The Influence of Black Church Culture: How Black Church Leaders Frame the HIV/AIDS Discourse

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Abstract

Although the Black Church has historically responded to social problems, collective action to combat HIV/AIDS has been limited. Focus group conversations from Black Church leaders are used to examine attitudes and actions on the subject. Of particular interest is whether framing of the discourse is influenced by Black Church culture. Findings suggest the tendency to associate HIV/AIDS with homosexuality and conflate it with other social challenges. Tensions arose concerning how to reconcile HIV/AIDS without violating Christian tenets as well as inactivity that violates the Christian calling to serve the Black community. Yet regardless of views about theology, humanity, morality, and sexuality, strategies for redress reflected the Black Church self-help tradition.

The devastating effects of HIV/AIDS in the Black community are well documented. In 2005, about half (49 percent) of persons diagnosed with HIV/AIDS in the United States were Black, 41 percent of men living with HIV/AIDS were Black, and 64 percent of women living with HIV/AIDS were Black. Based on the latter figure, it has been suggested that the contemporary "face of AIDS" in the U.S. is Black, heterosexual, and female (Centers for Disease Control 2007, 2008). Studies also document the Black Church's[46] legacy of responding to social problems (DuBois 1903[2003]; Mays and Nicholson 1933), undergirded by church cultural tools (Barnes 2004; Cone 1995; Pattillo-McCoy 1998; Wilmore 1994). However, its collective response to the pandemic has been limited (Douglas 1999; Hammonds 1992, 1986; Herek and Capitanio 1999; Neuman 2002).

Limited information exists about dynamics that influence Black Church-based HIV/AIDS programs (Cohen 1999; Lemelle et al. 2000; Neuman 2002). However, literature shows the centrality of Black Church leaders such as pastors, other clergy, and

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[46] The term "the Black Church" is used to represent the institution as a collective and "Black church" when specific congregations are referenced. Use of the former term should not suggest the lack of diversity among Black congregations based on factors such as denomination, theological focus, worship style, programmatic efforts, and community involvement.

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key lay leaders in shaping congregational purposes and programs (Billingsley 1999; Fears 2004; Lincoln and Mamiya 1990). Thus it is important to consider the views of such leaders regarding HIV/AIDS. Although not exhaustive, this research examines possible cultural exemplars to better understand the attitudes and behavior of a sample of thirty-five Black Church leaders who have histories of involvement in community action. Qualitative data are used to explore: how they frame the HIV/AIDS pandemic; whether Black Church cultural components are influential; and how their views affect interventions.

The Black Community, The Black Church, and HIV/AIDS

The most common individual-level factors associated with the prevalence of HIV/AIDS among U.S. Blacks include intravenous (IV) drug use, unprotected heterosexual sex, heterosexual sex with IV drug users, and men-sleeping-with men (MSM) (CDC 2003, 2004; Malebranche 2003; O'Neill 1987). Systemic correlates to HIV/AIDS disparity based on race/ethnicity include historic and current inequality; poverty; health inequities; Black male incarceration rates; relative differences in funding for research and interventions; and, some scholars suggest, the tendency to implement ethnocentric interventions (Airhihenbuwa et al. 2003, CDC 2008).

According to studies, the Black community tends to be sexually conservative; sexuality is considered taboo and not a subject to be addressed in the public or religious sphere (Billingsley 1992; Douglas 1999; Higginbotham 1993; Sterk-Elifson 1994). Historically HIV/AIDS has been considered a "White gay males'" disease that has been stigmatized by some Blacks (Battle and Bennett 2000; Cochran and Mays 1999; Lemelle et al. 2000; Valdiserri 2002). Conservative Christian dictates in general seem to have exacerbated stigma such that views found in the larger Black community also manifest among some church members (Douglas 1999; Fullilove and Fullilove 1999; Leland and Miller 1998; Reeves 2004). And for persons who espouse such negative views, the leap to automatically associate HIV/AIDS with homosexuality is an easy one (Davis 2005; Paulson 2004; Reeves 2004). HIV/AIDS is often associated with immoral behavior and considered in diametric opposition to Black Church tenets (Cohen 1999; Davis 2005; Douglas 1999; Herek and Capitanio 1999; Paulson 2004; Reeves 2004). Although the Black Church has successfully spearheaded other health-related interventions in response to cancer, diabetes, and Alzheimer's, the tendency to characterize HIV/AIDS as a sex-related issue rather than a health-related one has undermined interventions (Malebranche 2003).

Strategists suggest initiating conversation with clergy and churches open to discussing sexual issues and HIV/AIDS because they may also be more amenable to sponsoring interventions. Airhihenbuwa et al. (2003, 34) provide a germane suggestion:

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> The African-American church may present a good entry point…
> [However,] moralization of sexual matters and diseases (of which
> HIV/AIDS is perceived to be the very epitome)…thus presents a problem
> on how this should be addressed. In this instance, it may be best to use
> men that occupy leadership/authority positions as "beginners" in this
> initiative.

Some scholars also contend that Black churches equipped with resources and support from organizations such as The Joint United Nations Programme on HIV/AIDS (UNAIDS) would be significant forces against the pandemic (Okigbo et al. 2002). Although community-based agencies such as Blacks Educating Blacks about Sexual Health Issues (BEBASHI) exist, such services are rare (Airhihenbuwa et al. 2003). Church-based programs focused on HIV/AIDS awareness and prevention include the Balm in Gilead, Inc., Gospel Against AIDS, Interfaith HIV Network, and the ITC AIDS Project. However, there is an absence of national and local HIV/AIDS programs specifically directed toward the Black community (Williams 2002). For example, a study by Rubin, Billingsley, and Caldwell (1994) of over 170 Black churches showed that only 3 percent sponsored some type of AIDS-related health program. Because of the benefits of Black Church culture and leadership in motivating adherents toward community action (Barnes 2004, 2005; Morris 1984; Patillo-McCoy 1998), it is important to consider their influence when the subject of HIV/AIDS is considered.

Cultural Theory: Framing the HIV/AIDS Discourse

Swidler (1986) defines culture as "symbolic vehicles of meaning, including beliefs, ritual practices, art forms, and ceremonies, as well as informal cultural practices" (273). A cultural "tool kit" reflects symbols, stories, beliefs, and rituals used to organize and develop specific processes to bring about specific outcomes. Culture can provide both motivation and meaning to foster resource mobilization by enabling supporters to determine problems, make sense out of them, and develop appropriate solutions. Because, according to Swidler, "culture provides the materials from which individuals and groups construct strategies of action" (280), the goal here is to determine church cultural tools that affect church leaders' attitudes and actions about HIV/AIDS. This analysis examines how Black Church culture is framed (i.e., purposely arranged, produced, and presented) to affect beliefs and behavior about HIV/AIDS (Goffman 1974; Snow et al. 1986).

According to Benford (1993), framing and the actions that follow can provide group consensus and shared group identity that can be cyclic in their ability to influence subsequent frames. Thus how Black Church leaders frame the HIV/AIDS discourse would be expected to influence interventions or inactivity. Furthermore, conflict surrounding the framing process could undermine group consensus and action. Bolman

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and Deal (1991) posit that framing based on cultural components such as rituals, myths, stories, and ceremonies is more effective in creating meaning and motivation in organizations, even religious groups, than regulations and managerial authority. Thus what an issue *means* to group members is as important as the issue itself. Moreover, disparate intra-group meanings can make it difficult for groups to meet goals and objectives and reconcile problems. For these authors, culture is both process and product that can empower groups who face paradoxes, uncertainty, and seemingly insurmountable situations. For Black Church leaders, cultural symbols would be expected to provide meaning for issues such as HIV/AIDS as well as possible interventions.

The application of work by several other scholars helps inform an understanding of this framing in the Black Church context. Goffman (1963) defines stigma as a deeply discrediting attribute that is understood in society based on a "language of relationships" (3). Of his three categories of stigma, the second group consists of homosexuals and others with "blemishes of individual character... or unnatural passions." Blacks are included in the third group based on the "tribal stigma of race[,] these being stigma that can be transmitted through lineages" (4).[47] Simply put, these groups are less desirable because they are different. Furthermore, society creates an ideology with which stigmatized and non-stigmatized persons (i.e., "normals" per Goffman) understand themselves, each other, and how to negotiate encounters. He describes how stigmatized groups contend with shame; discredited identities; negative experiences among normals; and the desire for acceptance. Goffman also details ways people attempt to manage stigma germane to this study that include attempting to correct their *deficiency*; overcompensating; and unconventionally interpreting their identity to counter society's negative portrait. Historic stigmatizing symbols associated with Black sexuality (West 1993) and the Black Churches' response in encouraging modesty and traditional sexual norms may illumine the current analysis (Higginbotham 1993).

In addition to religious/spiritual, cultural, and socio-psychological challenges in responding to the pandemic, Cohen (1999) details political issues that have stymied Black Church involvement. She contends that negative framing has undermined HIV/AIDS mobilization. Although many Blacks have historically embraced a linked-fate ideology in response to social problems, Cohen suggests that those who consider

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[47] The first stigmatized group includes persons with physical deformities. Goffman suggests that most stigmatized persons consider themselves no different from other human beings, although they and others define them as "different." He contends that stigma can function as a means of formal social control, and to exclude groups for societal competition for scarce resources. Lastly, Goffman's following observation informs the experiences of Blacks, gays, and lesbians as well as a broader dialogue regarding stigma and diversity: "in an important sense there is only one unblushing male in America: a young, married, white, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight, and height, and a recent record in sports" (128).

HIV/AIDS largely a problem for the gay community have difficulty understanding its relevance to them as a problem to be championed. As such, a marginalized group (i.e., Blacks in general) subsequently marginalizes even more subordinated sub-groups within their own race (i.e., Blacks who are gay and lesbian, drug users, or considered sexually promiscuous). This premise further suggests that part of the Black Church's historic political role has been to police the sexual and moral behavior of the Black community to avoid stigma and maintain its wholesome image (Hammonds 1986, 1992). Cohen and others contend that the Black Church has not placed AIDS on its national political agenda largely because it cannot decide on the *worthiness* of certain victims for time, resources, and energy (Cooper 1988). Its weak political stance is summarized as follows:

Overall there has been very little reframing of AIDS to awaken the consciousness of black communities and mobilize their political strength in response to this epidemic. Instead, AIDS has most often been represented as an individual medical/moral problem caused, depending on your perspective, by bad people or salvageable individuals engaged in bad behavior(Cohen 1999, 288).

The Cultural Repertoire in the Black Church

The Black Church cultural repertoire includes scriptural redaction, stories, rituals, spirituals, call-and-response, gospel music, prayer, self-help, and symbols germane to the Black experience (Barnes 2005; Cone 1995; Costen 1993; Morris 1984; Pattillo-McCoy 1998). These tools validate members, evoke God for assistance, bolster positive group identity, and fuel social action (Billingsley 1999). In particular, the Bible informs Blacks about appropriate spiritual and temporal pursuits; whether and how God plans to intervene; whether and how they should spearhead social change; and the consequences of deviating from "godly" dictates (Lincoln and Mamiya 1990). The theological stance of some Black Church members about sexual immorality is informed by Genesis 19 and 1 Corinthians 6:9.[3] Symbolism that excludes segments of society from eternal life because of immoral living—a list that includes a sub-group believed to be homosexuals—has been used to illustrate God's stance about such lifestyles. Other scriptural references used to condemn homosexuality include Judges 19:22-23, 25; Leviticus 18:22; Leviticus 20:13; Romans 1:26-27; and, 1 Timothy 1:8-10. For those who embrace such biblical interpretations, HIV/AIDS is often equated with homosexuality and characterized as God's wrath on persons engaged in sinful behavior (McMorris 2004; Paulson 2004; Reeves 2004; Texeira 2005). A representative quote by Neuman (2002) correlates Black Church culture to historic community action and current inactivity in regard to HIV/AIDS:

It was the church that offered education, job training, food, and shelter… Whenever people were oppressed, [the Black Church] was there, marching,

protesting, shouting, preaching, praying, proclaiming, giving, exhorting, crying, working. We have stared down sickness, poverty, unemployment, racism, water hoses, and vicious dogs; now our communities are threatened by something that has no cure – HIV/AIDS... Yet the loudest, most influential voice in the history of Africans in America sits in the pulpit and pews of our churches silent on Sunday... [T]he church's role is to do whatever is necessary to create and promote healing in the lives of people. (146-7)

Other less noted elements of Black Church culture are conservatism characterized by family and child-centeredness, the tendency to avoid sexuality-related dialogue, and heterosexism (Douglas 1999; Fears 2004; Lemelle et al. 2000; Texeira 2005). For some, current Black Church difficulties mobilizing around HIV/AIDS represent a conundrum in light of its self-help tradition during periods such as the Jim Crow era and the Civil Rights movement.

Research Questions

This project is guided by several questions. What are the views of clergy and other church leaders about HIV/AIDS in the Black community? How do they make sense of the pandemic? Is the influence of Black Church culture evident? Do views influence HIV/AIDS programs?

Dialogue Context: Black Church Leaders' Perspectives

In the summer of 2003, a group of thirty-five seminary students who were also Black Church leaders engaged in dialogue during three focus groups while matriculating at a seminary in the Southwest. A series of five broad questions were posed to stimulate general discussion and encourage varied responses without unduly influencing the focus of discussion. The questions were: (1) What is the most pressing problem facing the Black community/Black Church?; (2) How is the Black Church you attend meeting the needs of the Black community?; (3) Talk about gender inclusivity and the Black Church—what are your views?; (4) Talk about sexual orientation and the Black Church— what are your views?; and (5) How has the Black Church responded to these issues in questions 3 and 4? The groups were not organized to specifically discuss one issue, but rather to consider social problems that affect the contemporary Black Church. Yet despite broad questions, issues related to HIV/AIDS and homosexuality consistently emerged. Each session, approximately two hours in length, was video- and audio-taped on campus. Clergy (pastors, preachers, evangelists) as well as Christian educators, and ministers of music were included. The majority of participants are pastors of predominately Black churches. The groups consisted of a total of 21 males and 14 females. Heterogeneity existed in terms of religious vocation, denomination, age, and

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sex. Content analysis was used to uncover the representative quotes provided here from the focus group members in the sample (pseudonyms are used and vocations are excluded to insure anonymity).

Framing Homosexuality Among Black Church Leaders

Sentiments about HIV/AIDS were tied to how sample members framed sexuality in general and homosexuality in particular as well as traditional biblical redaction. It was common to associate the pandemic with risky, inappropriate behavior (Douglas 1999; Jemmott et al. 2001; Mays and Cochran 1987). Symbolizing the pandemic in this manner meant associated beliefs and cultural practices were usually understood in a similar way (Swidler 1986, 1995). Furthermore, focus group members believe that the subject continues to be an uncomfortable topic in the Black Church and Black community (Neuman 2002; Sterk-Elifson 1994; West 1993). Thus sexual conservatism, a component of Black Church culture, has made it difficult to examine HIV/AIDS:

Loretta: Because it deals with human sexuality. It's something that's done in secret, but nobody talk about it. And I think because it has been so   taboo in this country and the church has been the forerunner of this in so many ways, we don't look at human sexuality in a holistic way. And it has created, I feel, AIDS in our community— it's like hush, hush.

Although scripture was used to frame focus group discourses, the underlying conflicts evolved around appropriate ways to conceptualize and respond to the pandemic that both does justice to the humanity of infected persons and does not violate Christian tenets. Sample members posited that conservative views in Black Church spaces mean the subjects of sexuality, homosexuality, and, by extension, HIV/AIDS are often taboo. Despite its increased prevalence among Black heterosexual women, members of the sample tended to correlate HIV/AIDS with homosexuality and the pandemic was framed based on four themes: denial and dirty laundry, homosexuality as sin, deliverance, and inclusivity.

"The Truth Shall Make You Free": Denial and Dirty Laundry

Historic stigma of Blacks by Whites, stigma toward homosexuals, and stigma management were noted among sample members (Goffman 1963). Some participants believe that the Black Church and community are in denial regarding the prevalence and effects of HIV/AIDS among Blacks and are more concerned about airing its "dirty laundry" than addressing the social problem. As such, homosexuality represents another potential stigma in the Black community. Focus group members with these views believed that, given society's tendency to characterize Blacks negatively (Higginbotham

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1993), churches respond by attempting to present a "perfect" image to the world - even at the expense of intervening on behalf of the physically ill. And just as cultural framing can provide the stimulus to develop a shared group identity (Benford 1993; Cohen 1999), such group members considered themselves part of a collective called the *Black Church*, but critiqued what they considered to be a preoccupation with presenting a collective identity devoid of flaws. According to the following comment, focus on rituals and ceremonies reflect attempts to deny reality of the pandemic and reinforce the desired image (Goffman 1959, 1974; Hammond 1992, 1986; Okigbo et al. 2002), but can take precedence over proactively combating social problems like HIVAIDS:

> Mary: They just don't want to deal with the facts. We just want to sweep it all away and say oh, they're sick… We just want everybody to look like it's perfect… We just keep having our beautiful days and wearing our beautiful hats and suits… [T]hese are issues that even the heads of our churches will not take a stand about one way or the other…just divorce that segment of people and say they're gays and lesbians—go somewhere else—you're just wrong—you're just evil. We want to look at the Catholic Church and point to them. But we don't want to point to ourselves. Who wants to unveil all of this stuff? And when you unveil it, what do you do with it? We just keep having our beautiful days and wearing our beautiful hats and suits.

In this regard, routinized events solidify group identity and cultural practices (Benford 1993; Swidler 1986, 1995) and also motivate church members toward corresponding behavior.

By "circling the wagons," the Black Church has difficulty articulating social problems and developing strategies and solutions. Leaders with these views appeared frustrated by what they believed to be the Black Church's preoccupation with a façade of respectability, pomp and circumstance, and perfection that ignores problems. However, even critical participants articulated their allegiance to the Black Church and its overall mission of empowerment.

"Love the Sinner, Hate the Sin": Homosexuality as Sin

Negro pews, persecution, threats of denominational ousting, and paternalism by Whites in sacred spaces resulted in a separate Black religious tradition with a different culture. In this new space, adherents were sensitized and challenged to follow biblical dictates and respect and value all of humanity—including those considered to be sinners

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(Sernett 1985).[48] They believed in a God who loved humanity unconditionally—even the poor and other disenfranchised groups (DuBois 1953[1996]; Lincoln and Mamiya 1990; Wilmore 1994). When characterizing homosexuality, some focus group respondents distinguished people from their actions. This meant that homosexuality was less often considered an identity with a corresponding lifestyle (i.e., who persons are), but rather behavior (i.e., what persons do). Leaders with such views usually associate homosexuality with sin; HIV/AIDS represents the expected outcome associated with persons who engage in homosexual behavior (Cohen 1999; Douglas 1999; Herek and Capitanio 1999; Malebranche 2003). Although respondents were sympathetic about the circumstances and challenges with which infected persons and their families contend, views ranged from considering gays and lesbians sinners *en masse* to defining such couples as adulterous because they do not reflect the traditional, legal marital arrangement. Biblical texts that condemn immorality were important in grounding such views:

> Lester: You also have to consider the fact that love doesn't rejoice with evil, but it rejoices with the truth [paraphrasing 1 Corinthians 13:6]. And if I love you as a brother then I'm going to confront you in love and say the things that you're doing are wrong [homosexuality], not because I'm so big or I know everything that's right and wrong.

"The Spirit of the Lord is upon me…to preach deliverance to the captives": Deliverance

Some focus group members viewed outreach to the gay and lesbian community as well as HIV/AIDS interventions as opportunities for evangelism. For them, programs should be developed to deliver persons from homosexuality. In these instances, homosexuality was often conflated with pedophilia. These opinions parallel comments

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[48] Genesis 19 is often interpreted as God's destruction of Sodom for immorality linked to homosexuality. The following verses (4-7, 12-13) from the New International Version of the bible summarize the scenario: "Before Lot and his guests had gone to bed, all of the men came from every part of the city of Sodom. Young and old men alike surrounded the house. They called out to Lot. They said, "Where are the men who came to you tonight? Bring them out to us. We want to have sex with them." Lot went outside to meet them. He shut the door behind him. He said, "No, my friends. Don't do such an evil thing…The two men [angels] said to Lot, "Do you have anyone else here? Do you have sons-in-law, sons or daughters? Does anyone else in the city belong to you? Get them out of here. We are going to destroy this place. There has been a great cry to the Lord against the people of this city. So he has sent us to destroy it." Similarly, I Corinthians 6:9 notes, "Don't you know that evil people will not receive God's kingdom? Don't be fooled. Those who commit sexual sins will not receive the kingdom. Neither will those who worship statues of gods or commit adultery. Neither will men who are prostitutes or who commit homosexual acts".

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in a recent op-ed piece that it is common to correlate gay males with pedophilia and mental illness (Kort 2005). Sample members that espoused these views fear that even tacit support of homosexuality could lower sexual standards for everyone and foster unacceptable *heterosexual* lifestyles, a potential "snowball" effect, and subsequent sexual immorality that the Black Church would have difficulty addressing:

> Peter: I'm going to seek God for your deliverance. But I also gotta realize the fact that I put the other members of the congregation at risk—I put the children at risk… 'Cause what I'm saying is that what this person does is okay. What I'm saying is that what those priests who molested those children is doing is okay.

Although most leaders had clear opinions about what they considered immoral *theoretically and theologically*, many were conflicted by the reality that their views could, in some way, hurt people they are called to serve by failing to respond to their spiritual, physical, and emotional needs.

"Whosoever Will Let Him Come": Inclusivity

A legacy of exclusion that relegated Blacks as second-class citizens in a society that purported to be Christian (DuBois 1903[2003], 1953[1996]; Lincoln and Mamiya 1990; Sernett 1985), challenged some Black Christians to develop inclusive churches. This sentiment emerged among sample members. In addition to views that tended to separate individuals (sinners) from their attitudes and behavior (sins) and the willingness to embrace the former, but reject the latter, discussion revealed divergent opinions about inclusivity:

> Joseph: Well, see that goes back to this whole thing with what's   right and what's wrong. We consider that you, ah, having sex out of marriage or you being homosexual, we consider that to be wrong… But I always challenge people to go to the scriptures—what book, what verse that Jesus dealt with that [*Jesus* directly rejecting homosexuality] and said that you shouldn't do this or do that. I think the problem is we shouldn't put these people down.

Somewhat inclusive views were evident in the tendency to group homosexuality with other "problematic" behavior (i.e., drinking) and other sex-related concerns (i.e., adultery). However, this correlation was generally followed by the tendency to characterize homosexuality as part of an ever-escalating problem of immorality that the Black Church faces. For most leaders, the Church should be welcoming, but not affirming. And for a few leaders, embracing homosexuality means full participation by gays and lesbians in the life of the church:

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Loretta: But I think they are still God's children and it's been an issue that I've had to struggle with personally myself, in looking at how I feel about it. Some of my better friends that I've worked with have been gay men. I'm sure that I have worked with lesbians. But I've taken them as persons.

Comments suggest that decisions about the place of HIV/AIDS on the Black Church agenda are often directly correlated with decisions about the place of gays and lesbians in the Black Church.

"The Least of These": Strategies to Combat HIV/AIDS

Most leaders had varied emotionally-laden views about HIV/AIDS. However, the tenor of the group changed when discussing solutions. Leaders appeared to cognitively move past conflicted views about how HIV is contracted as well as concerns about morality to a dialogue based on the *reality* of the disease. Blacks with HIV/AIDS were no longer mere bodies with a disease of problematic origin, but brothers and sisters in need of assistance. Suggestions reflected the Black Church self-help tradition and focused on honest communication; education; links between HIV/AIDS, drug use, and heterosexuality; and collective action (Barnes 2004; Lincoln and Mamiya 1990):

Candace: I think that basically the Black Church is just getting to the place, some of them, that they are willing to even talk about homosexuality—that they're even willing to talk about AIDS in the church. But it has come to such a great phenomenon in the Black community. And not only is it just with gay and lesbian in the Black community. It's getting into heterosexual families and drugs can also create AIDS. And so with the infestation of drugs and substance abuse in the Black community, therefore AIDS is sort of rampant among our people. Churches are just beginning to get to the place that they are willing to look and say wait a minute, we do have to do something.

Paula: We need to not be afraid of HIV... [W]e need to get out of the stigma about HIV. People come to church for help... If we cast them out, where do they go?

Bolman and Deal's (1991) concept of *symbolic framing* informs the role of scripture in this analysis and its potential to transform and/or routinize. They noted, "the symbolic frame seeks to interpret and illuminate the basic issues of meaning and faith that make symbols so powerful in every aspect of the human experience, including life in organizations...[and] religious orders (15, 244-45). As suggested by the quote below, changing scripture-based beliefs will be important in altering current sentiments about sexuality, homosexuality, and HIV/AIDS. This comment illustrated the influence of biblical interpretation in informing the Black Church about the impetus of the disease.

These leaders suggest that persons who consider HIV/AIDS an indictment from God will be less inclined to actively support efforts to combat the disease:

> Tom: I think education is the key… [O]f course we have to dispel the myth that the AIDS disease is a curse from God. That's been the church's ideology for a long time… You know, you sin like that, God punishes you… [N]o longer can we say that it's just a gay disease. It can happen to anybody. It's been *proven* that it's not just a gay disease.

Strategies of action suggested by sample members (Swidler 1986) included publicizing AIDS as a social problem and strengthening the relationship between academia and churches in hopes that research may provide congregations with additional evidence of the prevalence, effects, and solutions. Black Church leaders are considered central to reducing stigma (Airhihenbuwa et al. 2003; Herek and Capitanio 1999) associated with the disease. This suggestion would require leaders to reframe how HIV/AIDS has been traditionally symbolized to change how the disease is understood among congregants (Stevenson 1994). The following cleric describes a multi-pronged response plan that includes education, assistance, and empowerment:

> Joseph: The first thing we definitely have to bring forth awareness—and then analysis and then a plan of action. We need to set out strategic things that will move us to help those that are in those predicaments. We need to set up things where we can empower people [,] let people know that HIV is now becoming the epidemic in the Black community.

   Several group members mentioned church ministries that sponsor HIV/AIDS outreach programs and provide free testing. Despite a general consensus to respond to HIV/AIDS *in theory*, understanding its complexities and harnessing resources to respond to a seemingly insurmountable disease appear to be primary roadblocks to collective redress. Leaders agreed that the Black Church should provide interventions including financial support, paid HIV/AIDS church staff, inter-church resources, and committed leadership:

> Antonio: I feel that the church has the resources - financial resources and leadership. The problem I feel that faces the Church is the lack of community in networking and combining resources with other churches to attack the problems[,] denominational lines, barriers, and pastors and churches competing against each other keep the community divided.

Others stressed increased Black Church accountability reflective of its historic stance as a change agent and its self-help tradition:

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Mary: I think we forget our purpose. The Black Church has always been the anvil that has compelled Black people to the successes that they have today… [M]ost everything was originally in the Black Church, it used to be a social hall, a spiritual place, it was our hospital. It met our every need. I truly believe if the church took its stand as the example of Jesus Christ, we could deal with a lot of the issues in our Black community.

All of the sample members are involved in church efforts that parallel studies on Black Church action such as prison ministries, economic and food programs, family counseling, and youth programs (Barnes 2004, 2005; Billingsley 1999; DuBois 1903[2003]; Frazier 1964; Lincoln and Mamiya 1990; Mays and Nicholson 1933). Such efforts tend to focus on clearly identified problems; foci that correspond to broadly understood biblical tenets (i.e., biblical charge to care for widows, orphans, and the poor) and attainable outcomes that can be met using existing resources. A programmatic pattern that focuses on historically successful programs more than newer challenges may be better understood using cultural theory where the Black Church tends to "look for a line of action for which [it] already has the cultural equipment" (Swidler 1986, 275). As suggested by Cohen (1999), these efforts tend to also be family- and heterosexual-oriented. Most focus group members acknowledged their respective churches are ill-prepared and ill-equipped to address AIDS-related issues. Their comments suggest that although a self-help stance is evident when HIV/AIDS is considered, efforts lack the impetus of collective efforts paralleling the Civil Rights Movement due largely to varied, often conflicting symbolic framing tied to varied scriptural interpretations and inconsistent use of cultural components.

Unsettled Periods: Black Church Culture and HIV/AIDS

Culture influences attitudes and actions more subtly during everyday life. Less cultural control is required to maintain strategies of action. Yet during times of conflict, which Swidler (1986) calls "unsettled" periods, cultural tools are vital to social transformation. It can be argued that, concerning HIV/AIDS, this is an *unsettled period* for the Black Church and society at large. Long-held values and beliefs are being challenged, resulting in conflict when people are asked to respond to change in new ways. Persons attached to existing cultural models attempt to reinforce existing rituals (for example, marriage) to stabilize supporters, minimize anxieties, and undermine new models (Bolman and Deal 1991). According to Swidler (1986), varied cultural models "battle to dominate the world-views, assumptions, and habits of their members" to determine "how human beings should live" (279). This means that new ideologies compete with existing ones to control behavior. Based on the comments from Black Church leaders in this study, unsettledness concerning the HIV/AIDS pandemic is

apparent given the inability of Black churches to collectively respond based on continued use of past cultural models that appear to undermine dialogue and decision-making. Additionally, because existing values and behavior tend to be tied to existing cultural proficiencies (Swidler 1986), groups are more likely to continue to use existing strategies of action largely because they are expedient rather than effective. Thus cultural revisions are necessary—starting with candid conversations among people and groups that are both interested in responding and that have access to the resources to do so (Bolman and Deal 1991).

Dialogue: Tensions, Trials, and Triumphs

Although not the initial subject of the discussions, Black Church leaders engaged in a candid, often conflicted, dialogue about HIV/AIDS. Most leaders espouse a conservative theology that parallels earlier studies (Douglas 1999; Fullilove and Fullilove 1999; Henking 2008). Most did not dialogue about HIV/AIDS without discussing homosexuality. However, many are experiencing tensions that may require them to reframe the discourse to directly consider healthcare and poverty concerns rather than sexuality (Airhihenbuwa et al. 2003). Consensus exists that the Black Church should respond; tensions surround motivations, logistics, and theological implications. Some leaders appear torn about how to reconcile their vocations with other relevant factors including conflicting views about humanity and sexuality; divergent understanding about determinants of HIV/AIDS; traditional biblical interpretations; and sentiments that result in intra-racial exclusion. Initial dialogue seemed to associate HIV/AIDS with abstract, disengaged, and diseased bodies; as they continued to engage each other, much more nuanced thoughts and questions emerged for which "black and white" answers were not apparent.

Because the pandemic is directly correlated with systemic and historic inequities, this writer contends that it is important to consider whether the onus to address HIV/AIDS should rest primarily on the shoulders of the Black Church. Marginalized groups have tended to privatize social problems and tacitly exonerate the larger society from its role as a possible change agent. Readers may leap to disparage these leaders for their frankness and, in some instances, indecisiveness; yet honest dialogue is one of the first steps in responding to challenges. Nor should these findings be generalized. However, they shed light on how a group of Black leaders intricately involved in community action are wrestling with this complex subject. These findings suggest the importance of continued group dialogues in safe, neutral spaces where church leaders can interact, strategize, and if necessary, debate and argue. How Black Church leaders reconcile issues of humanity, inequality, morality, and sexuality—and determine the most appropriate, expedient responses to HIV/AIDS—are in process and will ultimately shape church programs (Airhihenbuwa et al. 2003; Neuman 2002). Yet such

conversations must continue and seem best informed by the following leader's remark, which also reflects scriptural redaction in the Black Church tradition:

> Terry: Well, I think that we don't want to say sin, because we don't want to say, at least some people don't want to say that we're sinners. And we don't want to admit that, you know, that we're *all* sinners saved by grace [paraphrasing Ephesians 2:5]. And that we need to work with that; we need to accept that and move on. And we're, yes we're going to be striving towards perfection and not sinning. But we need to accept that and not put ourselves on a pedestal as people who are not sinners.

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