

Book Review

Sacks, T. K. (2019). *Invisible visits: Black middle-class women in the American healthcare system*. Oxford University Press.

Reviewed by J. Porter Lillis, Ph.D.
University of North Carolina at Pembroke

Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
Copyright 2020, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

Invisible Visits: Black Middle-Class Women in the American Healthcare System is a profound contribution to the understanding of racial and gender inequities in health care for Black women. This text is the publication of a research study designed to both illustrate and answer questions about the experiences of middle-class Black women and their mostly unknown experiences with race and gender discrimination in health care settings. Using the qualitative methodology of grounded theory, Sacks ran focus groups and conducted in-depth interviews on 30 participants to investigate "...the ways in which Black women who are not poor adapt, resist, and are shaped by race and gender discrimination, particularly in healthcare settings" (p. 15).

In the succinct and thorough review of the literature, the author points out that much is known about poor and low-income Black females, but Black middle-class women are all but overlooked in most studies. Research tells us that the broadly held notion that as socioeconomic status (SES) increases, health increases, does not hold for Blacks; it has been shown that with higher SES comes more opportunities to experience discrimination and depression. Black women do not have as much variation in their health care experience as a result of SES as White women do. That is, low SES and higher SES White women are treated differently in health care settings while low SES and higher SES Black women are treated much more similarly. To Sacks, the smoking gun for health disparities is the combination of racial and gender stereotypes that health care providers hold. Among the mechanisms for poor health outcomes is the stress middle-class Black women

suffer when negotiating a health care encounter, partially as a result of the need to rebuff any of the stereotypical labels that a health care provider may consciously or subconsciously hold. The text "... delineates the conditions under which women feel they need to counter such stereotypes, the burden the experiences in enacting these behaviors and the potentially negative effects on their health" (p. 13).

In four chapters, Sacks illustrates the vulnerabilities and stereotypes, how and what middle-class Black women do to obtain quality health care, current reproductive health care and issues Black women face based on physical hardiness stereotypes as well as the overuse of hysterectomies, and the arguments that racial and gender stereotypes negatively impact Black middle-class women. The chapters further demonstrate that negative stereotypes, unconscious or conscious, are damaging, and just the threat of stereotyping is a cause for the differences in treatment. Sacks then concludes (Chapter 5) with suggestions for "further exploration and intervention" (p. 118).

This is a fantastic reader on health disparities, on the dangers of conscious and unconscious biases in health care, and on the importance of theory that examines the multiple interactions of sociodemographic variables (particularly how the positive correlation between SES and health care is not guaranteed). Lastly, this is a fantastic reader because it tells the stories and experiences of a population about very little was known in their own voices.