Over the last two decades, black feminist social scientists and others have made important interventions into feminist theory through their analysis of race, class and gender. They have described 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), characterized by "the articulation of multiple oppressions" (Brewer 1993:13). The work that emerged from these efforts significantly deepened feminist perspectives on gender, in particular our understanding of the ways in which the intersectionality of race, class and gender condition the experience of impoverished women.

Those of us who work in this area continue to be challenged to operationalize these insights to produce scholarly work that can better the lives of women. Although highlighting the matrix of interaction is a necessary theoretical intervention, it is not sufficient (Mullings 1997). How do we go beyond an analytic description of intersectionality to understand the manner in which these hierarchies interact to have profound consequences in the daily lives of real women?

I had the opportunity to think further about the life and death meaning of race, class and gender when I became involved in an initiative sponsored by the Division of Reproductive Health of the Centers for Disease Control. Impelled by studies demonstrating that regardless of their socio-economic position, African American women fare worse in birth outcomes than white women at every economic and education level, (e.g., Schoendorf et al. 1992), the CDC circulated a Request for Proposals for a research paradigm that would use qualitative ethnographic approaches to assess infant mortality and risk within a social context. For the CDC, this was a departure from traditional ways of thinking about racial disparities in health and illness: the fact that African American women and men die younger, and have higher rates of morbidity and mortality for most diseases, than whites.

Despite important recent critiques in the field (e.g., Kreiger 1999), mainstream interpretive frameworks for explaining racial disparities in health
have focused on race as biology on one hand, and on cultural or lifestyle behaviors, as individual or group shortcomings, on the other.

There is a serious disconnect between the ways in which race is now theorized in universities, and how it is interpreted and understood by the general public. A remarkable number of health practitioners continue to define race in static, ahistorical, biological terms, entirely innocent of social constructionist approaches to race, in which analysis of the social context of inequality tells us why race is such an important predictor of health status. The cultural or lifestyle paradigms, barely concealing notions of "culture of poverty" and deviance, are no better. Alleged cultural traits, behaviors or beliefs, frequently implicitly associated with racial groups, are often seen as independent of social and historical processes. These approaches inform the practice of many people in service and health professions who treat, or mistreat, poor women on a daily basis.

As scholars of race, class and gender, the challenge was to provide an analysis that departs from both models, but speaks in a language that health practitioners can hear. The Harlem Birth Right Project, as we subsequently named it, sought to analyze the meaning of inequality in everyday life: the ways in which race, class and gender structure differential access to such resources as employment, housing, recreation, health care and consequently health, and the structure of constraints and choices within which people operate.

The Research

This turned out to be a complicated undertaking. The research was carried out in Central Harlem by an interdisciplinary team of researchers between 1993 and 1997. Teams of two ethnographers spent three to four months at each of ten neighborhood and workplace sites, participating in daily activities and neighborhood events, observing behavior and organizational patterns, and interviewing study participants, incorporating such traditional ethnographic tools as network analysis, life histories and genealogies. Twenty-two women (longitudinal case studies) were followed over the course of a year. The research team held 11 focus groups on topics such as housing, women who head households, budget cuts, culture, men, and youth; and administered an open-ended interview to 83 randomly selected women in Central Harlem on a range of subjects including work, family, environment, and health.

Collaboration and structured participation 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, advised the research team on all aspects of the research.
and reviewed findings. A series of Community Dialogue Groups (CDGs), convened to discuss specific aspects of the research, such as site selection and questionnaire topics.

Traditional anthropological methods were critical to documenting the broad context of the experience of pregnancy—the institutional and social barriers to improving health and the ways in which people act to overcome these barriers. Participant observation in neighborhood sites facilitated analysis of patterns of family structures, types of stressors and social support systems; at work sites participant observation allowed ethnographers to observe at first hand the working conditions, types of stressors and coping mechanisms of African American women in different occupational sectors. Longitudinal case studies permitted the researchers to follow individuals over time, observing the continuum of employment, unemployment, displacement and homelessness; the process of trading off employment for benefits and scrambling for benefits as people lose or gain employment. Because this study was primarily directed at health practitioners, at the request of the CDC we framed the findings in an environmental stress paradigm, exploring the stressors and chronic strains associated with environment, housing and social service delivery, as well as women's daily engagement in individual and collective strategies to address these conditions.

The Sojourner Syndrome

We then confronted the challenge of constructing a framework to conceptualize the multiplicative effects of race, class and gender on the health of African American women for a medical audience. The life of the emblematic abolitionist Sojourner Truth provided a symbolic representation that resonates deeply with African American women. In many ways, Sojourner Truth personifies the resistance to the interlocking oppressions of race, class and gender that has defined black women's existence for generations. Sojourner Truth, like many of the women we encountered in the study, assumed extraordinary responsibilities. The most popular version of her speech at the Akron Women's Convention in 1851 embodied the findings of the research: the assumption of economic, household and community responsibilities that express themselves in family headship, working outside the home and the constant need to address community empowerment and in intersecting and overlapping gendered role responsibilities carried out in circumstances characterized by class exploitation, race discrimination and gender subordination:

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? [quoted in Marable and Mullings 2000]

We coined the term, the Sojourner Syndrome, to express the combined effects and joint influence of race, class and gender in structuring risk for African American women. The Sojourner Syndrome also represents a survival strategy for fostering the reproduction and continuity of the black community: the responsibilities assumed by African American women have allowed the African American community to survive through 400 years of slavery, Jim Crow segregation, discrimination and post-industrial redundancy brought about by globalized capitalism. But, it has many costs, and among them are health consequences.

After we completed the research, research scientists (Wadhwa, et al. 2001) made significant progress in revealing the physiological mechanisms by which hormones released during episodes of acute stress and chronic strain may stimulate spontaneous labor and preterm delivery. Furthermore, they found that these alternations during pregnancy can heighten vulnerability to maternal infections. Social stress therefore has the potential to lead to early onset of labor, as well as to lower resistance to infections. For impoverished women, the multiplicative effects of race, class and gender are frequently a life and death issue.

Notes

1. 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.

References Cited

Andersen, M. L., and Collins, P. H.
Brewer, R. M.
King, D.
Krieger, N.  

Marable, Manning, and Leith Mullings, eds.  

Mullings, L.  

Mullings, Leith, and Alaka Wali  


Wadhwa, Pathik D., Jennifer R. Culhane, Virginia Rauh, and Shirish S. Barve  

LEITH MULLINGS is Presidential Professor of Anthropology at the Graduate Center, City University of New York. Dr. Mullings’ recent publications focus on impoverished women in Harlem, New York. This essay is drawn from her recent book coauthored with Alaki Wali: Stress and Resilience: The Social Context of Reproduction in Central Harlem published in 2001 by Kluwer Academic/Plenum Publishers.