). To be a good Womanist, one must be Universalistic toward ourselves as a people, loving all of ourselves, grounded in strength and the presumption of capability. The Womanist is "committed to survival and wholeness of entire people, male and female (Douglas, 1995; Sanders, 1995; Giddings, 1984, Brown, 2000; Gilkes, 2000). "Wholeness first implies an individual's triumph over her or his wounds of oppression, so that the individual is whole even as she or he struggles for the community's  |
Appendix A (continued)

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<th>PARADIGM OR THEORY</th>
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<tr>
<td>African Womanism</td>
<td>Ogunyemi explains that she developed the term “womanism” independently of the Walker’s “Womanist”, however, she was pleased to know that her concept was aligned with that of Walker (Ogunyemi, 1985). Black womanism is a philosophy that celebrates black roots, the ideals of black life, while giving a balanced presentation of black womandom. It concerns itself as much with the black sexual power tussle as with the world power structure that subjugates blacks. Its ideal is for black unity where every black person has a modicum of power and so can be a &quot;brother&quot; or a &quot;sister&quot; or a &quot;father&quot; or a &quot;mother&quot; to the other. This philosophy has a mandalic core: its aim is the dynamism of wholeness and self-healing that one sees in the positive, integrative endings of womanist novels&quot; (p. 72).</td>
<td>wholeness. Secondly, wholeness for a community indicates that it is not divided against itself and that it is free, liberated from oppression&quot; (Douglas, 1995, p. 68).</td>
</tr>
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Nah Dove’s (1998) African womanism specifically addresses culture as a weapon of resistance and as a basis for defining a new world order. This concept emphasizes the validity of the experiences of mothers, who look to their re-Africanization as the solution to challenging alien social structures and inappropriate values and behaviors among African women and men. African is used to define African people and their Diaspora because there is a belief that we, despite our different experiences, are linked to our African cultural memory and spirituality and may at any time become conscious of its significance to our Africanness and future. Furthermore, intention is deliberate in “adding credence to the Afrocentric perspective of Asante (1980) by highlighting African womanist theory as a central component to the construction of African worldview (p. 516).
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<th>THEORY</th>
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<tr>
<td>Africana Womanist</td>
<td>Neither an outgrowth nor an addendum to feminism. Africana Womanism is not Black feminism, African feminism, or Walker’s womanism that some Africana women have come to embrace. Africana Womanism is an ideology created and designed for all women of African descent. It is grounded in African culture, and therefore, it necessarily focuses on the unique experiences, struggles, needs, and desires of Africana women. It critically addresses the dynamics of the conflict between the mainstream feminist, the Black feminist, the African feminist, and the Africana Womanist. The conclusion is that Africana Womanism and its agenda are unique and separate from both White feminism and Black feminism, and moreover, to the extent of naming in particular, Africana Womanism differs from African feminism (Hudson-Weems, 2001, p. 138).</td>
<td>• a self-namer</td>
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<td>Hudson-Weems (1987)</td>
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<td>• a self-definer</td>
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<td>• family-centered</td>
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<td></td>
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<td>• genuine in sisterhood</td>
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<td></td>
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<td>• strong</td>
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<td>• in concert with the Africana man in struggle</td>
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<td>• whole</td>
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<td>• respectful of elders</td>
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<td>• nurturing</td>
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APPENDIX B
Participant Demographic Survey

Survey will be completed on the internet through Survey Monkey prior to beginning the interview process.

1. Name ____________________________________________________________

2. Age ____________________________________________________________

3. Birthplace ______________________________________________________

4. Racial/Ethnic Identity
   - □ Black Non-Hispanic   □ African American   □ Caribbean
   - □ African              □ African           □ Pacific Islander
   - □ West Indies          □ Bi-racial         □ Black Hispanic
   - □ I choose to self identify as _________________________________

5. Gender: □ Female         □ Transgender


7. Marital Status: □ Single (never married)     □ Married
   - □ Committed Relationship         □ Domestic Partnership
   - □ Divorced                        □ Widowed

8. Parental Status:
   A. Number of children __________________
   B. Are any adopted or foster children ______
   C. Care for parent or other elders ______

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Appendix B (continued)

9. Religious Affiliation
   A. Are you a member of a house of worship?  □ Yes  □ No
   B. Do you serve on any ministries?  If so, please list. ______________________________
   C. How often do you attend services?
      □ Once per week
      □ More than once per week
      □ Once per month
      □ Two times per month
      □ Three times per month
      □ Special occasions only

10. Which bet describes your political orientation? (check one)
    □ Radical Right
    □ Conservative on most issues
    □ Sometimes conservative, sometimes liberal
    □ Liberal on most issues
    □ Radical Left

11. Which of the following best describes your political party affiliation? (check one)
    □ Democrat
    □ Republic
    □ Independent
    □ Other ________________________________

12. Please indicate if you identify as any of the following: (check all that apply)
    □ Afrocentric, African-Centered
    □ Nationalist
    □ Feminist
    □ Black Feminist
    □ Womanist
    □ Africana Womanist
    □ African Womanist
    □ Other (describe) _____________________________________________
APPENDIX C

Consent Form

Participation in Black Women’s Leadership Study

Introduction and Purpose: I, Denise McLane-Davison am working with the Whitney M. Young School of Social Work, Clark Atlanta University to examine the experiences of Black women’s leadership in HIV/AIDS community work.

Before you decide to participate in this project, please read the rest of this form or listen carefully as it is read to you. You can ask us any questions you may have at any time.

What will I do?

You can choose not to answer any questions that you do not feel comfortable answering. If you are eligible to participate, I will ask you to give us some information that will help us contact you to be sure that you take part in the follow up group interview.

Could I be hurt?

You can choose not to answer any question you are not comfortable answering.

Will I get anything from being in this project?

Participants will receive a $25.00 gift card for their participation. The participants will be named in the study, and have an opportunity to share their “story” regarding the fight against HIV/AIDS.

What about my privacy?

Participants’ names and experiences will be shared in the final document. If participants choose not to give consent to use their names in the study, they will not be selected as part of the sample.

Are there any costs?

There will be no costs to you for taking part in the study.

What if I don’t want to join the project or want to stop?

Your choice to be in this study is up to you. It is voluntary. You do not have to join this study. If you decide to join, you can withdraw at any time and nothing will happen to you.

How can I find out more?

You may have questions about this study. If you do, you can ask anyone here right now. If you have questions later about this or think you have been harmed by this project, you can call Denise.
Appendix C (continued)

McLane-Davison 404-610-7391, mclanedavison@hotmail.com or Dr. Georgiana Bolden, Office of Sponsored Programs, 404-880-6979.

Participant Contact: If you have questions about your rights as a person in the project, call the Institutional Review Board at Clark Atlanta University, Dr. Georgiana Bolden, 404-880-6979. The IRB reviews projects like this one to make sure that the rights of people who take part are protected.

Consent Statement: By signing this form, I acknowledge that I understand the nature of the study, the potential risks to me as a participant, and the means by which my identity will be kept confidential. My signature on this form also indicates that I am not a member of any protected category of participants (minor, pregnant woman when considered part of a designated research group of women, prisoner, or cognitively impaired), and that I give my permission to voluntarily serve as a participant in the study described and that I will receive a signed copy for my records. Please sign both copies, keep one and return one to the researcher.

________________________________________________________________________
Print Name of Participant

Date/Time

________________________________________________________________________
Signature of Participant

Date/Time

I have read the consent form to the person named above. S/he has had a chance to ask questions about this project and her questions have been answered. S/he agrees to be part of this project. S/he will receive a copy of this form.

________________________________________________________________________
Print Name of Person Obtaining Consent

Date/Time

________________________________________________________________________
Signature of Person Obtaining Consent

Date/Time
Research Consent Form

I, ________________________________, agree to participate in a research study titled “An Exploratory Phenomenological Study of Black Feminist Leadership in HIV/AIDS Community Work” conducted by Denise McLane-Davison a doctoral candidate from the Whitney M. Young School of Social Work, Clark Atlanta University under the direction of Dr. Sarita Davis, and as reviewed by the Office of Sponsored Programs at Clark Atlanta University, Dr. Georgianna Bolden. I understand that my participation is voluntary. I can stop taking part without giving any reason, and without penalty. I can ask to have all of the information about me, to the extent that it can be identified as mine, returned to me, removed from the research records, or destroyed.

I understand that the purpose of this study is to explore the nature of black women’s leadership in HIV/AIDS community work.

If I volunteer to take part in this study, I understand that:

• I can choose to stop my participation at any time

• Data collection will include preliminary review of documents such as the participant’s resume, and when appropriate, the agency’s website.

• Field notes will be taken by the investigator.

• I agree to complete a demographic survey

• Semi-structured interview questions have been developed based on the research questions and a review of the literature.

• Each interview will be approximately 90 minutes.

• Each interview will be audio recorded with the participant.

• Transcribed documents will be sent back to me for review/clarify.

• I agree to the use of my name in final document.

I am being asked to share information about my leadership experiences in HIV/AIDS community work. Any information shared is designed to understand HIV/AIDS work as it relates to the intersection of gender and race on Black women’s leadership as well as the historical context of Black women’s community leadership.
Appendix C (continued)

No risk is expected. However, if I experience any discomfort or concern about my participation, I may contact the researcher at any time during or after the completion of the study.

The principal investigator will answer any further questions about the research, now or during the course of the project Denise Davison. 404-610-7391, furthermore I can contact Clark Atlanta University’s Office of Sponsored Programs, Dr. Georgianna Bolden, 404-880-6979. No information identifying me will be shared with others without my written permission.

By signing this form, I acknowledge that I understand the nature of the study, the potential risks to me as a participant, and the means by which my identity will be kept confidential. My signature on this form also indicates that I am not a member of any protected category of participants (minor, pregnant woman when considered part of a designated research group of women, prisoner, or cognitively impaired) and that I give my permission to voluntarily serve as a participant in the study described and that I will receive a signed copy for my records. Please sign both copies, keep one and return one to the researcher.

__________________________  __________________________
Signature of Participant     Date

Denise McLane-Davison, Principal Investigator  __________________________
                                      Date
APPENDIX D

Interview Guide

• What is the nature of Black feminist leadership in HIV/AIDS community work?

  A. Define leadership.
  B. Take me on the journey of first hearing about HIV/AIDS to making a decision to get involved.
  C. Describe the qualities/characteristics of Black women who provide leadership in HIV/AIDS community work.
  D. As Black women, how do you see your leadership experiences differing from your white and male counterparts?

• Given the prevalence of HIV/AIDS amongst African American women, what has influenced Black women’s mobilization on behalf of the community’s welfare?

  A. What value, do you believe, if any, do Black women bring to the fight against HIV/AIDS?
  B. What leadership attributes help in your work?
  C. Describe your continued leadership in HIV/AIDS despite the continued rise of HIV/AIDS among Black women.

• How does the intersection of race and gender influence Black women’s leadership in their response to HIV/AIDS?

  A. As a Black woman, what impact do you feel your gender and race has had on your perspective of HIV/AIDS community work?
  B. Define power. How do you use power in your leadership to address the HIV/AIDS epidemic with Black women?

• What is the added value of this kind of leadership to contemporary leadership models?

  A. How do you compare your experiences as a leader in HIV/AIDS to other leadership in social services?
  B. In your opinion, how do might future Black women be developed for leadership in HIV/AIDS community work?
APPENDIX E

Letter to Participants

January 21, 2009

Dear ________________:

I am a doctoral candidate at the Whitney M. Young School of Social Work, Clark Atlanta University, and Atlanta, Georgia. At the suggestion of ____________, who believes as I do that you are an excellent example of Black women’s leadership in AIDS community work, I am writing to request your participation in my doctoral research entitled, “An Exploratory Study of African American Women’s Black Feminist Leadership in AIDS Community Work.” The purpose of this study is to gain an understanding of what the nature of Black women’s AIDS leadership entails through your experiences in this community work. I hope to learn from you what is involved in Black women’s leadership development in terms of skills and knowledge needed to sustain the fight against AIDS on behalf of the Black community. It is my intention to give voice to the life work of Black women’s that has been neglectfully excluded in the current research on leadership and to provide a model from which other women can develop leadership abilities.

As a participant of this study, you will be interviewed for no longer than 1½ hours in which I will audio-record your responses to the interview questions enclosed. Also enclosed is an interview consent form which explains your rights as a participant of the study. I will send you a copy of your interview transcript and the themes that I think emerged from your interview to verify that I did not misrepresent what you stated. In the event that I need to clarify any statements made during your interview, one 30-minute audio-recorded follow-up conversation may be required. This follow-up conversation can take place by phone or in person at your choosing.

Thank you for your interest in this very important study. Please complete the following documents enclosed (1) participant agreement form and (2) participant demographic information survey. Return both items via mail (see below) or via fax ________________ (Note: If you choose not to participate please only return the participant agreement form). If you have questions or concerns please contact Denise Davison at 404-610-7391 or my paramount instructor, Dr. Sarita Davis, at ________.

Respectfully,
Denise McLane-Davison, Doctoral Candidate
Clark Atlanta University

Enclosure (3)
REFERENCES


Integrating Afrocentric components into the SISTA diffusion strategy. *AIDS Education and Prevention, 18*, 149-160.


