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MAMMY, SAPPHIRE, AND JEZEBEL: HISTORICAL IMAGES OF BLACK WOMEN AND THEIR IMPLICATIONS FOR PSYCHOTHERAPY

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The purpose of this article is to identify three historical images of Black women (Mammy, Sapphire, & Jezebel), discuss their historic origins, and describe the impact of each image on various aspects of Black women's psychological functioning. Connections will be made between the Mammy image and disordered eating, concerns about physical features, such as skin color and hair texture, and role strain; between the Sapphire image and the expression of anger; and between the Jezebel image and sexual functioning and victimization. Implications of these images for psychotherapeutic practice will be discussed.

The existence of racial/ethnic stereotypes has been well documented and researched (Allport, 1954; Katz & Braly, 1933). Viewed from a social cognition perspective, stereotypes not only impact how information is encoded and interpreted about members of a categorized group (such as women or people of color) but also how behavior, both of the perceiver and stereotyped individual, is influenced. These mental representations or images are difficult to alter and can occur without conscious intent or awareness (Hamilton, Stroessner, & Driscoll, 1994). In addition to manifesting themselves in general prejudicial attitudes (Devine, 1989; Klinger & Beal, 1992), stereotypes also influence power dynamics in personal interactions (Fiske, 1993; Jones & Seagull, 1977; Nagayama Hall & Malony, 1983). Finally, the popular culture and media perpetuate stereotypes in ways that foster the belief that these images are accurate representations of particular groups (Edward, 1993; Sims-Wood, 1988).

Despite the efforts to be more culturally sensitive to diverse populations and to apply such sensitivities to psychotherapy (American Psychological Association, 1993; Sue, 1990), racial stereotypes do appear to influence professional's perceptions of their clients (e.g., Jackson, 1983; Lopez & Hernandez, 1987). For example, both researchers and clinicians have sometimes considered Blacks to be poor candidates for psychotherapy due to their perceived paranoia, poor impulse control, lack of insight and verbal expression, and lower intellectual level. Furthermore, there is evidence that therapy and research sometimes incorporates these stereotypes (Bell, Bland, Houston, & Jones, 1983; Greene, 1985; Thomas & Sillen, 1972). The literature also documents differential therapist reactions to female clients (American Psychological Association, 1985). Broverman, Broverman, Clarkson, Rosencrantz, and Bogel (1970) found the following gender differences in clinicians' ratings:

> "Healthy women differ from healthy men by being more submissive, less independent, less adventurous, more easily influenced, less aggressive, less competitive, more excitable in minor crises, having their feelings more easily hurt, being more emotional, more conceited about their appearance, less objective, and disliking math and science" (p. 4).

Consequently, research demonstrates that stereotypes based on race and gender have implications

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for diagnosis, treatment, and therapeutic outcomes for both Blacks and women (APA, 1985; Jackson, 1983).

Commonalities exist between race and gender stereotypes, with both Blacks and women being perceived, according to stereotype, as childlike and emotional (Ehrenreich & English, 1978). Distinct images emerge, however, when both these stereotypes interact, as is the case for Black women (Landrine, 1985; Smith & Stewart, 1983). Through history, culture, and media, Black women have most often been portrayed in some combination of three images: (1) as highly maternal, family oriented, and self-sacrificing Mammies; (2) as threatening and argumentative Sapphires; and (3) as seductive, sexually irresponsible, promiscuous Jezebels (Collins, 1990; Sims-Wood, 1988; Weitz & Gordon, 1993) (see footnote).

Relatively little, however, has been written regarding these stereotypes and the implication of such images for psychotherapeutic practice. The purpose of this article is to identify three such images (Mammy, Sapphire, & Jezebel)[1] which correspond to specific stereotypes, discuss the historic origins of these images, and to describe the possible impact of each image on various aspects of Black women's psychological functioning. Relationships will be made between the Mammy image and disordered eating, concerns about physical features, such as skin color and hair texture, and role strain; between the Sapphire image and the expression of anger; and between the Jezebel image and sexual functioning and victimization. Implications of these images for the client and psychotherapeutic practice/training will then be highlighted.

Mammy

Mammy, one of the most pervasive images of Black women, originated in the South during slavery. This representation was so entrenched in Southern culture that the daughters of the American Confederacy proposed a bronze monument be erected to pay tribute to her loyalty (Collins, 1990; Jewell, 1993; Sims-Wood, 1988). Physically, she was depicted as a bandanna clad, obese, dark complexioned woman with African features. Her primary role was domestic service, characterized by long hours of work with little or no financial compensation. Subordination, nurturance, and constant self-sacrifice were expected as she performed her domestic duties (Jewell, 1993).

Women of all racial and ethnic backgrounds receive a daily, often contradictory, barrage of messages about food, body weight, and the ideal female image of thinness (Osvold & Sodowsky, 1993). The media associates slimness with attractiveness, prosperity, power, and approval. Restrictive dieting, which can lead to eating disorders, frequently becomes the method for achieving this desired body type. However, this weight standard is often unattainable and can potentially lead to a negative self-image and feelings of inferiority for many women (Osvold & Sodowsky, 1993; Root, 1990; Wolf, 1991). For Black women, issues around weight and body image may be intensified because this image of thinness has historically been based on a white, middle-class standard of beauty. Thus, implications of the fat, stereotypical Mammy image must be taken into account when discussing eating disorders in this population (Root, 1990; Thompson, 1994).

Black women, as a group, are more likely to be overweight than Whites and Black men (Rand & Kuldau, 1990). Additionally, working class Black women tend to be heavier than those of higher socioeconomic status and often gain significantly more weight before dieting is attempted. Researchers have attributed this to more permissive Black standards of "normal" and attractive body sizes (Allan, Mayo, & Michel, 1993). The Mammy image continues to represent the economic and working conditions of many poor Black women. Thompson (1992) suggests that binging for these women may become a solace and a socially appropriate way of dealing with the stress associated with poverty as well as the sense of emotional deprivation felt in other areas of their lives.

Economically privileged Black women are also at risk for developing eating disorders. Among surveyed middle-class Black women, 60% reported feeling too fat and unhappy with their thighs, hips, and stomach (Thomas & James, 1988). As more social and occupational options

[1] It should be noted that all images of Black women can not always be reduced neatly into three categories. For example, antebellum literature has depicted characters like "Eliza" in *Uncle Tom's Cabin* and "Pissy" in *Gone With The Wind* as having a combination of Mammy, Sapphire, and sometimes Jezebel traits. For clarity and contrast purposes, the definitive features of each image are presented here.

become available, eating disorders may develop among upwardly-mobile Black women in an attempt to assimilate into mainstream culture by distancing themselves from the obese Mammy image (Abrams, Allen, & Gray, 1993; Root, 1990).

The achievement of "beauty," usually based on a particular combination of physical traits, such as hair, skin color, and facial features, is strongly encouraged. Women's beauty image has historically been based on white standards, with greater value placed on blond hair, blue eyes, and fair skin. Similar to societal weight expectations, few women, particularly women of color, are able to attain this ideal (Lakoff & Scherr, 1984; Okazawa-Rey, Robinson, & Ward, 1987).

Throughout U.S. history, Blacks with lighter skin and straighter hair were afforded greater access to education, financial opportunities, and societal resources (Okazawa-Rey et al., 1987). Evidence of color consciousness and the association between lighter skin and economic status continue to exist (Hughes & Hertel, 1990; Keith & Herring, 1991). Social privileges also appear to be more accessible to Black women of lighter complexion, as they are perceived to be more physically attractive and successful in their romantic lives and careers (Neal & Wilson, 1989).

Skin color and hair texture not only have economic and social implications. Among Black women with African features, physical characteristics, such as dark skin and kinky hair, which are typically associated with the Mammy image, may perpetuate shame and feelings of unattractiveness. Their lighter-skinned counterparts are often confronted with inquiries about heritage, racial identity, and sometimes experience guilt about enjoying privileges based on their features (Neal & Wilson, 1989). For some Black women, appearance can become a "toxic issue" which is acted out in their families in the form of embarrassment, scapegoating, and projection of negative characteristics based on these features. For example skin color, whether lighter or darker than other family members, may reveal family secrets around paternity or result in favoritism or rejection (Boyd-Franklin, 1989).

In addition to work related responsibilities, most women continue to assume the bulk of household and caretaking duties (Lewis, 1988). Role strain, or "difficulty in fulfilling role obligations" (Goode, 1960, p. 483) can result as women struggle to effectively balance these expectations. Further, role strain is related to such factors as the number of roles the woman is required to play, the amount of activity associated with each role, the amount of responsibility delegated to others, and incompatibility of roles as perceived by the woman (Goode, 1960). The societal expectation that women will be warm, nurturing, maternal figures also contributes. When work and family roles are not successfully balanced, the potential for mental health problems, such as stress and depression, is increased (Dunston, 1990).

For Black women, role strain can be more pronounced. Not only are they required to function in numerous roles, such as that of worker and family caretaker, this expectation is frequently extended to community and church activities. Moreover, these roles are often performed without the benefit of economic security and partner support since Black women disproportionately earn less and are more likely to be single parents (Dunston, 1990; U.S. Department of Commerce, Bureau of the Census, 1986). Balancing all these responsibilities leaves many Black women torn between attempting to meet the needs of others while establishing boundaries and a sense of independence (Boyd-Franklin, 1991). The Mammy image exacerbates this precarious balancing act by reinforcing the stereotype that Black women happily seek these multiple roles, rather than assuming them out of necessity, and effortlessly meet these obligations without any desire to delegate responsibilities to others (Dumas, 1980). As a consequence, Black women frequently suffer even greater rates of depression, stress, and hypertension than their white counterparts (Dunston, 1990).

In summary, the above discussion has highlighted how the Mammy image has appeared to impact the psychological functioning of Black women. Concerns related to eating patterns, emphasis on particular physical features, and the conflict in caretaker and wage earner roles may be attributable, in part, to the perpetuation of this Mammy image.

Awareness of each of these issues has implications for psychotherapeutic practice. In regard to eating disorders, Root (1990, p. 528) contends that "therapists' education as well as internalized racial/ethnic stereotypes preclude many therapists from conducting a fully gender and culturally sensitive assessment." Thus, embracing the Mammy image contributes to the false belief that cultural standards of weight insulate Black women from

eating disorders and result in failure to recognize disordered eating patterns (Schwartz, Thompson, & Johnson, 1982; Silber, 1986). Consequently, race, socioeconomic class, and cultural images internalized by both the client and therapist must all be taken into account when assessing eating disorders among Black women (Thompson, 1992).

Beauty, skin color, and hair texture are salient issues in both individual and group therapy. Therapists can be prepared to address these concerns by raising such questions as, "What roles and expectations did family members play based on physical features?" and "What messages were received about life chances and choices based upon beauty?" Insight and therapeutic progress can be made by breaking the silence around these concerns (Greene, 1990; Neal & Wilson, 1989).

Finally, therapists can assist clients in reducing role strain in several ways. First, care must be taken to avoid perpetuating and reinforcing the Mammy image of the "strong Black woman" able to selflessly meet the needs of others. Therapy should be a place where Black women clients can safely step out of this role by displaying genuineness, vulnerability, and fear when appropriate. Second, an interpersonal approach to reducing role strain can be applied. Therapists should develop a broad knowledge of community resources and encourage Black women to utilize them as well as available spiritual, occupational, and family support systems (Trotman & Gallagher, 1987). Third, despite the potential for role strain, the cultural expectation is often that Black women will serve as caretakers for siblings, parents, and other community members in times of distress (McNair, 1992). Rather than quickly labeling the client "codependent" when she opts to assume this caretaking role, culturally sensitive therapists are aware of the roles played and the expectation placed upon Black women in the extended family and community. Psychotherapy can be a place to discuss ways of remaining connected without becoming enmeshed in unhealthy family dynamics. The opportunity to vent feelings of anger, frustration, or guilt associated with becoming more autonomous or surpassing the achievements of less successful family members and peers can also be very healing (Boyd-Franklin, 1991; Childs, 1990).

Sapphire

A second image of Black women, reinforced by the media portrayal of the Amos and Andy radio show, was developed in the 1940's and 1950's. The Sapphire image, which was the antithesis of the Mammy representation, was the hostile, nagging wife of Kingfish, and was portrayed as ". . . iron-willed, effectual, [and] treacherous toward and contemptuous of Black men" (Bond and Perry, 1970, p. 116). Physically, she was often depicted as a large, but not obese, woman of brown or dark brown complexion. Her primary role was to emasculate Black men with frequent verbal assaults, which she conducted in a loud, animated, verbose fashion (Jewell, 1993).

Societal expectations discourage displays of anger, and often appropriately assertive behavior, by underrepresented minorities (Grier & Cobbs, 1968). Mental health problems (e.g., psychosomatic conditions, depression, and low self-esteem) can develop among women when anger is unexpressed (Munhall, 1994). For Blacks, chronic anger and stress (heightened by frequent encounters with discrimination) can potentially result in hypertension, particularly among darker-skinned Blacks of lower socioeconomic status (Klag, 1991).

Due to personal concerns and a history of social injustices, Black women (as well as other oppressed groups) have many reasons to be angry. However, the Sapphire image can have additional implications for how this anger is expressed and experienced. For some, characteristics of this image, such as active displays of outrage rather than passivity, are embraced as one of the few "positive" traits available for Black women. This is problematic when aggression is used to mask the appearance of vulnerability or when this image represents the only avenue for the expression of rage and dissatisfaction. Relationships are also adversely impacted when anger is misdirected toward innocent or "safe" people, like family members and friends, rather then the source of the problem (Moore, 1982).

At the other extreme of the emotional continuum, this image may result in a general avoidance or discomfort with displays of strong affect (Greene, 1990). For example as authority figures, Black women are frequently stereotyped as "pushy" and "hostile" by subordinates and efforts to be assertive are often perceived as aggressive (Garrison & Jenkins, 1986; Griffin, 1986). Consequently when this image is internalized, Black women may assume responsibility for the discomfort and fear of others (Greene, 1994*b*) or modify their behavior in an attempt to appear nonthreat-

ening when interacting with other ethnic groups (Lineberger & Calhoun, 1983).

Therapists need to pay attention to their own fears and stereotypes related to Black women's rage. Comfort level with anger and aggression, can impact how he/she responds to these emotions when displayed by clients (Phelps, Meara, Davis, & Patton, 1991). Encouraging Black women clients to manifest and confront their anger, while avoiding self-destructive behavior or abuse of the therapist has been recommended (Childs, 1990).

Based on awareness of how this internalized image impacts the expression of emotionality, culturally appropriate assertiveness strategies can be developed. For example, direct problem-focused coping strategies appear more successful for Black women, particularly when they perceive control over the situation's outcome (Dressler, 1985; Lykes, 1983). Emotional coping strategies, such as reframing negative situations, may be used when there is less ability to alter the problem. Helping clients distinguish the most effective strategy for each situation is an important skill (Richie, 1992).

Jezebel

The final image, Jezebel or the "bad-Black-girl," originated during slavery when white slave owners exercised almost complete control over Black women's sexuality and reproduction. Value on the auction block was determined by childbearing capacity and rape, perpetrated by both Black and White men, was routinely used to augment the slave population. Offspring of these unions were frequently sold at the whim of the owner. Physically, Jezebel was often portrayed as a mixed-race woman with more European features, such as thin lips, straight hair, and a slender nose. Unlike the Mammy image, Jezebel tended to be closer to the White standard of beauty. She functioned primarily in the role of a seductive, hypersexual, exploiter of men's weaknesses (Jewell, 1993). Historically this image has been the most protested and challenged by Black women (Hines, 1989), however, it persists and continues to be a frequent representation, for example, in pornography (Cowan & Campbell, 1994; Wyatt, 1982).

Throughout history female sexuality has been dichotomized, with traditional sex role stereotypes depicting "good" women as moral, nonsexual, passive, and more romance oriented. In contrast sexually "loose" women were not virginal, but rather desired and initiated sex, often outside the confines of marriage. Sexual problems are common in the general female population (Kinsey, Pomeroy, Martin, & Gebhard, 1953). Among a clinical sample, women sought treatment for a variety of sexual dysfunctions including, hypoactive sexual desire (35%), orgasmic disorder (7%), painful intercourse (11%), and vaginismus (13%) (Warner & Bancroft, 1987). Such a restrictive view of female sexuality can contribute to these disorders (Tevlin & Leiblum, 1983).

This "bad girl" image has been applied to women from various ethnic backgrounds. However the image of Black women's sexuality has never been depicted as demure or moral vis-à-vis the historic sexual image of white women (Davis, 1983). When sexual stereotypes associated with the Jezebel image (e.g., Black women are promiscuous, engage in early sexual activity, become sexually aroused with little foreplay) are internalized, performance anxiety, feelings of inadequacy, and sexual dysfunction can result (Wyatt, 1982). If a Black woman perceives her sexuality as one of her few valuable assets, it may become a source of esteem or a negotiating tool to manipulate men rather than an expression of pleasure and caring. At the other end of the sexual continuum, shame and repression of sexual feelings can be the outcome of attempts to distance from the Jezebel image.

All women, regardless of ethnicity, are at risk for sexual victimization, including rape, sexual harassment, and child sexual abuse. Black women are sometimes in even greater jeopardy, however. In a community sample they reported a higher proportion of attempted sexual assault (27% vs. 17% for white women) (Wyatt, 1992). In addition, Black incest survivors reported more severe victimization, greater trauma and long-term effects, and more adverse life experiences due to their abuse than White women (Russell, Schurman, & Trocki, 1988).

Despite efforts to educate the general population, negative images of rape survivors (i.e., women are raped because of appearance or behavior, women become less attractive following a rape) continue to persist (Feild, 1978). These victim blaming attitudes are often compounded for Black women. For example, surveyed participants rated a hypothetical date rape as more acceptable when the victim was Black (Willis,

1992). Lower conviction rates of Black-on-Black rape as compared to cases involving White victims and defendants indicates that these attitudes extend to the criminal justice system (LaFree, Reskin, & Visher, 1985). The perpetuation of the Jezebel image reinforces and justifies sexual exploitation (Christensen, 1988; Greene, 1994*b*; Williams, 1984). Not only does this image contribute to a sense of shame and reluctance to acknowledge sexual violence in one's own life and the larger Black community, it affirms the myth that Black women can not be victimized due to their wanton sexual nature (Wilson, 1993; Wyatt, 1992). The lack of credibility afforded Black victims may explain why they were more likely to wait before revealing their sexual assault than White women (64% vs. 36%, respectively). Upon self-disclosure, more Black women's confidants, as compared to those of White women, were either unsupportive or nonresponsive. Failure to receive a supportive response likely reinforces feelings of shame and the hesitancy to reveal this victimization in the future (Wyatt, 1992).

Misdiagnosis and inadequate assessment of sexual dysfunctions can potentially result when therapists are unaware of how their own sexual myths and stereotypes impact their perception of the client's sexuality. For example, does the therapist perceive Black women's sexuality as dichotomous (i.e., either asexual like the Mammy image or promiscuous like the Jezebel stereotype). In addition, what other attributions are made by the therapist about the sexuality of Black women (i.e., envy, disapproval, curiosity). These perceptions should be explored among professionals and with the client when appropriate (Christensen, 1988; Mokuau, 1986).

Therapists must be prepared to go beyond traditional approaches which attribute sexual problems to intrapsychic difficulties and/or faulty learning. Additional factors, such as the impact of White beauty standards, the shortage of appropriate partners of the same ethnic background, and racist stereotypes, warrant further examination (Christensen, 1988). The role of these and other factors can be better understood by conducting a nonjudgmental historical discussion with clients of the Jezebel image as well as the implications of adhering to this image (Wyatt, 1982). If a Black woman embraces this image as positive it will be important to explore how this impacts her self-esteem, intimate relationships, and sexual behavior (e.g., choosing inappropriate partners, not taking adequate precautions to avoid sexually transmitted diseases, unwanted pregnancy). In cases where a woman tries to disprove this image by avoiding sexuality, it may be necessary to conduct some basic sex education in order to reduce misinformation. Sexual assertiveness skills, such as discussing sexual needs with a partner and identifying techniques for initiating sex, may also be beneficial.

Awareness of the Jezebel image and the degree to which a client adopts this image can provide some additional insight when conducting therapy with the sexually victimized Black woman. Initiating a discussion of sexual violence in a safe therapeutic environment and dispelling the myth that Black women are appropriate or deserving victims may reduce the level of shame and hesitancy to reveal victimization.

Summary and Conclusions

The above discussion explored three images of Black women (Mammy, Sapphire, & Jezebel) and included the historical context and characteristics of each. Although discussed separately in order to highlight the distinctions, these images are not necessarily mutually exclusive. Aspects of one or several of them can be internalized and experienced differently depending on the circumstances (i.e., family interactions, work situations, social gatherings). Possible psychological implications of these images were also reviewed. Connections were made between the Mammy image and eating disorders, physical features and role strain; between the Sapphire image and anger; and between the Jezebel image and sexual problems and victimization. Attempts were made to balance the romanticized aspects of these images (e.g., strength and resilience) by also acknowledging the lack of authenticity and stress which can accompany acting out a role designed by others.

The internalization of these images and efforts to invalidate them can exact a tremendous emotional toll on Black women (Greene, 1994*a*,*b*; Mays & Comas-Diaz, 1988). In light of the pervasiveness of these images and their potential adverse impact, therapists have an obligation to be particularly sensitive to the cultural dimensions which may influence their development. In conclusion, the following discussion provides several general therapeutic considerations.

Culturally imposed images may influence Black women in ways quite different than for

women of other racial groups. As a way of becoming more aware of these influences, therapists can engage in both didactic and experiential training and can utilize professional resources for a better understanding of these images (e.g., Goings, 1994; Jewell, 1993; Morton, 1991; Pieterse, 1992; Smith, 1988; Turner, 1994). Therapists can also increase their own awareness by being more sensitive to how Black women are portrayed in the media, magazines, and other public communication forums. Engaging in informed, explicit discussions with clients regarding the impact of such images on the client's self-view is also important and can communicate a sense of respect for the client's racial and cultural background. These education and awareness efforts help to foster a greater sensitivity to cultural and racial influences and can result in a more comprehensive and enlightened assessment of the client's presenting concerns.

In order to properly assess the role that these images play in the client's self-view, therapists must actively engage and collaborate with their clients, since clients may not be aware of or likely to initiate connections between their behavior, belief systems, and these images. Nevertheless, each therapeutic relationship should be approached with the awareness that the Black female experience is not monolithic, and can also be impacted by such factors as socioeconomic status, educational background, family history, racial identity, and experience with racism (Greene, 1994*a*,*b*). Exploring the cultural reality of the client, by specifically asking about her unique experience as a Black woman, facilitates both self-disclosure (Thompson, Worthington, & Atkinson, 1994) and respect for the client's unique background. Direct discussion with Black women clients about these images and how they may relate to their concerns and therapeutic goals can lead to more meaningful and comprehensive assessments and interventions.

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