

Leith Mullings

RESISTANCE AND RESILIENCE: THE SOJOURNER SYNDROME AND THE SOCIAL CONTEXT OF REPRODUCTION IN CENTRAL HARLEM

This article explores the consequences of class exploitation, racial discrimination, and gender subordination—as expressed in environmental racism, employment insecurity, and problematic housing conditions—on the health and well-being of working-class and middle-stratum women in Harlem. It argues that an intersectional approach, examining the simultaneous interaction of race, class, and gender, tells us more about racial disparities than do explanatory paradigms of biological race or lifestyle choices. African American women address difficult conditions through the development of women-centered support groups, as well as other forms of resistance. The Sojourner Syndrome, an interpretive framework that speaks to the historical dialectic of oppression, resilience, and resistance, is proposed as an approach to understanding infant mortality and other health issues.

KEYWORDS: *African Americans, gender, health disparities, intersectionality, infant mortality*

Sojourner Truth was born into slavery in the area of Ulster County, New York, in the late 1790s. Sold away from her parents and her one remaining sibling at the age of nine, she was enslaved for almost thirty years in extremely difficult conditions before being liberated by the New York State Emancipation Act of 1827. During slavery, she was sexually abused and physically assaulted. Some of her children were sold into bondage. In 1843 she assumed the name Sojourner Truth and began to travel across the country as an abolitionist itinerant preacher, promoting the idea of Black freedom to inspire northern Whites to oppose the legality of slavery. She also worked closely with leading abolitionists and became involved in the early women's rights movement. Her personal story of suffering and her courageous determination to overcome adversity awed and inspired thousands of people. Her name became identified with the strength and resilience of African American women who, like her, have faced numerous obstacles to personal and collective advancement.

The story of Sojourner Truth has become an important symbol of both the constraints and activism characterizing the lives of African American women. It conveys a message about the interaction of race, class, and gender, as well as the dialectic of oppression, resilience, and resistance. Named for Sojourner Truth, the Sojourner Syndrome offers an interpretive framework designed to provide a broader understanding of why African American women and men die younger and, as compared to Whites, have higher rates of morbidity and mortality for most diseases. It incorporates an intersectional approach, which emphasizes the necessity of examining how race, class, and gender operate in the lives of African American women and how they interact to produce health effects.

The intersectional lens refocuses our perspective on health and illness in several important ways. It invites us to understand race, class, and gender as relational concepts: not as attributes of people of color, the dispossessed, or women but as historically created relationships of differential distribution of resources,

Leith Mullings is Presidential Professor of Anthropology at the Graduate Center of the City University of New York. She received her Ph.D. in anthropology from the University of Chicago. Her books include *Therapy, Ideology and Social Change: Mental Healing in Urban Ghana* (1984); *Cities of the United States* (editor, 1987); *On Our Own Terms: Race, Class and Gender in the Lives of African American Women* (1997); *Let Nobody Turn Us Around: Voices of Resistance, Reform and Renewal, An African America Anthology* (2000, coedited with Manning Marable); *Stress and Resilience: The Social Context of Reproduction in Central Harlem* (2001, with Alaka Wali); *Freedom: A Photohistory of the African American Struggle* (2002, with Manning Marable). She has written articles on such subjects as stratification, ethnicity, race, gender, health, globalization, participatory research, and public policy.

In 1993 Professor Mullings was awarded the Chair in American Civilization at the École des Hautes Études en Sciences Sociales in Paris, France, and in 1997 she received the Prize for Distinguished Achievement in the Critical Study of North America from the Society for the Anthropology of North America. She currently serves on the AAA Executive Board.

privilege, and power, of advantage and disadvantage. Attention to the historical and contemporary processes by which populations are sorted into hierarchical groups with different degrees of access to the resources of society shifts our analysis to racism rather than race, toward gender subordination as well as sex as biology, and to resource distribution as the larger context that constrains and enables what appears as voluntary lifestyle choices.

The intersectional approach also requires that we interrogate the manner in which these axes of stratification intersect. It emphasizes the ways in which race, class, and gender are not additive but rather interlocking, interactive, and relational categories, “multiplicative” (King 1988:42), “simultaneous” (Andersen and Collins 1995:ii), “mutually constituted” (Brodkin 2000:240), and characterized by “the articulation of multiple oppressions” (Brewer 1993:13). It seeks to understand how they interrelate at a given historical moment and, in the study of health disparities, structure vulnerability, and resilience. Finally, this framework also recognizes the many forms of resistance (e.g., Collins 1991) or “transformative work” (Mullings 1995) that are generated by Black women’s location at the intersection of class, race, and gender. In this article, I use an intersectionality framework to discuss research on infant mortality and reproductive health among African American women in Harlem, New York.

REPRODUCTION IN HARLEM¹

The Harlem Birth Right project explored the meaning of inequality in the everyday lives of women in Harlem by investigating the ways in which class, race, and gender interact in specific situations to condition health and to produce such consequences as elevated morbidity and mortality. Funded by the Division of Reproductive Health in the National Center for Chronic Disease Control and Prevention, this research was one of several projects designed to shed light on the meanings of the epidemiological studies demonstrating that Black women have problematic birth outcomes regardless of their socioeconomic position, that they fare worse than White women at every economic level, and that even college-educated African American women have twice the infant mortality rate of college-educated White women (Schoendorf et al. 1992).

The initial research was carried out in Harlem from 1993 through 1997 by an interdisciplinary team² of researchers. Central Harlem, a predominantly African American community of approximately 100,000, is located in northern Manhattan. Though significantly shaped by segregation and discrimination, Harlem has always been a vibrant social, political, and cultural axis for African Americans of all classes and is home to

historic institutions, families with many years of residence, and, at the time of the research, a small but stable middle and professional class.

Harlem has historically been subject to cycles of fluorescence and decline. During the past quarter of a century, Harlem, along with the rest of New York City, has been deeply affected by the processes of global economic restructuring reflected in the shift from an industrial-based economy to one based on the information and service sectors (Mollenkopf and Castells 1991; Sassen 1991; Smith 1997). The core elements of globalization—the relocation of domestic jobs overseas, significant cuts in social services, privatization of publicly funded institutions, repeal of union agreements about benefits and work conditions, and the abandonment of the state’s responsibility to assist the disadvantaged—have had significant adverse effects on many Harlem residents. During the 1980s, New York City lost 33 percent of its manufacturing jobs (Mollenkopf and Castells 1991). The financial and economic crisis of the mid-1970s intensified an already initiated process of disinvestment. Government investment in urban public transportation, infrastructure, social services, and housing declined.

As these recent global processes unfolded, they interacted with longstanding patterns of race and gender discrimination. As a result of the civil rights movement and subsequent legislation, there has been a significant expansion of the Black middle class in the last three decades (U.S. Bureau of the Census 1997). However, the distribution of occupations is disproportionately concentrated in the public sphere and social service sectors of the economy—the areas most affected by government disinvestment. For workers, the consequences of the elimination of tens of thousands of manufacturing jobs as national and international corporations pulled up stakes to pursue higher profits in other countries were particularly devastating. In Harlem, job losses were reflected in an official unemployment rate of 15.8 percent by 1990, twice that of New York City. At the time we did this research, approximately 60 percent of residents sixteen years and older were not in the labor force (New York City Department of City Planning 1990), taking into account those who dropped out of the labor force and joblessness among teens, and more than one-third of all households had incomes below the federal poverty level (Citizens’ Committee for Children 1999; New York City Department of City Planning 1990). After 1974, as public investment in housing collapsed, city-owned buildings and parks were abandoned. Harlem residents were subject to significant levels of housing displacement (Fullilove 1996), and infant mortality rates were more than twice that of New York City as a whole (Health and Hospitals Corporation 1991).

Methodology

The research design included participant observation, individual case studies, focus groups, an ethnographic questionnaire, and a strategy of community participation.³ Teams of two ethnographers spent three to four months at each of ten representative neighborhood and workplace sites: the three neighborhood sites reflected different levels of income, types of housing, and rates of infant mortality; the work sites, which included informal sector workers as well as service, clerical, and professional workers, were selected to reflect the occupational categories in which African American women were found nationally as well as locally. At each site, ethnographers participated in daily activities and neighborhood events, observed behavior and organizational patterns, and interviewed study participants, incorporating such traditional ethnographic tools as network analysis, life histories, and genealogies. In addition, twenty-two women (longitudinal case studies) were followed over the course of a year or more. Maintaining consistent contact with study participants over two years allowed researchers to observe individuals over time. As Susser (1996) notes, surveys and interviews tend to reify identities, such as “unemployed” or “homeless,” as they appear at one point in time rather than presenting the continuum of employment, unemployment, and reemployment, or the process of doubling up, homelessness, and displacement. The research team held eleven focus groups on topics such as housing, women who head households, budget cuts, culture, men, and youth. An open-ended interview (Ethnographic Questionnaire [EQ]) on a range of subjects including work, family, environment, and health was administered to eighty-three randomly selected women in Central Harlem. For each research strategy, study participants were sampled from diverse social strata, including variation by level of education, occupation, and income.⁴ Structured participation and collaboration of community residents was a key aspect of the research. We held open community meetings at various points during the research to discuss the study, answer questions, and solicit advice. Throughout the project a Community Advisory Board met quarterly to advise the research team on all aspects of the research and review findings. A series of Community Dialogue Groups (CDGs) were convened to discuss specific aspects of the research, such as site selection and questionnaire topics.

During the data analysis phase of the research, physiological evidence that women who experience more prenatal stress and anxiety have significantly higher rates of adverse birth outcomes became available. Because “potential mediators of these relationships remain unexplained” (Rini et al. 1999:333–334), at the

request of the CDC, the research findings were reported in the framework of the “social organization of stress” (Dressler 1991:1). The project, then, analyzed the ways in which resource inequality, institutionalized racism, and gender discrimination together structure access to such resources as employment, housing, recreation, health care, and supportive relationships, as well as how women confront these constraints. Ironically, both the class, race, and gender hierarchies and women’s attempts to address these conditions may be potential sources of stress and chronic strain that could have implications for health and disease. The findings are fully reported in Mullings and Wali (2001), but the following discussion will provide some representative examples.

Environment and Housing

During the course of the research, Harlem was at the beginning of a significant transition characterized simultaneously by investment in high-end housing and new retail establishments by the private sector and increased neglect by the city and the state governments, reflected in budget cuts and cutbacks in services. Between 1970 and 1990 the number of available housing units in Harlem had declined by 27.1 percent, as housing stock was abandoned or neglected by the city, as well as by private landlords (New York City Department of City Planning 1990).

The need for shelter in the face of poor housing and housing scarcity was a severe problem for both low- and middle-stratum women and affected many areas of their lives as they engaged in long-term struggles to resolve housing problems. Efforts to obtain, retain, and maintain adequate shelter often seemed to dominate the lives of our low-income participants. While middle-income women had more money to spend on housing, their resources were often insufficient to completely offset the stressors caused by lack of affordable quality housing. All women were confronted with significant housing problems that stemmed primarily from the neglect of both private property owners and the city, which acquires buildings when landlords default on city property taxes. Among EQ respondents, 64 percent reported that getting repairs done was a problem, and that complaint was relatively consistent at all levels of education. Residents of all socioeconomic groups expressed the view that the poor condition of housing in Harlem was a consequence of discriminatory practices on the part of individual landlords as well as governmental bodies. Eighty-three percent of EQ respondents believed that discrimination affected housing (with no significant variation by level of education). Housing problems had implications for many other aspects of women’s lives, and struggles to resolve housing problems

appeared to expose them to long-term stressors. Fully 50 percent of the long-term participants in the study were engaged in some efforts to resolve housing problems.

Poor housing has been linked with a variety of health issues (Health and Hospitals Corporation 1991; Wallace and Wallace 1990; Fullilove 1996), but for pregnant women, both the need for extra space associated with an additional child and the day-to-day physical strain associated with housing problems appeared to be a significant source of stress and chronic strain. Seven of the eleven pregnant women in the longitudinal sample experienced housing problems, including being forced to move from badly maintained apartments, being evicted during their pregnancy, struggling with landlords over repairs, and looking for a new apartment because of growing space needs. Not only did housing cause problems for women, but pregnancy often created or accelerated housing problems, impelling women to act on this issue while struggling on other fronts during pregnancy.

Broader aspects of the environment, including the lack of quality retail and grocery stores, the neglect of public spaces such as parks, and the problem of pollution, affected poor women more directly and immediately but also affected women across socioeconomic strata. In addition to a large sewage treatment plant and a sanitation transfer station, six of the city's bus depots are located in Harlem and are significant sources of airborne pollutants. A recent study linking pollutants in the air to lower birth weights in Upper Manhattan and the Bronx (Perera et al. 2003) becomes even more ominous in light of a recent report (Nicholas et al. 2005) of a 28.5 percent prevalence rate of childhood asthma in Central Harlem, which is four times the national estimate of 7 percent and one of the highest rates ever documented for an American neighborhood. In addition, there were more than eighteen hundred vacant lots in Harlem, which were potential sources of rodent infestation. Furthermore, during the years we conducted research, no major supermarkets were located in Central Harlem, so women had to expend significant time and energy to obtain quality food and other retail items.

Despite the salient environmental sources of potential stress, many positive aspects of the environment may have served as protective factors and mitigated some of the stressors and strains. These included the presence of a large variety of spiritual and faith institutions—churches, mosques, and other spiritual and cultural activities. Among respondents to the EQ, 94 percent described various faith institutions as a positive aspect of the community. Perhaps even more significant was respondents' view of the perceived cultural, historical, and social advantage of living in a Black community: 99 percent of

EQ respondents cited living in a Black community as a positive aspect of their environment. One resident of Striver's Row (a block of elegant brownstones) described the benefits of living in Harlem: "First of all . . . the warm sense of your neighbors. Harlem is like . . . a little town. You know people in a block. . . . They . . . see me every day and I . . . go to work and come home and feel more comfortable." Another brownstone owner who worked in publishing commented on

a lot of the cultural things that are available. We went to see Black filmmakers and Black music in Aaron Davis Hall. You know, things that would not be available to us elsewhere in the city unless it's Black History Month are available up here all the time. A lot of cultural things that we have access to, which I enjoy.

It was particularly notable that middle-stratum participants, by choosing to live in Harlem, appeared to be willing to exchange one set of stressors for another. They were willing to live under conditions of systematic neglect and higher levels of poverty in exchange for the protective features offered by living in a Black community, including a more limited exposure to racism.

Women used both individual and collective strategies in their myriad attempts to obtain, maintain, and retain adequate shelter for themselves and their families and to improve their housing and neighborhood conditions. These strategies ranged from daily actions such as housecleaning (which was particularly difficult in a deteriorating environment) to organized struggles for more long-term solutions. One recourse women employed was to take landlords to housing court for neglecting repairs. Almost 40 percent of the respondents to the Ethnographic Questionnaire had been to housing court, and over two-thirds of those had represented themselves without the benefit of a lawyer. Others worked with block associations, tenant organizations, and a wide range of community groups.

Individually and collectively, across social strata, women were active participants in efforts to improve the quality of public space in Harlem: requesting the removal of garbage and the cleanup of vacant lots; planting flowers; turning vacant lots into community gardens or organizing against "environmental racism." What distinguished these efforts and organizations from those in more affluent White areas of New York was the high level of frustration residents reported about the lack of cooperation on the part of city and state agencies, which residents perceived to be based on discriminatory practices. All of these interventions of "transformative work" (Mullings 1995:133)—efforts to address and transform the constraints that confronted them in the domains of work, household, and community—required

considerable energy, effort, and time and became a significant stressor in their lives. Despite this, participants reported that good things resulted from participating in community organizations—for example, “you get to see an important change . . . in our neighborhoods, learn to work with each other.”

The negative environmental and housing conditions that structured study participants’ daily lives as a result of residential segregation and discrimination—such as the poor physical condition of buildings, the interweave of decay and renovation, the poor access to public telephones, the lack of quality retail and grocery stores, environmental toxins, and the city’s reluctance to provide adequate public services such as sanitation and rodent control—affected poor women directly and immediately but also affected the quality of life for middle-stratum women who lived in the neighborhood. However, across the board, respondents also reported the mitigating features of the positive aspects of living in a Black community: a comfortable social environment, a respite from everyday racism, the close relationships between neighbors, and the presence of cultural and faith institutions all compete with the negative factors. The positive and negative characteristics of environments, and the diverse ways in which environment acts as both a source of acute stress and chronic strain and a site of protective resources, interacted in complex ways.

Employment

The interaction of hierarchies of race, class, and gender was clearly evident in women’s attempts to obtain and secure adequate income and benefits. On the national level in 1990, though approximately one-fifth of African American women in the labor force were in managerial and specialty professions, most were concentrated in service, technical, clerical, and laborer occupations (Bennett 1995). As Krieger and her colleagues (1994) note in assessing the impact of race and class on Black women, numerous studies have established that the economic return for the same level of education is lower for Blacks than it is for Whites; that within the same occupation, Blacks are likely to find themselves in lower-paying and lower-status positions; that Black poor are much poorer than White poor; that many Black women are segregated in menial, low-paying, dead-end, insecure jobs; and that there are significant pressures on high-achieving Black career women. As discussed above, these historical patterns of race and class discrimination are exacerbated by the flight of industry to other countries in search of profits, resulting in a consequent loss of manufacturing and blue-collar jobs and accompanied by a drop in wages and benefits. Low-income women in Harlem were subject to a

continuum of employment and unemployment that severely affected their income security and access to work-related benefits. The study participants found themselves at various times having to piece together income from a number of sources, losing access to benefits, or struggling to maintain benefits and searching for new jobs.

The description of Ms. Barnes, compiled from our fieldnotes, provides a sense of these efforts:

Ms. Barnes, a longitudinal participant, is a 27-year-old mother of five children who lives in public housing. Her history demonstrates the ways women move serially through employment, informal work, training, and the search for new employment. She was employed at the fast-food establishment but left during the course of the study because of conflicts with her supervisor. She began selling Tupperware and working at a day care center during the day. Four days a week she also worked the night shift at a bar on 125th Street that was owned by a family friend. She would go to work at 11 p.m. and work until the early hours of the morning. She also received supplemental income through a public assistance program, although this income stopped when her income from the bar was reported. At the same time, she was taking GED classes and registered for training for certification to become a home health aid. This training was free for those on public assistance and Ms. Barnes had been on the waiting list. She was finally called after she had been technically removed from public assistance. Ms. Barnes had begun the program and purchased the uniform when the program was defunded because of budget cuts. She had attended several sessions and taken a series of tests on which her lowest score was 80%. Despite all these efforts Ms. Barnes was frequently short of money. In 1994, her children did not attend the first day of school because she felt she did not have appropriate clothes for them and by the end of the study we lost contact with her because her phone was cut off.

Ms. Barnes had invested time and money to improve her employment opportunities, only to lose any return on that investment because of budget cuts. She was fairly typical of our low-income study participants, almost all of whom worked hard at a variety of strategies to secure income. Women who were employed at low-income jobs could suddenly become unemployed.

In order to feed and clothe themselves and their children, households developed flexible strategies for garnering resources. The ethnographic research revealed a picture very different from the traditional one suggesting that women receiving state subsidies do

not work outside the home. Among low-income participants, households' strategies included piecing together resources garnered from state subsidies; work in the formal, informal, and underground sectors; use of private food pantries and charities; and private transfers in the form of services, information, and resources from relatives and friends. People created work from such activities as deejaying, flower arrangement, kitchen planning, babysitting, hair care, and vending all manner of goods. Household strategies frequently included education for one or more members of the household, often at a public college facility. Contrary to popular media representation, all of our longitudinal study participants had worked at some point during their lives. Among respondents to the survey, virtually all (96 percent) of those reporting themselves as currently unemployed had held paid jobs in the past.

Although our middle-income participants may have long periods of employment, they too faced income and employment insecurity. As a consequence of historic patterns of race and gender occupational segregation, African American women are disproportionately concentrated in the public sector: in 1990 slightly more than 26 percent of African American women in the labor market worked in the public sector (Burbridge 1994; see also Bernhardt, Dresser, and Hill 2000), which, for example, has historically included twice as many African American women as White women working as clerical workers (King 1993). The fact that 85 percent of professional African American women worked in three major sectors dominated by government and nonprofit employment (health, social service, and education) (Burbridge 1994) combines with the current cuts in federal and state spending, downsizing, and privatization to help explain the vulnerability of the African American middle class.

The specter of downward mobility and fragility of status were consistent concerns. A remark by Mr. R., a young professional at the office site, was fairly typical: "Those of us making \$40,000 plus can become poor in a month." Indeed, during the course of the fieldwork the office site was shut down, and all employees were dismissed. Several middle-stratum participants worked at sites subject to downsizing and elimination. They frequently described the tension resulting from unpredictability and uncertainty surrounding jobs in the public and service delivery sectors. Ms. S., an administrator of a hospital scheduled for cuts, commented:

It's a lot of stress, and I find that with my staff there are a lot of call-ins, hypertension . . . people are out sick . . . injuries on the job . . . working under stress is very difficult when you're trying to provide service that has to do with taking care of another person.

A nurse commented about the possibilities of privatization: "Buyouts mean that they fire you and give you enough money to buy a cup of coffee and a newspaper so that you can look for another job."

The research team selected sites for study based on national census data about the occupations in which African American women work. It was particularly remarkable that during the course of the fieldwork, all work sites studied by the ethnographers (with the exception of the fast-food restaurant) were affected by downsizing, modification, budget curtailment, or outright elimination. Given this, it was not surprising that 72 percent of the respondents to the survey reported that they lived from paycheck to paycheck. When their responses were examined according to educational level, no significant differences were found.

African American professional women we interviewed often worked in a situation of resource scarcity and the poor physical environment that resulted from chronic underfunding and lack of resources. For example, at the large public hospital, the media frequently reported on the lack of basic supplies, such as wheelchairs and stretchers, cleaning supplies, detergents, mops, and brooms. Doctors and nurses reported that toilet paper and delivery gowns were often not available. In addition, African American women professionals reported that they commonly did not get the service and respect accorded their male counterparts.

At the social service sites, where a major part of the work involved interacting with customers or clients, these interactions could be tense or conflictive and a source of chronic strain, as service providers attempted to cope with clients who were deeply stressed by chaotic economic conditions. This was particularly true when the providers had limited resources to offer services to low-income clientele experiencing escalating pressure from strained and diminished incomes, lack of opportunities, and punitive policies generated by budget cuts in federal, state, and city social welfare programs. The legal services director of a large legal services provider reported that in addition to the normal stressors of litigation, and the fact that "there were enormous caseloads with voluminous, challenging work," the lawyers experienced stress because their clients were poor. Lawyers described how difficult it could be to try their cases properly. Their clients might fail to keep appointments because they were often juggling several serious problems at the same time and might be involved in addressing another, equally difficult, problem.

However, here too there are complex relationships between the protective aspects of the job and the difficulties that stem from discrimination. Middle-stratum participants reported that working with African

American personnel was often positive compared to experiences of discrimination they had experienced in job settings outside of Harlem. A young professional couple stated that they worked around White people all day and that this could be very stressful: their perceptions of stressors ranged from White colleagues wanting to discuss every crime African Americans are accused of committing to the use of the “n” word in their presence. The wife reported that during the trial of a group of young Black men who were accused of assaulting and raping a young White woman in Central Park (a crime for which they were later exonerated after spending fifteen years in jail), she wore a Walkman to screen out the insensitive comments from White people.

Race and gender shape class in that a disproportionate share of the poor are Black women (Crenshaw 1995), and race and gender, as numerous studies have demonstrated, also influence the way they experience poverty. For low-income women, in our study, the lack of access to adequate income from jobs, instability of jobs, lack of employment, and precariousness of access to benefits added a great deal of stress, uncertainty, and unpredictability to their lives. Assessing the direct impact of these stresses and strains on health must take into account both constraints on access to health care itself and, perhaps more importantly, the stress that results from efforts to piece together meager income, get access to benefits, and care for children.

Middle-income women also faced income and employment insecurity. In addition to the structural constraints of race, class, and gender that limit their position in the occupational structure, their concentration in the public and service sectors of the economy not only produced certain unique sources of stress and chronic strain but also made them very vulnerable to job loss and income insecurity. We studied middle-income women at an office, a public hospital, and social service and legal services sites. During the three years of the study, the office was eliminated, and thirty-seven people were put out of work, and the hospital and legal services sites were subject to serious downsizing. Middle-stratum African American women may experience unique sources of stress in managerial and professional occupations. Adding to the stress that may stem from well-documented constraints of discrimination based on race and gender in those positions, race and gender may interact to produce conditions in which professional women sometimes experience conflictive tensions between their status in the occupational and class hierarchy on one hand, and race and gender solidarity on the other. Furthermore, in situations where scarce resources and persistent discrimination structured the daily experiences of both the providers and the clients, providers seemed to incur additional burdens of stress

while trying to mitigate the impact of resource scarcity on their clients.

Kinship

As women carried out these subsistence and caretaking responsibilities, family and social support networks, involving both men and women, played an important part in their lives. Since slavery, African Americans have constructed households, families, and support networks, but the ways in which they have been able to do so have been constrained by the inequalities of class, race, and gender. Prior to the 1950s the typical African American household consisted of two parents, with the father or both parents working (Gutman 1976). However, deindustrialization and the consequent disproportionately high levels of unemployment (Wilson 1996)—as well as the expansion of the prison-industrial complex, largely based on racial discrimination in policing and sentencing and selective enforcement of laws (Mullings 2003)—have resulted in a shortage of what sociologist William Julius Wilson has called “marriageable men” and an increase in women raising children without support from men. This phenomenon affects African American women across social strata, and in Central Harlem at the time of the research approximately two-thirds of all households with children under eighteen were described as headed by women (New York City Department of City Planning 1990).

However, contrary to the theme of family deterioration that pervades the scholarly, policy, and popular literature, the researchers found that, though economic conditions severely strained support systems, people perceived family to be important and were involved in a variety of flexible support systems. Almost all the respondents to the survey (95 percent) commented on the importance of family ties, and overall 90 percent of women reported that family relationships were most important to them. Despite popular perceptions concerning the absence of men, the researchers observed that women related to men in a variety of roles, including through their own consanguineal networks.

The ethnographic research revealed the fluid and dynamic nature of family and support networks; the continuing importance of consanguineal kinship; the variety and flexibility of residential arrangements; the significance of non-blood kin; and the importance of women-centered networks. These women-centered support systems occurred across social strata, but there were also important differences in the ways in which support systems were recruited and functioned among low-income, as compared to middle-stratum, women.

Clearly, there were differences in access to financial, informational, and other resources. However strong a support system, it cannot offset the consequences of

scarcity, though it may serve important functions in mitigating those effects. Middle-stratum women, though their networks included both family and friends, were more likely than low-income women to recruit support systems in which friends were more important than family. That friends may be dominant in middle-class support networks may have implications for African American women during their reproductive years. While middle-stratum women may have greater material resources for child care (although our case studies demonstrated frequently these were not adequate), because family members are less likely to be coresident and may be less available to them because of distance, mobility, or conflicting obligations, they may have fewer family resources. To the extent that middle-stratum women deem it inappropriate to call upon friends for certain types of help with infant and child care, they may find themselves in difficult circumstances. In contrast, low-income women may rely primarily on families but find that, in the context of resource scarcity, there is little to exchange and networks are fragile.

In all cases, across social strata, women are responsible for recruiting and servicing support networks. Anthropologists have described this activity as “kinwork” (di Leonardo 1984), noting that, unlike housework and child care, it is generally unlabeled. While our study participants reported positive experiences with family and support systems, they also reported constraints. These may vary among social strata. Among EQ respondents, the higher the level of education, the more frequently family was reported as a major source of stress. This might be explained by the heterogeneity of African American stratum families: our middle-stratum study participants were frequently the only ones in their family to attain middle-class status. Recent studies suggest that a “tend-and-befriend” response may be an adaptive female response to stress (Taylor et al. 2000) and that low-income women who traditionally use large social networks were more strongly affected by strategies affecting others in their network and had higher illness levels (Williams and Lawler 2001). While the social support networks we documented are an important “resistance resource” (Antonovsky 1979), in conditions of class, race, and gender inequality, kinwork may be simultaneously stressful and protective. Hence, the responsibilities of household headship and organizing support networks may help to explain some of the health vulnerabilities of African American women across socioeconomic strata.

THE SOJOURNER SYNDROME

In order to incorporate and conceptualize the multiplicative effects of class, race, and gender on health, as well as to integrate a history of resistance and allow for

exploration of agency, we developed a framework we termed the “Sojourner Syndrome” (Mullings 2000). The model is inspired by that of “John Henryism” (James 1994) in that it represents a behavioral strategy that has important health consequences. John Henry was a legendary “steel-driving” man who was known among late-nineteenth-century railroad and tunnel workers for his strength and endurance. In a contest of man against new technology, John Henry and his nine-pound hammer were pitted against a mechanical steam drill. In a close race, John Henry emerged victorious but moments later died from physical and mental exhaustion. John Henryism, a framework developed by Sherman James, describes high-effort coping or a strong behavioral predisposition to cope actively with the psychosocial environment stressors. James hypothesizes that this tendency interacts with low socioeconomic status to influence the health of African Americans, particularly the incidence of hypertension.⁵

The Sojourner Syndrome may represent a more gendered form of John Henryism. The message of intersecting and overlapping gendered notions of responsibility is found in the symbol⁶ of Sojourner Truth. In a speech that underscores the memorable phrase “Ain’t I a Woman,” Sojourner Truth dramatically depicts the various responsibilities of African American women carried out in circumstances characterized by racial and gender oppression:

That man over there says that women need to be helped into carriages, and lifted over ditches, and to have the best place everywhere. Nobody ever helps me into carriages, or over mud-puddles, or gives me any best place, and ain’t I a woman? Look at me! Look at my arm. I have ploughed, and planted and gathered into barns, and no man could head me! And ain’t I a woman? I could work as hard as much and eat as much as a man—when I could get it—and bear the lash as well! And ain’t I a woman? I have borne thirteen children, and seen them most all sold off to slavery, and when I cried out with my mother’s grief, none but Jesus heard me! And ain’t I a woman? (Cited in Rossi 1973:428)

The story of Sojourner Truth has become emblematic of the lives of African American women. Like John Henry, Sojourner Truth is a larger-than-life legend and assumes extraordinary role responsibilities. Her account embodies the findings of the research: the assumption of economic, household, and community responsibilities, which are expressed in family headships, working outside the home (like a man), and the constant need to address community empowerment—often carried out in conditions made difficult by discrimination and scarce resources. In addition, the model of Sojourner

Truth speaks to the contradiction between ideal models of gender and the lives of Black women: exclusion from the protections of private patriarchy offered to White women by the concepts of womanhood, motherhood, and femininity; the experience of being silenced; and last, but not least, the loss of children. Exploration of the consequences of these intersecting responsibilities that exist for African American women across class may give us insight into the way race, class, and gender structure constraints and choices, and therefore risk, for Black women.

The Sojourner Syndrome expresses the combined effects and joint influence of race, gender, and class in structuring risk for African American women. Elevated risk is also observed for the college educated among these women because of their simultaneous exposure to both racism and sexism. This framework may help to clarify the mechanism by which race mediates both gender and class status. First, the consequences of race and gender—of being a Black woman—contribute to the instability of class status. Hence we saw this vulnerability in the middle-stratum women in our study, whose employment situation was frequently precarious due to restructuring or downsizing in the public sector. Furthermore, race dilutes the protections of class. For example, middle-stratum Black women may have attained the achievements necessary for middle-class status, but they continue to suffer job and occupational discrimination; they are less likely to marry and more likely to become single heads of households because of the shortage of “marriageable men,” as a consequence of disproportionate unemployment and the prison-industrial complex. For middle-class women in the study who moved to a Black community to avoid racism, their class advantage was diluted by the structural discrimination and neglect to which Black communities are subject. All these factors have the potential to become sources of stress and chronic strain.

It is also important to consider the interaction of race, class, and gender discrimination on the one hand with agency and resistance on the other (see Karlsen and Nazroo 2002). As many scholars have pointed out, there is also a liberatory potential that emerges from the sites of race, gender, and class subordination. The Sojourner Syndrome—which speaks not only to the structural constraints that have implications for illness but also to what people do about them—represents a strategy for fostering the reproduction and continuity of the Black community. The usual roles historically assumed by African American women have allowed African Americans to survive through four hundred years of slavery, Jim Crow segregation, discrimination, and postindustrial redundancy. During slavery, when Black people were forbidden from forming families,

African American women’s assumption of motherhood and nurturance responsibilities facilitated the rearing of children. After emancipation, when married White women generally did not work outside the home, African American women’s work outside the home as domestics and laundresses allowed the family to subsist when wage discrimination against Black men and women did not permit a family wage. Throughout, African American women’s individual and collective efforts on behalf of their community have facilitated group survival. In other words, the Sojourner Syndrome is a survival strategy, which may have both short-term and long-term benefits. But it has many costs, and among them are health consequences.

After the completion of the research reported here, Wadhwa and colleagues (2001) described physiological mechanisms by which hormones released during episodes of acute stress and chronic strain can initiate early labor. Furthermore, they found that these alterations during pregnancy may heighten maternal susceptibility to infections, suggesting that stress may be implicated in early onset of labor, as well as lowered resistance to infections, which may itself contribute to early onset of labor. Since that time, several studies have supported these conclusions (see Coussons-Reide, Okun, and Simms 2003 for a review of such studies). The Harlem research underscored the importance of examining the social conditions that produce biological processes that may render populations more susceptible to exposure. While race may not be biological, racism has biological consequences.

SUMMARY, DISCUSSION, AND REFLECTIONS

The “Sojourner Syndrome,” then, is a metaphorical model intended to speak not only to a public health audience but also to the subjects of our research—African American women—about their lived experience. It allows for the recognition and naming of issues that are frequently unlabeled. It is an attempt as well to bridge the gap between critical medical anthropology and public health models by demonstrating the ways in which the intersections of race, class, and gender hierarchies are “embodied” (Krieger 1999).

Although it is applicable to specific women, the Sojourner Syndrome speaks not to individual risk but to the relationships among groups defined by their positions in race, class, and gender hierarchies. It suggests that the intersections of racism and sexism in the lives of low-income and middle-income African American women cannot be wholly understood by looking separately at the risk factors of race, class, and gender. In this sense, it challenges the concept of individual risk, which has the potential to move the emphasis from

social reform to personal behavior (see Alcabes 2003), as well as research emphasizing dysfunctional cultural and individual behaviors that produce recommendations for “manageable” interventions in the lives of the subjects. Instead, by directing attention to the structural constraints and the ways in which people resist them, it points to the need for large-scale changes that provide access to employment, shelter, education, and health care.

Short-term public health interventions must focus on measures that support building resources for Harlem residents but, in doing so, confront the multiple sources of strain women face. These include the ways gender inequity, racial discrimination, and class inequality impose limitations on access to health care, and more important, on secure jobs, adequate housing, nutrition, and child care, a safe and healthy environment, and social services—all of which are necessary for good health.

In the early 1990s it became clear that Harlem had structural problems so profound that a more integrated and systemic approach on the part of the government was required to enhance the quality of everyday life for residents of the neighborhood. In 1992, based on extensive research, we developed a proposal calling for the establishment of an “Opportunity Zone” for Central Harlem—“targeted area[s] in which impediments to employment, education, health and housing are minimized in order to develop healthy, adequately educated citizens” (Mullings and Susser 1992:59).⁷ The proposal, which included specific recommendations for employment strategies to increase the number and variety of jobs available to residents of Central Harlem, community health centers, creative public schooling, affordable housing, and community empowerment strategies, differed from traditional interventions in taking an integrated approach to addressing systemic inequalities and encouraging full participation of residents in developing intervention programs.

Public health interventions must also build on and support the protective mechanisms, community assets, and community organizations that community residents have developed. Harlem, in particular, has a wide range of grassroots and community organizations and institutions that work under difficult conditions to render valuable services to the community. Long-term interventions must direct attention to such major structural changes as a living wage and full employment, restoration of full civil rights for former prisoners who have completed their terms of incarceration, free quality public education for all, and universal health care. While in the present political climate these proposals may seem unrealistic, such a direction, which redefines the rights of citizens and legal residents, and what they have to a right to expect from their society and their

government, could benefit the entire U.S. population. One of the greatest victories of Sojourner Truth was her ability to convince some in the White majority that their future was directly linked with the status of oppressed African Americans. She understood the continuities among racial discrimination, class exploitation, and gender subordination and that the enslavement of four million African Americans had a negative social, economic, and political impact on millions more who were White. The civil rights struggle of the 1950s and 1960s ended legal segregation, but it also enhanced and expanded democracy for labor, women, the elderly, the disabled, new immigrants, Latinos, Asians, Native Americans, gays, and lesbians. A generation later, when forty-five million Americans—White, Black, Latino, and Asian—lack health insurance and millions more are outside the paid labor force, perhaps we should keep in mind the connections between communities like Harlem and the rest of America—that, as Sojourner Truth proclaimed, we are all interconnected in the struggle to achieve our full potential.

NOTES

Acknowledgments: This paper was initially presented at a conference sponsored by the Institute for Research on Women and Gender at the University of Michigan in 2004. A slightly expanded version will appear in Amy Schulz and Leith Mullings, eds., *Gender, Race, Class and Health: Intersectional Approaches*, Jossey-Bass. I am greatly indebted to Alaka Wali, my coauthor of *Stress and Resilience: The Social Context of Reproduction in Harlem*, from which much of this article is drawn. I would also like to thank Amy Schulz and the other conference participants, Sister Scholars, and Manning Marable, for their very helpful comments on the chapter. Finally I would like to thank the graduate students who assisted me with the preparation of this chapter: Santa Cruz Hughes, Andrea Morrell, Claudine Pied, and Katrina Scott.

1. This section is largely drawn from Mullings and Wali 2001.

2. The coprincipal investigators were Leith Mullings, an anthropologist; Diane McLean, an epidemiologist; and Janet Mitchell, a neonatologist. Alaka Wali, an anthropologist, served as the senior ethnographer. Denise Oliver, Sabiyha Prince, Sayida Self, Deborah Thomas, and Patricia Tovar, anthropology graduate students at the time of the research, were involved in ethnographic and other research activities. The research was funded in part by the Centers for Disease Control and Prevention under contract #200-92-0664 to the New York Urban League.

3. The methodology is fully described in Mullings and Wali 2001.

4. Though in keeping with CDC use in other studies, social strata were used to include variation by level of education, occupation, and income, it became evident during the research that these criteria could not be conflated because they may have varying degrees of salience with respect to other social factors. In this study *middle-stratum* is generally used to refer to people in professional and managerial occupations or with some degree of income security, or with a postsecondary education that could lead to professional careers.

5. The Sojourner Syndrome differs from John Henryism in significant ways. While John Henryism tends to be an individual measure, the Sojourner Syndrome emphasizes structural relationships of race, class, and gender. In addition, the Sojourner Syndrome explicitly incorporates an element of historical patterns of activism and resistance.

6. I use the term *symbol* advisedly as there are two versions of Sojourner Truth's famous speech and some controversy about which version is accurate.

7. The proposed "Opportunity Zone" contrasted with the more traditional enterprise or empowerment zone in several important ways. In an enterprise zone the operative principle is suspension of taxes and laws for businesses that locate there. An opportunity zone, as we envisioned it, is predicated on "investing in people to actualize their potential for productive contributions to society" (Mullings and Susser 1992:59), and involves residents of the community in a proactive role in fashioning policy.

REFERENCES CITED

- Alcabes, Philip
2003 Epidemiologists Need to Shatter the Myth of a Risk-Free Life. *The Chronicle of Higher Education* 49(37):11–12.
- Andersen, Margaret L., and Patricia Hill Collins
1995 Preface. In *Race, Class and Gender: An Anthology*. Margaret L. Anderson and Patricia Hill Collins, eds. Pp. xx11–xx. Belmont: Wadsworth Publishing.
- Antonovsky, Aaron
1979 *Health, Stress, and Coping*. San Francisco: Jossey-Bass.
- Bennett, Claudette E.
1995 *The Black Population in the United States: March 1993 and 1994*. U.S. Bureau of the Census Current Population Reports. Washington, D.C.: U.S. Government Printing Office.
- Bernhardt, Annette, Laura Dresser, and Catherine Hill
2000 *Why Privatizing Government Services Would Hurt Women Workers*. Washington, D.C.: The Institute for Women's Policy Research.
- Brewer, Rose M.
1993 *Theorizing Race, Class and Gender: The New Scholarship of Black Feminist Intellectuals and Black Women's Labor*. In *Theorizing Black Feminisms: The Visionary Pragmatism of Black Women*. Pp. 13–30, Stanlie M. James and Abena P. A. Busia, eds. London: Routledge.
- Brodkin, Karen
2000 *Global Capitalism: What's Race Got to Do with It?* *American Ethnologist* 27(2):237–256.
- Burbridge, Lynne C.
1994 *The Reliance of African American Women on Government and Third Sector Employment*. *American Economic Review* 84(2):103–107.
- Citizens' Committee for Children
1999 *Keeping Track of New York City's Children: A Citizen's Committee for Children Status Report*. New York: Citizens' Committee for Children.
- Collins, Patricia Hill
1991 *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York: Routledge.
- Coussons-Reide, Mary, Michael Okun, and Shayna Simms
2003 *The Psychoneuroimmunology of Pregnancy*. *Journal of Reproductive and Infant Psychology* 21(2):103–112.
- Crenshaw, Kimberlé
1995 *Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color*. In Kimberlé Crenshaw, Neil Gotanda, Garry Peller, and Kendall Thomas, eds. *Critical Race Theory: The Key Writings that Formed the Movement*. New York: The New Press.
- di Leonardo, Micaela
1984 *The Varieties of Ethnic Experience: Kinship, Class and Gender among California Italian-Americans*. Ithaca: Cornell University Press.
- Dressler, William W.
1991 *Stress and Adaptation in the Context of Culture: Depression in a Southern Black Community*. New York: State University of New York Press.
- Fullilove, Mindy Thompson
1996 *Psychiatric Implications of Displacement: Contributions from the Psychology of Place*. *American Journal of Psychiatry* 153(12): 1516–1522.
- Gutman, Herbert
1976 *The Black Family in Slavery and Freedom, 1750–1925*. New York: Pantheon.

- Health and Hospitals Corporation
1991 A Summary Examination of Excess Mortality in Central Harlem and New York City. New York: Office of Strategic Planning.
- James, Sherman A.
1994 John Henryism and the Health of African Americans. *Culture, Medicine and Psychiatry* 18(2):163–182.
- Karlsen, Saffron, and James Nazroo
2002 Agency and Structure: The Impact of Ethnic Identity and Racism on the Health of Ethnic Minority People. *Sociology of Health and Illness* 24(1):1–20.
- King, Deborah
1988 Multiple Jeopardy, Multiple Consciousness: The Context of a Black Feminist Ideology. *Signs: Journal of Women in Culture and Society* 14(1):42–72.
- King, Mary C.
1993 Black Women's Breakthrough into Clerical Work: An Occupational Tipping Model. *Journal of Economic Issues* 27(4):1097–1125.
- Krieger, Nancy
1999 Embodying Inequality: A Review of Concepts, Measures, and Methods for Studying Health Consequences of Discrimination. *International Journal of Health Services* 29(2):295–352.
- Krieger, Nancy, Diane Rowley, Allen A. Herman, Bylye Avery, and Monol T. Phillips
1994 Racism, Sexism and Social Class: Implications for Studies of Health, Disease and Well-Being. *American Journal of Preventive Medicine* 9(6):82–122.
- Mollenkopf, John H., and Manuel Castells, eds.
1991 *Dual City: Restructuring New York*. New York: Russell Sage.
- Mullings, Leith
1995 Households Headed by Women: The Politics of Race, Class, and Gender. In *Conceiving the New World Order: The Global Politics of Reproduction*. Faye Ginsburg and Rayna Rapp, eds. Berkeley: University of California Press.
2000 African-American Women Making Themselves: Notes on the Role of Black Feminist Research. *Souls: A Critical Journal of Black Politics, Culture, and Society* 2(4):18–29.
2003 Losing Ground: Harlem, the War on Drugs, and the Prison Industrial Complex. *Souls: A Critical Journal of Black Politics, Culture, and Society* 5(2):1–21.
- Mullings, Leith, and Ida Susser
1992 Harlem Research and Development: An Analysis of Unequal Opportunity in Central Harlem and Recommendations for an Opportunity Zone. For the Manhattan Borough President. New York: The Graduate Center, City University of New York.
- Mullings, Leith, and Alaka Wali
2001 *Stress and Resilience: The Social Context of Reproduction in Central Harlem*. New York: Kluwer Academic/Plenum Publishers.
- Mullings, Leith, Alaka Wali, Diane McLean, Janet Mitchell, Sabiyha Prince, Deborah Thomas, and Patricia Tovar
2001 Qualitative Methodologies and Community Participation in Examining Reproductive Experiences: The Harlem Birth Right Project. *Maternal and Child Health Journal* 5(2): 85–93.
- New York City Department of City Planning
1990 *Persons 16 Years and Over by Labor Force Status and Sex, New York City, Boroughs and Community Districts*. Department of City Planning No. 317. New York: Department of City Planning.
- Nicholas, Stephen, Betina Jean-Louis, and Benjamin Ortiz
2005 Addressing the Childhood Asthma Crisis in Harlem: The Harlem Children's Zone Asthma Initiative. *American Journal of Public Health* 95(2):245–249.
- Perera, Frederica P., Virginia Rauh, Wei-Yann Tsai, Patrick Kinney, David Camann, Dana Barr, Tom Bernert, Robin Garfinkel, Yi-Hsuan Tu, Diurka Diaz, Jessica Dietrich, and Robin M. Whyatt
2003 Effects of Transplacental Exposure to Environmental Pollutants on Birth Outcomes in a Multiethnic Population. *Environmental Health Perspectives* 111(2):201–205.
- Rini, Christine Killingsworth, Christine Dunkel-Schetter, Pathik D. Wadhwa, and Curt A. Sandman
1999 Psychological Adaptation and Birth Outcomes: The Role of Personal Resources, Stress, and Sociocultural Context in Pregnancy. *Health Psychology* 18(4):333–345.
- Rossi, Alice, ed.
1973 *The Feminist Press*. New York: Bantam.
- Sassen, Saskia
1991 *The Global City: New York, London, Tokyo*. Princeton, NJ: Princeton University Press.
- Schoendorf, Kenneth C., Carol J.R. Hogue, and Joel C. Kleinman
1992 Mortality among Infants of Blacks as Compared to White College-Educated Parents. *New England Journal of Medicine* 326(23): 1522–1526.
- Smith, Neil
1997 *The New Urban Frontier: Gentrification and the Revanchist City*. New York: Routledge.

- Susser, I.
1996 The Construction of Poverty and Homelessness in U.S. Cities. *Annual Review of Anthropology* 25:411–435.
- Taylor, Shelley E., Laura Cousino Klein, Brian P. Lewis, Tara L. Gruenewald, Regan A. R. Gurung, and John A. Updegraff
2000 Biobehavioral Responses to Stress in Females: Tend-and-Befriend, Not Fight-or-Flight. *Psychological Review* 107(3):411–429.
- U.S. Bureau of the Census
1997 Surveys of Minority- and Women-Owned Business Enterprises. Washington, D.C.: Government Printing Office.
- Wadhwa, Pathik D., Jennifer F. Culhane, Virginia Rauh, and Shirish Barve
2001 Stress and Preterm Birth: Neuroendocrine, Immune/Inflammatory, and Vascular Mechanisms. *Maternal and Child Health Journal* 5(2):119–125.
- Wallace, Rodrick, and Deborah Wallace
1990 Origins of Public Health Collapse in New York City: The Dynamics of Planned Shrinkage, Contagious Urban Decay and Social Disintegration. *Bulletin of the New York Academy of Medicine* 66(5):391–434.
- Williams, Dorothy, and Kathleen Lawler
2001 Stress and Illness in Low-Income Women: The Roles of Hardiness, John Henryism, and Race. *Women & Health* 32(4):61–75.
- Wilson, William Julius
1996 *When Work Disappears: The Work of the New Urban Poor*. New York: Knopf.