How Historical Stereotypes Shape Black Women's Healthcare Experiences in the United States

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ABSTRACT

Despite there being an awareness of stereotypes leading to disparities in the healthcare system, there is a lack of research on the three historical stereotypes of Mammy, Jezebel, and Sapphire. In order to bridge this gap, this study investigates the role of the stereotypes (Mammy, Jezebel, and Sapphire) in perpetuating healthcare disparities faced by Black women. By employing content analysis of three books ("Reproductive Injustice: Racism, Pregnancy, and Premature Birth," "Invisible Visits: Black Middle-Class Women in the American Healthcare System," and Under the Skin: The Hidden Toll of Racism on American Lives and on the Health of Our Nation.") This research categorized instances of implicit bias linked to these stereotypes. Findings revealed that the Jezebel stereotype, portraying Black women as hypersexual is most prevalent, appearing in 50% of documented instances, concluding that the Jezebel significantly impacts healthcare interactions. This stereotype rooted in historical objectification, leads to biased medical treatment, reflecting deep systemic issues. The study emphasizes the necessity of addressing such biases in healthcare training to mitigate disparities and improve healthcare outcomes for Black women. Further research with larger samples is recommended to extend these findings across different societal sectors.

Introduction

The United States is the most advanced industrialized economy in the world, yet the nation's infant mortality rate remains notably higher than most other developed countries. A significant reason for this is Black infant mortality; Black women with a college degree are more likely to lose an infant before it reaches one year old than white women with much less education. Black women face higher mortality rates and bear a disproportionate burden of chronic conditions such as anemia and cardiovascular disease, among others (Chinn et al., 2021). In a country such as the United States, where health status is so closely related to educational attainment and socioeconomic status, Black women with higher educational attainment and socioeconomic status seem to fare worse than white women when it comes to healthcare. Why? The underlying reason for this has a lot to do with historical stereotypes.

Ever since the abolition of slavery, Black women have faced a multitude of challenges deeply rooted in historical stereotypes that continue to persist in society today. To understand this, many refer to a topic called "intersectionality," a concept that highlights how various group classifications intersect to shape the experiences of individuals with minoritized identities, often resulting in perceptions that do not accurately reflect the combined impact of those categories (Billups, 2022). For Black women, this means they often find themselves perceived in ways that don't align with their racial and gender identities, resulting in complex experiences that are uniquely their own (Billups, 2022). Often as a result of oversimplified assumptions of these experiences, stereotypes arise. Stereotypes are descriptions of the traits, attributes, and behaviors assigned to individuals belonging to specific groups and have been ingrained in the structure of the United States for hundreds of years, with many tracing back to the institution of slavery.

History of Stereotypes

There are three main stereotypes that Black women are persistently confronted with, the most notable of them being Mammy, represented by an older, overweight Black woman, content with serving white families, at the expense of her own. This stereotype first emerged as an ideological construct that served to justify and uphold the institution of slavery. With the Mammy stereotype, Black women were portrayed as content and happy with their role as servants to white families and were depicted as having no personal needs or desires of their own. During Reconstruction, the Mammy stereotype was transformed into a symbol of unification, transitioning from a loyal Southern slave to a loyal Northern servant. However, within the Black community, the Mammy figure was seen as a race traitor, leading to Black women being heavily left out of the civil rights movement and its benefits (Lott, 2017).

The two other stereotypes that stand alongside Mammy are the Jezebel and the Sapphire. The Sapphire represents a loud, aggressive, and stubborn Black woman, who many claim as the origins of the "angry Black woman" stereotype. The historical context of the Sapphire stereotype can be traced back to the character's origins in the radio and television show "Amos 'n' Andy." Sapphire was portrayed as the angry Black woman, "often serving as a comic foil to her husband Kingfish's buffoonery" (Judd, 2019). Sapphire's portrayal associates Black women's knowledge and feelings with chaotic impulses rather than controlled reason. Becoming angry, in the context of this stereotype, confirms a negative relationship between the emotion and Black women. Which can lead to negative assumptions about their behavior in professional settings, potentially hindering career advancement, socioeconomic status, and professional care (Ashley, 2014).

The last of the three stereotypes is the Jezebel, which portrays a hypersexualized, lustful Black woman. This racial stereotype associated with hyper sexuality is rooted in the historical objectification and dehumanization of Black women during slavery. Enslaved Black women were characterized as sensual, lascivious, and lewd to justify their sexual exploitation by their owners. This portrayal suggested that they were sexually aggressive and manipulative, allowing slave owners to justify sexual abuse by falsely claiming that the women wanted and consented to such exploitation. Today, this Jezebel stereotype is still relevant, as it is perpetuated in various forms of media, including movies, television, advertisements, and music. (Anderson, 2018).

Impact of Stereotyping

This stereotyping has been found to significantly impact the judgment of healthcare professionals in the form of implicit biases. Implicit biases are subconscious, unintentional associations, and play a pivotal role in shaping perceptions and actions toward individuals belonging to specific social groups within healthcare settings (Puddifoot, 2019). As a result of this, patients can get better or worse care based on their specific social groups and how healthcare professionals view that group. Despite significant health improvements in the United States for Black Americans since the official abolition of slavery in 1865, Black women still experience notable healthcare disparities. These disparities are a result of discriminatory practices and implicit bias perpetuated by healthcare providers, influenced by deeply entrenched stereotypes dating back to the post-slavery era (Mehra, 2023). Investigating the impact of historical stereotypes, especially post-abolition stereotypes like the Mammy, Jezebel, and Sapphire, that are the origins for many of the modern-day stereotypes we see today, could reveal how enduring racist generalizations by healthcare providers, can create biases affecting patients through clinical communication between patient and worker. (Vela et al., 2022).

Literature Review

In this literature review, three major studies consider the enduring impact that modern portrayals of the three historical stereotypes have and the role they play in the negative treatment Black women receive as they interact with the healthcare industry. A study conducted by Ariel Washington and Jill Randal, titled: "We're Not Taken Seriously": Describing the Experiences of Perceived Discrimination in Medical Settings for Black Women," addressed persistent cervical cancer disparities among Black women by particularly focusing on the impact of perceived discrimination in medical settings on screening and prevention. By employing a mixed-method approach, the researchers employed the Discrimination in Medical Settings (DMS) scale, a tool designed to measure instances of discrimination by healthcare providers. Additionally, qualifier interviews were conducted to qualify the experiences provided by the scale. Results from 48 Black women revealed that they felt high levels of perceived discrimination in these settings, influencing the patient provider relationship and fostering medical mistrust (2023). In fact, a significant majority of the women interviewed, reported feeling that they received less respect compared to others in similar situations. One participant expressed that Black woman often feel like their concerns aren't given enough importance. The participant summarized this by saying that Black women just "aren't taken seriously." (2023). All the participants interviewed were women of diverse marital status, educational backgrounds, employment status and income levels. While most women had insurance coverage, disparities in cancer screening habits were still observed, showing that regardless of a difference of income levels, employment status and other identity factors, Black women of all backgrounds still faced disparities in the healthcare system. Ultimately, Washington and Randal showed that regardless of identity factors that are believed to elevate a person's standard of living, Black women still experience disparities because of factors related to their intersectional identity that is ingrained in the perspective of healthcare professionals (2023).

In a comprehensive study conducted by Brittany D. Chambers and colleagues from the University of California, San Francisco, titled: "Clinicians' Perspectives on Racism and Black Women's Maternal Health," the researchers investigated clinician perceptions of the impact of racism on Black women's healthcare outcomes, particularly in the context of pregnancy (Chambers 2022). They found that when compared to white women, Black women are three to four times more likely to face complications throughout their pregnancy and even more likely to die from them. Through 25 structured interviews with perinatal care clinicians in the San Francisco Bay Area, the study shed light on three significant factors of inequitable care. The factors are "provision of inequitable care, surveillance of Black women and families, and structural care issues" (Chambers 2022). Inequitable care was described as clinician biases affecting the quality of care, while surveillance involved clinician perceptions. Like Washington and Randal's study, the authors established that there are obvious disparities in the healthcare system for Black women, concluding that whether the health concern is cancer or complications during pregnancy, Black women still faced worse treatment when compared to other races. One main factor that this study pointed out was stereotypes. The author stated that stereotypes affected the bias and perceptions of healthcare professionals and were a main cause of the disparities seen in the system, but despite making this distinction, the authors did not specifically mention any stereotypes that affected their participants, and instead focused on the three factors of provision of inequitable care, surveillance of Black women and families, and structural care issues.

A study conducted by Lisa Rosenthal from Pace University and Merci Lobel from Stony Brook University titled: "Stereotypes of Black American Women Related to Sexuality and Motherhood," discusses the broader implications of stereotypes in decision making (2016). By focusing on the topic of intersectionality, the findings of this study showed that Black female targets, whether pregnant or not, were perceived more negatively in terms of generalizations related to sexual risk, motherhood status, and socioeconomic status compared to white female targets. The authors highlight the necessity of addressing the unique experiences affecting individuals with "multiple marginalized identities," and acknowledge that Black women's intersecting identities, encompassing race, gender, and pregnancy (2016), lead to there being negative perceptions by their healthcare

providers, which affects their overall experience. This idea was already established in Chamber's study and in Washington and Randal's study, but what Rosenthal and Lobel did that their articles did not, was talk about the particular history of the stereotypes affecting Black women. The authors pointed out that some stereotypes of Black women are similar to, or even the same as, stereotypes belonging to Black men or white women, but because of Black women's racial and gender identities, the fact that they're both Black and female, results in unique stereotypes that are not applied to Black men or to white women. These stereotypes are the historical stereotypes of Mammy, Jezebel, and Sapphire, and the experiences resulting from these stereotypes affect Black women only (2016).

Each of these studies contextualize the impact of stereotypes on the treatment Black women in the healthcare system. The three sources by Rosenthal, Washington, and Chambers highlight the persistent disparities faced by Black women, emphasizing the impact of intersectional identity on healthcare experiences. However, in discussing these identities, there is a specific gap in research focusing on how the negative treatment that exists today can be categorized into the three main stereotypes. A great majority of the stereotypical images of Black women that we see today have their roots in these stereotypes, which led to the belief that a lot of the modern discrimination in the healthcare system can also be categorized into the three historical stereotypes. An investigation into historical stereotypes and their role in the healthcare industry may provide insights into this gap. Furthermore, it will offer a deeper understanding of the specific factors contributing to healthcare disparities, enabling this paper to answer the question: To what extent do the historical stereotypes of Mammy, Jezebel, and Sapphire contribute to the negative treatment experienced by Black women in the United States' healthcare system?

Method

This study explores how the enduring nature of historical stereotypes contributes to the negative treatment received by Black women in the healthcare system. The design of this study is content analysis, one of the qualitative research methods used by researchers to examine the many ways individuals communicate in a replicable manner. This method is typically conducted through the study of documents and other artifacts of communications, such as texts, pictures, and videos. An example of this method can be seen in a study titled: "Analyzing the Types of Discrimination in Turkish for Foreigners Books," by Ezgi Agcihan and Asiye Toker Gokce, members of Kocaeli University in Turkey. These authors explore the changing role of textbooks in education, emphasizing their importance while also acknowledging that many language textbooks aren't free from stereotypes and bias. The authors argue that such textbooks indirectly influence learners' social perceptions, contributing to implicit bias. Similar to my study, the author identified discrimination through direct quotes from dialogues and visuals (2018). This study is important to my research as reading of their method of experimentation led to the development of my very own. Through the content analysis research method, researchers can identify the concepts and relationships in collected data without leaning towards the more invasive nature of communicative experimentation. (2018). The non-invasive nature of this method was an important aspect of my choice to utilize it in my research because of the sensitive nature of my topic; it can be easy to overstep boundaries. The data gathered for my study was taken from three books that are well known in the field of healthcare inequality, especially when it pertains to Black women. The three books are: "Under the Skin: The Hidden Toll of Racism on American Lives" by Linda Villarosa, "Reproductive Injustice: Racism, Pregnancy, and Premature Birth" by Dána-Ain Davis, and "Invisible Visits: Black Middle-Class Women in the American Healthcare System" by Tina K Sacks. All three books were published between the years 2018 to 2022. I selected these books as my primary source of data because they offered personal accounts of Black women throughout the U.S. who dealt with healthcare inequality. In these books, Black women were interviewed by the three authors, and all of the accounts the authors received were compiled into the three books utilized in this study. The authors used direct quotes from their interviewees to document examples of implicit

bias, as seen through language, tone of voice, body language, facial expressions and many other indicators of bias.

As I read the three books, I searched for unfair treatment against Black women that could affect the care they received. I examined characteristics of the experiences and attributed them to one of the three main stereotypes. For example, while reading the excerpts, if a Black woman mentioned being dismissed by healthcare providers due to a generalized comment on her sexual nature, reflecting the stereotype hypersexuality (Jezebel), the quote would be labeled with the speaker's name and assigned a "Jezebel" code. Once I did this for all of the books, the data was then compiled into a pie chart that visualized the frequency of mentions, providing insights into the persistence of historical stereotypes in modern portrayals of Black women, and how these portrayals affect the care Black women receive in the healthcare system. Since my primary source of data was books, the research didn't involve any physical risks or safety concerns, as no groups of people were involved in this experimentation, only textual records.

Results/Data Analysis

A content analysis study on "Reproductive Injustice: Racism, Pregnancy, and Premature Birth," "Invisible Visits: Black Middle-Class Women in the American Healthcare System," and "Under the Skin: The Hidden Toll of Racism on American Lives," was conducted. The analysis involved collecting evidence on implicit bias in the healthcare industry and documenting the data based on its connection to the three historical stereotypes of Mammy, Jezebel, and Sapphire. While reading the three books, I searched for quotes and analyzed the language corresponding to the different stereotypes, based on the definitions and characteristics of the stereotypes that were previously outlined in the study. The definitions were as follows: Mammy - older, overweight Black women; Sapphire - loud, aggressive, and stubborn Black women; Jezebel - hypersexualized, lustful Black women. Any mention of these characteristics was marked down with the name of the person who either heard the quote or said the quote themselves. For example, in a quote taken from "*Reproductive Injustice*" that was categorized as the Jezebel stereotype, a labor delivery nurse named Lee witnessed a coworker refusing to give a Black woman an appointment, as she recalled the nurse said, "Oh, I am sure she just has another STD, every Black woman in Northern Virginia has PID. They all have PID; they just sleep with everybody." This is an obvious example of the Jezebel stereotype as the unnamed Black woman faced mistreatment based on unfounded assumptions about her sexuality.

For the Sapphire stereotype, I found a similar example in "*Reproductive Injustice*" from a woman named Sherry, who had recently given birth and felt that her concerns about her newborn baby weren't taken as seriously because the nurses felt that she was being overbearing. Recalling this she said, "A few of them [the nurses] thought I was too much, that I was meddling too much—that I was coming too often. But I was coming to see my child!" Lastly, as an example of the Mammy stereotype, we have a quote from "*Invisible Visits*." In this quote, the speaker, Tracey, endured 15 years of knee pain and being consistently dismissed by doctors who attributed the pain to her weight. Following a minor car accident, a friend referred her to a physician who took her concerns seriously and conducted an MRI, which revealed that Tracey, in fact, had two tumors in her knee, and the tumors were the root cause of her knee pain, not her weight. I did this for 16 excerpts in total. All the data was then organized into a 3x17 table (Figure 1) that can be found under this paragraph. All the quotes from the 16 excerpts were all copied down and can be found in the appendices under the reference page.

Name of Book	Name of Stereotype	Name of Person
Reproductive Injustice	Jezebel	Lee

Reproductive Injustice	Sapphire	Yvette
Reproductive Injustice	Sapphire	Sara
Reproductive Injustice	Sapphire	Sherry
Reproductive Injustice	Sapphire	Veronica
Invisible Visits	Jezebel	Cherie
Invisible Visits	Mammy	Christina
Invisible Visits	Mammy	Tracey
Invisible Visits	Sapphire	Bridges
Invisible Visits	Jezebel	John
Invisible Visits	Jezebel	Jennifer
Under The Skin	Jezebel	Bly
Under The Skin	Jezebel	Samuel
Under The Skin	Sapphire	Simone
Under The Skin	Jezebel	Minnie
Under The Skin	Jezebel	Katie

Figure 1. Breakdown of Stereotypes Shown In Table.

Overall, the data showed that the Jezebel stereotype showed up 8 times throughout the 3 books. It showed up 1 time in "*Reproductive Injustice*," 3 times in "*Invisible Visits*," and 4 times in "*Under the Skin*." With Jezebel showing up 8 times out of the 16 instances documented, it made up 50% of all the stereotypes that were observed. The Sapphire stereotype showed up 6 times throughout the 3 books. It showed up 4 times in *Reproductive Injustice*, 1 time in *Invisible Visits*, and 1 time in *Under the Skin*. Altogether it made up 37.4% of all the stereotypes observed. Lastly, the Mammy stereotype was seen 2 times. It showed up twice in "*Invisible Visit*s," and made up only 12.5% of the stereotypes observed through experimentation. Figure 2, which can be seen down below, visualizes the breakdown of the frequency of the appearance of all three of all three stereo-types across all three of the books analyzed.
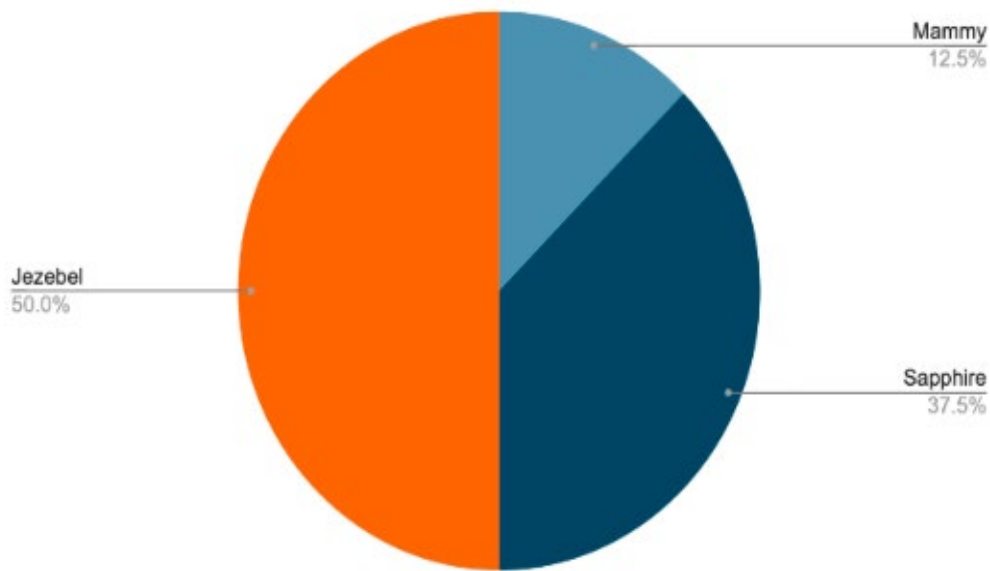
Figure 2. Breakdown of Stereotypes Shown in Pie Chart

Based on these percentages, it can be concluded that the Jezebel stereotype had the most impact on the implicit bias experienced by Black women from healthcare providers in the industry. This helps to draw the conclusion that stereotypes centered around promiscuity and sexuality are more persistent in the minds of healthcare professionals, contributing to the overall negative treatment experienced by Black women by their healthcare professionals. One consideration that led to this theory is that because of the vulnerability and intimacy in healthcare interactions, and the fact that healthcare workers often deal with patients' bodies and private health issues, they internalize societal judgments about things like promiscuity without realizing it. The power balance between patients and providers only strengthens these stereotypes. As patients trust healthcare workers for help and advice, the workers' biases could affect how they treat and diagnose patients without them even knowing.

Conclusion

My research delved into the enduring challenges faced by Black women in the healthcare system and the role that stereotypes had in these challenges. While researching stereotypes and their impact on Black women, I found my study narrowing down to three specific historical stereotypes: the Mammy, Jezebel, and Sapphire, as these specific stereotypes appeared to be the root of a great number of modern-day archetypes affecting Black women today. This led to my research question: To what extent do the historical stereotypes of Mammy, Jezebel, and Sapphire contribute to the negative treatment experienced by Black women in the United States' healthcare system?

To address this question, I used content analysis to categorize textual data, identifying recurring themes of implicit biases, and language patterns related to the definitions of the three historical stereotypes. The data was gathered from three books: "Under the Skin: The Hidden Toll of Racism on American Lives: The Hidden Toll of Racism on American Lives" by Linda Villarosa, "Reproductive Injustice: Racism, Pregnancy, and Premature Birth" by Dána-Ain Davis, and "Invisible Visits: Black Middle-Class Women in the American Healthcare System" by Tina K. Sacks. The information collected from these sources was crucial in the analysis of this study. The purpose of this analysis was to determine the connection between these stereotypes and the negative

treatment experienced by Black women. As a result of my analysis, it was discovered that the Jezebel stereotype made up 50% of all stereotypes observed, leading to the conclusion that stereotypes centered around promiscuity and sexuality are more persistent in the minds of healthcare professionals and contribute the most to the overall negative treatment experienced by Black women in the healthcare system. I identified that the reason for this was connected to the intimacy of healthcare interactions, as healthcare workers often deal with patients' bodies and private health issues, making them more susceptible to stereotypes centered around hypersexuality.

Limitations

There are some limitations to my study. The first being that I had a small sample size. I only examined three books and analyzed 16 excerpts from the three books, so my sample size can be considered too small, which could have potentially impacted my data. There is a possibility that the data gathered could have been affected by bias. Since I gathered and analyzed all the quotes myself, without the involvement of others, there is a risk that my personal bias could have influenced the results. Having another person conduct the same process independently could have helped reduce the bias, as I would have another sample of data to provide comparison. Another potential form of bias is the authors of the books. The books were all written by people with their own thoughts and opinions, which could have easily influenced the content they published. Furthermore, since all the authors conducted the interviews themselves, there is a possibility of introducing bias into their interviews through the questions asked, the manner in which the questions were asked, or even through body language and facial expressions. Lastly, there is also a possibility that "Reproductive Injustice: Racism, Pregnancy, and Premature Birth" could have impacted the data I gathered, as the book was mainly about discrimination against pregnant Black women. This focus could have influenced the results, possibly skewing them towards the Jezebel stereotype centered around hypersexuality.

Future Research

Some implications of my study are that the methods could help develop learning modules for Diversity, Equity, and Inclusion (DEI) Training in the healthcare sector. In the training, healthcare workers could be presented with scenarios where they must navigate potentially biased situations, such as a Black woman expressing concern but being dismissed by a provider due to one of the stereotypes studied. By engaging in these scenarios, healthcare workers can learn to recognize and challenge their own biases in real time.

In the end, while I can conclude that the Jezebel stereotype is very prevalent in the healthcare system, I can't say the same for other parts of our society, such as the workplace, or the education system. Therefore, my conclusion cannot be seen as universal for all areas of implicit bias in our society. In this aspect I think further research may be necessary. If anyone wishes to conduct research on other parts of our society where Black women are mistreated, my research method and overall process could be helpful to them. Additionally, I think further research could be conducted on my specific gap, but with a bigger sample size that includes more books, as that was a main limitation to my study.

Acknowledgments

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Appendix 1

Lee	"Oh, I am sure she just has another STD, every Black woman in Northern Virginia has PID. They all have PID; they just sleep with everybody."
Yvette	"I didn't want to take that route, with fear of being seen as if I was overreacting and being demanding."
Sara	Sara explained that she thought the nurse who initiated the call had perceived the mother's tone differently, believing that the mother was intimidating and feared that the mother was going to hurt her."
Sherry	"A few of them [the nurses] thought I was too much, that I was meddling too much—that I was coming too often. But I was coming to see my child!"
Veronica	"She felt that the nurses found her request to be 'too much."

Appendix 2

Cherie	"In spite of Cherie's pedigree, her comments suggest she often had to deal with doctors' unnamed set of stereotypes about Black women: angry, loud, promiscuous."
Christina	"I had her before, and I had to let her go. Yeah, because she don't like Black people. She don't like fat people."
Tracey	"Tracey felt that physicians used her weight as a shorthand to explain all her health problems."
Bridges	"[she] reports one's physician's belief that the sexual openness of many minority women, particularly Black and Latina, made it more likely that the physician would attribute any pelvic pain or gynecological discomfort to sexually transmitted disease (STD)."
John	"According to Hoberman, physicians believe that Black women, and other ethno-racial minorities, have a "primitive pelvis," corresponding to their primitive nature, which renders them reproductively healthy. The idea of the primitive pelvis is then tacitly used both as a justification for lack of treatment and more radical or invasive surgeries."

| Jennifer | "Jennifer acknowledges that, for her providers, her previous sexual activity and possible STD transformed her from a blameless rape victim into a just another young Black woman of ill repute, akin to a "working girl" (or prostitute)." |

Appendix 3

Bly	"Boys are hanging around the house and we don't want no more of her kind."
Samuel	"He also suggested that a difference in the nervous systems of 'Blacks' made them, as he put it, value sensuality over intellectuality."
Simone	"At the appointment, when Landrum [Simone's last name] complained more forcefully about how she was feeling, her doctor told her to lie down and scolded her to 'calm down.'"
Minnie	"[Told that] they would engage in sexual activity and have children who would require more government benefits, though there was no evidence that any of the girls were sexually active, especially the two younger ones, who hadn't yet reached the teen years."
Katie	"In March 1973, Katie, then seventeen, was again taken to the Family Planning Clinic, this time for insertion of an IUD, after the Food and Drug Administration terminated clinical trials of Depo-Provera because of its link to cancer in animals. Again, though Katie was under the age of consent, her parents say they were not consulted about the IUD."