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## The door(s) of no return: how the legacy of slavery impacts birth outcomes for African American women

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Jennifer Baxendale Lally
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Legacy of Slavery Impacts Birth
Outcomes for African American
Women

#### **ABSTRACT**

This theoretical study will explore the health disparity between the birth outcomes for white Americans and African Americans. Over the past five years there has been an increase in the literature coming out of the medical community examining this disparity. The recent interest has to do, in part, with the unresolved mystery this stark discrepancy poses.

Through an exploration of historical developments beginning with the trans Atlantic slave trade to the current state of African American women's reproductive health I will attempt to expand the understanding of how we as a society might better address the great imbalance in health between whites and African Americans. This study will conclude with suggestions for social work application.

# THE DOOR (S) OF NO RETURN – HOW THE LEGACY OF SLAVERY IMPACTS BIRTH OUTCOMES FOR AFRICAN AMERICAN WOMEN

A project based on the independent investigation, submitted in partial fulfillment for the requirements for the degree of Master of Social Work.

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#### **CHAPTER I**

#### Introduction

Time never was, Time is not. Thus I heard the grasses whisper, the green lips of the wind that chants the blind oblivious rune of Time, far in that island-sanctuary that I shall not see again. Time never was, Time is not. O Time that was! O Time that is!

#### FIONA MACLEOD

This theoretical study will explore the phenomena of how the stress of racial discrimination over the life course can negatively impact birth outcomes for African American women. Currently, African American women have the highest rates of preterm delivery, low birth weight, and infant mortality of all racial/ethnic groups in the country (Dominquez, Strong, Krieger, Gillman, & Rich-Edwards, 2009). African American infants are twice as likely to die within the first year of life than white infants (Mathews & MacDorman, 2004). This gap has not been substantially closed in over half a century (Wingate & Alexander, 2005).

The concern with a baby's low birth weight is that these babies may be at increased risk for complications. Since a premature babies body is underdeveloped they are often not strong enough to eat adequately, gain weight consistently and fight infection. In addition to these concerns babies who are born both too small and too soon are particularly vulnerable to; low oxygen levels at birth, breathing problems - such as respiratory distress syndrome, neurologic problems - such as intraventricular hemorrhage or bleeding inside the brain, gastrointestinal problems - such as necrotizing enterocolitis a serious disease of the intestine common in premature babies (www.childrenshospital.org).

In this exploration I will look at empirical studies conducted over the past ten years to explain how the stress of racism can be a significant factor in poor birth outcomes of African American babies. Researchers have found that even when controlled for such varied factors as poverty, housing, employment, medical risk, abuse, and social support, 90% of the differences in birth weight between black and white babies are not accounted for (Lu & Chen, 2001). According to Lu and Chen, most studies have looked at black-white differences during pregnancy, for example, differences in prenatal care utilization or maternal behavior. What is being discovered is that these differences really explain very little of the disparities in birth outcomes.

#### Phenomenon to be Explored

While viewing a documentary addressing health care disparities in the US I became aware of a relatively new discovery. The discovery was that the stress of racism experienced over the life course might be the cause of premature and low birth-weight of African American babies (Unnatural Causes, 2008). The question posed by the narrator of the film is the question for exploration – Why do African American women have a two to three fold greater chance of delivering a low birth weight of premature baby than white American women even when socio economic differences are controlled for? White women without a high school education have two to three times greater chance of having a healthy full term baby than African American women with a college degree (Lu, Kotelchuck, Hogan, Jones, Wright, & Halfon, 2010).

When African American women are well educated (holding a BA degree or above), are living in middle class neighborhoods, have successful professional careers, are married, eat well, exercise and refrain from smoking, drinking and drug use, have supportive family, obtain early and regular prenatal care have a significantly increased chance of giving birth to a baby too early

or too small or often both. I was surprised to learn that these women have more then double the chance of having premature babies then white women without a high school education. These staggering statistics seemed suspect until I learned of a possible explanation. Finding an explanation has been the focus of two neonatologists specializing in the care of premature and low birth weight babies, James Collins and Richard David, researchers/practitioners described in the documentary, set out over 12 years ago to solve the mystery they were encountering daily in their work with premature babies. The narrator of the acclaimed documentary explained that, "Like virtually everyone in the field, they were troubled by the striking racial differences in rates of premature and low birth-weight babies. What could account for the differences? Collins and David both thought that the disparity in premature delivery was really driven by socioeconomic differences between African Americans and whites" (Unnatural Causes, 2008).

Even when controlling for these known causes (Braveman, 2007) the disparities of black-white birth outcomes persist. Not only do they persist, they actually grow wider as education and socio economic status improved for African American women (Unnatural Causes, 2008). Collins and David began to look elsewhere for explanations. They realized that the knowledge available to them was inadequate and they began to look in other directions, beyond the established causes of poor birth outcomes. The direction of inquiry moved toward stress, lifelong stress, of African American girls/women and how that can contribute to ill health including maternal health.

#### **CHAPTER II**

#### Literature Review

The imposing shadow of racism has plagued the United States (Crocker, 2007) even before its official formation as a nation. Soon after the British settlers arrived on the shores of Massachusetts the establishment of the "color line" (Du Bois, 1903) was enacted. Today this delineation, that of dividing people by color and other physical characteristics, remains an active part of our long-standing system of privilege and oppression. Perhaps the most abhorrent affects of racism that remains to this day are that of African American infant mortality rate. Despite the victories of the civil rights movement, making segregation by color illegal, and the subsequent enactment of those laws, African American babies are (Lu, 2007) still two to three times more likely then white babies to be born too small, too early, and die within the first year of life. One hundred forty six years after the legal end of slavery the impact is evident in many facets of our society not least, of which is birth outcomes of African American babies. Jasienska (2008) suggests "several generations since the abolition of slavery in the United States (1865) has not been enough to obliterate the impact of slavery in the current biological and health condition of the African American population" (p. 17).

Rowley (1993) explains why the birth weight of African American babies is significantly lower than European Americans:

Very low birth weight and preterm delivery explain two thirds of the excess deaths experienced by of African American infants. Although comprehensive good quality services for all African American women will help to reduce the twofold higher rate of infant mortality experienced by African American infants compared with white infants, the infant mortality gap will not be closed until prevention research is conducted that

incorporates the social, cultural, and political context of life for African American women; the environmental stressors and the physiologic responses associated with stress; and the protective mechanisms available in the community for responding to stress.

Discrimination may be an important stressor that influences a women's susceptibility to a poor pregnancy out come. (p.67)

For decades, health experts have tried to determine why African American babies are twice as likely to die as European American babies (Lu, 2001). This gap has not substantially closed in over 60 years. Poor birth outcomes such as low birth weight leads to higher morbidity and mortality, especially during the first year of life and it is also associated with the long-term negative health consequences, such as increased risk of hypertension, cardiovascular diseases, insulin resistance and adult onset diabetes (Barker, 1997).

A significant portion of the disparity in infant mortality is attributable to the near two-fold increased rates of low birth weight (LBW) and preterm births, and the near three-fold increased rates of very low birth weight (VLBW) and very preterm births, among Black infants (Unnatural Causes, 2008).

Low birth weight leads to higher mortality and morbidity and is associated with long-term ill health, such as hypertension, cardiovascular diseases, insulin resistance and adult onset diabetes (Gluckman, Cuffield, & Hoffman, 2005) and changes in reproductive physiology (Jasienska, Ziomkiewicz, Thune, & Ellison, 2006). A series of studies conducted over the past five years from the Joint Center for Political and Economic Studies' Health Policy Institute along with a small but growing number of Neonatologists in the US and abroad suggest that stressful effects of racism play a role (Abdullah, 2007). Michael Lu, one of the leading researchers of birth outcome disparities describes the situation likening it to the elephant in the room. Over the

past twenty years the study of racial disparities was focused on stress during pregnancy without looking at the cause of the stress (Lu, 2001) during and even prior to pregnancy.

The experience of racism among Black Americans has been well documented (Feagin, 1991). In recent years evidence of the effects of racism on poor birth outcomes of African American women is growing (Nuru-Jeter, 2008). Generally speaking the models to measure racism-related life experience have been within the parameters of psychological stress (Clark, Anderson, Clark, & Williams, 1999). The model emphasizes the role of *cognitive appraisal*, one's assessment of a situation to determine if it is a stressor affecting that individual's health and mental health (Carter, 1994). For stress to be measured the stimuli "causing" the stress must be regarded as a stressor. "Building on the stress-as-interaction model articulated by Lazarus and Folkman (1984) identified racism-related stress as the outcome of transactions between individuals or groups and their environment that emerge from the dynamics of racism, and that are perceived to tax or exceed existing resources or threaten well-being." (p.44) An important aspect of the model is the extent to which the individual perceives a situation as racist. To do so, one must believe that race is a salient aspect of his or her experience, an awareness that is reflected in one's racial identity (Miller & Garran, 2008). Therefore, racial identity has emerged as a critical component of understanding racism and its correlates among Black Americans (Franklin, 1999). According to Eyerman, the shared experience of slavery despite its historical distance to us today is a cultural marker. A marker which few African Americans can avoid its impact on their identities (Eyerman, 2004).

#### **Life Course Perspective**

The life course perspective offers a unique viewpoint through which racial disparities in morbidity and mortality may be understood as the result of repeated exposures to risk factors, including self reported racial discrimination, during childhood and adulthood.

Reviews of the history of race and medicine have concluded that racism is at least in part responsible for the fact that since arriving as slaves, African Americans have had the worst health care, the worst health status, and the worst health outcomes of any racial or ethnic grouping the United States (Krieger, 1999). A tragically unavoidable segment of this health reality is that of African American birth outcomes. As previously noted in the United States, African American infants are more then twice as likely to die within the first year of life then a European American (Mathews, Menacker & MacDorman, 2004).

In an attempt to better understand the reasons for racial and ethnic birth outcome disparities, Lu and Halfron have recently proposed an alternative approach, the Life Course Perspective. The life course perspective conceptualizes birth outcomes as the end product of not only the nine months of pregnancy but also the entire life course of the mother before the pregnancy (Lu et al., 2010). The entire life course made up of a complex interplay of biological, behavioral, psychological, and social protective and risk factors (Life Course Initiative, 2010).

David and Collins, the two neonatologists featured in the documentary *Unnatural Causes*, suggested over 17 years ago, that racism plays a central role in the poor birth outcomes of African American babies. Recent studies based in the US (e.g., Parad, Dominquez, Dunkel, Schetter, Glynn, Hobel, & Sandman, 2008; Mustillo, Krieger, Gunderson, Sidney, McCreath, & Kiefe, 2004 and New Zeland (e.g., Harris, Tobias, Jefferys, Waldegrave, Karlsen, & Nazroo, 2006) demonstrate that self-reported racial discrimination negatively impacts racial/ethnic

differences in health. The US Center for Disease Control has challenged researchers to develop new paradigms focused on social determinants to racial disparities in adverse birth outcomes (Rowley, Houge, & Blackmore, 1993). Drawing from Geronimus' work on the effects of life long minority status, Pallotto argues that poor birth outcomes for African American women point to a health erosion over the life course of these women. The erosion, like a premature wearing down of African American women's health may begin to take place even before their own birth, during their own gestation Dominguez et al., 2009). What causes this physical deterioration to begin so early?

Many in the field of women's biology believe that the reason for poor birth outcomes of African American women has to do with stress. The stress of life long minority status is suggested as a cause of poor birth outcomes (Unnatural Causes, 2008). According to Hogue & Brenner (2005), Racism may operate along a stress pathways to negatively influence the reproductive outcomes of African American women long before they ever conceive (Hogue & Brenner, 2005). The exposure to racial discrimination over the life of an African American woman trigger an "adaptation response" that over time can break down her physical health leaving them vulnerable to reproductive health problems (Mays, Cochran, & Barnes, 2007).

Disparities in birth out-comes are the consequences of both differential exposures during pregnancy and differential developmental trajectories across the life span (Lu, 2003). The life course perspective looks at two longitudinal models: an early programming model and cumulative pathways model (Halfon & Hochstein, 2002).

#### **Institutional Racism**

The problem of racism is that it continues to be reinforced by the image and expectation in the US that to be white is to be better then to be of color (Santoni-de-Reddy, 2005).

Most of the underlying causes for the health inequities between whites and people of color are a result of institutional racism (Randall, 2008). Although public and political discourse place most of the responsibility for racial differences in wealth, power, incarceration rates, and success with individual effort and cultural and ethnic work ethics, the web of racism demonstrates that our society is structured unequally, and that racism continues to privilege white people and oppress people of color (Miller & Garran, 2008). In the 2004 film *With All Deliberate Speed*; an exploration of the fifty years following the Brown vs. Board of Education decision; Julian Bond claims that:

Race is the greatest determinant of life status, more so then gender, more so then education, more so then anything else, it is race...if you control for all those other things, it is race that determines how well, how poorly your going to do in the country (United States). The real problem of race is so many white Americans don't believe this to be so. (With all delibrate speed, 2004).

From this point of view I recognize that white America is largely unconscious about the significance of race. The tendency is to down play race delegating its significance to an historic tale of generations past. Since the institution of slavery and the racial discrimination played out in the generations to follow are a distant memory to many Americans living today. The further we move chronologically from our oppressive history the more difficult it can be to recognize that racism is still a factor in our societies functioning.

The tendency of white Americans to minimize the significance of race, to believe that race is no longer an issue, I believe, is a manifestation of their learned white dominance. In our nation it has been well established that to be white is to be "normal", without color, to be "regular". When one is considered normal, further description of what makes them such seems unnecessary. This can be recognized when there is mention of the "non-whiteness" of an individual or group of individuals. This categorization discourse in everyday interactions where white persons' whiteness is not mentioned but black persons blackness is. This preoccupation of color, of race in the US is perpetuated by this way of not naming and naming. If not mentioned, white is assumed.

A challenge in dismantling institutional racism is that the relationship between the privileged and the oppressed has been so well established, so automatic in its workings that stopping this system would require a new way of thinking. When a discussion about race and racism is really under way new ideas about and ways of being with race and racism begin to emerge, white people often become uncomfortable. People of color are expected to fit into the sometimes-narrow confines of a white society but when whites become uncomfortable being around people of color who are talking about race, they are able to withdraw without facing condemnation (Santoni-de-Reddy, 2005). They can seek out fellow whites without much effort thus providing them the opportunity of escape from the anxiety brought by the conversation. This ability to find almost immediate relief is in itself a privilege (Miller & Garran, 2008).

#### **CHAPTER III**

#### Theories to be Explored

## **Object Relation Theory**

Object Relations theory is the term that describes the work of several psychodynamic thinkers (Flanagan, 2008). These scholars hailed from opposite sides of the Atlantic – England and the United States - and from their work came a new understanding of the internal workings of human psyche. This orientation provided a nuanced glimpse into the development of the ego.

The two schools of Object Relations were, as indicated above, the British School and the American School. The British School was comprised of Melanie Klein, Donald Winnicott, Harry Guntrip, Ronald Fairbairn, and John Bowlby. The most noted American School of Object Relation theorists were Margaret Mahler, Otto Kernberg, Thomas Ogden, and James Masterson. While I refer to this theory of psychology as a theory, it is important to recognize that these authors maintained that they were independent, to some degree, from one another and as such the "theory" is really more of a collection of ideas and understandings (Flanagan, 2008).

Object relations theory began with the work of Melanie Klein (1882-1960). Klein was the first to present Object Relations in its full expression and in doing so coined the term *Internal Object (Klein, 1964)*. She was also the first theorist to change Freuds's view of object emphasizing the interpersonal environment as the primary influence on an individual's personality development (Lesser, 2007).

Internal object is at the heart of the theories' orientation as Klein (1953) states:

There is no instinctual urge, no anxiety situation, and no mental process, which does not involve

objects, external of, internal; in other words, object relations are the center of emotional life (p.52).

Through her own experience as a mother and from her observations and work with babies and young children, she believed that infants from the moment of birth had a fantasy life (Lesser, 2010). These were fantasies of destruction and brought intolerable feelings of guilt to the child. Not able to accept these disturbing feelings the child turns them onto the caregiver. This enables the child to do what they most need to do, to trust the caregiver.

Almost immediately upon birth, and perhaps even during fetal development, the infant knows that in order to survive her basic needs must be met by the ones she is entrusted to. The infant will make the necessary adjustments to have her needs met. The sort of adjustments I am referring to are relational - the child will be who she needs to be to get her needs met. An infant will learn to stop crying to get her mother or caregiver's attention. If the baby finds that when she cries her mother does not respond. Not only will the baby stop crying but she will make the psychological adjustment that mother is still good even if she does not come when called. From an infant's perspective if mother does not come when baby cries, then there must be something wrong with baby. In order for the child to maintain mother as a "good object", mother's not responding is due to a problem with the child. The child's liability becomes evident by her frustrated interaction with her mother.

Klein recognized that a child is most influenced by he relationships with others. Klein found that the child's interactions with others, particularly how she attaches to her primary caregiver, to have the most impact on her personality development. In the following passage Klein describes how feelings of love are not simple and can have conflicting added feelings of aggression thus creating a duality of emotion toward those we love.

Feelings of love and gratitude arise directly and spontaneously in the baby in response to the love and care of her mother. The power of love – which is the manifestation of the forces, which tend to preserve life – is there in the baby as well as the destructive impulses and finds its first fundamental expression in the baby's attachment to his mother's breast, which develops into love for her as a person. My psycho-analytic work has convinced me that when in the baby's mind the conflicts of love and hate arise, and the fear of loosing the loved one become active, a very important step is made in development. These feelings of guilt and distress now enter as a new element into the emotions of love. They become an inherent part of love, and influence it profoundly both in quality and quantity (Klein & Rivieri, 1964).

**Splitting:** The infant's innate drive is to maintain the object as the trustworthy source of care and love. For the baby to be able to do this any contrary feelings, such as anger, have no place in this established and evolving way of experiencing mother or primary caregiver. There is no room for doubt or insecurity for the developing infant in her profound dependence. The psyche will work to protect itself from contradictions, which spur anxiety. In order to keep anxiety at bay the feelings, which bring this response, are separated out, cast off so to speak. In making this split the infant can keep love and hate apart (Goldstein, 1995 as cited by Lesser, 2010). The word splitting is misleading because it implies that part of a whole is broken off. This is not the case with splitting; here we are describing a way of seeing the self and objects prior to seeing them as whole beings with their "good" and "bad" qualities (Flanagan, 2008).

To understand how *splitting* works it is important to recognize the complexity of the infants experience outside of the mother's womb. The adjustment from the cocoon - warmth, safely and in a sense isolation, to a world of potential cold, potential neglect or harm must be a profound rearrangement. In this rearrangement process the newborn tries to make order out of

the new and complex reality of living outside of mother. The vulnerable infant is only able to tolerate certain aspects of the world and to certain degrees. The frustrating aspects are distinguished from the satisfying aspects and are directly connected to the individual "causing them". In this way the infant's survival is dependent on her ability to successfully split.

Splitting for the developing infant is adaptive during the unique time of rapid physical and psychological development. As the child continues to develop the separating out of the gratifying and frustrating parts can become a separation of good and bad parts. The child/adolescent will organize the world into good and bad parts in an attempt to maintain the former way of regulating her emotions. These distinctions of how she experiences people in her life can become rigid leaving little room for blending of some "good" and some "bad" aspects of individuals. Without the ability to attribute varying degrees of quality on to the people in one's life the rigidity can become maladaptive thus negatively affecting human interactions and relationships later in life (Flanagan, 2008).

**Projection**: The way individuals get rid of bad feelings (parts of the self) and put them into others is known as projection (Flanagan, 2008). Like other defenses projection can negatively alter one's life as it ultimately distorts reality. An example would be when someone has strong feelings of anger toward her partner and since these feelings are intolerable to that individual she subconsciously imagines that it is the partner that has these feelings of anger toward her. When that individual feels afraid of her partner it may really be her own powerful feelings of anger she is frightened of.

**Projective identification:** Occurs when the object becomes an extension of the self. When this occurs the persecutory fears toward the external object are identified as the bad parts of the self (Lesser, 2010). In addition to the projection of bad parts of the self, Klein believed

that the good parts of the self were also projected. The same motivation, establishing the object as good, but here the individual focuses her good aspects onto the object (Lesser, 2010).

Regardless of good or bad, projecting can weaken the ego (Lesser, 2010).

Defenses, by nature, once established are difficult to reverse. Projective identification is certainly once such defense; takes on a life of its own, causing a state of confusion followed by further confusion. This confusion brings anxiety, and in a desperate need to escape this feeling (usually unconscious) a part of the self is split off and fantasized as being put into an external object (the other person). This is done to control the object to prevent any further psychological harm (Lesser, 2010).

Projective identification is one of the most difficult defenses to understand as it involves several aspects, which serve a variety of functions. One aspect which is particularly maladaptive is that of an imagined reality with which the individual can enter into. At this point the defense of *projective identification* becomes more then a defense. The warding off of anxiety, the primary function of a defense, is now complicated by interactions or imagined interactions between the individual and the people in his/her life. A system of dysfunction in relationships is enacted and as such takes on a life of its own making it difficult to access the original function of the defense (Moore & Fine, 1990).

What is complicated that with projective identification is that the projective part seeks to get rid of unbearable feelings and to do so they are placed onto another person. In addition to these feelings being cast off by the individual, aspects of these unbearable feelings are retained by the individual (Flanagan, 2008). The complexity in which this psychological mechanism functions further camouflages it from the individual's consciousness (Flanagan, 2008).

**Idealization:** Idealization is another defense important to examine in this discussion of object relations. In order for an individual to protect the conscious self from troubling feelings such as rage or jealousy he/she buries these feelings. Once concealed, these potentially threatening feelings exist primarily in the unconscious. In the following quote from Flanagan (2008) the power of idealization is well characterized:

Idealization is particularly maladaptive when it is used as a defense against envy. When someone idealizes a person in an attempt not to feel envy toward him or her, the idealization can actually make the envy grow, because the more wonderful the person is perceived to be, the more there is to envy. (p.128)

**Devaluation:** Like idealization can result in the individual not having access to their authentic feelings. So much of their energy is expended distorting the object that triggers anxiety-provoking feelings. Such feelings as insecurity, desire, neediness, or weakness (Flanagan, 2008) are so difficult to live with that it is common for an individual to avoid these feelings by "making" the object better than the self (idealization) or worse then the self (devaluation). This way the individual is kept safe from the potential "harm" of the object. The fear of rejection propels the defense. An imagined scenario unfolds:

A man (John) is secretly in love with a co-worker (Alice). The Alice is considered to be extremely attractive by most in the agency. In reality John wants nothing more then to ask her out, these feelings are so intense and are further amplified by his fear of rejection. (All staff is aware of John's infatuation with Alice.) When it is discovered that Alice is already engaged to another man John's reaction is illustrated in the following dialogue:

Alec (coworker): Oh, wow, I just found out that Alice is engaged to some dude, you must be undone, I bet you wished you asked her out a long time ago?

John: Me, are you kidding, I am happy she is engaged I was beginning to wonder about her, she is over 30 and still not married, and did you notice she has wrinkles when she smiles now? No, I think she is lucky to have found someone who still wants to marry her at this point in her life.

Object relation theorists believe that human development (Lesser, 2007) occurs within the relationship; relationship between individuals. From object relation perspective, it is human relationships, rather then human drives, (of aggression and libido) that are the principle motivation of human functioning. As object relation theorists asserted that we are not primarily pleasure seeking, rather human relationship seeking. And our pleasure is most fully realized by our connections with other human beings. That is to say relationships first and drives second; the former creating meaning for the latter.

Object relations theory could be thought of as a "mid century" adaptation of both Freud's psychoanalytic theory and ego psychology. Although an adaptation, there is an inherent tension between the Freudian's drive theory and the Sullivan (American School) and Fairbairn (British School) object relations theory. The primary distinction between the two orientations is how the psychic structure is understood by each of these two *psychologies*. As Lesser (2007) explains, "According to object relations theory, human development takes place within the context of relationships." (p. 58) An infant becomes whom she is by spending time with others and observing and absorbing how they related to her. She is looking for clues as to how her ways of communicating are received by others. For example, when a baby is sitting on the floor crying and her mother does not come over to her, the baby is learning that to cry does not always mean that mother will rush over. Eventually when the child has grown hoarse from crying and begins to stop, mother comes over to the child and offers her a biscuit. The message the child receives her is that crying even ongoing to the point of exhaustion does not make mother come to her, but

when she ceasing crying mother appears with a treat. Mother also is smiling when she gives the baby the treat, which further enforces the notion that when not crying mother is pleased with baby. The treat of the biscuit may serve to comfort but the delayed response was anxiety provoking for the child and she may be confused as to how to get her mothers attention when she needs her. If it is not crying when that is all she is able to do at this point in her development how else can she get her mother to come to her.

Inherent in the understanding of object relation's theory is the notion that all individuals hold within them a world of relationships (Flanagan, 2008). These relationships can be conscious but are usually unconscious. As unconscious, that is, hidden from the mindful part of the individual, they are powerful, perhaps even more powerful then actual relationships with actual people (Flanagan, 2008). It is possible to live an their entire life in a fantasy, never firmly in reality. From this place the individual is protected from emotional hurt yet often very alone never finding out if the comfort of a connection can be worth the risk.

In addition to Klein's contribution as the "founder" of object relations there were other significant writers who helped development of this theory. Fairbairn separated himself out from the other theorist by his belief in the reality of the *internalized object*. Like Klein, Fairbairn moved in varying degrees toward a relational/structural model of the psyche in which an "object" is the target of relational needs in human development (Klee, 2000). Fairbairn was influenced by Klein's concept of the internal object yet he understood it differently (Lesser, 2010). He believed that the structure of the self is created by actual experiences with actual people. Within modern object relation's theory, objects can be people (mother, father, grandmother, uncle) or things, such as transitional objects with which we form attachments. For children we commonly think of a "blanket" or a favorite teddy bear. If the child has this beloved object in their

possession they feel more secure to move about the world. Conversely, if they do not hold this object, have it in their possession they experience anxiety, which can impair or limit their functionality. A child feeling anxious because of their uncertainty is less likely to reach out to new object that they need. Object-relations refer to the self-structure we internalize in early childhood, which functions as a blueprint for establishing and maintaining future relationships (Klee, 2000). Psychopathology is an expression of traumatic self-object internalizations (Stringer, 1996) from childhood acted out in our current relationships.

As discussed human attachment is the heart of object relations and it would be difficult to have a discussion about human attachment without including the work of Donald Winnicott (1896-1971). His scholarship in the area highlights the importance of the quality of the relationship, and how the nature of object experiences influence development (Flanagan 2008). Winnicott (1965) established the concept of the "holding environment" - the place where the child's psyche flourishes under the attuned presence of the mother or primary caregiver. In his work, Winnicott emphasized mother but another individual could be in her place provided they are a primary caregiver (Flanagan, 2008).

By holding environment Winnicott did not only mean the literal holding of the baby by the mother, but the capacity for the mother to create the world in such a way for the baby that she feels held, safe, and protected from the dangers without and protected as well from the danger of emotions within. (p.137)

As the holding environment functions as a shelter the "true self" of the baby can develop.

A shelter is not just a place where the baby is held literally but it is also a place where the baby can be alone to explore. The temporary separation from mother will come naturally provided that the shelter or holding environment is well established. From the balance of being with

mother and separate from mother knowing she is still there is an essential duality for the baby to experience in order for her to become her true self. Flanagan (2008) explains Winnicott's belief:

A true self cannot emerge if the child feels she must be attuned to the needs of others in the family system and if she feels she needs to be a certain way in order to be recognized and acknowledged. The highly individuated True Self will not emerge when the environment fails to be genuinely attuned to the child's uniqueness. What happens instead is that the child may develop a "False Self," one that seeks to suppress individuality and molds itself to the needs of others...they become overly compliant...In this debilitating, constricting process the energy, the power, the "wildness" of the True Self is lost. (p. 133)

Although Winnicott was specific about mother as primary attachment figure, and thus placing most of the responsibility on her, he presented an attitude of forgiveness as well. Winnicott claimed that the mother could be imperfect some of the time while still maintaining a "healthy attachment" to her child. While it is essential for her to be empathetically attuned to her baby, at times she could "fail" that expectation without injury to the developing child. In fact the missed attempts or "empathetic failures" were opportunities for the mother and child to experience "repair". In the repair, Winnicott felt that accelerated growth would occur.

#### The Theory of Cultural Trauma

The constructs of Cultural Trauma Theory (Eyerman, 2008), which I will explore in this chapter, are: (1) Collective memory, (2) Generational memory, (3) Remembering and forgetting, (4) Slavery as a major cultural trauma. Alexander (2001) one of the contemporary scholars of the theory of cultural trauma describes trauma in the following way, "Traumas occur when individuals and groups feel they have been subjected to a horrendous event that leaves indelible marks upon their consciousness, will mark their memories forever, and will change their future in irrevocable ways" (p.1).

As the above quote indicates, trauma in general is about both an injury and a lasting affect of that injury. Cultural trauma certainly embodies both factors but has additional characteristics, which set it apart from the more individualized forms of trauma. Cultural trauma is also about a disturbance, an alteration to a group's sense of identity. For the individual from that particular group the knowledge of who one is within a particular social contest is destroyed (Eyerman, 2001). With a cultural trauma this understanding is disrupted. No longer are the people of a particular collective the same once their collective has been devastated by a trauma.

Similar to other trauma, cultural trauma is experienced by individuals in different ways and to varying degrees. That is why for cultural trauma to occur, not everyone in the group of people will feel the same disturbance. The trauma of a culture is such even when particular individuals don't show any signs of personal traumatization. They are part of the trauma because they are part of the group. "In this sense, the trauma need not necessarily be felt by everyone in a community or experienced directly by any or all," as Eyerman (2001, p. 2) explains.

The hideous trauma imposed on the first generation of captured Africans for the caused by the trans Atlantic slave trade has made a lasting impression on the descendants of those first people. Just as *physical or psychological trauma* can become ingrained in the memory or the psyche of those affected, cultural trauma can be "ingrained in a collective memory" (Neal, 1998 as cited by Eyerman, 2001).

#### **Collective Memory**

In the following passage by Campbell (2008) we encounter some of the complexity of how a collective memory works. Here Campbell makes the connection between place and memory:

Human memory is self-representational. It secures our identities, is at the core of our practices of responsibility, and is the basis of our sense of temporality...we remember through our environments that then hold memory for us...we cannot talk about memory without discussing the social power that authority over the past secures...We learn from the past and need somehow to get it right. We cannot give up the idea that memory should be faithful to the past, though we need to understand the very complex ways in which this value might be expressed. (p.41)

In Campbell's description there is an emphasis placed on the desire for accuracy in memory keeping. "To get it right", as she says, embodies both a burden and a responsibility on the representatives of that collectives history. As nature would have it, not all individuals are destined to be the keepers of the group knowledge, so certain individuals are self-elected for the task. Those representing the whole bring their own particular sensory, emotional, and cognitive understandings thus influencing their depiction of "what happened, and what it was like" (Campbell, 2008).

#### **Generational Memory**

When memories of a place or event are passed onto others from one group member to

another, the information is both transmitted and maintained for that group's continuation. When an individual retells a story from her past or the past of another the "memory" is passed on and continues to exist through those who hear it. The sensory impressions of people influence the collective identity of that group.

Ever since the African slave trade began, African American's have struggled for representation. The struggle for personal and group identity began when Africans were captured and forced into a life of servitude. This struggle continued throughout slavery and took on a new emphasis once slavery was abolished. "Black Americans have struggled for representation in their attempt to be seen and heard as equals in social conditions, which sought to deny this" (Klotman & Cutler, 1999 as cited by Eyerman, 2001, p. 13).

The question in the struggle became - who would define what was seen and heard? This distinction was a crucial aspect in establishing a recognizable identity (Eyerman, 2001). And was particularly challenging in an environment structured to deny any evolution of such a distinction.

## **Remembering and Forgetting**

Warnock (1987) claims,

I believe that the term 'memory' is rich, deep and exacting. What is it about any particular engagement with the past that compels people to speak of memory because no other word will do? 'What is essential for an examination of the way in which memory is valued by humans is to grasp the complexity of the phenomenon. (p. 42).

Williams was part of the post civil war emerging black middle class. They were a literary mobilization, which set out to counter the way whites characterized blacks. The

stereotypes presented and perpetuated by the dominant class gravely influenced of "full and complete" integration promised by radical reconstruction. As such new forms of racial segregation were established in the South and elsewhere (Eyerman, 2001) throughout the nation. During this period of reconstruction the audience these writers appealed to were initially the empathetic whites that at the time needed a boost and a sense of security. Eventually blacks that once were not allowed to learn to read were now becoming literate at a rapid pace and looked to such work in their search of histories, which could help them, establish an identity beyond slave or former slave. The image of the newly freed slave presented by the dominant white culture characterized them in stereotypes. Blacks were compelled to think of themselves beyond the limitations of *slave* or *former slave* and thus pursued other ways of being.

## **Slavery as Major Collective Trauma**

The American Slave Trade was the most destructive collective trauma in the history of the United States and the loss of life was one of the greatest human traumas in any history. It is estimated that more then 80,000,000 Africans lost their lives during the transport through the middle passage from Africa to America (Reid, Mims, & Higginbottom, 2005).

The transmission of trauma can be profound and its legacy lasting for centuries. Here Higgonbottom (2005) describes how the master inflicted terror on slaves in an attempt to establish control. "The essence of terror or fear tactics is to debilitate or immobilize a human spirit so that it can not take protective measures against his aggressor..." (p.12) It is the intent of this aggressor that the victim will be so incapacitated by fear that they will surrender to the assault and remain *under control* following the assault thus insuring a continuation of servitude (Reid et al., 2005). In addition to this assurance of terror equaling control of the slave, their offspring will be likewise submissive. In order to protect their children, slaves taught them to

both be afraid of and to serve the master. This would give some assurance of their children's survival in the brutal system of slavery.

American slave owners deliberately acted to de-humanize and relegate African slaves to and inferior status (Reid et al., 2005) likening them to animals, used as breeding material for optimal productivity in pursuit of economic gain. This terrorism inflicted on the African slaves was intended to have profound negative psychological ramifications that would last many lifetimes, which would be recycled. This master plan was successful as the intergenerational effects developed into a psychological snowball that has rolled uninterrupted for centuries (Reid, et al., 2005).

#### **CHAPTER IV**

#### **Application of the Theories**

#### **Object Relations**

Why do African American women at every socioeconomic level have two to three times greater chance of delivering a low birth weight or premature baby then a white American woman? To begin the discussion of Object Relations theory and how it applies to the pronounced health disparity between white and African American babies I will expand the concepts of the theory to look at the broader context of African American experience. The following excerpt from the well knows essay "Traces on the Blackboard" indicates that remnants of past and current racial trauma are present in the African American psyche (Hinds, 2010).

A teacher conducted an experiment. He told the class that they were reviewing for the upcoming test and wrote a math problem on the board and telling the students that it would be on the test. He intentionally did it incorrectly then erased it just enough so you could still see a clear trace of the numbers on the blackboard. Later that day while grading the tests the teacher was astonished to find that even the students who had a good understanding of the material did that problem incorrectly (they copied what the teacher had written on the board).

Even though many of the children knew the answer was wrong as demonstrated by their ability to do the other problem correctly they believed that the teacher knew more then they did. They were not about to question the authority figure who was in power, they looked to him to know not just about math and other things they were learning in his classroom but to know about themselves as well. These children were in a relationship with this teacher, they were having an actual experience and from an object relations perspective he was part of the formation of their psyches. These children knew how to do the math which they were being tested on yet did not

trust themselves enough. In the face of the power of their adult whit male teacher their knowledge was easily put to the side. One could view this way of functioning as an adaptive use of *splitting*. They made a choice to do what the teacher said even if they knew it was incorrect. The need to believe the teachers over themselves was greater than the desire to do and trust their own knowledge. They were placed in a bind and in an attempt to make order out of the situation they went with the less anxiety-provoking route. To continue to trust their teacher was more bearable then to question him or feel he was trying to trick them.

Clark (1999) tells of Henry McNeal Turner, "the first black Chaplin" in the US Army made a speech that could be understood as an adaptive use of *idealization*. In the following address on January 1<sup>st</sup>, 1866 now called "Emancipation Day" for the freed Africans.

Traditionally on this the day slave owners reorganize their workforce and thus split apart family members amongst their slaves. Turner proclaimed:

This day which hitherto separated so many families, and tear-wet so many faces; heaved so many hearths, and filled the air with so many groans and sighs; this of all others the most bitter day of the year to our miserable race, shall henceforth and forever be filled with acclamations of the wildest joy, and expressions of ecstasy too numerous for angelic pens to note. (p. 13)

The acknowledgement of the deeply painful and rage full feelings, which the slaves had undoubtedly experienced, we named publicly. In an attempt to disavow these feelings from very recent memories the new celebration is established for the freed African Americans.

At the end of his speech he concluded:

Let me say that I have not referred to the cruelty of slavery to incite your passions against white people...To the contrary, let us love the whites, and let by-gons be by-gons, neither taunt nor insult them for past grievances; respect them; work with them; but still let us be men. Let us show them we can be a people, respected, virtuous, honest and industrious, and soon their prejudice will melt away, and with God our father, we will be brothers.

(Turner as cited in Clark 1999, pp. 14-15)

The line which is particularly striking - "but still let us be men" - let us be seen as men by you (white man), let us prove our worthiness to you who we want acceptance from, let us be at our very best and then you will see us for who we are and you will embrace us. There is a sad hope here as I write this today knowing the history to follow. In hope of a new future, the freed slaves were encouraged to let the past go and to move on.

In understanding the psychology of former slave let's consider a possible thought process both conscious and unconscious as: I am so scared to move into this new era of slavery's end, I hate with the passion what the white man has done to my people yet living with these feelings brings too much anxiety so I turn 180 degrees in the other direction and in an attempt to not only unite with but embrace our former perpetrators and I ask you to do the same so together we can win them over. This idealizing is more bearable and proves to be an adaptive way of being in the pursuit of moving forward away from slavery.

It is important to keep in mind the year of this speech was only one year after the end of legal slavery, one year. This is significant in light of the nature of the sadness and trauma described in the first quotation. Reminders of forced break ups of husbands and wives, children separated from their parents and siblings, a staggering account of the lack of humanity on the

part of the slave owners. Then perhaps moments later the suggestion of forgiveness is interjected onto the memory of this horrific treatment of the slaves. Most of those present would have certainly been slaves just a year prior yet his message is of forgiveness and moving on, focusing on the future.

Moving the object relations lens out further let's consider the mechanism of *Projection* in exploring how the dominant culture has cast a shadow on the African American people with this psychological defense. Following the end of slavery when the economic shift of reconstruction was underway those former slave owners who had once benefited from the financial reward of slavery were now in a different position. The people they had lorded over for centuries now were "free". I imagine there would be some concern on the part of whites that the formerly unacceptable expression of rage and anguish felt by slaves was still within these newly freed people.

So as a collective of people the whites knew on some level the evil of slavery, the abolishing of it in a sense was proof of its unacceptable nature. All was in flux, a feeling of emptiness and depletion cast shadows on the nation. These shadows (the evils of slavery) were always there but now perhaps because of the illegality of slavery, those responsible for casing such gloom now had the opportunity for reflection. In the face of such a troubling reality inevitably feelings of guilt were affecting at least some segment of the white population. With this feeling of guilt the subsequent anxiety produced would set up a yearning to, "make the self feel right to be devoid of badness" (Flanagan, 2008).

What complicates this impulse to respond to the guilt is the established belief that black people were inferior to whites. The bind this proposed triggered *projection*. The hate felt toward the self-created by the guilt of slavery and for some the anger at the loss of this institution

activated the process of expelling parts of the self out onto the former slaves. These people despite their "freedom" were still considered inferior and in order to keep them from forgetting their place in society, the white man would characterize the former slave as dangerous. Many whites resented the former slave and their descendants who dared to express any sense of pride and strength (Reid et al., 2005). Sekou Mims explains, "Whenever I expressed or demonstrated my "spirit" as a child, I got into a lot of trouble with school officials and the institution know as the *criminal justice system*! I was labeled "aggressive and arrogant." If Mims was aggressive and arrogant he did not need to be seen as a whole person, he could still be less than in the eyes of his oppressors. With projection the bad of the oppressors is placed on the oppressed thus perpetuating a distorted reality.

Thirty-seven years after the speech by Turner was the release of The Souls of Black Folk by W.E. B. Du Bois. In this piece of literature Du Bois reflects on the state of the US a generation after slavery is abolished. DuBois (1903) claims:

The Nation was not yet found peace from its sins; the freedman has not yet found in freedom his promised land. Whatever of good may have come in these years of change, the shadow of a deep disappointment rests upon the Negro people – a disappointment all the more bitter because of the unattained ideal was unbounded." (p. 5)

As expressed here, the freed slaves and those born into "freedom" felt a profound sense of loss accompanying their disappointment. Disappointment for continuing to be oppressed devaluation, described by Du Bois can be of the lack of progress for the black people in the society like all disappointment has a way on turning and left in a position of powerlessness which the black public no doubt experienced Caught in the intensity of this bind the feelings sought a means of expression. In an attempt to settle the anxiety this bind presented, the anger

form an object relations point of moved went inward to manifest as *devaluation* -devaluation of the self. In the face of dashed hopes and no ability to cry out less the punishment of the oppressor, the freed slaves may have viewed themselves as the cause of the hurt and thus responsible. Something about them was the cause of this pain. As the system of oppression functioned to keep the black people down, to cause them to feel devalued, they in turn took on this characterization of the self. Through the devaluation of the Africans by the oppressors, they devalued themselves (as a whole, not each individual).

The converse of *idealization* is *devaluation* and is used as a defense for the same purpose – to discard difficult feelings such as neediness, insecurity, envy or desire (Flanagan, 2008).

Projective Identification: Projective identification from the object relations perspective is utilized to dispel certain feelings by placing them on others and at the same time retaining a portion of this feeling for the self. A way to understand this defense within the greater context of this paper is to look at feelings of resentment by the dominant culture toward the freed blacks. The dominant cultures, in a response to the anxiety produced by feelings of resentment are inflicted upon the African American people. These feelings internalized by black women, increase her experience of oppression and cause increased stress hormones to be released and as a result she delivers a premature baby. Following this logic, the dominant culture has dispelled part of the feeling of resentment by placing it on the African American mother and retained part for the self (dominant culture) by contributing to the poor birth outcome of the baby and being responsible for caring for the very ill baby.

Conflicted states of mind affect ones behaviors and the overall functioning of the social system (Kapur & Campbell, 2002). The enslavement of black people was both prophesied and part of a plan, as the Europeans "stripped away from their slaves as much of the original culture

as possible...and the slave master reamed his chattel *Negro*, which meant 'something dead, lifeless, neutral (not that nor this)" (Clegg, 1997).

The mother experiences trauma of oppression, internalizes (internalized oppression) this baby absorbs the stress, the mother goes into early labor, baby retains the oppression by being born too soon and too weak. The unwanted part of the self is that identity which society tells her she is, inferior, less than, a "problem" as Du Bois puts it. Mother tries to separate from the affects of oppression but has no means to do so and thus retains the oppression and at that same time passes it onto her baby.

Holding Environment: For this discussion of holding environment I would like to view the concept metaphorically as it inherently rich especially in terms of birth. For the mother to be a good holding environment she needs the support of other individuals such as a partner or extended family members or friends and she also the society at large as a protection. Society has told her she is less than, that she is not to be trusted, that she is not capable to care for herself, she is dependant on the way society characterized her, she receives empathetic failure constantly as did her mother. Mother is "held" poorly and in an attempt to overcompensate for this failure of society she tried to be the ultimate holder for her developing baby. Much is on the line here, much pressure to make up for historic oppression that is unconsciously at play. By baby arriving too early it is an attempt to get the holding mother so disappointedly was unable to receive for society. When the mothers own holding environment of her upbringing is solid yet the outside world tells her other wise.

The ideal is for the developing child to experience being near someone while also begin separate and apart, to be allowed to simply be in the presence of someone who is neither too stimulating nor too frustrating (Flanagan, 2008). A true self cannot emerge if the child feels she

must be attuned to he needs others in the family system and if she need to be a certain way in order to be recognized and acknowledged. When environment is not attuned enough child develops false self, one that seeks to suppress individuality and models the needs of others. To care for others overly compliant – serving other needs. In this debilitating constricting process the energy, the power, the free spirit of the True Self is lost. This is an important pathway for psychological change and growth since the process is by no means static and the projector can learn much from the identification with the other (Flanagan, 2008)

In the next section of this chapter I will move from this clinical theory perspective of object relations to a cultural theory perspective using the trauma of slavery as my lens.

## **Cultural Trauma**

In this application of cultural trauma theory I will examine the constructs discussed in a previous chapter on the theory of cultural trauma to establish a broader understanding of how slavery; recognized as "the trauma" (Eyerman, 2008) and how the intergenerational traces of that industry has influenced the formation of African American identity. In this chapter I will apply the three constructs of cultural trauma theory (collective memory, generational memory, and remembering and forgetting) discussed in the previous chapter to illustrate how the trauma created by the trans Atlantic slave trade has had a lasting impression on health, functioning and life expectancy for African American women and their babies.

Campbell (2008) explains that, "human memory is self-representational. It secures our identities, is at the core of our practices of responsibility, and is the basis of our sense of temporality." (p. 46) In other words, memory gives a context enforcing our sense of who we are, how we are to function within that identity, and a time line of our lived experience.

We also remember through our environments and then environments hold the memory for us triggering our senses to recall. As a result that place or a place reminiscent of it holds the recollection for us (Campbell, 2008). When we are not able to recall we look to other available sources - family, friends, established authorities for the missing information. This is a vital part of our way of knowing both who we are and what we come from. Once we engage in remembering together we recall in a new way, and a more layered image begins to emerge. It is no longer our own experience but the experience of hearing the story from someone else or another source, which becomes the memory, and is then our memory. Joining memories, becomes a *collective memory* and is passed on and maintained.

**Collective Memory:** Collective memory is about the group (the collective) and how it remembers. Groups are made up of individuals whom influence the group, determining how the group is to be represented to both itself and to the outside (Eyerman, 2001).

For African American's the group membership created by the black community as a way of claiming the strength in their connection to Africa while down playing their membership in America, a place concept forever relating back to the institution of slavery and the racism to follow (Reid, 2001). Individuals know to varying degrees and on both conscious and unconscious levels this connection I refer to. Although not all "black" people in the US are descendants of slaves they are linked I some ways by virtue of their "racial" identity.

At the end of the Civil, in 1960, 3,953,696, which represented about 12.6 percent of the total US population and over 30 percent of the Southern population (Eyerman, 2001). The following passage written by an African American man, George Washington Williams, is regarded as the first comprehensive historical account of the condition of the former slave

(Eyerman, 2008). It was written in 1882, over twenty years after the end of slavery and is a document of memory and of history:

Here were four million human beings without clothing, shelter, homes, and alas! Most of them without names. The galling harness of slavery had been cut off of their weary bodies, and like a worn out beast of burden they stood in their tracks scarcely able to go anywhere. (1882 as cited by Eyerman, 2002, p. 23)

Generational Memory: The first generations of Africans in the Americas arrived as a result of involuntary capture and enslavement. Despite the extreme forms of oppression they encountered, the history of African Americans is one remarkable survival, tremendous resiliency, and a breathtaking solidarity. Some of the architects of the Declaration of Independence and the Untied States Constitution – Washington, Jefferson, Jackson were salve holders – thus establishing, from the formation or the nation slavery to be a profound aspect of American racial contract (Miller & Garran, 2008). According to Miller and Garran, "The evolution of chattel slavery, in which people were treated as property or livestock and they and their descendants could be slaves in perpetuity, heralded the institution of slavery in America."(p.7) This establishment of an ongoing generationally repeated system of oppression had a far-reaching influence on the history of the nation.

A shared memory is one that incorporates and measures the varying perspectives of those who remember the episode. It is an implied rule that participants in any social collective must accept a shared memory. This "rule" is especially true among family members and those of a shared social identity. This can be problematic as individual memories of a society's past can differ greatly making it difficult for members to share experiences or understandings (Connerton,

1989). Instead of the act of remembering together as a means to connect, the differing understandings can serve as a divide. As the divide occurs so too does the desire to remember together. What once drew people together in search for an understanding of the past now keeps them apart.

Remembering and Forgetting: It seems that when there is an exploration of the past that the focus quickly, or automatically moves descriptions of memories (Warnock, 1987). There is some sort of authority proclaimed when one talks of "remembering" something that has happened. When someone begins a statement with the words, "I remember " there is a degree of certainty expressed. It seems that this stance has a way of orienting those hearing what the individual remembers. To actually remember is to "have proof", to hold the details of the event (Campbell, 2008). To know is to have had some experience and to pass on this experience one tells their descendants and others in the collective so they too can remember.

As Lorde (1984) claims, "We come together to each other coated in myths, stereotypes, and expectations from the outside, definitions not our own" (p. 170). In this falsely dressed state we ask to be seen for who we are, it is the call of the unseen, the full self, which peers out in anticipation of the day that the unveiling can begin. What is revealed will allow others to stop and see what it is they were not able to see, that they too had been tricked into believing.

### **CHAPTER V**

#### Discussion

Dim face of Beauty haunting all the world,
Fair face of Beauty all to fair to see,
Where the lost stars adown the heavens are hurled, There, there alone for thee
May white peace be...
FIONA MACLEOD

To begin the discussion of this study I would first like to acknowledge the above quote and the quotes throughout this paper by poet and mystic Fiona MacLeod. Fiona MacLeod was the feminine alter ego of writer William Sharp (1855-1905). "Sharp actually believed himself possessed of another spirit; under the spell of this other self." In my research on the lasting affects of slavery on the psyche of African Americans I found that Fiona MacLeod was one of William Edward Burghardt Du Boise or W.E.B. Du Bois favorite poets. Du Bois was a contemporary of MacLeod and quotes a poem by her in the timeless classic *Souls of Black Folk* (1903).

In this exploration of my thesis I have begun to make a connection between Du Bois and MacLeod. Du Bois locates the voice of MacLeod, whom like Du Bois' own voice comes as part of and a part from another self. I wonder if an aspect of Du Bois affection for MacLeod's poetry had to do with his own state of being "beneath a veil" struggling with his double identity as a black man and as an American. I wonder if in his own expression of what it is to live a double life as he so brilliantly, poetically describes in *The Souls of Black Folk found* kinship in another also existing within the imprisonment of a duality.

In turning back to the discussion of this study I reorient our focus of inquiry. My question - Why do African American women have a two to three fold greater chance of

delivering a very low birth weight or premature baby then a white American woman even when controlled for socio economic factors? The socio economic factors I am referring to are; lack of prenatal care, poverty, lack of education of the mother, living in a violent neighborhood, experiencing domestic violence, inadequate diet, drug and alcohol use. When these factors are controlled for 90% of the birth discrepancies of African Americans are still not accounted for. The scientific and medical communities are beginning to more seriously consider the possibility that stress of racial discrimination experienced over the life course of an African American woman may be the answer to this mystery.

In the United States, African Americans face stark inequalities in overall health and in maternal health. The life course perspective offers a unique viewpoint through which racial disparities in morbidity and mortality may be understood as the result of repeated exposures to risk factors during both the childhood and adulthood (Chae, 2011) of the mother. This approach provides a way to consider the entire life an African American girl throughout her life beginning when she is growing in her mother. It is from her that we can begin to locate periods of particular stress due to racism.

As psychoanalyst Carl Jung (1875-1961) puts it, "We are ever deceiving ourselves. But deep down below the surface of the average conscience a still, small voice says to us, something is out of tune. My own perspective as a white person certainly limits my ability to know what it is to be black. From this place of not knowing, this place of merely observing I recognize that what I have seen is certainly a different reality from that which, others have experienced. With this acknowledgement I humbly face the fact that I have a great deal to learn not just about the North American black experience but of my own experience as a white woman and what that has meant and continues to mean from this dominant social position inherited from birth.

Through an examination of the implications of the legacy of slavery on birth outcomes of African American women, I was able to draw upon current research, historical record, literature, cultural trauma theory and the psychodynamic theory of Object Relations. In doing so, this study examined the phenomenon of poor birth outcomes of African American woman from varied perspectives of the social and psychological manifestations of racism.

This study is limited by its theoretical nature isolating the scope of inquiry to what I have observed from what others have observed. In this way, this study lacks the inclusion of brand new qualitative and quantitative data. Instead, I presented recent data from the past decade and explored these findings with a cultural trauma theory and object relations theory lenses.

The phenomena presented in chapter I and II concerning affects of racism on the maternal health of African American women was explored in chapter III via theories of social and psychodynamic understandings. This exploration is limited by the parameters of these chosen understandings, which I have applied. The potential scope of this subject is without a doubt much broader than this small theoretical paper could attempt. In addition, the realm of investigation of such theories is limited by my own awareness and attunement as a researcher.

Future research on this phenomenon might be focused on a gaining a psychodynamic understanding of racism and oppression as a means to access the underlying, largely unconscious mechanisms of human aggression. In addition, more research is indicated on the impact of instructional racism as enforced by interpersonal and intrapsychic racism. Finally, there might be a quantitative study exploring generational birth outcomes in places such a Bermuda where the majority of the population is black yet they share the United States history of having practiced in the African slave trade.

A strength of this study is located in my attempt to develop and new way of examining

the psychodynamic theory of object relations. My examination expands the application of the theory to address slavery in North America and the continued affects of this cultural trauma on African American woman's maternal health today. From a similar understanding the scope of clinical social work could be expanded to more adequately comprehend the unthinkable ways human beings are capable of treating their fellow human beings. As Rasmussen (2011) asserts, "While it may be accepted that unconscious forces play a significant role in the dynamics of racism, rarely do we encounter a theoretical discussion of what exactly this means" (p. 502). His attempts to further explore what this means is an example of the kind of research I have begun in a small way here and I believe crucial to healing process of the aggressions inflicted by racism.

## **Implications for Clinical Social Work**

In considering the implication for social work I am leaning toward how to practice clinical social work with the awareness of the history and repercussions of the history of slavery on the functionality of African Americans and how we as clinicians, particularly white clinicians intersect this orientation. History is real and not recognizing the importance of history, prevents our access to a post racial era. A firm knowledge of the past not only provides education but also helps us realize the psychological and emotional significance history holds (Rasmussen, 2011). In this way, as Rasmussen (2011) explains, "I am drawing the link between truly felt knowledge of the past - and the urge toward reparation. With truly felt historical knowledge comes empathy". Empathy is everything for clinician social workers. Developing and maintaining empathetic attunement is the goal of clinical social workers and is what ultimately prevents us from "causing harm". Perhaps one of the most profound social and cultural empathetic failures of our time on the part of white people was/is African slave trade and the racial oppression of African Americans which has followed. Racism is deeply and far reaching in its destruction.

From an Object Relations perspective one could view racism as a monumental empathic failure. With all empathetic failures there is a promise of potential healing in the repair of the failure. The reparation of the atrocity of slavery and its seemingly endless affects although much more complicated and multilayered, could be likened to an empathetic failure of mother to her child. In repairing the injury the mother must first recognize what has occurred, be willing to accept her shortcomings and begin the process of healing. It is in the healing of an injury that brings liberation to not only the baby but also to the mother.

## **Concluding Thoughts**

If white North Americans are willing to acknowledge the impact of racial oppression perpetuated by our internalized dominance we can gain access to unconscious motivations of hatred. Forms of hatred are camouflaged by disturbances of the inner world of our psyche(s). These disturbances manifest in motivations must be exposed for what they are. Once exposed, and identified often the arduous process of acceptance can begin. We cannot change anything until we first accept it for existing/having existed, see it, and finally reflect on it. Once in the realm of reflection the invitation of true freedom can be received. Received as an act of resistance - a resistance to the perpetuation of racism in all its forms.

I assert as I cry out in a "still, small voice" (Jung) that in order to free our white minds from the narrow confines of our learned internalized racial dominance true racial equality can't exist. Behind this cry lies a vast deprivation. Not just a personal intrapsychic deprivation but also, I believe, a universal one, an emptiness that has kept us (black and whites) apart. Our divide has not just been between each other, between the "races", but is intensified and further complicated by our individual and collective lack of full development of our psyche(s). From this malnourished place we, the white community, cry out for healing that comes only on the

heels of a greater understanding and acceptance. We too have been oppressed by our individual and collective acts of oppressing. Whites are not "veiled" but are stilled and made small by the pathology that is racism.

It is in a shared experience of oppression (oppressor or oppressed) that our true emancipation lays. As oppressors (whites) we have also been oppressed, limited by the cruelty and power of racial dominance. Full emancipation from slavery and its long shadow is only possible when we as a white people face our own – as individuals and as a people –unconscious racism. The distortive power of a highly racialized society is that so much is unnoticed, unconsciously acted out; continuing to dwell within our collective psyche. It is release from this place, "Where the lost stars adown the heavens are hurled, - there, there alone... may white peace be". Attaining this *peace* MacLeod writes of, I believe, is only possible when our African American brothers and sisters are liberated by their captors. The invitation can't be false, cant be a lie denying that race does matter, that race has been used to separate and to designate power fro the inception of the United States. Until the history of the slave trade is taught and understood by both the oppressors and the oppressed there will remain an imbalance of power in profound way. The liberation of African Americas will be evident in the good health of their newborns as a whole, when birth outcomes are reversed.

When African American babies (as a whole) begin to come into the world strong and fully developed, then, a shift of the affects of oppression will be evident. Then, a last, secure in the *holding environment* of North America, African Americans can take off "the veil" (Du Bois) so that access of the original holding environment of all human kind, the great cradle of civilization - Mother Africa will be opened. She will beacon for a full return – casting off the curse that "the door of no return". Across the threshold of this door so long blocked by the

edge of the power of slavery. The further we get from the start will no longer be heard once the threshold of "The Door of no Return" is crossed at last. It is in crossing over, back through the "door of no return" that sinister and false curse, once imposed by the captors, will be released.

### REFERENCES

- Abdullah, H. (2007, September 28). Racism may affect infant mortality rates. *McClatchy Newspapers*. Retrieved from www.mcclatchydc.com/2007/.../racism-may-affect-infant-mortality
- Adelman, L. (Producer). (2008). *Unnatural causes* [Documentary]. USA: California Newsreal with Vital Pictures.
- Alexander, J., Eyerman, R., Giesen, B., Smelser, N., & Sztompka, P., (2001). *Cultural trauma and collective identity*, Berkley, CA: University of California Press.
- Alexander, J. Eyerman, R. Giesen, B., Smelser, N., & Sztompka, P., (2001). *Cultural trauma theory and application*, Berkley, CA: University of California Press.
- Baker, DJP. (1997). The long-term outcome of fetal growth. *Clinical Obstetrics and Gynecology*, 40, 853-863.
- Baker, L.S. (1991). The direct cost of low birth weight, the fture of children 5(1), 35-40.

# Boston Children's Hospital Web Site. Retrieved from www.childrenshospital.org/

- Braveman, P. (2007). *Health status disparities in the United States*. Woodrow Wilson International Center for Scholars, Retrieved from www.WILSONCENTER.org
- Boeree, C.G. (1997). *Personality theories: Carl Jung (1875-1961)*. Retrieved from webspace.ship.edu/ cgboer/jung.html
- Campbell, S. (2008). The second voice. SAGE Journals on line: Memory Studies 1, 41-48
- Carter, J.H. (1994). Racism's impact on mental health. *Journal of the National Medical Association*, 86, 543-547.
- Caruth, C. (1996). Unclaimed experience: Trauma, narrative, and history. Baltimore, MD: Johns

- Hopkins University Press.
- Chae, D. (2011). *Covering health issues: A source book for journalists* (6<sup>nd</sup> ed.). Alliance for health reform. Retrieved from www.allhealth.org/health...sourcebook2011/coveringhealth-issues-2011.p...
- Clark, K., (1999). History is no fossil remains: Race, gender, and the politics of memory in the American south, 1863-1913, (Unpublished doctoral dissertation). New Haven, CT. Yale University Press.
- Clark, R., Anderson, N.B. Clark, V.R.& Williams, D.R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, *54*, 805-816.
- Clegg, C., (1997). An original man, New York: St. Martin's Press.
- Connerton, P. (1989). How societies remember, Cambridge: Cambridge University Press.
- Crocker, J. (2007). The effects of racism-related stress on the psychological well being of non-whites, *Rivier Academic Journal*, 3 (1), 1-3.
- Dominquez, T. P., Strong, E.F., Krieger, N., Gillman, M., & Rich-Edwards, J. (2009).

  Differences in the self-reported racism experiences of US-born and foreign-born black pregnant women. *Social Science and Medicine*, 69, 258-265.
- Du Bois, W.E.B. (1903), The souls of black folk. New York: Random House.
- Eyerman, R. (2004). The past in the present: Culture and the transmission of memory. Scandinavian Sociological Association & SAGA, 47 (2), 159-169.
- Eyerman, R. (2008). *Cultural trauma: Slavery and the formation of the African-American identity*. Cambridge: Cambridge University Press.

- Flanagan, L. M., (2008). Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts (2<sup>nd</sup> ed.). *Object relations theory* (pp.121-158). Lanham, Maryland: Rowman & Littlefield.
- Franklin, A. J. (1999). Invisibility syndrome and racial identity development in psychotherapy and counseling African Americans. *Counseling Psychologist*, 27, 761–793.
- Feagin, J.R. (1991). The continuing significance of race: Anti-black discrimination public places.

  \*American Sociological Review. 56, 101-116.
- Gilbert, P. (Producer & Director). (2004). *With all deliberate speed* [Motion picture]. USA: Camera Planet Pictures.
- Gluckman, P.C., Cutfield, W., & Hoffman, P. (2006). The fetal, neonatal, and infant environments-the long-term consequences for disease risk. *Early Human Development*, 81, 51–59.
- Goldstein, E. (1995). *Ego psychology and social work practice* (2<sup>nd</sup> ed.). New York: The Free Press.
- Halfon, N., & Hochstein, M. (2002). Life course health development: an integrated framework for developing health, policy, and research. *Milbank*, 80(3), 433-479.
- Hinds, J.P. (2010). Traces on the blackboard, Springer Link, 59(6), 783-798.
- Jasienska, G., Ziomkiewicz, A., Thune, I., & Ellison (2006). High ponderal index at birth predicts high estradiol levels in adult women. *American Journal of Human Biology*, 18, 133-140.
- Jasienska, G. (2008). Low birth weight of contemporary African Americans: An intergenerational effect of slavery? *American Journal of Human Biology* 2, 17.

- Kapur, R., Campbell, J., (2002). *The Troubled Mind of Northern Ireland*, British Liberty of Congress.
- Klee, T. (2000-2005). *Eight stages of object relations*. Retrieved from www.objectrelations.org/stages.htm
- Klein, M. (1964). Contributions to psychoanalysis, 1921-1945. London: Hogarth.
- Klein, M. (1964). Love, hate, and reparation. London: W.W. Norton and Company.
- Krieger, N. (1999). Embodying inequality: a review of concepts, measures, and methods for studying health consequences of discrimination. *International Journal of Health Services*, 29, 295-352.
- Klotman, P. & Cutler, J., (1999). "Military rights and wrongs African American in U.S. armed forces, P. Klotman (ed.). *Struggles for representation African American documentary film.* Bloomington: Indiana University Press
- Larson, J.A. and Lizardo, O. (2007). Generations, identities, and the collective memory of

  Che Guevara. *Wiley Online Library*.22 (4). Retrieved from onlinelibrary.wiley.com > ... >

  Organic Chemistry > Book Home
- Lazarus, R.S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.
- Lesser, J.G., (2008). Clinical social work practice: An integrated approach (4<sup>th</sup> Ed.) *Object* relations theory: A relational psychodynamic model (pp. 82-98). Boston: Allyn & Bacon.
- Carter, R., (2010). *Life course development*. Retrieved from: www.sampler.isr.umich.edu/.../rona-carter-2010-libby-douvan-juni...
- Lorde, A., (1984). Sister outsider. New York, NY: Women of Color Press

- Lu, M.C. Korelchuck, M., Hogan, V., Jones, L., Wright, K., & Halfron, N. (2010). Closing the black-white gap in birth outcomes: A life course approach. *Ethnicity and Disease*, 20, 62-74.
- Lu, M.C. (2001). Racial and ethnic disparities in birth outcomes: A life-course perspective. *Maternal and Child Health Journal*, 7, 13-30.
- Lu, M.C. (2007). Trends in neonatal morbidity and mortality for very low birth weight infants, American Journal of Obstetrics & Gynecology, 196(2), 147-148.
- Lu, M.C. & Chen, B. (2004). Racial and ethnic disparities in preterm birth: The role of stressful life events, *American Journal of Obstetrics & Gynecology*, 191(3), 691-699.
- Lu, M.C., Kotelchuck, M., Hogan, V., Jones, L., Wright, K., & Halfon, N., (2010). Closing the black-white gap in birth outcomes: A life-course approach. *Ethnicity & Disease*, 20 (12) 62-73.
- Margalit, A. (2002). The ethics of memory by Avishai Margalit, Harvard University Press.
- Mathews, T.J., & MacDorman, M.F. Infant mortality statistics from the 2004 period linked birth/infant death data set, *National Vital Statistics Report*, *55*,14.
- Mathews, T.J., Menacker, F. & MacDorman, M.F. (2004). *Infant mortality statistics from the* 2002 period linked birth/infant death date set. National Center for Health Statistics,
- National Vital Statistics Report, volume 53, number 10. Retrieved from www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55\_14.pdf
- Mays, V.M., Cochran, S.D., & Barnes, N.W. (2007). Race race-based discrimination, and health outcomes among African Americans. *Annual Review of Psychology*, 58, 201-225.
- McIntosh, P. (1992). White privilege: Unpacking the invisible knapsack. *Gender and Society:* SAGE Publications, 16, 155.

- Miller, J., Garran, A.M., (2008). *Racism in the United States: Implications for the helping professions*. Belmont CA: Brooks/Cole.
- Moore, B.E., and Fine, B.D.(1990). *Psychoanalytic terms & concepts*. Binghamton, NY: American Psychoanalytic Association.
- Neal, A. (1998). National trauma and collective memory, Armonk, New York: M.E. Sharp.
- Neal, A. (2003). National trauma and collective memory: Extraordinary events in the American experience. Armonk, New York: M.E. Sharpe.
- Nuru-Jeter, A. (2008). A methodological note on modeling the effects of race: The case of psychological distress. *Stress and Health, 10*, 1002-1215.
- Radley, A. (1990) Artifacts, memory and a sense of the past in David Middleton and Derek www.DyingWhileBlack.org. Edwards (eds.), *Collective remembering*, London: SAGE.
- Randall, V. (2008). Presidential election, race and racism. Retrieved from: en.wikipedia .org/wiki/United States presidential election, 2008
- Rasmussen, B. Salhani, D., (2011). A Contemporary Kleinian Contribution to Understanding Racism. *The social service review*. 84(3), 491-513.
- Reid, O.G., Mims, S., & Higginbottom, L. (2005). *Post traumatic slavery disorder*. Charlotte NC: Conquering Books.
- Rowley, D.L., Hogue, C.J., Blackmore, C.A. et al. (1993). Preterm delivery among African-American women: a research strategy. *American Journal of Preventative Medicine*, 9(6), 1-6.
- Rowley, D.L. (1993). Racial differences in preterm delivery: Developing a new research paradigm. *American Journal of Preventative Medicine*, *9*(6), 1-123.
- Santoni-de-Reddy, S. (2005) A discourse on race: Confronting the cycle of racism. Sunility

- *Chings*. Retrieved from: sites.google.com/site/sunilityching/home/scholarship/teacher.../race
- Sharp, W., (1855-1905) William Sharp Collection, Box #, Folder #, Department of Rare Books and Special Collections, Princeton University Library. Retrieved from:

  www.inthefirstperson.com/firp/firp.result.collections.aspx?...collection...
- Stringer, K. (1996). An object relations approach to understanding unusual behaviors and disturbances. Retrieved on March 10, 2011 from www.toddlertime.com/mh/terms/index.htm
- Warnock, M. (1987). *Memory*. Sage on line, London: Faber and Faber. Retrieved from mss.sagepub.com/content/1/1/41.full.pdf
- Winnicott, D.W. (1965). *The maturational process and the facilitating environment*. New York: International Universities Press.