

Search Journals Books My Workspace External Links

Journals A-Z > [Advances in Nursing ...](#) > [22\(3\) March 2000](#) > Womanist Ways of ...

Advances in Nursing Science

Issue: Volume 22(3), March 2000, pp 33-45

Copyright: Copyright © 2000 by Aspen Publishers, Inc.

Publication Type: [Healing And Caring]

ISSN: 0161-9268

Accession: 00012272-200003000-00004

Keywords: African American women, health promotion, research design, womanist thought

[Healing And Caring]

[Previous Article](#) | [Table of Contents](#) | [Next Article](#)

Womanist Ways of Knowing: Theoretical Considerations for Research with African American Women

Banks-Wallace, JoAnne RN, PhD

▼ Author Information

Assistant Professor; Sinclair School of Nursing; University of Missouri; Columbia, Missouri

[Back to Top](#)

▼ Abstract

Research designs that are congruent with theoretical frameworks of African American women are important. However, many researchers remain unfamiliar with womanist thought or are unsure of how it can be used to inform specific aspects of research design. The article explicates a womanist epistemologic framework that can undergird the development of intervention designs aimed at assisting African American women incorporate health-promoting behaviors into their lives.

Feminist psychologists Mary Belenky, Blythe Clinchy, Nancy Goldberger, and Jill Tarule caused shock waves in both academia and clinical practice with the introduction of their book, *Women's Ways of Knowing: The Development of Self, Voice, and Mind*.¹ In it, they challenged dominant paradigms regarding the nature of truth, reality, knowledge, and one's relationship to the larger world. As they noted,

For many women, the real and valued lessons learned did not necessarily grow out of their academic work but in relationships with friends and teachers, life crises, and community involvements.... [E]ducation and clinical services, as traditionally defined and practiced, do not adequately meet the needs of women.

¹ (p4)

Their goal was to assist educators in working with women to develop their own authentic voice and to use women's personal experiences as the foundation for knowledge development. *Women's Ways of Knowing* heralded a major shift in thinking regarding the significant influence of gender with respect to how people know and how they respond to this knowledge. The important contribution of these scholars cannot be overlooked. However, sampling procedures may have greatly compromised the generalizability of these findings. Current or former

Article Tools

[Abstract Reference](#)

[Complete Reference](#)

[Print Preview](#)

[Email Jumpstart](#)

[Email Article Text](#)

[Save Article Text](#)

[Add to My Projects](#)

[+ Annotate](#)

[Snag Snippet](#)

[Find Citing Articles](#)

[About this Journal](#)

[Full Text](#)

[Request Permissions](#)

Outline

- [Abstract](#)
- [CONTEXT, SHARED EXPERIENCES, AND STANDPOINT DEVELOPMENT](#)
- [WOMANIST THOUGHT](#)
- [INTERSECTIONS BETWEEN WOMANIST, AFROCENTRIC, AND FEMINIST THEORIES](#)
- [WOMANIST EPISTEMOLOGY](#)
 - [Experience as a criterion of meaning](#)
 - [Use of dialogue in assessing knowledge claims](#)
 - [An ethic of caring](#)
 - [An ethic of personal responsibility](#)
- [CONCLUSION](#)
- [REFERENCES](#)

students of elite colleges were overrepresented in this study. The ethnic/racial breakdown of participants was not specifically addressed. However, based on available demographic information regarding these institutions, one could assume that the majority of women recruited from these places would be European American. In contrast, institutions identified as either being more ethnically diverse or serving minorities were noted to be "less advantaged" or "at risk." Furthermore, no information was given about the women recruited from the family agencies or "invisible colleges." Thus, one could logically conclude that the sample was sufficiently diverse to allow for examination of the influence that being a European American or non-European American woman has on knowledge generation and testing. However, interpretations derived from a sample that potentially overrepresents both women of color who are socially or economically disadvantaged and European American women who are socially and economically advantaged are extremely problematic. In addition, the lack of information regarding the specific racial background of the non-European American women makes it impossible to answer questions about variation in ways of knowing within or across racial groups.

There is evidence that race/ethnicity and class significantly influence people's ways of knowing. Turton [2](#) found that among American Indians living in the Great Lakes region, ways of knowing about health were directly connected to the stories, spiritual practices, and traditions of relationships that have long been a part of the ways of life of their communities. Luttrell [3](#) concluded that complex gender, class, and racial relations of power influenced differences regarding how Black and White working-class women define and claim knowledge. Study designs and sample sizes that adequately allow researchers to examine inner group diversity among non-European Americans are viewed to be critical prerequisites to the development of culturally competent and relevant scholarship. [4,5](#)

The purpose of this article is to explicate a womanist epistemologic framework that can undergird the development of intervention research to assist African American women in incorporating health-promoting behaviors into their lives. Many researchers are either unfamiliar with womanist thought, or unsure of how it can be used to inform specific aspects of research design. The importance of research designs that are congruent with theo-retical frameworks of African American women [6,7](#) and other women of color [8-10](#) has been noted by nursing scholars. Interventions that are consistent with African American women's ways of knowing are more likely to be successful in promoting behavior change amongst this population. Furthermore, research designs grounded in culturally consistent epistemologic frameworks may offer opportunities to integrate healing and scholarly inquiry consciously. [2,6,7,9,11](#)

The seminal work of Patricia Hill Collins [11](#) forms the cornerstone of this discussion. An overview of contextual factors influencing the development of an African American woman's perspective is followed by a discussion of the four dimensions of womanist epistemology as articulated by Collins. Implications for research design are addressed throughout the article. Examples are provided to illustrate potential ways of attending to specific dimensions within the research setting. Many of the examples will reflect the author's particular interest in interventions that promote cardiovascular health.

[Back to Top](#)

CONTEXT, SHARED EXPERIENCES, AND STANDPOINT DEVELOPMENT

The negative impact that living in the United States has on the health and well-being of African American women remains a controversial area of concern. Scholars have raised questions about the influence of race-, gender-, or class-based oppression on a variety of health issues such as cardiovascular disease, [12](#) hypertension, [13](#) obesity, [14](#) and depression. [15](#) Byllye Avery, [16](#) founding president of the National Black Women's Health Project, suggests that daily struggles stemming from being an African American woman may be one of the biggest barriers to self-care among this population. She states:

I thought, "Oh this is a piece of cake. "bviously these sisters don't have any information. I'll go in there and talk to them about losing weight, talk to them about high blood pressure, talk to them about diabetes-it'll be easy." Little did I know that when I got there, they would be able to tell me everything that went into a 1200-cal-a-day diet. They all had been to Weight Watchers at least five or six times; they all had blood-pressure reading machines in their homes as well as medications they were on. And when we sat down to talk, they said, "We know all that information, but what we also know is that living in the world that we are in, we feel like we are absolutely nothing." 16^(p7)

Avery concluded that a piece of the health puzzle was missing. It was not just about giving information. She argued that providing a space for renewal or "breathing fire and life into ourselves" is crucial to improving the health of African American women.

African American women have many shared experiences and ideas that stem from living in a society that denigrates both women and people of African descent. 17,18 These experiences provide a unique perspective or standpoint for examining self, community, and society. The commonality of experiences is reflected through the prominence of several characteristic themes within an African American woman's standpoint. 11 Core themes include a legacy of struggle against racism, classism, and sexism 19 that is inextricably linked with a parallel struggle for independence, self-reliance, and self-definition. 20,21 These struggles are conceptualized within African American communities as having both spiritual and material com-ponents. 22-24 The goal of struggle is to live a meaningful life reflective of the uniqueness of African American culture.

African American women have a range of experiences and responses related to the core themes of struggle against oppression and fight for independence or self-definition. The consciousness of individual women regarding these themes varies widely. Likewise, the ability to articulate one's personal experience and consciousness regarding the presence of these themes varies from woman to woman. However, African American women's ability to aggregate and articulate individual expressions of everyday consciousness as a self-defined, collective standpoint is key to their survival. 11,25 Each woman's theoretical database for decision making is broadened by having access to both her personal experiences and the collective experiences of a population of women living with similar issues. Furthermore, facing the reality of what it is to be an African American woman with all the experiences encompassed therein is integral to maintaining health-promoting behaviors or moving beyond behaviors that are barriers to optimal well-being. 21,26 Stewart states:

Accepting the truth of one's condition means that both truth and the nascent condition in which one finds oneself can be used as instruments for freeing the mind and spirit.... Affirming the truth of one's existence creates a freedom of the self that surpasses the superficial constraints created by the realities and mythologies of racial oppression in American society. 24^(p37)

Therefore, interventions that facilitate an increased consciousness and articulation of an African American woman's standpoint may prove an invaluable tool for assisting women in selecting or evaluating the efficacy of health behaviors within the context of their lives.

[Back to Top](#)

WOMANIST THOUGHT

Women scholars of African American descent have developed theoretical frameworks that articulate and interpret an African American woman's standpoint. Analysis of the influence that race, class, and gender have on the lives of women

is a central feature of these frameworks. Womanist theory, 27,28 womanism, 7 and Black feminist thought 6,11 have been used interchangeably to designate this body of work. 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. 29

Walker's 28 definition of womanist provides a space to (1) recognize the uniqueness of African American women's experiences, (2) articulate the similarities and differences between these experiences and those of other women of color, and (3) address explicitly the important bond between African American women and men. The ability to see connections between diverse groups and to work toward eliminating all forms of oppression is a defining attribute of womanist thought. Therefore, for the sake of clarity, in this article the term "womanist thought" will be used to denote theoretical frameworks developed by, for, and about African American women.

A defining feature of womanist thought is the interdependence of experience, consciousness, and action. 11 Collins argues that "This standpoint rejects either/or dichotomous thinking that claims that either thought or concrete action is desirable and that merging the two limits the efficacy of both." 11 (pp28-29) The interdependence of thought and action allows for the possibility that changes in thinking will be accompanied by changes in actions and that altered experiences may be a catalyst for a changed consciousness. Collins concludes that womanist thought does not seek to raise consciousness; instead, it seeks to affirm and rearticulate a consciousness that already exists. The goals of womanist thought include stimulating resistance and empowering African American women and others to actualize a humanistic vision of society.

[Back to Top](#)

INTERSECTIONS BETWEEN WOMANIST, AFROCENTRIC, AND FEMINIST THEORIES

Womanist thought encompasses philosophic and cultural elements central to both Afrocentric and feminist theories. This is the result of a 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. 11 An Afrocentric world view exists that is distinct from and in many ways opposed to an Eurocentric world view. This standpoint 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. 17,20,23,30 In contrast, a feminist standpoint is an outgrowth of women's self-conscious struggles to among other things: (1) reject patriarchal perceptions of women, (2) place women and women's issues at the center of analysis, and (3) value women's ideas and actions. 31 Feminist standpoints provide a foundation for critiquing male dominance as both a material reality and an ideologic principle. 32,33 Afrocentric and feminist theories overlap with womanist thought in many areas. However, neither Afrocentric nor feminist theories can fully account for the combined effects of being both African American and a woman.

Womanist, Afrocentric, and feminist theories fall within the larger rubric of what Berman and colleagues 34 call a critical paradigm. This term "refers to multiple perspectives that differ on certain dimensions but that share as a goal the generation of knowledge, which contributes to emancipation, empowerment, and change." 34 (p3) From the critical perspective, knowledge is assumed to be value laden and shaped by historical, social, and political concerns stemming from among other things gender, economic, and race conditions. Critical theories posit that "taken for granted" assumptions and values, although usually hidden, create a social structure that oppresses particular groups by limiting their options. Critical scholars embrace the idea of research as a tool that serves dual purposes: knowledge development and promotion of change.

WOMANIST EPISTEMOLOGY

Womanist epistemology centers the everyday experiences of African American women as a prerequisite to addressing philosophic problems related to the concepts of knowledge and truth. 7,35 Collins 11 delineates four dimensions of womanist epistemology: (1) concrete experience as a criterion of meaning, (2) use of dialogue in assessing knowledge claims, (3) an ethic of caring, and (4) an ethic of personal responsibility. An overview of each dimension follows.

[Back to Top](#)

Experience as a criterion of meaning

Many African American women view experience as a distinguishing feature that separates knowledge from wisdom. Knowledge in this sense is akin to having particular information, whereas wisdom is understanding how to apply the information appropriately to achieve the desired results in a given situation. Having wisdom based on experience is seen as crucial to individual and collective survival in the midst of an oppressive environment. 11 Collins notes that from an African American woman's standpoint, "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."

11 (p209)

The author was a co-principal investigator in a study exploring barriers to women of African descent participating in research. 27,36 During one session, a woman noted the distinction between wisdom and knowledge in the following manner:

And there's the whole difference that I wanted to speak to when we were talking before, between knowledge-which is what white people went after. It was just knowledge. As opposed to wisdom, but they have very little wisdom, which is the ability to synthesize to make meaningful discourse between knowledge and whatever you are going to produce. 27

The importance of experience as a vehicle for developing and testing knowledge is emphasized by womanist, 11 Afrocentric, 22 and feminist 1 scholars. Luttrell 3 found racial and class differences in relationship to the valuing of experiential knowledge. Black women received support from Black communities and institutions for experiential knowledge they had acquired, whereas white communities and institutions did not support experiential knowledge. Therefore, even though White working-class women felt they had experiential knowledge, they did not view it as real intelligence; however, Black women did.

Opportunities to develop or refine particular behaviors and self-monitoring skills are prerequisites to using experience as the basis for generating and critiquing knowledge related to health promotion. Instruction about and practice of specific behaviors and self-monitoring skills can be incorporated into the research design. For example, interventions to promote physical activity can provide opportunities for women to participate in various types of individual and group exercises. This can be accompanied by instruction on using pulse rates, breathing patterns, fatigue level, or other self-monitoring cues to evaluate the appropriateness of a particular activity level. Moreover, this can be supplemented with information on how recording information in diaries or journals can allow women to evaluate change in their experiences over time. Notably, opportunities to experience positive movement toward desired behavior over time 37 and self-monitoring 38 improve the success of behavioral change interventions.

Providing opportunities for women to share their prior experiences may play

an important role in establishing the credibility of a given health-promotion intervention. Moreover, investigators must be prepared to discuss their lived experiences as well as their "paper credentials" and theories with potential research participants. Experiences may be shared in several ways. For example, time can be allotted during group interventions for women to share their experiences related to the health issue under investigation. Informal sharing of experiences can take place as part of the "check-in" at the beginning of the group meeting or as part of the debriefing at the end of a session. Interventions that do not take place in a group can also facilitate sharing of experiences. Excellent strategies include incorporating a brief story about the principal investigator's experience with the health issue or intervention strategy into the study information/consent form, hosting a group meeting as a recruitment strategy, or designating specific times during the study for participants to come together and share their experiences.

[Back to Top](#)

Use of dialogue in assessing knowledge claims

Dialogue with members of one's community is very important to the development and testing of knowledge claims generated within a womanist framework. It provides a means of reflecting upon or sharing experiential knowledge with others. A primary assumption is that knowledge will be used to build or nurture connections between people. ¹¹ This is accomplished through the selection of specific stories, proverbs, or sayings deemed appropriate for the knowledge to be conveyed. ³⁹ Using dialogue to promote harmony and build connections is also a major focus of Afrocentric ³⁰ and feminist ¹ frameworks. Asante argues that "to become human, to realize the promise of becoming human, is the only important task of the person." ³⁰(p185) He notes that this process takes place only in the midst of others and by striving for individual and collective harmony. Taken together, these perspectives suggest that building community is essential to development of knowledge and that active participation in dialogue by all members is crucial. ²³ Womanist and Afrocentric models concerning the use of dialogue are rooted in African oral tradition and African American culture. ^{39,40}

The choice of words or phrases in a dialogue provide insight into African Americans as a cultural group as well as being a tool for building connections. The language of African Americans is illustrated in casual conversations, sermons, folklore, and song. ^{39,41} This language conveys both the reality of ongoing struggle against racial oppression and the importance placed on nurturing a unique African American culture. ^{22,23} Jordan highlights the significance of language in her analysis of Black English:

Black English has been produced by a pre-technocratic, if not anti-technological, culture. More, our culture has been constantly threatened by annihilation or, at least, the swallowed blurring of assimilation. Therefore, our language is a system constructed by people constantly needing to insist that we exist, that we are present. Our language devolves from a culture that abhors all abstraction, or anything tending to obscure or delete the fact of the human being who is here and now/the truth of the person who is speaking or listening. Consequently, *there is no passive voice possible in Black English* [italics in original] And every sentence assumes the living and active participation of at least two human beings, the speaker and the listener. ²⁰(p129)

Researchers can gather significant information about the everyday experiences that serve as context for analyzing particular behaviors by paying close attention to the language used by participants. ¹³ Moreover, research designs that facilitate dialogue, accompanied by reflection on and evaluation of ideas/theories generated through this process, may enhance an individual participant's resources for making decisions about particular health behaviors. ^{21,27,42} Henderson ⁴³ discusses the important role sharing stories played in the development of a group drug treatment program for women. The stories shared ultimately served as the basis for designing a program that better met the needs of women. Henderson also noted that the process resulted in the enlightenment, empowerment, and

emancipation of all participants involved in the group.

Creating vignettes is a more formal way of sharing experiences. As a post-doctoral fellow, the author examined storytelling as a tool for assisting African American women decrease risks related to hypertension. The author and participants created 3- to 5-minute vignettes related to the particular focus of the session. Vignettes allowed women to share information related to a number of issues such as the meaning of being diagnosed as having hypertension, daily management of hypertension, impact of family and other obligations on hypertension management, and concerns about negative impact of hypertension on overall health. The vignettes proved to be an excellent way to link treatment protocols with human experiences. The author does not have hypertension, however, sharing stories about the impact of trying to balance a multitude of obligations and still find time to take care of her own health increased both the sense of community within the group and her credibility as a health provider. Together our stories provided insight into barriers to self-care and resources for optimizing cardiovascular health. The stories also provided a means to think out loud or contemplate the cost and benefits of certain aspects of treatment. [40](#)

Dialoguing and sharing stories, regardless of the format, provide opportunities for women to share their experience, knowledge, or wisdom. They also promote the development of community among women dealing with a common health issue. [44](#) Last, dialogue assists investigators in refining health-promotion interventions, taking in account the influence of the context in which women live their lives on their ability to sustain particular behaviors. [10,15](#)

[Back to Top](#)

An ethic of caring

The analysis of knowledge from a womanist epistemologic framework also involves an evaluation of the individual making the claim. This evaluation includes the assessment of three interrelated components: (1) personal expressiveness, (2) emotions, and (3) empathy. Together they comprise an ethic of caring. [11](#)

Personal expressiveness is highly valued in womanist epistemologic frameworks. This emphasis is rooted in African traditions that view each individual as a unique exemplar of the Divine Spirit, which infuses and sustains all creation. [11,24](#) The affirmation and expression of one's uniqueness are considered essential to the individual and collective well-being of African Americans. [22](#) Personal expression or style 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. [11](#) Knowledge claims are evaluated in terms of both content and depth of feeling associated with them. In other words, it is not just what you say but how you say it. [23](#) Emotions are considered to be indicative of a speaker's belief in the validity of her or his argument. This is in direct contrast to Eurocentric male models that view emotions as antithetical/inferior to logical or rational thought. [1,31](#)

The capacity for empathy is the third component of an ethic of caring. 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. [11](#) Empathy implies a level of concern grounded in the realization that one's own well-being is connected to the well-being of others. [26](#) It is very different from interactions based in paternalistic or elitist beliefs about one's superiority in relation to another individual or group. [7](#) 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.

Opportunities for personal expression and nurturing of empathic relationships can be included in an array of research designs. It is important that the researcher as well as the participants engage in activities that promote a sense of community and insight into unique personal attributes.

African American women live in a society where they are often denigrated and/or made invisible. ^{11,18} Respite from ongoing challenges, accompanied by opportunities to vent frustrations and celebrate the wonderfulness of being an African American woman, may be integral to the success of health-promotion research. ^{16,42} Effective strategies for replenishing women include providing 15 minutes at the beginning of group sessions for women to share pressing concerns; sharing poetry or short stories; taking breaks to hug one another; singing, chanting, or praying together; and sharing a meal together. The last three strategies have the added benefit of nurturing spiritual development, which has historically played an important role in the meaningful survival of African Americans. ²⁴ Eliciting information about the desire for building community among participants and specific strategies for doing so can be incorporated into recruitment activities.

Activities and incentives that allow each woman to spotlight her uniqueness or contribute to the project also can be incorporated into a variety of research designs. For example, interviews and surveys can be structured in a way that allows women to use their natural language to answer at least some of the questions. If journals are to be used to collect data, the introductory session of a group intervention may include an opportunity for women to decorate their own journal or diary. For individual interventions, the researcher can provide funds so that each woman can select her own journal. Women also can be offered a choice of incentives for participation rather than having only one means of compensation. Finally, attention to aesthetic details with respect to setting, food, and correspondence provide opportunities to celebrate the cultural heritage of participants without expending a lot of money or energy.

Establishing a sense of community between women and investigators is another essential component of developing knowledge within a womanist framework. "ongoing racism, as well as past and current abuses of people in the name of science, have led many African Americans to be leery of participation in research. ^{45,46} Therefore, demonstrating a commitment to African American communities beyond the immediate research goals is of particular importance. The principal investigator and other research staff should consider attending several cultural or social functions, volunteering to assist in community projects not related to research, and setting aside time to interact periodically with women on an informal basis. These activities will provide an opportunity to build trust and mutual respect. ⁴⁵ The need to establish trust and respect is not limited to non-African American investigators. Formal educational training often socializes African American scholars away from research frameworks that are more consistent with African American ways of analyzing experiences. ⁴⁷ Furthermore, African American scientists have participated in research that has been detrimental to other African Americans. ^{48,49} Thus, African American scholars also must demonstrate their commitment to African American communities and engage in activities that promote the growth of mutual respect and trust.

[Back to Top](#)

An ethic of personal responsibility

An ethic of personal responsibility is the final dimension of a womanist epistemology. It stems from the premise that all knowledge claims are grounded in concrete realities rather than in mere abstractions. ¹¹ The views expressed and the actions taken by an individual are assumed to be derivatives of her or his personal core beliefs. Thus, an assessment of an individual's prior history and integrity is an important part of evaluating knowledge claims. 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. This stands in contrast to both Eurocentric ³¹ and Afrocentric ^{7,25} male models that

often privilege role- or class-based authority in assessment of knowledge claims. Belenky and colleagues ¹ note that women move beyond relying primarily on role-based authority as a measure of claim validity as they become more secure in their own abilities to think and know. They conclude that an evaluation of the claimant becomes an important part of assessing knowledge claims as women move from simply "receiving knowledge" to "constructing knowledge." Thus, 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.

Establishing credibility ideally will start prior to recruiting for a specific project. Participation in community events, as mentioned earlier, is one technique that can be used. Maintaining professional and personal relationships with several African American women and reading literature produced by African American women also are important. These activities will provide opportunities for investigators to broaden their perspective, ¹⁹ understand priorities that might impede research, ³⁵ and develop skills important to working within other cultural frameworks prior to starting a research project. ⁴⁵ They also may provide an opportunity to network with women who can vouch for the integrity and trustworthiness of the investigator. Researchers should allocate time during recruitment to answer specific questions regarding their connections or commitment to the African American community and how the proposed study fits with their overall goals. This information also could be summarized and included as part of the written information given to potential participants. Developing a plan for dissemination of research findings and sharing it early on with the community could further increase credibility. Finally, working with participants to develop a structure for safely challenging each other and the investigator with regard to the research process is important. In particular, there should be safe spaces for women to dialogue with the investigator regarding racism or other oppressive aspects of the research process. Research designs that include ongoing consultation with other investigators working with African American populations may provide researchers needed support and strategies for minimizing power imbalances.

The ethic of personal responsibility also applies to women participating in a research study. Active participation in development and implementation of interventions increases ownership of solutions provided. ^{44,45} In turn, this may increase women's willingness to persist through difficulties. Participating in the development or implementation of interventions also may provide women with skills they can use in other aspects of their lives. Moreover, communal ownership of projects or interventions increases the likelihood that they will be continued after the study ends. ⁵⁰ Women can be invited to participate at several levels depending on the nature of the research. Women meeting eligibility requirements for a study can be employed as research associates and participate in various aspects of the project including recruitment, intervention delivery, data collection, and data analysis. Research participants can help make decisions regarding the manner in which interventions will be delivered or assist in communicating with participants. In one study, the author contracted with a participant working on a degree in graphic arts to design the stationery used to correspond with participants. In this same study participants were invited to serve as co-researchers, raising questions and offering suggestions for improving group dynamics. ^{27,36} Of course it is important to make sure that participant involvement does not compromise the integrity of the research. However, 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.

[Back to Top](#)

CONCLUSION

"Our basic assumptions about the nature of truth and reality and the origins of knowledge shape the way we see the world and ourselves as participants in it."

^{1(p3)} In turn, the contexts in which we live our lives and the experiences that we have profoundly influence our construction and validation of knowledge claims.

^{7,11,21,27} Developing interventions that take into account the various ways of

knowing is an important part of promoting health among diverse groups of people. 2,3 Unfortunately, the emphasis of a majority of "culture-based" interventions concerns the use of appropriate language and setting, while the validity of knowledge claims presented within an intervention remains largely unexamined. Development of research designs that attend to African American women's ways of knowing has been the focus of this discussion. However, womanist thought overlaps significantly with feminist and Afrocentric theories. Therefore, suggestions offered could be useful in the design of interventions geared toward other cultural groups as well. The closing quote from a participant in a previous study exemplifies the many possibilities for developing research that is consistent with participants' ways of understanding the world and their place in it:

I think, getting back to your terminology, we need to look at scholarship and teaching and learning as an integrated process (interjection: thank you!). It should involve music, movement, dance; it should appeal to all of the intelligences. We have bought into the fact, if you are not left-brained, if you are not quantitative, you are not intelligent. I think we all know intuitively that's a lie; I think our research should open up new ways to tap into all of our multiple intelligences and to use those to expand our health. 27

[Back to Top](#)

REFERENCES

1. Belenky M, Clinchy B, Goldberger N, Tarule J. *Women's Ways of Knowing: The Development of Self, Voice, and Mind*. New York: Basic Books; 1986. [\[Context Link\]](#)
2. Turton C. Ways of knowing about health: an Aboriginal perspective. *ANS*. 1997;19(3):28-36. [Ovid Full Text](#) | [Request Permissions](#) | [Bibliographic Links](#) | [\[Context Link\]](#)
3. Luttrell W. Working-class women's ways of knowing: effects of gender, race, and class. *Sociol Educ*. 1989;62:33-46. [Full Text](#) | [\[Context Link\]](#)
4. Meleis A. Culturally competent scholarship: substance and rigor. *ANS*. 1996;19(2):1-16. [\[Context Link\]](#)
5. Porter C, Villarruel A. Nursing research with African American and Hispanic people: guidelines for action. *Nurs Outlook*. 1993;41(2):59-67. [\[Context Link\]](#)
6. Barbee E. A black feminist approach to nursing research. *West J Nurs Res*. 1994;16(5):495-506. [Full Text](#) | [Bibliographic Links](#) | [\[Context Link\]](#)
7. Taylor J. Womanism: a methodologic framework for African American women. *ANS*. 1998;21(1):53-64. [Ovid Full Text](#) | [Request Permissions](#) | [Bibliographic Links](#) | [\[Context Link\]](#)
8. Catolico O. Psychological well-being of Cambodian women in resettlement. *ANS*. 1997;19(4):75-84. [\[Context Link\]](#)
9. Henderson D, Sampselle C, Mayes F, Oakley D. Toward culturally sensitive research in a multicultural society. *Health Care Wom Int*. 1992;13(4):339-350. [\[Context Link\]](#)
10. Meleis A, Arruda E, Lane S, Bernal P. Veiled, voluminous, and devalued:

narrative stories about low-income women from Brazil, Egypt, and Columbia. *ANS*. 1994;17(2):1-15. [Ovid Full Text](#) | [Request Permissions](#) | [Bibliographic Links](#) | [\[Context Link\]](#)

11. Collins P. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Boston: Unwin Hyman; 1990. [\[Context Link\]](#)

12. Kumanyika S, Adams-Campbell L. Obesity, diet, and psychological factors contributing to cardiovascular disease in blacks. In: Saunders E, ed. *Cardiovascular Diseases in Blacks*. Philadelphia: F.A. Davis; 1991. [\[Context Link\]](#)

13. Boutain D. Critical language and discourse study: their transformative relevance for critical nursing inquiry. *ANS*. 1999;21(3):1-8. [Ovid Full Text](#) | [Request Permissions](#) | [Full Text](#) | [Bibliographic Links](#) | [\[Context Link\]](#)

14. Myers B. Hypertension and black female obesity: the role of psychosocial stressors. In: Saunders E, ed. *Cardiovascular Diseases in Blacks*. Philadelphia: F.A. Davis; 1991. [\[Context Link\]](#)

15. Barbee E. African American women and depression: a review and critique of the literature. *Arch Psychiatr Nurs*. 1992;6(5):257-265. [Full Text](#) | [Bibliographic Links](#) | [\[Context Link\]](#)

16. Avery B. Breathing life into ourselves: the evolution of the National Black Women's Health Project. In: White E, ed. *The Black Women's Health Book: Speaking for Ourselves*. Seattle WA: Seal Press; 1990. [\[Context Link\]](#)

17. Boutain D. Critical nursing scholarship: exploring critical social theory with African American studies. *ANS*. 1999;21(4):37-47. [\[Context Link\]](#)

18. Taylor J. Colonizing images and diagnostic labels: oppressive mechanism for African American women's health. *ANS*. 1999;21(3):32-45. [Ovid Full Text](#) | [Request Permissions](#) | [Full Text](#) | [Bibliographic Links](#) | [\[Context Link\]](#)

19. Cannon K. *Black Womanist Ethics*. American Academy of Religion Academy Series # 60. Atlanta, GA: Scholars Press; 1988. [\[Context Link\]](#)

20. Jordan J. Nobody mean more to me than you and the future life of Willie Jordan. In: Jordan J, ed. *On Call: Political Essays*. Boston: South End Press; 1985. [\[Context Link\]](#)

21. Scott K. *The Habit of Surviving: Black Women's Strategies for Life*. New Brunswick, NJ: Rutgers University Press; 1991. [\[Context Link\]](#)

22. Cooper-Lewter N, Mitchell H. *Soul Theology: The Heart of American Black Culture*. San Francisco: Harper & Row; 1986. [\[Context Link\]](#)

23. Smitherman G. *Talkin and Testifyin: The Language of Black America*. Boston: Houghton Mifflin; 1986. [\[Context Link\]](#)

24. Stewart C. *Soul Survivors: An African American Spirituality*. Louisville, KY: Westminster John Knox Press; 1997. [\[Context Link\]](#)

25. Lorde A. *Sister Outsider: Essays and Speeches by Audre Lorde*. Freedom, CA: The Crossing Press; 1984. [\[Context Link\]](#)
26. Cole J. *Conversations: Straight Talk with America's Sister President*. New York: Doubleday; 1993. [\[Context Link\]](#)
27. Banks-Wallace J. Emancipatory potential of storytelling in a group. *Image J Nurs Schol*. 1998;30(1):17-21. [Ovid Full Text](#) | [Full Text](#) | [Bibliographic Links](#) | [\[Context Link\]](#)
28. Walker A. *In Search of Our Mothers' Gardens: Womanist Prose*. San Diego, CA: Harcourt Brace Jovanovich; 1983. [\[Context Link\]](#)
29. Hudson-Weems C. *Africana Womanism: Reclaiming Ourselves*. Troy, MI: Bedford; 1993. [\[Context Link\]](#)
30. Asante M. *The Afrocentric Idea*. Philadelphia: Temple University Press; 1987. [\[Context Link\]](#)
31. Schaef A. *Women's Reality: An Emerging Female System in a White Male Society*. 3rd ed. New York: Harper-SanFrancisco; 1992. [\[Context Link\]](#)
32. The Personal Narratives Group. Origins. In: The Personal Narratives Group, eds. *Interpreting Women's Lives: Feminist Theory and Personal Narratives*. Bloomington, IN: Indiana University Press; 1989. [\[Context Link\]](#)
33. Fonow M, Cook J, eds. *Beyond Methodology: Feminist Scholarship as Lived Research*. Bloomington, IN: Indiana University Press; 1991. [\[Context Link\]](#)
34. Berman H, Ford-Gilboe M, Campbell J. Combining stories and numbers: a methodologic approach for a critical nursing science. *ANS*. 1998;21(1):1-15. [\[Context Link\]](#)
35. Brown E. African American women's quilting: a framework for conceptualizing and teaching African American women's history. *Signs J Wom Cult Soc*. 1986;14(4):921-929. [\[Context Link\]](#)
36. Banks-Wallace J. Beyond survival: storytelling as an emancipatory tool among women of African descent. *Womanist*. 1994;1(1):5-8. [\[Context Link\]](#)
37. Bandura A. *Self-efficacy: The Exercise of Control*. New York: W.H. Freeman; 1997. [\[Context Link\]](#)
38. Dishman R, Buckworth J. Increasing physical activity: a quantitative synthesis. *Med Sci Sports Exerc*. 1996; 28(6):706-719. [\[Context Link\]](#)
39. Goss L, Goss C. *Jump Up and Say: A Collection of Black Storytelling*. New York: Simon & Schuster; 1995. [\[Context Link\]](#)
40. Banks-Wallace J. Storytelling as a tool for providing holistic care to women.

41. Tarpley N. On giving testimony, or the process of becoming. In: Tarpley N, ed. *Testimony: Young African Americans on Self-identity and Black Identity*. Boston: Beacon Press; 1995. [Context Link](#)

42. Boyd J. *Embracing the Fire: Sisters Talk about Sex and Relationships*. New York: Penguin; 1997. [Context Link](#)

43. Henderson D. Consciousness raising in participatory research: method and methodology for emancipatory nursing inquiry. *ANS*. 1995;17(3):58-69. [Context Link](#)

44. Carter-Nolan P, Adams-Campbell L, Williams J. Recruitment strategies for black women at risk for noninsulin-dependent diabetes mellitus into exercise protocols: a qualitative assessment. *J Natl Med Assoc*. 1996; 88(9):558-562. [Bibliographic Links](#) | [Context Link](#)

45. Stillman F, Bone L, Rand C, Levine D, Becker D. Heart, body, and soul: a church-based smoking program for urban African Americans. *Prev Med*. 1993;22(3):335-349. [Context Link](#)

46. Thomas S, Quinn S. The Tuskegee syphilis study, 1932-1972: implications for HIV education and AIDS risk education programs in black communities. *Am J Public Health*. 1991;81(11):1498-1505. [Full Text](#) | [Bibliographic Links](#) | [Context Link](#)

47. Brown E. Mothers of mind. *Sage*. 1989;6(1):4-10. [Context Link](#)

48. Akbar N. *Visions for Black Men*. Tallahassee, FL: Mind Productions & Associates; 1991. [Context Link](#)

49. Hammonds E. Your silence will not protect you: nurse Eunice Rivers and the Tuskegee syphilis study. In: White E, ed. *The Black Women's Health Book: Speaking for Ourselves*. Rev. ed. Seattle: Seal Press; 1994. [Context Link](#)

50. Levine D, Becker D, Bone L, et al. A partnership with minority populations: a community model of effectiveness research. *Ethnicity Dis*. 1992;2(3):296-305. [Bibliographic Links](#) | [Context Link](#)

Key words: African American women; health promotion; research design; womanist thought