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Knowledge in Pain: Interpreting the Lives of Community College Latinas and their Experiences with Illness and Pain

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Thinking Gender Conference 2012: “Knowledge in Pain: Interpreting the Lives of Community College Latinas and their Experiences with Illness and Pain”

By

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Ideological Critique and the Interviews

Ideological critique, as a method, can serve as a therapeutic engagement for both the participants and the interviewer. In this study¹, the women and I clearly used our time together in this manner; my participants were searching for opportunities to “vent” and speak about the struggles in their everyday lives. While coding my data I was reminded of a quote: “Narratives help us remember and also forget. They help shape our social reality as much by what they exclude as what they include” (McLaren, 1993, p. 140). What does it mean to “remember” and “forget”, and how did this shape my participants and their social reality? My participants’ “talk” challenged their position and place at NMVCC², while taking up ideological stances that served to reproduce dominant ideologies, such as white supremacy, within their personal and public lives. As with any ideological critique, ideologies should be studied for their material effects and as entities of the social relations that encompass these worldviews (Leonardo & Allen, 2008). Ultimately, ideologies reside internally within us. They have psychic and material effects. Our ideologies serve specific interests and have material, and in this case physical, consequences.

¹ This interview study focused on the identity experiences of 20 Latinas between the ages of 18-30, all of which were students at a large community college. A critical hermeneutical approach was used in the analysis of the data.

² NMVCC is the name of a large community college located within the southwest region of the United States.

After thoroughly reviewing my data, the most prominent theme that emerged was the link between the racialized psyche and the body. Frantz Fanon's psychoanalytical work looked at the "inextricable interplay of the social context of oppression and resistance [and] the internalization of complex identities in the formation of self" (Cross & Keith, 1993, p. 23). But how does the physical body react to the social contexts of oppression and resistance? What is the link between race, gender, class, identity and body formations? Theoretically speaking, McLaren (1992) argued that "We cannot separate the body from the social formation, since the material density of all forms of subjectivity is achieved through the micro practices of power that are socially inscribed on our flesh" (p. 5). Finkler's (1994) anthropological account of women's lives in Mexico led her to conclude that:

The body communicates to the world and the world becomes expressed by the body...the body feels and expresses social problems...the body mediates structure and cultural meaning making them part of the physiology. We know the world through our bodies and we grasp the contradictions through our bodies, before they even enter our consciousness, resulting in the experience of pain and suffering. (p. 19)

In sum, our bodies organize the narratives and meanings that are given to our lived experiences; in other words, our bodies are socially inscribed.

One's identity and the politics that occur with that are not limited to the skin deep. The ongoing social formations in which these Latinas were engaged could not be separated from their identities as Latinas; their identities were inextricably linked to their health and well-being. Arguably, much of the fear and anxiety that Latinas feel in regard to their brown bodies stems from the ways that the Black body is received in society, by popular culture, and within personal relationships; a desire to appear closer to racially white is fueled by a fear of being perceived as

racially Black. In short, the effects of micro- and macro- racism and internalized racism have combined with class and gender constructs to affect the health and general well-being of Latinas at NMVCC.

As mentioned earlier in this chapter³, for many Latinas the racialization of gender and class has manifested in a lack of physical, mental and emotional well-being. Throughout this chapter, the women I interviewed talk about their physical, mental and emotional health all of which have become intricate components of their current identity.

Theories on Body Politics and the Racialization of Gender and Class

Fanon's work talked extensively about how internalized forms of racism manifest in the psyche, but racial reproduction theorists such as Akom (2008) take Fanon's ideas a bit further. My data results coalesced with Akom's theories of Ameritocracy, racial reproduction theory, and infra-racial racism. Akom's explanation of infra-racial racism requires quoting him at length:

I stumbled upon the concept of infra-racial racism when I found myself at a loss to answer the following questions: (1) Why do middle class African American youths not do as well on standardized tests as working class white youths? (2) Why do African American women at every socioeconomic level have higher rates of pre-term birth and infant mortality than white women who haven't finished high school or Black women who immigrated to the United States from other countries? And finally, (3) How is it that a racist event can happen thousands of miles away yet Black people/people of color often feel as if that event took place in their space, to their community, to their loved ones? In other words, how do Black people/people of color have personal connections to racist

³ This paper highlights the theoretical underpinnings of the larger dissertation Results chapter. Due to conference paper limitations, the participants' narratives have been omitted. Participant narratives will be the focus during the spoken component of this paper presentation.

actions even though the actions themselves did not happen to them? And what term in our current social science lexicon can be used to describe these sociological phenomena? (p. 210)

It is important to acknowledge here that Akom's (2008) analysis is primarily concerned, and rightly so, with the perception of Black bodies and how these perceptions manifest in the physical and mental well-being of Black people. I believe, however, that Akom's analysis can be extended to the Latina experience, albeit in a relational manner, because of our positioning as "not quite white" and our fear of being perceived as Black. Akom, in fact, urges us to view infra-racial racism, "as a set of linked dimensions that are both material and discursive, always in practice and interconnected" (p. 210).

Part of my interpretation of the data⁴ I collected has involved "connecting the dots," linking what topics my participants talked about most with the physical and emotional ailments they chose to share with me. Some ailments, such as fatigue and depression, were ones they freely spoke about. Other ailments, such as "unexplained" hemorrhaging, cysts, premature labor, gall bladder failure and kidney failure were mentioned to me in passing, as though all young women experienced these sorts of ailments. I became privy of the health and wellness connection to the racialization of gender and class when 19 of my 20 participants made comments to me about their general health, even when I had not thought to focus my study on this topic.

Analysis

Akom (2008) urges us to consider a more dynamic evaluation of race and gender; he argues that instances of "infra-racial-racism" are key to explaining issues such as health and

⁴ Interpretation of data is a research method consistent with critical hermeneutics.

wellness disparities amongst people of color. He uses the term Ameritocracy to explain the ways that race intersects relationally “with other forms of social difference such as class, gender, religion, nationality, sexuality, phenotype, accent, immigration status, and special needs; and to account for the uneven distribution of resources” (p. 207). Materially speaking, I would argue that a lack of health and well-being amongst Latinas at NMVCC can be explained by Ameritocracy, as the women I interviewed had distinct memories of their racialization as poor women of color. The mental and physical pain these women encountered in their lives, then, was just a symptom of Ameritocracy and a result of infra-racial racism.

Interestingly, it is not unusual for health research to perceive health discrepancies amongst gender differences and amongst socioeconomic status. For instance, it is common knowledge that while women are quite often susceptible to health ailments such as migraine headaches, men have a lower life expectancy. As Verbrugge (1990) concluded:

Women’s lives are filled with more health problems—higher incidence of acute conditions, higher prevalence of most nonfatal chronic ones, more frequent botherations by health problems...Compared to men, women’s symptoms are more likely to be bothersome but not life-threatening, and their limitations are mild or moderate rather than severe until advanced ages. The conjunction of more nonfatal problems and fewer fatal ones means more total years of life—and also more years of sickness and dysfunction. By contrast, men’s lives are freer of illness, discomfort, and disability. But when ill health does strike, it is more likely to be via fatal chronic diseases. These abbreviate men’s lives. (p. 60)

The U.S. healthcare crisis (or the lack of access to healthcare) has long been divided along socioeconomic and social class lines. Unfortunately very little research has been done that

addresses how the racialization of class and gender has contributed to the health and wellness breakdown of people of color. The fact that Black men have the lowest life expectancy amongst all people, then, is often attributed to “bad genes” or a lower socioeconomic status; little speculation is made as to how racism and white supremacy interact with class and gender. Emotional health, such as how one effectively manages social stressors, is often chucked up to the individual and how she or he repeats the negative patterns or learned behaviors of those who are within the neighborhood, group or family.

In linking health disparities with society, the tendency has been to look at individual behavior rather than society as a whole. Finkler (1994), for example, argues that,

When customary interpretations of causality fail to explain a disease, biomedicine usually relies on concepts of heredity predisposition and behavioral risk factors (alcohol and drug abuse, diet), or on behavioral medicine’s notion of stress. But interpretations of this kind fall short of the meaning of the affliction to the sufferer, a meaning that is intensely subjective and rooted in one’s lived experience. (p.14)

This chapter has examined the links between the racialization of gender and class and how these have coincided with a lack of health and well-being for Latinas at NMVCC. Based on the narratives of these women, we see their marked experiences with racism, while also hearing their experiences with issues such as depression, alcoholism, attempted suicide, organ failure, and otherwise unexplainable health and body issues. The racialized gender and class experiences of these women have clearly shaped their identity as Latinas. While reproduction theories are useful in explaining how these women took up particular ideologies while resisting other hegemonic constructs, reproduction theory per se currently lacks a race-based analysis.

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