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Contextualizing Black Disability and the Culture of Dissemblance

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In her foundational 1989 article, Darlene Clark Hine explores how systems of oppression, specifically the sexual and class exploitation of black women, affects what personal information individuals make publicly available and thus what becomes part of the historical record. Hine explores how rape culture in the United States fostered a culture of dissemblance among black women through which they "created the appearance of openness and disclosure but actually shielded the truth of their inner lives and selves from their oppressors" (1989, 912). Hine's work has since been cited hundreds of times in scholarship on black women's histories, black women's sexuality, and the silencing that occurs around rape culture—a silencing currently being challenged by the #MeToo movement. In this essay honoring the anniversary of the article's original publication, I explore the importance of Hine's work to the field of disability studies.

On the surface, Hine's article may appear to have nothing to do with disability, but there are several ways that her concept of the culture of dissemblance is important for explorations of disability among black women. In the past decade, increasing numbers of disability studies scholars have begun to explore racialized experiences of disability, but the field generally still lacks substantive engagement with critical race theory and black feminist theory. This lack of engagement is due in part to the fact that even as these theories connect to issues of disability, scholars often do not explicitly position or view this work as disability studies. Hine's article is a prime example

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of work that connects to racialized experiences of disability without naming itself as such. My goals in this essay, therefore, are to demonstrate how the culture of dissemblance relates to disability and to model how foundational work in black women's studies can be used to provide the historical and cultural contexts necessary for studying disability in communities of color.

In articulating her "preliminary thoughts on the culture of dissemblance," as the article's subtitle states, Hine argues that in response to the material effects of oppression in the postbellum era, "Black women, as a rule, developed and adhered to a cult of secrecy, a culture of dissemblance, to protect the sanctity of inner aspects of their lives" so that they could "accrue the psychic space and harness the resources needed to hold their own" in a white supremacist, patriarchal, capitalist, ableist world (1989, 915). This culture of dissemblance meant that in order to protect their mental and emotional well-being, black women did not often discuss the various acts of violence that they regularly experienced both within and outside of their communities. This maintenance of secrecy and silence around rape, incest, domestic violence, and other forms of abuse has a direct material relationship to black women's experiences of mental disability, particularly depression and post-traumatic stress disorder (PTSD). Although the goal in disability studies is not to diagnose, recognition of the material disabling effects of oppression is essential to work in critical race disability studies because such recognition provides key social and political context. The culture of dissemblance is one major cultural context that is important to analyzing black women and mental disability.

Although Hine's research is historical, focused on the migration of black women from the South to the Midwest in the early twentieth century, the concept of the culture of dissemblance applies to more contemporary contexts. The transhistorical nature of dissemblance is evident even in the original article when Hine notes that sexual violence against black women appears in several books by black women published in the 1980s (1989, 912). These texts explore the impact of sexual violence and the culture of dissemblance on black women while also encouraging resistance and change by making these issues public in fiction. The persistence of dissemblance into the late twentieth century is also apparent in the work of the National Black Women's Health Project, a black feminist health organization operating at the same time as Hine published her article. The National Black Women's Health Project was founded in 1981 and took a holistic, justice-based approach to health, understanding that one must address all of the oppressive systems that shape and limit black women's life choices in order to change health outcomes. In particular, the project sought to break "the conspiracy of silence" (Avery 1990) among black women, which discouraged them from speaking about their intimate experiences of oppression and trauma (fig. 1).

vital signs

NEWS FROM THE NATIONAL BLACK WOMEN'S HEALTH PROJECT

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FEB/1987

**BLACK
&
FEMALE:
WHAT IS THE REALITY?**

**BREAKING
BREAKING**

**THE CONSPIRACY OF
SILENCE**

Figure 1 Cover of the February 1987 issue of *Vital Signs* (vol. 4, no. 1). Black Women's Health Imperative Records, Sophia Smith Collection, Smith College Special Collections, Northampton, MA.

In an article on the conspiracy of silence, project cofounder Byllye Avery writes, “One of the biggest obstacles to having power and control is isolation—not sharing information and not feeling comfortable enough to open up and talk” (1990, 78). Much like Hine, Avery views the conspiracy of silence as tied to the prevalence of sexual violence in black women’s lives. She states:

The number one issue for most of our sisters is violence—battering, sexual abuse. The same thing for their daughters, whether they are 12 or four. We have to look at how violence is used, how violence and sexism go hand in hand. When you talk to young people about being pregnant, you find out that most of these girls did not get pregnant by teenage boys. Most of them got pregnant by their mothers’ boyfriends or their brothers or their daddies. We’ve been sitting on that. We can’t just tell our daughter, “Just say no.” We need to talk to our brothers. We need to tell them the incest makes us crazy. (79)

Avery’s use of “crazy” here is not intended to be metaphorical. A major part of the National Black Women’s Health Project’s work involved attending to black women’s emotional health as well as the physical, addressing the psychological impact of systems of oppression. The project understood the relationship of racialized, gendered violence against black women and their mental health, so it worked to encourage women to talk about their experiences and seek help.

Even in the present, thirty years after the publication of Hine’s article and nearly a century after the period that she associated with the culture of dissemblance, the concept remains applicable and useful for understanding the particular relationship of sexual violence and mental disability/health for black women. When Avery started the National Black Women’s Health Project, she was responding in part to the limited yet nonetheless upsetting research on black women’s health, including a study in the late 1970s that found that “black women ages 18 to 25 rated themselves as living in psychological distress, and that they rated that distress greater than white women of similar ages who were diagnosed mental patients” (Avery 2005, 25). A more recent study from the National Center of Health Statistics finds that, though only by a small margin, black women continue to have the highest rate of depression among any racial-gender group (Brody, Pratt, and Hughes 2018, 2).¹ The study finds that in general women are twice as likely to experience depression as men and that rates of depression dramatically increase as

¹ Native populations were not included as a distinct racial group in this study. Other research suggests that Native and indigenous women also experience disproportionately high rates of sexual violence and depression (APA 2017; RAINN 2018).

incomes levels decrease (Brody, Pratt, and Hughes 2018, 2, 3). A 2016 population study found that black households have the lowest average income of all racial groups (Semega, Fontenot, and Kollar 2017, 7, 12).

Now, consider the above information in relationship to statistics on race, gender, disability, and sexual violence. Approximately 29 percent of black women experience intimate partner violence, and nearly 40 percent of black women “report coercive sexual contact by age eighteen” (Women of Color Network 2006, 2). Despite these numbers, “for every African-American woman who reports her rape, at least fifteen African-American women do not report theirs” (2), and black women are less likely to use social services and supports for domestic violence. With this information in mind, consider the fact that 94 percent of women who are raped experience PTSD in the two weeks following the assault, while 30 percent continue to have PTSD nine months later (RAINN 2018). Additionally, 70 percent of “rape or sexual assault victims experience moderate to severe distress, a larger percentage than for any other violent crime” (RAINN 2018). Finally, knowing the prevalence of sexual violence for black women and the high rates of PTSD and distress among survivors of sexual violence, how can we not see this as connected to the number of black women living with depression? How is this black disability issue not intimately tied to rape culture, the culture of dissemblance, the conspiracy of silence, and the many ways black women have attempted to survive in a violently racist, sexist world with our humanity intact?

In our present moment, black feminist activists are attempting to address and dismantle the culture of dissemblance. The #MeToo movement, after all, was originally started in 2006 by Tarana Burke, a black woman who continues “to help survivors of sexual violence, particularly young women of color from low wealth communities, find pathways to healing” by ensuring them they are not alone.² In other spaces, such as the reproductive justice and healing justice movements, black women are challenging the historical and cultural pressure to remain silent and to internalize oppression and trauma. Even as we agitate for policy improvements and cultural change to reduce sexual violence, black feminists are also calling for holistic and culturally attuned frameworks to address our specific racialized and gendered experiences of sexual and domestic violence and the mental, emotional, spiritual, and psychiatric effects of these experiences. These fights are not separable and indeed depend upon one another, for we cannot create a new world if we are holding on to or held back by the wounds of the old one. Healing requires both stopping the harm from continuing and addressing the harm that has been done, including by supporting black women with depression, PTSD, and other

² See <https://metoomvmt.org/about>.

mental disabilities often tied to sexual violence and the culture of dissemblance. In our present moment, we need to recognize how and why the culture of dissemblance developed, as Hine's original work lays out, as well as the continued effects of that culture on black women in different eras, including how black women have worked to encourage new modes of response. By culturally contextualizing black women's experiences of depression and other mental health concerns within Hine's concept of the culture of dissemblance, we have a stronger foundation for understanding, challenging, and changing the intersecting systems of oppression that shape the lives of black women today.

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