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Faith and Feminism

How African American Women From a Storefront Church Resist Oppression in Healthcare

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It is well documented that racism in the US healthcare system, including the objectification and disparagement of women of color, contributes to disparities in health status. However, it is a mistaken notion to characterize women of color as unknowing victims. In this study, black feminist standpoint epistemology is used in methodological approach and analysis to understand how a small group of African American church-going women use religious beliefs to help them cope with and resist the racism and discriminatory objectification they encounter in healthcare encounters. **Key words:** *African American women*, *black feminist theory*, *discrimination in healthcare*

LITERATURE REVIEW

Racism and healthcare

Racism in healthcare remains a prevalent force in the United States today. *Racism* is defined as "the pattern and practice of systematic oppression and exploitation of one racial group by another, operating at both the individual and the institutional levels. Racism is based on prejudice (judgment of others before the facts) and power (the ability to carry out the judgment)."[1(p6)] The historical legacy of racism toward African Americans in the US healthcare system has been well documented. The Tuskegee Syphilis Study where 399 black men from Macon County, Ala, were denied treatment for syphilis is perhaps the most well-known project that treated a group of people as "Other." Gamble demonstrated that this situation was not an isolated event, but reflects a historical pattern of dehumanization of black people that "mirrors black peoples' contemporary experiences with the medical profession."[2(p1776)]

There have been many studies confirming the presence of racism in healthcare today. African Americans receive substandard healthcare, even when their insurance and other circumstances are similar to those of white comparison groups.[3,4] Smith notes that in the United States, there is a "continuing legacy of divided health care"[5(pviii)] that perpetuates unequal and separate healthcare for African Americans and for Caucasians. Hobson, in a Washington state public health study, finds that African Americans receive "differential treatment [all incidences which the respondents feel were racially motivated] in a wide variety of health care settings"; and that healthcare providers are "most often the perpetrators of the perceived discrimination." The respondents state that they must employ "a wide variety of coping mechanisms to deal with these events."[6(p24)] A second Washington study finds that African American and Native American infant mortality rates are 2.7 times higher than for

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The author acknowledges the women from Morning Sun Missionary Baptist Church (pseudonym), who contributed their life stories so that health professionals could see things from their point of view.

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whites. The authors suggest that racism creates chronic stress for women of color, contributing to increased pregnancy-related morbidity and mortality.[7(p7)] Weitz notes that race/ethnicity, independent of socioeconomic status, remains an important variable in life expectancy, disability, and infant mortality, reflecting "a constellation of factors stemming from racism, which remains deeply embedded in American culture."[8(p67)]

Kreiger uses ecosocial theory to demonstrate how social experiences of discrimination are embodied and play out in patterns of health. She notes that 5 pathways of discrimination lead to disparity in health status and healthcare: "economic and social deprivation; toxic substance and hazardous conditions; socially inflicted trauma; targeted marketing of legal and illegal substances; inadequate health care by . . . facilities and specific providers."[9(pp36,39,42)]

Both institutional and individual racism in healthcare is reinforced by societal stereotypes perpetuated about African Americans. Taylor, adapting Collins' work, explores how images of black women as "the mammy and the matriarch, the welfare mother/queen and the Jezebel, and the Black lady overachiever"[10(pp34–38),11(pp72–84)] have marginalized and controlled black women in the healthcare arena. These value-laden images coalesce with health-related categorizations that portray all African Americans as "high risk" for health problems.[10,12–16] Societal beliefs about who becomes ill and who remains healthy intensify these stereotypes. Illness appears to be tied to "a fatal flaw of character or a personality defect, in an unconscious predisposition toward illness, or in living 'a high stress' life with poor 'stress management . . .'"[15(p1356)]

Racism and resistance

Singer and Baer stress it is through the clinical encounter that medicine functions "as both an arena of social conflict and a structure of social control."[17(p34)] Taussig points out that the Western biomedical clinician-patient relationship is for diagnosis and treatment; but it is also a social relationship of control that supports the dominant order. There is an illusion of reciprocity, but the patient receives the message: "Do not trust your senses, but leave the facts of physical matter to the doctor's control."[18(p9)] Taussig states, "It is a strange 'alliance' in which one party avails itself of the other's private understandings in order to manipulate them all the more successfully."[18(p12)] Martin sees that this relationship is an objectifying one, noting, "the metaphor of the body as a machine . . . and the doctor [as] the mechanic or technician who 'fixes it'"[19(p54)] dominates medical practice. This process is particularly acute for women and is compounded by race and class issues, with poor black women being objectified *and* disparaged.[19]

Although racism in healthcare is a pervasive force that inevitably influences the healthcare encounter, it is a mistaken notion to characterize women of color as victims unknowingly objectified by this domination. Harding and Alcoff believe that experiences, rather than outside objectifying forces, are primary to an embodied, knowing self. This knowing, subjectively aware self develops through multiple experiences, ie, by being in many different positions in various contexts. Thus, there is no objectification process because there is no subject/object split; and so-called objects are, in reality, active, not passive.[20,21] Individuals/subjects construct themselves and their meaning systems through their own experiences, and through active interchange with political, economic, social, cultural, and historical processes. Although this development of the self can be in response to dominating experiences such as racism, other experiences are also crucial. As African American artist Faith Ringgold states, "I don't want the story of my life to be about racism, though it has played a major role. I want my story to be about attainment, love of family, art, helping others, courage, values, dreams coming true."[22(p314)]

It is important to understand that when individuals or groups recognize objectifying

processes, such as discriminatory practices, there is a powerful subjectivity in the *recognition* itself. As Pratt states, "Subjective experience is spoken from a moving position already within or down in the middle of things, looking and being looked at, talking and being talked at."[23(p32)] According to Jaggar, there may even be a decided advantage to being on the margins when striving to understand systems of power. She notes,

> Many members of the ruling class are likely to be convinced by their own ideology . . . Oppressed groups, by contrast suffer directly from the system that oppresses them . . . Their pain provides them with a motivation for finding out what is wrong . . ."[24(pp370–371)]

Collins supports this, noting that black women, working as slaves and domestic servants in the homes of whites, developed a "curious outsider-within social location, a peculiar marginality that stimulated a distinctive Black women's perspective . . . As outsiders, [they] often developed distinct views of the contradictions between the dominant group's actions and ideology."[11(p11)] Martin found that the black working class women in her study, women who suffer from the "triple jeopardy of race, class and gender," seem to come closer to achieving a critical stance about their healthcare than do women in other groups.[19(pl93)] She states, "those at the bottom of the heap tend to see more deeply and clearly the nature of the oppressions exacted at the top of the heap."[19(p202)] Harding points out that marginalized groups often ask critical questions about their own lives, as well as "the social institutions designed to serve 'humanity.' "[25(p152)]

Women express awareness of their position in the social structure, and demonstrate opposition to oppression in many different ways. Collins describes the multiple strategies of resistance that black women employ to negate "other-imposed" images and stereotypes. These resistances are found in literature, music, the arts, and in African American churches, organizations, and fields of labor. They can also be found in "the private personal space of an individual woman's consciousness."[11(p118)] Even if, on the outside, the woman is seemingly remaining "motionless," she may be maintaining/creating "a sphere of freedom" on the inside.[11(p118)] This independent space of consciousness enables the woman to not merely exist, but to take control over her own experience, employing agency/resistance in various ways.

One of the ways that black women sustain this sphere of consciousness is through the creation of "their own ideas about the meaning of Black womanhood."[11(p10)] This self-definition helps them to resist colonizing images and to maintain subjectivity in everyday encounters with the dominant white society. The term *womanist* is related to this self-definition and is defined as follows: "From womanish . . . A black feminist or feminist of color. . .outrageous, audacious, courageous or willful behavior. Wanting to know more and in greater depth than is considered good for one . . . Responsible. In charge. Serious."[26(pxi)] One is womanist when one is "committed to the survival and wholeness of entire people" regardless of race or gender.[26(pxi)]

Faith and feminism

Collins sees that black philosophies of activism, of resistance against oppressive institutions, can be found in alternative locations, ie, within the ideas shared "with one another as mothers in extended families, as othermothers in Black communities, as members of Black churches, and as teachers to the Black communities' children."[11(p17)] Grant notes that the term womanist is an apt description for black women's activism within the African American church and for black women's intellectual tradition, ie, for black women's Christian theology.[27]

The black church has functioned as the center of power and social life within the African American community.[28] It has offered a safe space for discourse, for resistance to objectification as "the Other," and for black women's activism. Hooks sees that, within this setting, African Americans

"have learned oppositional ways of thinking that enhance our capacity to survive and flourish."[29(p57)] Religious faith has been particularly central to the survival of black women.[27] In 250 biographical profiles of black women from all walks of life, Hine and Bidelman found that virtually all were affiliated with religious communities and all stated that service to their community had been their greatest achievement.[30] Richardson notes that through their faith, black women have "constructed a philosophy of religion, social justice, and feminism that gave shape and purpose to their lives."[31(pxv)] Historically, within the church, women who ordinarily worked as sharecroppers, as domestic servants, or in factories "became leaders and organizers," learning the skills for political action.[22(pp185–186)] During the Civil Rights struggle, Southern black women appeared unafraid of anything—they were buoyed up by their faith and by the certain knowledge that they had lived through the worst already.[32]

Grant demonstrates that black women's intellectual tradition within the church has always incorporated resistance. Black women have traditionally employed a hermeneutical critique of the Bible, as seen in the story of the slave woman who promised herself that when she learned to read, she would refuse to read the part in the Bible that supported slavery.[27] Rather than simply believing what they are told about religion, Grant found that the women's understandings of God come from 2 very personal and experiential sources: revelations *directly* from God to individual women, and "God's revelation as witnessed in the Bible and *as read and heard in the context of their experience*" [italics mine].[27(p215)] They believe that Jesus identifies with them, and see him as "the divine co-sufferer who empower[s] them in situations of oppression."[27(p217)] Their prayers, their spirituals, and their comfort in speaking to Jesus reflect this identification, and support their beliefs that "the social, political and economic orders were . . . against the will of the real master, Jesus."[27(p219)]

In summary, black womanist theology is built upon a concept of "woman" that embraces both "acting womanish" (ie, social action) and the philosophy of the interrelatedness of love and justice. Jesus is an ever-present friend who helps the faithful deal with everyday hardships, and gives them strength in their quest for freedom from oppressive conditions. Supported by the African American community and the teachings of the black church, African American women travel on a journey "from internalized oppression to the 'free mind' of a self-defined, womanist consciousness."[11(p112)] It is through this journey that individuals learn to see life as a "process . . . amenable to change," thus gaining some control over the world in which they live.[11(p121)] They maintain consciousness "as a sphere of freedom" that cannot be touched.[11(p118)]

A STUDY WITH BLACK CHRISTIAN WOMEN

This article is taken from a larger ethnographic study that examined the health beliefs of poor and working class African American women and their church leaders, who attended the Morning Sun Missionary Baptist Church (a pseudonym), a small storefront church in the Pacific Northwest.[12,33] *A storefront church* was defined by the church's pastor as a building that was originally meant for another purpose. In this case, the church had once been a small white frame house on a large grassy lot in a residential area of the city.

Since this research was done with a very small church of only 35 members, its results cannot be generalized to other groups. The families in the church had all originated in Louisiana or Georgia, heading north during the Great Migration of the 1940s, to seek jobs in the aircraft industry or at the shipyards during the World War II boom. The women participating in the interview portion of the study ranged in age from 19 to 82. Their incomes varied—some were on welfare or disability; some were the "working poor"(one

child care worker had an annual take-home pay of around $9000, which supported between 4 and 9 family members, the number depending on the situations of grown children and their offspring); some were employed at "good" jobs as bus drivers or as computer operators. One family, with both spouses working (the wife as a bus driver, the husband as a city disposal worker), had a combined income of $50,000. The women varied in their levels of education. One elderly woman had finished the fourth grade; others had dropped out of high school. Still others had "some college" and the pastor's wife was one academic term short of attaining her master's degree.

In the original study, ethnographic and feminist participatory research methodologies were utilized.[12] An earlier theoretical analysis of this data examined the churchwomen's unique critique of the healthcare system using critical medical anthropological theory.[32] Although this analysis was important, it did not allow for the data to be examined using an explicitly black feminist framework. The purpose of this article is to demonstrate how concepts from black feminist methodology were used to explore the interconnections of resistance/agency and religious values and beliefs as found in the meaning systems of the churchwomen, in relationship to health, healing, and the healthcare system.

Black feminist theory

Barbee notes that, although there is a growing body of black feminist theory, "the feminist approach to research remains narrowly focused on white feminist concerns."[34(p495)] Hambrick sees that there has been a void of theoretical frameworks for studying black women, making the stories and life experiences of black women "invisible" in women's scholarship.[35]

As a white woman doing research with African American women, it was essential that I immerse myself in black history and black feminist epistemology. This present analysis attempts to bring the women's lived experiences into contact with black feminist theory. Using this theory in the analysis of everyday actions allows for the explication of the implicit meanings, which are related to concepts that have evolved through the experiences, and perspectives of *other* African American women (as described in the black feminist literature).

For example, Harding points out that Collins' use of African American women's voices, through slave narratives, the blues, diaries, etc, enables one to "hear standpoint arguments again and again in the thinking of these political activists and everyday women." She also notes that the choice of one epistemology over another is strategic (like the choice of any scientific theory) and "provides the kind of map we need to get us where we want to go." Furthermore, the lives of people who live "on the margins" of the dominant group have been "devalued . . . as a source of important questions." Standpoint epistemological theories recognize this, claiming "that all knowledge attempts are socially situated, and that some of these social locations are better than others as starting points."[25(pp221,163,151,154)]

Black feminist standpoint epistemology enables the researcher to ask the questions and choose approaches that are relevant to the social location of black women, both historically and in current context. This epistemology determines the questions for investigation, the type of interpretation to be used to analyze findings, and how any knowledge discovered should be used. Black feminist theory "encompasses standards for assessing truths that are widely accepted among African American women." These standards are developed from black women's "collective experiences and . . . worldviews" and depend on principles that are centered in wisdom learned from experience.[11(p252,256)] Collins stresses that there is no homogeneous black *woman's* standpoint; however, there is a "black *women's* collective standpoint . . . one characterized by the tensions that accrue to different responses to common challenges."[11(p28)] This standpoint is

continually changing as the context of black experiences changes.

By using an explicitly black feminist standpoint epistemological approach in the research process and analysis, I am attempting to illuminate some of the "realities" that structure the lives of these particular working class African American women in this particular time and place. In analyzing how the religious views of a small group of women demonstrate resistance to racism in healthcare, I hope to add to the growing body of knowledge that supports the use of black feminist approaches when striving to understand the views of different groups of black women.

While the purpose of this article is not to reiterate black feminist standpoint epistemological approach in great depth (see Collins), it is important to note the following *principles* that ground this theory: (1) black feminist thought acknowledges that "as a collectivity, U.S. Black women participate in a dialectical relationship linking . . . oppression and activism"; (2) there is a tension between ideas and experience; thus, "wisdom" gained from experience is highly valued; (3) action and thought inform one another in ongoing dialogue; (4) essential contributions to black feminist theory have come from black women intellectuals from all walks of life (not just academia); (5) black feminist thought and social justice projects are "dynamic" and intimately connected; and (6) "black women's struggles are part of the wider struggle for human dignity, empowerment, and social justice."[11(pp23–42)]

The specific *dimensions* of black feminist epistemology as defined by Collins are as follows: lived experience creates wisdom for survival; new knowledge claims are created through dialogue with the community's members; thus, "connectedness is a primary way of knowing"; there is an "ethic of caring"; thus, "ideas cannot be divorced from the individuals who create and share them," and "personal expressiveness, emotions, and empathy are central to the knowledge validation process"; there is an "ethic of personal accountability"; hence, knowledge claims from a moral and ethical person are more highly valued than from one whose ethics are suspect or unknown. Collins notes that the traditional black church services "illustrate the interactive nature of all four dimensions of this alternate epistemology." These dimensions, when politicized and attached to a social justice project, are the "framework for Black feminist thought and practice."[11(pp260–266)]

Methodology

In this particular study, black feminist methodology has been used to analyze how the religious beliefs of the churchwomen help them to cope with and resist the racism that they frequently encounter in the healthcare experience. Data are drawn from stories of the churchwomen, narrated in interviews, during casual conversations, and in sermons or Biblical narratives by women. Banks-Wallace found that group storytelling helped the African American women in her study "to develop strategies for resisting negative mythology and images."[36(p21)] Hambrick notes that it is through story that black people "recollect and renew ourselves and our creative genius."[35(p66)] Collins supports the idea that, in the black community, dialogue with community members is essential to the formation of knowledge claims. She stresses that stories, citing concrete experiences, are considered very good evidence, which offer insights on the meaning of being black and a woman in the US society.[11]

In addition to collecting the women's stories, narratives, and Biblical principles applied to experience, life history interviews were conducted with 9 of the churchwomen. To allow for the most open-ended type of interview possible, Minister's feminist approach to interviewing, using an unstructured interview format, was utilized.[37] Each woman was asked, at the beginning of her interview, to tell the story of her life as if she were writing it. She was told that the story could begin and end at any point. Concepts such as "spirituality," "death," "how you manage," and "feeling good" were written on a single sheet of

paper and were used to "trigger" topics that the storyteller might address in the course of the interview. Confidentiality was maintained in the interviews and the women chose their own pseudonyms, often using their mothers' or grandmothers' names. The interviews were tape recorded and transcribed. Each woman had the opportunity to turn off the recorder at any time, and to edit her written life story (for a more in-depth description of the methodology, see article by Abrums[33]).

Taylor points out that interviews with African American women may be seen by the women as "acts of testimony." She believes that "to testify is often an expressive act of resistance against larger social forces of oppression. It is a way to assert one's agency and to reclaim one's humanity." As a researcher, it is important to "bear witness" to the experience of testifying, actively engaging the self, moving into another's space, the end point of which is "to translate the stories in a fashion that is beneficial to African American women and improves their social and material conditions." This experience of testifying promotes *emancipation*, defined as "the expansion of one's perception which increases action toward realizing alternative possibilities."[38(pp59–61)] The use of dialogue in research—conversation between 2 subjects—offers an approach that is "a humanizing speech, one that challenges and resists domination."[39(p131)] Both the "ethic of caring" and the "ethic of accountability" are central to this humanizing dialogue.[11(p264)] As researcher in this project, I acted as a "witness" to the women's testimony, through honest dialogue and expression of emotions and empathy, attempting to engage in this type of dialogue throughout the process.

In addition to using principles of black feminist methodology in approach and data collection, the analysis was also centered within the black woman's perspective as much as possible. Collins notes, "traditional epistemological assumptions concerning how we arrive at 'truth' simply are not sufficient . . . "[11(p18)] because these traditional research methods maintain the image of the Black woman as "'the Other' . . . [an] object to be manipulated and controlled."[11(p70)] As a white researcher, I was helped by black feminist epistemology to continually think about my position in relationship to the women and to critically analyze and present the research from that point of view. I consistently attempted to make sure that any analysis contributed to projects of liberation, rather than to ongoing oppression.

To place this analysis as much as possible within the black women's culture and perspective, the women's life history stories were first summarized. Thus, the reality of the women's day-to-day experiences, interpretations, and context became the entry point to the data. Once immersed in their stories, I thematically analyzed the data. Church-related content was combined with the "everyday" data and the information from the interviews because the women's daily lives were closely enmeshed with their religious stories, beliefs, and practices. The women spent anywhere from 2 to 12 hours in church every week, they described themselves as praying several times a day, and they stated firmly that their beliefs in God and Jesus guided them in all aspects of their lives. Collins' work supports the interconnectedness of religious beliefs and everyday ideas for African American religious women.[11] Contextual data gathered through participant-observation methods was utilized to "place" the women's discussions within the everyday lives of the women. Although the women told many stories of racist encounters in healthcare and I observed these types of interactions, these incidences will not be reiterated here.[12,33]

For the purpose of this discussion, only those themes that demonstrate the interconnections of the women's beliefs about religion, health, and resistance to racism will be presented. Concepts of black feminist epistemology interwoven throughout this analysis and used to support these relationships are as follows: the importance of dialogical storytelling within a community to generate new knowledge claims; the strength of

independent consciousness as a "sphere of freedom" in oppressive situations; the value of experience as evidence in generating emancipatory thought and action; the interdependence of consciousness with this experience; and how selected stories, narratives, and Biblical principles relate to the lived experiences and the development of an alternate consciousness for the religious women in this study.

FINDINGS: THE RELATIONSHIP OF RESISTANCE, RELIGION, AND HEALTH

In this study, through the life history interviews and in-church storytelling, the women described their experiences and the context of these experiences, relating their fears and beliefs about motherhood, death, racism, men, health, God, children, the public schools, work, and the dominant white social system that touched nearly every aspect of their lives. They shared their views and interpretations of day-to-day experiences with race, class, and gender; experiences with clinical encounters and about health; beliefs about how to survive; and spiritual philosophies to be used as creative healing forces and as resistances to dominant ideology. Black feminist epistemology helps us to understand the meaning of these experiences more deeply, by bringing them into contact with the larger framework of other black women's experiences.

There are several meaning systems identified in the thematic analysis that illustrate a relationship among resistance/agency, religion, and healthcare, as described by the women and as observed in ethnographic data. These beliefs demonstrate the relevance of black feminist theory in the lives of everyday women, explicating how the women survived, resisted oppression, and maintained power within the dominant ideology of the healthcare system. The belief systems that will be discussed are as follows: (1) the meaning of intelligence versus education; (2) the power of prayer; (3) the demonstration of agency in the healthcare encounter; and (4) the role of Jesus in healthcare.

The meaning of intelligence versus education

An important theme, addressed over and over again by the church members and church leaders, was that there was a difference between *education* and *intelligence***.** Collins developed a similar distinction in her work, noting the difference between "knowledge and wisdom." She states that experience is "the cutting edge" separating these terms, and is the foundation for wisdom, "the key to Black women's survival."[11(p259)] The women in the church used the term *intelligence* in a manner that was analogous to Collins' "wisdom"; thus, intelligence was intimately related to experience rather than education. Collins noted that in the African American community, many black women intellectuals may or may not have been highly educated: Sojourner Truth could not read or write, but was a formidable intellectual who deconstructed the word *woman* in her famous "Aint I a Woman?" speech.[11(pp14,15)] Hence, in contrast to the dominant society that equates education and intelligence, for African Americans, "the connection between *experience* and consciousness . . . shapes the everyday lives of individual African American women."[11(p24)] As Nelson states, the concrete experiences of a trustworthy and sober person rather than "distant statistics" provide the criteria for credibility.[40(p7)] This viewpoint clearly evolved from "the outsider-within stance" and the "embededdness" in African American culture.[11] The church members' emphasis on the connection between intelligence (or wisdom) and *experience*, rather than *education,* exposes the contradictions contained in the dominant view.

Many traditional black sayings, repeated often in the church, addressed this belief. A visiting preacher said, "up here will fool you (pointing to his head), in here will school you" (pointing to his heart). Another preacher quoted Rosetta Carr, "You can go to college,

you can go to school. But if you haven't got religion, you an educated fool."[33] Collins pointed out that life as a black woman required wisdom for survival, and black people frequently mocked "educated fools" who had "book learning" but did not possess "mother wit."[11(p257)] Members of this church often noted that they had not been able to finish school but that they possessed mother wit, and told stories about those who lacked this asset. The pastor's wife told the story of her friend's son, an engineer, who had had something happen to his mind and no longer had "the sense" to put on his hat. The churchwomen agreed with her, noting that "you never get so academic that you don't need the Lord." The pastor's wife believed that it was "easier for the simple people to accept Jesus. If a mind is analytical, it's a little hard to get through to." Although she was one quarter short of a master's degree, she demonstrated an "independent consciousness" in relationship to her academic training, saying, "Some people think they know everything. They look down on people who may not be as well learned, but the depths of things come from the unlearned." She demonstrated how foolhardy it was to focus on prestige, noting that the multitude did not believe in Jesus because they were waiting for a king and he was a carpenter's son.

As was noted earlier, for many black women, religious beliefs offer oppositional ways of thinking to survive dominant systems, such as the healthcare system. The stories about how "education" did not necessarily equate to "intelligence" supported the women's knowledge that, *in their experience,* there were concepts related to healing that were more critical than those held by the Western biomedical and educational system. The most important concept within this "independent consciousness" was that the "intelligent" person believed God was in charge of the body. The pastor's wife stated this eloquently, "He's my mind, my feet, my hands. If He doesn't let me do it, I can't do nothing."

The women's life stories spoke of many instances where they enacted their belief system when they experienced illness and encountered the health system. After Sister M. sent her daughter into surgery, she testified, "Thank God . . . for bringing my daughter through surgery. No one could go into there with her but God." When Sister A. was critically ill, she waited to go to the doctor until she felt a peaceful presence that told her, "You can get up and go now." Sister S. went in for surgery and related, "I prayed, so I'm not scared. The Lord will meet me there . . . The last time . . . I could feel the Lord stretched out under me, breathing on my neck."[33]

These stories, told with much "call and response" participants, were *based on the women's experiences* and evolved from an alternate wisdom (or consciousness) rarely acknowledged and/or validated by the medical community. The "intelligent" person recognized that the body was a beautiful gift from God, given so that one could know God. The intelligent person held another truth: that only God, not the science of medicine, held power over the body. This knowledge enabled the women to depend on the Lord, in whom they had implicit trust, rather than on a medical system, which had often mistreated black people.

The power of prayer

The church members found, through their experiences, that the best action anyone could take when ill was to pray. This faith in the power of prayer illustrated the interconnections among experience, consciousness, and action. The pastor stressed the power of prayer, using a medical metaphor, "When you got problems . . . what you need to do is 'Operation Pray.'" The churchwomen often added the words "if it be your will" to any prayerful request, noting that they did not have the "comprehension" that God did, and thus could not know all of the circumstances. In their experiences, they had sometimes received what they had asked for, but the situation had not turned out the way they had hoped. Thus, they had learned to acknowledge their limited power and expertise;

and in the end, they turned it over to God.[33]

In the church members' experience, prayer functioned as a healing force in 2 ways: through the altered consciousness that occurred in times of intensely spiritual moments and through the social action that was engendered as a result of the power of prayer. According to the pastor, the purpose of the church was "to be a hospital to all kinda people." The church was "a place where someone in distress can come," and be rescued "from the forces that hurt us." The church was where "people come to be revived." As the spirit took over, members stated that they often left behind physical ailments—at least for a time. One churchwoman noted that gospel music "heals the spirit . . . helps you relax, heals depression, takes care of your aches and pains." Another woman said, "If you feeling bad and you in church and you get in the Spirit, at least them couple of hours of church . . . When you walk out the door, that pain might hit you again, but when you sitting there, you feeling good." Often during a particularly moving sermon, one of the women exclaimed aloud, "Medicine! Medicine!" a metaphor that demonstrated the healing power of the spiritual experience.[33] This time of "altered consciousness" offered a "sphere of freedom" that could not be touched by oppressive circumstances.

Singer and Baer agree that these aspects of a religious faith offer important tools for coping with oppression, but this faith may be counterproductive for societal change. They state that prayer places the blame for illness, as well as power for healing, on the individual, while ignoring social influences. Thus, the "medicine" of the church and the healing therapy Holy Spirit act as palliatives for the individual and community that discourage social action.[17] However, when asked about this "palliative effect," the pastor's wife clarified that the church members did not deny that social change was necessary, but the most powerful impetus for this action *was found* in prayer and in the power of the Holy Spirit. She reacted indignantly to the idea that religion lulls people into an acceptance of the status quo and stated vehemently that Jesus had changed the world more than any other person and that the church members followed His teachings. When a racist incident occurred in the community, such as when the local high school attempted to lower academic requirements for its mostly black athletes, the members prayed fervently that the Lord would intervene and make the school board and the principal understand that racist assumptions precipitated the injustice of this action ("They are saying that our children cannot learn!!!"). The church members repeated frequently, "Prayer changes things!!" Thus, the members saw prayer not just as therapy acting at the individual level but also as an active and powerful force that could create change in the social world.

Like the distinction between intelligence and education, this understanding of prayer as a powerful action for social change demonstrates an alternate consciousness that is grounded in the community's stories of experiences ("the evidence"). The certain knowledge that prayerful action helps realize "alternative possibilities" in a racist world illustrates Collins' theory that, for these black women, experience, consciousness, and action are intimately related.[11] This relationship leads to the expansion of one's perception (in this case through prayer), creating emancipatory thought and deed.

Demonstrating agency in the healthcare encounter

But how did this emancipatory, independent stance of consciousness play out in the actual health encounter, ie, how was it demonstrated in everyday lives, within day-to-day experiences? What really happened when this faith system encountered the scientific medical system? While the women had no trouble holding onto their belief in the power of prayer, they had many experiences that reinforced the idea that the health professionals "are people just like us," as they put it kindly. As human beings, the doctors, nurses,

and social workers were subject to mistakes, to racism and classism, to judgment of others, as well as to kindness and helpfulness. There were many conversations about encounters within the healthcare system, and I observed a wide range of treatment (often negative) toward the women at healthcare visits.[12,33] The women's beliefs about intelligence, the importance of prayer, and the knowledge that God was in charge of the body enabled them maintain "consciousness as a sphere of freedom" in these encounters.

In addition to maintaining this independent consciousness, the women of Morning Sun employed multiple strategies in preparing themselves to take control of the health interactions. The pastor's wife urged them to dress well, to be prepared, to take the initiative and ask questions. The women often made a point of taking the most assertive family member with them, especially if there was any procedure planned. They supported one another with loud discussions (Collins' dialogical storytelling) during church social times, at times rejecting much of the statistical or medical information commonly generated by health professionals about them, for example, that they had poor diets or suffered from higher infant mortality rates.[12,33]

They encouraged one another to "have the right attitude," to work hard, to pray, and to employ self-esteem in all of their encounters with dominant white systems, including the healthcare system. The pastor's wife taught the women, "It's what our minds say. If you say you nothing, you nothing." Many of the women quoted their mothers and teachers (thus using the concrete experiences of their elders as evidence), saying, "Even if you don't have but one dress or one pair of pants and shirt, wash it out at night, next day be clean," or "Just because you was raggedy, you didn't have to be dirty." The pastor noted that it was easy to become discouraged when "we look at ourselves . . . and when we look at *the other side* [italics mine] of the world we can become overwhelmed." However, the pastor believed that the secret to maintaining self-esteem was the knowledge that, "If God be with us, who can be against us?" One of the poorest women in the church stated it most graphically when she said, "I am *somebody* because I am the child of a King!" These examples of "humanizing speech"[39(p131)] demonstrated the expansion of one's perception that enabled the women to approach the healthcare encounter with confidence.

For some of the women, everyday life was a constant struggle to feed and clothe their children, as well as to gain needed healthcare. While they were sometimes judged as incompetent in caring for themselves or their children by the healthcare professionals whom they encountered, at church they were supported and encouraged as resourceful women trying to do their best under difficult circumstances.[12,33] The women shared their survival wisdom in many ways. In storytelling, they applied Biblical narratives to everyday lives, discussing how Biblical women had historically survived, using personal resources to gain what they needed. One young churchwoman told the story of Ruth noting that when Ruth's husband died, Ruth and Naomi, Ruth's mother-in-law, were left to fend for themselves. Ruth was a member of a "despised group"; and the women's lives were at risk since "in those hard, rough times . . . they had only each other." The women plotted for Ruth to seduce Boaz, entice him to marry her and take care of them both. This story was not interpreted as a story of Ruth's immorality, nor of women's subjugation in Biblical times, rather it was told as a story of women taking the initiative to survive. The speaker validated Naomi and Ruth, noting that the invisible hand of God was at work; and that God's plan could only be known much later, when, from the line of Ruth and Boaz, came Israel's greatest king, David. There were 4 important concepts in this story: agency could take multiple forms; taking the initiative was important for survival; God was always directing events in unknown ways; and even a woman of a despised group could be chosen by God for greatness. Stories such as these helped the women to understand (again, through developing an alternate consciousness) that their

own actions were necessary and were for a purpose. As the women discussed these Biblical women's experiences, they applied the wisdom to their everyday lives, interpreting their own, often-difficult experiences, in a new way.[11,27] In this manner, they generated emancipatory thought that helped them redefine dominant views of their experiences. They found an altered consciousness, which offered a "sphere of freedom."

Jesus is the doctor

The women of Morning Sun knew that the education in the medical model did not necessarily demonstrate intelligence as they defined it.[12] Instead, the women placed their trust in the Lord, believing that prayer had the power to change things. In addition, they demonstrated agency in the way that they prepared themselves both physically and consciously to manage all encounters with the healthcare system. Finally, they assured resistance/agency in the healthcare encounter in one final respect; and perhaps, this method was the most powerful tool of all in maintaining a "sphere of freedom" in oppressive healthcare encounters.

This power manifested itself most clearly in the phrase "Jesus is the doctor." As the women explained the meaning of this phrase, they uniformly responded that Jesus simply *is* the doctor. Sister L. elaborated, "Well, we believe the Lord does it, that's all . . . I mean, we go to doctors and all, but we believe the Lord does it." Eighty-year-old Sister B. told me:

He's the Captain over us all . . . I depend on the Lord . . . and the doctor, too. It's like my mother used to say—the Lord reveals into these doctors and He tells them and they know what to do . . . I'd choose 'em both . . . The Lord works through the doctor and the doctor works through us.

Her daughter reiterated this, saying "Jesus is the one that guides the doctor . . . He uses them. That's for me." A second daughter added, "I believe—pray about it and still go get help too, because He works through the doctor." Sister L. felt that doctors and nurses "have a gift from God to help." Sister J. believed that the doctor could help you even if he did not actively believe in Jesus, saying, "Everybody's got a little portion of Jesus. They just don't know it." Sister L. supported this, saying that healing depended on the sick person's relationship with God, that the doctor was just an instrument, so it did not really matter what he or she believed.

The prayers and the music at Morning Sun reflected this belief system. One prayer for an ailing member requested: "Touch him with healing hands, Lord . . . Realize all healing comes from You." The pastor prayed for the doctors, saying: "Remember the doctors. We know they can't do the job unless You let them. And give them the patience, lead them and guide them"; and "Touch the doctor's hand (before surgery). Enable it to be steady . . . Whatever he knows, You gave him."

Even though the ultimate power rested with God, the women of Morning Sun did not believe that this was a mandate to avoid doctors. Sister M., interpreting James 5:14, stated:

James does not mean that a sick person should not go to the doctor . . . He put the doctors among us and gave them the knowledge to accomplish what they've accomplished. So . . . we pray first, then we go to the doctor . . .

Since the ultimate power rested with God, the women of Morning Sun maintained a healthy skepticism about the doctor's human powers. Hooks noted that the "insistence on the limitations of humans" was historically crucial for an oppressed people. She states, "the assumption that [the oppressors'] power was limited, subject to forces beyond control, even a belief in the miraculous, was an empowering world view running counter to the teachings of white colonizing forces."[29(p57)] Thus, the doctor's fallibility as a human was clear. As Sister L. stated, "they are just men and God made them so." The pastor prayed for his people to understand this critical point: "Enable them to be patient with the doctors and nurses. Enable them to realize they are

not You! They're the doctors, but You work through them." The women called on their own experiences to verify this, remembering times when the doctor's opinion or judgment had been faulty. At one time, the doctors predicted a church member was dying, but Sister K. said, "They don't know. They just people like us . . . Only God knows." Sister R. told the story of when she was in a coma, with a body temperature of 60° and the doctors gave her 12 hours to live:

I admire doctors but they don't know it all. Doctors don't accept nothing they don't understand! Doctor said he was ready to sign my death certificate, but I said, "Doctor, you don't know, because I'm not yours!"

These dialogical stories, told over and over to one another, with much call and response, strengthened the women's belief system in God's power, identifying the frailty of the human doctor. As the women told these stories "they were strong and justified, happy and powerful."[12(p104)] They held a truth that others did not seem to know, a truth that helped them maintain a "sphere of freedom" when encountering the dominant ideology of the health system.

Within their belief system, the women held the sure knowledge that they could chose their own Healer. They knew that God was in charge of the body and that they had a direct line to God. They often stated or sang the words, "Jesus is on the main line—Tell him what you want right now" (source unknown, adaptation by pastor's wife). Since the ultimate power rested with God, the women of the church were able to sidestep and thus resist the dominant ideology of the healthcare system and the externally imposed images that healthcare providers held of them. They remained in control of the healthcare encounter because they knew and chose Who was really in control. They knew their Healer well and they knew that He was their ever-present Friend. In a sense "they co-opted the power of the doctor" into their own system of power—seeing the doctor as a mere tool, knowing that the real power rested within their own relationship with God.[12] Thus, the women resisted the dominant ideology of the healthcare system and maintained agency and a "sphere of freedom" in consciousness by choosing their Healer.

SUMMARY

There is widespread racism against poor African Americans in healthcare. This racism creates stress that contributes to health problems in multiple ways. In addition, the recipients of this treatment must develop coping strategies to resist negative messages implicit in discriminatory care. This constant struggle to maintain one's subjectivity in the face of negative objectification may cause both physical and emotional stress, magnifying concurrent health problems.

One of the forms that this racism takes is the stereotyping of black women, through racist colonizing images and health categorizations. These conceptualizations serve to objectify the women, intensifying the many ways that health professionals trained by the Western white medical system and the institution of healthcare stereotype poor African Americans, thus treating them as "the Other." This perception of "the Other" serves to widen the distance "between Us and Them," creating and perpetuating discrimination in healthcare.

However, objectification theories assume that the "objects" of this process are shaped solely by the course of oppression. In reality, poor and working class African American women demonstrate agency and resistance in multiple ways in the healthcare arena. This subjectivity is evident at times in active resistance—complaints, direct challenges to health providers, refusal to go to the doctor, etc.[33] However, it also manifests itself in more subtle forms.

In this particular storefront church, the women were very conscious of the racism they experienced in healthcare interactions and from the healthcare policies that supported racism. However, the women held

beliefs that enabled them to maintain their subjectivity and to take control of the healthcare encounter. These beliefs included the knowledge that the doctor was "only human" and that God was in charge, that prayer was a powerful force, that each of them was "somebody" with the wisdom to survive, and that each woman had the power to choose her own Healer—Jesus her Friend.

In conducting research with poor and working class African American women, it is crucial for researchers, trained in the Western model of science, to immerse themselves in black feminist epistemology. Doing so will enable the researcher to be reflective about framing the entire research process in ways that prevent contributing to oppressive "othering" stereotypes. Hopefully, research grounded in this epistemology will contribute instead to emancipatory research projects for black women.

This analysis has attempted to elicit the relationships between black feminist theory, particularly theory developed by Collins, and the theories of one group of poor and working class African American church members from a very small storefront church. Black feminist theory helps us to understand the complex subtleties of the resistance demonstrated by these prayerful women in relationship to the healthcare encounter. The women's experiences, as heard in storytelling and in the application of Biblical narratives, simultaneously *reflect and create* a consciousness that enables the women to maintain a "sphere of freedom" in an often-oppressive situation. Emancipatory thought and action are evidenced as the women use their religious beliefs to protect and support themselves, one another, and their families in the healthcare encounter. It is important to realize that the women may be seen as "objects," as victims, both by the healthcare system and sometimes even by themselves, but their stories of their experiences demand a more complex interpretation of the healthcare interaction.

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