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for Young African American Women**

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Advisor: Dr. De Ann Pendry**

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Racism, the racialization of groups, and the restriction of rights of non-white groups has played a large role in the history of the United States. Anthropology has a long history of using science to justify racism, however now one of the pillars of the discipline is the notion that race is a social construct that has biological consequences. As a social construct, race has had the power to determine the quality of the lives of individuals, including their mental and physical well-being as well as the opportunities they have. Anthropology and the other social sciences have been working to rectify these issues for some time and have been responding to critiques by critical race theorists for their early biased studies. One of the topics they have been examining are the social stressors related to experiences of racism.

Some of the research in anthropology on race and racism has addressed issues such as environmental racism (Checker 2005), inequalities in disaster recovery (Johnson, ed. 2011), how ideas of race are structured and influence blood pressure (Gravlee 2009; Gravlee, Non, and Speight 2009; Non, Gravlee, and Mulligan 2012; Paradies 2006), and more. Psychology also has produced important works on the subject, including racism's effects on blood pressure and heart rate (Clark and Harrell 1999; Pascoe and Richman 2009; Krieger and Sidney 1996; Armstead et al. 1989; Clark and Harrell 1989; Myers, Stokes, and Speight 1989; Williams et al. 1997), the intersectionality of racialized stress (Cole 2009), and microaggressions (Lewis and

Neville 2015). All this work has propelled us forward but more work is needed, especially work that focuses on physiological responses to incidents that are perceived to be racist.

My research aims to add to the literature on how experiences of racism cause physical symptoms that research has commonly associated with stress. Thus, I searched for studies that have documented the health effects of racism, and especially the research on racism and stress-related illnesses and symptoms such as high blood pressure and increased heart rate. Most of the literature that I first found stemmed from psychology, and after doing more research into Clarence Gravlee's work, I found the anthropological studies.

Twenty years ago, in their article "Racism as a Stressor for African Americans: A Biopsychosocial Model," Rodney Clark, Norman B. Anderson, Vernessa R. Clark, and David R. Williams noted that "to date, only six published studies have examined the relationship between racism-specific coping responses and physiological responses and health status" (Clark et al. 1999: 811). These studies mainly focused on showing that there is a link between racism and issues of physical and mental health. Clark et al.'s article discuss how well a stress and coping model served to examine the effects of racism on an individual. A stress and coping model examines the connection between a stimulus for stress, the different factors (constitutional, sociodemographic, psychological and behavioral), the possible ways one could perceive the stimulus, and the possible coping responses with their possible health outcomes. The authors based their model on Lazarus and Folkman's 1984 model, with changes to make it more appropriate for their study. In creating this model, Clark et al. hoped to gain insight on how stimuli can result in different outcomes based on environmental factors, perception, and coping responses (Clark et al. 1999: 806-810). They examined various studies, analyzed each

variable (environmental stimuli, sociodemographic factors, coping responses, etc.) of both inter- and intraracial tension and their accompanying effects, and evaluated how applicable a stress and response framework would be to that. Interracial tension occurs between different races (ex. Black and white), while intraracial tension occurs within a race (ex. Black and black). Ultimately Clark et al. determined that the stress and coping model is useful and could even be expanded to analyze more than just black and white populations. At the time of publication this article served as an overview of the work done on the topic thus far, and provided basic information needed to move forward in the field (Clark et al. 1999).

“A Systematic Review of Empirical Research on Self-Reported Racism and Health,” Yin Paradies’s 2006 article in the *International Journal of Epidemiology*, is similar to Clark et al. (1999) in that it provides an overview of information produced on the subject of health and race. Paradies provides a review of 138 different quantitative studies on self-reported racism and health, dating up to 2004. The articles were entered into a spreadsheet and analyzed using descriptive statistics. More than just a review, Paradies proposed in this work that there is a need for more defined parameters of self-reported racism, while still allowing subjects to express themselves, for work moving forward, such as standard definitions and a specified time frame for the interviewee to draw experiences from. Rather than implementing a standardized scale of racism, these specifications would provide a unified framework off of which to conduct self-reporting research. Race being the social construct that it is, researchers often base their work off of conflicting or vague definitions of what race, racism, and their implications are, and more clarity is necessary for improved research methods (Paradies 2006: 895-896).

Interesting statistics associated with self-reported racism were revealed by Paradies, which can inform future studies on more specific epidemiological links to analyze. One is the link between self-identification of race and self-reported racism. From the studies included in the review, Paradies found a high correlation between the extent to which someone defines his or herself regarding race and the amount that they will self-report racism. The extent to which someone defines his or herself regarding race is how much of their personal identity an individual attributes to their racial category, or how important they think race is to their own identity. Therefore not only is the link between the social construct of race and health meaningful, but so is the way that someone perceives or understands the impact of race in his or her own life. That being said, Paradies did find in reviewing these studies that the correlation between high levels of self-reported racism and poor health is in fact statistically significant. Understanding how people perceive the situations and stressors in their lives is key to understanding how those stressors manifest in their bodies (Paradies 2006: 890-893).

According to Elizabeth Pascoe and Laura Richman, most of the reviews on the subject of race and health focus on the more qualitative information stemming from this area of research (2009: 1-2), so they produced a review of the quantitative aspects of this research in 2009. Using studies on many different types of health outcomes in relation to race, Pascoe and Richman analyze the strength of the evidence that has been produced on the effects of discrimination on health. They analyzed 192 articles using statistical methods, with 91% of them using self-reporting methods for experiences of discrimination, and compared the effects of perceived discrimination on both mental and physical health. They found that while the effects on physical health are slightly smaller than the effects on mental health in this review,

there was not a statistically significant difference between the effects of racialized stress on mental or physical health. They note that racism's negative impacts on mental health are well-documented and explained, but that the impact on physical health is not so clear, which is why they specifically compared the two in this review. Since we know that the difference between the two is not statistically significant, the evidence in individual studies should be examined further to explain the connection (Pascoe and Richman 2009: 8-12). One of the main reasons they cite for this issue is complexity of the definition of what race is and how it operates in society. Most people perceive race and racism differently and so it is hard to produce comprehensive results from studies based on self-reported racism. This is not to say that someone's experience is not actually their experience. According to Pascoe and Richman's findings, one of the most important factors in how a stressor affects an individual is how that individual understands and processes that situation (2009: 20-23). What Pascoe and Richman get at in this analysis is that it can be hard to separate the specific effects of racial stressors on physical health from the myriad of other complex factors, including depression, drug use, socioeconomic status, gender discrimination, etc. (Pascoe and Richman 2009: 4-6).

They go on to note that current studies are focusing in on this issue and strengthening the evidence for physical health, which is promising. With this acknowledgement comes the caveat that there are so many different ways of analyzing and understanding this subject that much of the literature does not work together towards a single goal of research. Race is a difficult topic to standardize due to its complexity, as explained above, and due to the interdisciplinary quality of the research being done on race and racism, but some form of effective standardization will need to come about in order for research to keep progressing. A

good place to start would be for a standard list of variables and factors to analyze to be agreed upon, leading to more comparable quantitative research on the topic across disciplines (Pascoe & Richman 2009).

Melissa Checker's work, *Polluted Promises: Environmental Racism and the Search for Justice in a Southern Town*, highlights the importance in understanding how structural racism can physically harm African American populations. In this book, Checker highlights the history of how Hyde Park in Augusta, Georgia, came to be a predominantly black neighborhood, and how structural racism led to this neighborhood being surrounded by industrial sites with toxic waste. This form of environmental racism led to high levels of illness and disease in the community and roadblocks to their ability to successfully fight back, although they did indeed fight for their rights. Checker's work is important because she managed to trace the history of the community to today's issues with environmental racism and shed light on the processes and structures that have been put in place over time that connect issues of health to racism, in ways that are not just based on an individual's perceptions of experiences of discrimination. For example, while the previously discussed studies highlight the importance of perceived discrimination to health, the events in Hyde Park show that members of this community experienced health issues without perhaps even noticing the structural racism involved. She focused on one particular pathway of racism's effect on health, and in doing so showed how nuanced of the effects of structural racism can be (Checker 2005).

Cedric Johnson edited the volume *The Neoliberal Deluge: Hurricane Katrina, Late Capitalism, and the Remaking of New Orleans*, which mainly focuses on the historical processes that led to the differential treatment of victims of Hurricane Katrina in 2005. Because this is an

edited volume of essays by different scholars, this book covers a wide range of race-related issues. Media portrayals of looters, post-hurricane housing, and other topics were addressed regarding differential treatment of races after the hurricane, and how that affected people's ability to effectively recover from personal damages caused by the disaster. Overall, it was more difficult for the African American population to recover than it was for the white population of New Orleans. In addition, Johnson's volume addressed how racism before the disaster caused the African American population of New Orleans to be more adversely affected by the hurricane. This work is important in the sense that it probes deeper into a disaster to understand how even the effects and recoveries from natural disasters can be dictated by issues of race (Johnson 2011).

One aspect of *The Neoliberal Deluge* that is so important is that the variety of lenses used to analyze this one situation results in few nuances of race relations being untouched. One of the most impactful chapters of the book, "Black and White, Unite and Fight? Identity Politics and New Orleans's Post-Katrina Public Housing Movement" by John Arena, highlights how the cyclical oppression of structural racism, under the stress of rebuilding after a disaster, cause not only interracial tension but also intraracial tension in a time when one would perhaps expect to the minority population to stick together more than ever. Within the struggle for equal reconstruction rights, black groups were suspicious of the mixed race groups fighting for the same goals. While the suspicion is founded in history, these types of issues only prove to weaken the black fight and continue that cycle of structural racism. Health is involved in each chapter of this volume as it is one of the driving factors in disaster recovery. All of the hardships that pressed more fully upon the African American population due to structural racism led to a

tendency for more health issues in the African American population than in the white population. In addition, this volume demonstrates how capitalism is intertwined with structural racism and how much more difficult that makes it to combat racism and the effects of racism, such as health. (Johnson 2011).

Clarence Gravlee's 2009 article "How Race Becomes Biology: Embodiment of Social Inequality" provides information on how the concept of race became a part of biology. Essentially, he shows that the cultural realities of race and racism are detrimental to African Americans' health, but those who do not understand this link attribute the health issues to a biological inferiority. Thus, racism and its connected health problems are perpetuated, continuing this type of cycle. In addition, Gravlee stresses how important it is to understand how hierarchies of race are constructed in different cultures before one can understand all the complexities of how race can potentially influence an individual's overall health. In noting this, Gravlee stressed the intersectionality of racism as well as the different histories that influence different kinds of racism all over the world. Understanding how complex and interconnected racism is with other issues such as gender discrimination can help us to better understand how we got to this point and what measures can be taken to reverse the damage (Gravlee 2009).

One specific physiological effect of racialized stress that Gravlee touched on in that article was raised blood pressure. He mentioned a study he conducted in Puerto Rico, in which he and his colleagues first analyzed hierarchies of race in Puerto Rico and then compared blood pressure levels within those hierarchies. The resulting article is Clarence C. Gravlee, Amy L. Non, and Connie J. Mulligan's "Genetic Ancestry, Social Classification, and Racial Inequalities in Blood Pressure in Southeastern Puerto Rico." They first pieced together the workings of the racial

hierarchy in the population by studying the history of the area. Then Gravlee, Non, and Mulligan measured the blood pressure of 87 individuals, who were placed into three color categories – “*blanco*, or white (n =37); *trigueño*, the major intermediate category (n= 31), and *negro*, or black (n= 19)” (Gravlee, Non, and Mulligan 2009: 2) - based on their understanding of the racial hierarchies in Puerto Rico. In their analysis, they used different combinations of three variables (genetic ancestry, color, and socioeconomic status) to find which combination provided statistically significant results. In the end they found that analyzing color and socioeconomic status together produced statistically significant results associating higher blood pressure with the black category compared to the lower blood pressures of the intermediate and white color categories. Socioeconomic status is so closely linked with color that these results show how the culture of race and racism contribute to the detrimental health effects in black individuals (Gravlee, Non, and Mulligan 2009).

Gravlee worked on another similar study in 2012: Amy L. Non, Clarence C. Gravlee, and Connie J. Mulligan’s “Education, Genetic Ancestry, and Blood Pressure in African Americans and Whites.” This study also examined blood pressure in relation to different factors, but the population and the factors differ from the Puerto Rico study. Non, Gravlee, and Mulligan examined the blood pressure of 11,357 African American, white, Asian, and Mexican American individuals in relation to genetic ancestry and education, separately. Education stood as a sort of proxy factor for class status because education and status are so closely tied together in today’s capitalistic society. Ultimately they found that education was a more reliable tool for predicting blood pressure levels in the African American group only, which shows that educational inequalities are an important contributing factor to racial inequalities in blood

pressure. This study highlights the specific connection between educational inequalities, one consequence of the realities of the idea of race, and detrimental health impacts on African Americans (Non, Gravlee, and Mulligan 2012).

Nancy Krieger produced a psychological study to show the connection between racism and blood pressure, inspired by and inspiring much important research along the same field. Her 1996 article with Stephen Sidney, "Racial Discrimination and Blood Pressure: The CARDIA Study of Young Black and White Adults", was one of the first in a long string of studies tying high blood pressure to racism. Krieger and Sidney used self-reported responses to racism from their subjects in their research, which revealed that black individuals are much more likely than white individuals to keep responses and feelings to themselves about unfair treatment for race gender, class, etc., leading to a tendency towards higher blood pressure from all the pent-up stress. This connection that the researchers were able to trace between unfair treatment attributed to racism and blood pressure very clearly demonstrates the significance of racism's epidemiological impact (Krieger and Sidney 1996).

Before the Krieger study on blood pressure was Cheryl A. Armstead et al.'s 1989 article "Relationship of Racial Stressors to Blood Pressure Responses and Anger Expression in Black College Students." This study was different from Krieger's study in two major ways. One is the sample size. Krieger's study was based on a survey of between four- and five-thousand of black and white individuals. Krieger's use of both black and white subjects also allowed them to compare results between races and attribute findings to racial stress. Armstead et al.'s methods were different. While Krieger used a self-reporting interview type of protocol, Armstead et al. sat their participants (all university students) down and exposed them to three film excerpts

with three different stimuli – “neutral, racist, and anger provoking.” While the student participants were exposed to these films, their blood pressure was being monitored and recorded, and that is how Armstead et al. collected their data linking racial stressors and blood pressure spikes (Armstead et al. 1989). Although the researchers used different methods, Armstead et al. (1989) and Krieger and Sydney (1996) are still regarded as important initial studies that helped establish the connections between elevated blood pressure and experiences of racism.

Another, even earlier, study focusing on blood pressure was Vernessa R. Clark and Jules P. Harrell’s 1982 article “The Relationship Among Type A Behavior, Styles Used in Coping with Racism, and Blood Pressure.” This study examined thirty-two black students’ blood pressure in relation to their personality type and cognitive styles in response to racism. Six coping styles were described by Harrell and used in the research:

“(a) an apathetic style characterized by passivity, (b) a ‘piece of the action’ style, (c) a style opting for countercultural solutions to racism that transcend the problems of life rather than address them directly, (d) a Black nationalistic style, (e) an authoritarian style, and finally, (f) a style characterized by cognitive flexibility, historical awareness, and open-mindedness” (Clark and Harrell 1982: 90).

A questionnaire was used to gather data on the subjects, and then statistics were run to find correlation between cognitive styles, Type-A personality, and blood pressure. Clark and Harrell found that Type A black students (determined using a modified version of the Jenkins Activity Scale) have higher blood pressure in general, whether or not exposed to racial stressors, and for the most part the students with apathetic coping style had lower resting blood pressure. This

was determined because the blood pressure measurements were taken without any racialized stimulants and with the participants having no knowledge of the nature of the research. Beyond that, not much statistically significant supporting evidence was found for their hypotheses, which were (1) “that the apathetic style would actually be associated with fewer psychosomatic symptoms” (Clark and Harrell 1982: 90) and (2) “that blood pressure would be higher, and more reactive to a mild stressor, in Black students who evidenced the Type A behavior pattern” (Clark and Harrell 1982: 91). Although Clark and Harrell were not able to support their hypotheses, their work was still important for showing some correlation between blood pressure levels and coping mechanisms to racialized stress (Clark and Harrell 1982).

Linda James Myers, DeVon Renard Stokes, and Suzette L. Speight’s 1989 study “Physiological Responses to Anxiety and Stress: Reactions to Oppression, Galvanic Skin Potential, and Heart Rate” focused on the responses of black males to anxiety and stress, but also reviewed the effectiveness of quantitative data, rather than qualitative data, to evaluate this subject. Galvanic skin potential measures the sweating produced by the nervous system in anxiety-inducing situations (Myers, Stokes, and Speight 1989: 85). In their study, Myers, Stokes, and Speight proposed to apply their knowledge of the well-researched relationship between general stress and health to the relationship between racial stress and health. Similar to Clark and Harrell’s (1982) study, the authors recruited African American college students and analyzed their cognitive responses to racism, but with only three types of cognitive responses. These responses are all “Afrocentric” responses moving “toward,” “away,” or “against” the “oppressor,” defined as the white male at large. Twenty black males were interviewed, with the majority categorized as moving against the oppressor. They were shown slides and told to voice

their experience of each slide while their physiological responses were being tracked. Their findings showed that changes in heart rate and GSP (Galvanic Skin Potential) correlated for the most part with slides showing oppression and cultural race hierarchies. The next step in research, they noted, would be to find some therapeutic or scientific way to remove all other stress factors from the research so that health and racial stress can be properly analyzed and recorded, but with the intersectionality of racism, this is not very realistic (Myers et al. 1989).

David R. Williams et al. begin their 1997 study by acknowledging how narrow the understanding of racial differences in health still was, despite a wide understanding that that difference exists. In their research they analyzed racial stress and socioeconomic status of black and white participants, and how those two combine and interact to create less-than-ideal health situations, both mental and physical. Because socioeconomic status is closely tied with society's treatment of race, Williams et al. proposed that a large amount of the health issues tied to racial stress stem from socioeconomic status. They did find a correlation between race, SES, and stress levels, with the highest levels of stress being correlated with black people with low socioeconomic status. In doing this, they manage to highlight the fact that race is a complex issue with multifaceted implications and issues. Many of the researchers mentioned above were aiming to statistically or experimentally isolate stressors in order to solely focus on racial stress, but Williams et al. (1997) understood that you cannot properly isolate racial stress from other sources of stress. This is because our society is so deeply founded on hierarchies of race that almost every other stressor is tied into racial stress. In other words, as Michael Omi and Howard Winant argue in their classic work, *Racial Formation in the United States* (1986), race and class have been historically linked, in different racial formations that have changed over

time. So, instead of trying to isolate the effects of racial stress, Williams et al. acknowledge that it may be better to analyze levels of stressors within racial stress, such as socioeconomic and gendered stress (Williams et al. 1997: 347-348).

Jioni Lewis and Helen Neville's more modern study, "Construction and Initial Validation of the Gendered Racial Microaggressions Scale for Black Women," focuses more on the intersectionality of racial stress and the differing effects that can have on black individuals. Using the intersectional approach to analyze gendered racism, Lewis and Neville acknowledged gender and race as "interlocking identities and oppressions that simultaneously influence a person's life experiences" (Lewis and Neville 2015: 290). With this intersectional understanding of gendered racism drawn from Elizabeth R. Cole's "Intersectionality and Research in Psychology" (2009), Lewis and Neville created a scale to measure gendered racial microaggressions. Microaggressions refer to the everyday experiences of oppression of race and gender, and are a tool that helps us understand the impacts of intersectional oppression (Pierce, Carew, Pierce-Gonzalez, and Wills 1978; Sue et al. 2007). Lewis and Neville compiled a list of the many ways in which this oppression can take place in life, and created a scale for measurement based upon that list using mainly college women's experiences. Using a "community focus group," Lewis and Neville then tested that scale to ensure that it is applicable to a wider range of black women. Ultimately they made a few tweaks to their scale, removing some microaggressions and adding others for a total of forty-six microaggressions on the scale. With the tweaks, Lewis and Neville have found that their Gendered Racial Microaggressions Scale is successful at providing a more accurate understanding of how black women's experiences with sexism and racism combine and interact in their daily lives. They

found that these women were experiencing the majority of the forty-six microaggressions on a regular basis, and that the four most experienced microaggressions were “Assumptions of Beauty and Sexual Objectification,” “Silenced and Marginalized,” “Strong Black Woman Stereotype,” and “Angry Black Woman Stereotype” (Lewis and Neville 2015: 297). They do note that, since their data was collected online, their samples were limited by unequal access to internet and therefore were not able to access as diverse a group of black women as they wished and would like to find a way to rectify this in the future (Lewis & Neville 2015).

More work like Lewis and Neville’s (2015) study needs to be applied to the epidemiological research being done in race studies. Properly measured microaggressions could then be correlated to physical health. In the meantime, both their work and the work of Williams et al. (1997) suggest that intersectionality needs to be included in epidemiological racial research. My proposed study can help add to the research about the different impacts of racism. This study will help document the reactions and coping mechanisms of different individuals to various situations that they interpret as being racist. Some may be similar while others may be different. We already know generally how racism has the potential to harm an individual's health; this study will help document specific effects. For a topic as important as this one, more research can provide greater understanding of how ideas about race work to hurt some and help others. The objective of this study is to record different physical and emotional responses within a particular population, and therefore will be able to contribute to the literature that already exists on this topic.

METHODS

In my study, due to time constraints, I only approached three middle class African American women that I am acquainted with through classes, explained to them that I am doing research on college-aged African American women's physical responses to racism, and left them with an info sheet with my contact information. They agreed, signed a consent form, and each was allowed to choose her preferred location on campus in which to be interviewed. They were interviewed using a questionnaire that I developed, which can be found in the Appendix of this paper. Their interviews were recorded using a voice recorder app on my computer, and then transcribed and stored in a password-protected folder on my computer. Pseudonyms are used in the data and in this paper, and all possible identifiers have been removed from the record.

Conducting these interviews, it was my hope that I could gain some insight into how these women react to the racism they encounter, as well as understand how the reactions physically manifest. This is why, in each response and story I kept coming back to the physical feelings these women experienced in their reactions.

DISCUSSION

In the interviews a few distinct themes were brought up by the interviewees. These include intraracial tension, the ubiquity of racist encounters, and the mental distress brought on by all these issues. All three women had very different answers to the questions, because they all come from completely different backgrounds and experiences, so I will discuss each interview separately and then tie them together with my concluding remarks.

Kelly, 23

Kelly graduated from university a year ago and has been working as a manager at a restaurant ever since. The first story she shared with me occurred about a month before the interview, because it took place in a meeting with her accountant over her taxes. Apparently the accountant kept feeling the need to point out that Kelly is an African American woman, and make sure to tell Kelly how blessed she is to have gone to school for free. This would have been a compliment, except that the woman continued on to complain about how her kids wouldn't be able to do the same because they are white. Kelly was obviously upset because it is an honor for her to have been able to attend school for free, "but not because I'm black. That's not really a thing."

When I asked Kelly to expand on how that interaction made her physically feel she said, "my heart was racing really bad, like to a point where I started crying immediately after I left the place only because I was so mad that I couldn't do anything ... I didn't want my actions to perceive that I was just acting the way that she wanted me to." This comment stuck out to me one, because she acknowledged that her heart was racing in this situation. Given that Kelly has a heart condition (she didn't wish to expand on the condition) and that she experiences situations like this fairly often, her heart racing is probably not great for her health, although I am not sure because I do not know the details of her heart condition. Over time this could be something that is very detrimental to her overall health, and is possibly not even something that she would connect to the racism she experiences because of her pre-existing heart condition.

The other part of that statement that stuck out to me was that Kelly didn't yell at the accountant because she did not want act "the way that she wanted me to." Due to racial stereotypes like the angry black woman stereotype, she noted that most of the black women she knows choose not to fight back when faced with racism such as this. However, high blood pressure has been linked with anger suppression so not fighting back could be detrimental to her health (Armstead et al. 1989: 543). Because Kelly mentioned she does not get sick or go to the doctor often, it would be difficult to catch the potential heart and blood pressure issues that come with this racialized stress she experiences on a regular basis.

One final issue brought up by Kelly is the volume of racism that she has been experiencing since beginning college. She grew up in a predominantly African American community so the move to the university, a predominantly white community, came with the potential for more moments of racial tension.

"I'll say that now racism is more than it was when I was younger. I don't know if it was because I really didn't understand it or that I know now that I shouldn't be treated different than anyone else, but I'd definitely say that I notice it now and it has been increasing more and more."

In addition, she is a recent college graduate with a stable job, so she thinks that more people are aggressive towards her because they think that she does not deserve the success in life that she has earned. This type of racism, according to Kelly, hurts the most because she cannot do anything about it. She can do her best to stay away from the stereotypes and to act in the least offensive way to prejudiced individuals, but she will not sacrifice her success and well-being so that someone else can feel better about their place in life. There being nothing that Kelly can do

about these situations, the same issue of repression being linked with blood pressure could arise. There is no feasible way for her to let her anger and frustration out, so it could build inside her and possibly raise her blood pressure (Armstead et al. 1989: 543).

Megan, 21

Megan is finishing up her third year in university and works in wildlife. Her interview offered a much different perspective from the other two due to her major and that fact that she is of mixed ancestry. Growing up in a rural community, Megan mainly just interacted with her family and her classmates for the first part of her life. That being said, the bulk of the racism that she experienced for most of her life stemmed from a place of intraracial tension rather than interracial tension:

“Growing up I was always one of the lighter kids in my family, so I was called Powderpuff and just things like that. They would say that I was like, especially since my mom was dating a white guy, they would think that I was richer and had a better life. That was rough, always getting pointed out in the family.”

When asked to compare those experiences with her interracial experiences, Megan said that the intraracial ones were harder to internalize because it all came from her family. Those are the people who are supposed to accept her and love her the most, and while they do love her they also constantly tear her down for the lightness of her skin and the people her mother dates.

In comparison, Megan noted that a lot of the racism she experiences day to day now comes mainly from within her chosen profession, which is wildlife. Especially in the south, this

is not a profession where you would typically see diversity, and Megan talks about this a little bit.

“Especially in my field I feel like I’m being stared at because it is run by old white men. I mean we’re told that as soon as we get into it, that [being black] can be an advantage as well, but still it’s a lot of pressure ... I feel like with my major I really have to prove that I’m willing to get dirty... some people will pay attention to what kind of shoes I’m wearing, or even if I’m wearing a dress. I wore a dress one day and they were like ‘oh you’re wearing a dress in a garden guess you’re not willing to get dirty.’ I mean it’s that mixed in with racial things as well.”

The comments above show that in addition to being singled out in her profession for being black, Megan also experiences marginalization for being a female in the male-dominated field. This intersectionality compounds the issues that she is faced with daily in work and class, and exposes her to a unique experience of discrimination that a black man in the same field would not experience. This being her chosen profession, these are the types of issues that Megan will be dealing with the rest of her life, and she mentioned how she feels in response to these kinds of situations: “It heightened my anxiety, and just thinking about it makes me more anxious.” She will likely be experiencing this anxiety for the rest of her life because her profession is not likely to become much more diverse in her lifetime. High levels of anxiety do not bode well for her physical health, making her susceptible to things like higher blood pressure and increased heart rate (Myers, Stokes, and Speight 1989: 81-82).

Megan’s experiences in both intraracial and interracial tension are detrimental enough on their own, but combined they take quite the toll on both her mental and physical health.

“I used to try to fit in, but in a way I’m separated from black people and I’m separated from white people, like I don’t really mix in with both. ... Especially in high school it was always ‘Oh you’re acting white today’ or ‘You’re acting black today’ and so I kind of lost my sense of identity I guess ... I’m in and out of therapy every week and we talk a lot about racial issues because, going back to the identity thing, I’ve just kind of lost who I am, or maybe I’m trying to find who I am, and so seeing all these things and hearing all these things caused that. Like when I was younger I always wanted straight blonde hair and blue eyes and it just sucks that I wanted that, like I hated all my black features, I hated my lips, my hair, everything, so in a way I guess that’s just kinda stuck with me ... It’s weird to admit but I have been diagnosed with borderline personality disorder ... and the whole identity thing has just gotten worse over the years.”

From the prejudice Megan receives at home that encourages her to be more black to the prejudice she receives at school and work that encourages her to be more white, this push and pull between what she recognizes as her white and black identities has caused that disconnect in understanding exactly who she is as a whole individual. Whether her borderline personality disorder stems from the racial divide within her own person or whether it is a completely unrelated disorder, the constant onslaught of prejudice cannot be good for her mental state. The anxiety she feels in relation to this disorder is, as discussed previously, detrimental to her health, and the racism she experiences will keep delaying her from finding who she is as an individual and combining her black and personas harmoniously into one being.

Just like Kelly, Megan noted that her experiences of racism have increased over time:

“More racism definitely since I’ve been in college ... ever since Trump was elected I’ve noticed

more racial slurs, especially since I was out there with my multicultural group trying to defend ourselves.” So while Kelly’s heightened experiences were fully attributed to college and her success, Megan attributes the increase to college but also to the change in presidency. She recognizes that Donald Trump’s election gave racists a sort of implicit permission to be more vocal and active in their opinions, which would cause these women to experience much more racism and sexism in their daily lives. In a final remark on how she is dealing with the increased number of racialized situations she has to deal with, Megan stated, “I try not to think about [racism]. Not really ignore it, but acknowledge it’s there and look past it.” This seems to be another case of trying to be the bigger person by suppressing her feelings, which as we have discussed, can be harmful to an individual’s health (Armstead et al. 1989: 543). Perhaps whatever way Megan chooses to “acknowledge” these events, however, will allow her to keep from suppressing these events and can perhaps assist her on the road to bettering her mental health.

Jennifer, 19

Jennifer is the youngest woman that I interviewed and she, like Kelly, originated from a predominantly African American community before moving to a predominantly white university. She has her own experiences, though, and she began her interview with a very specific encounter she experienced about a month before the interview.

“I was in [a fast food restaurant] ordering my food, and the cashier, she appeared to be a white female maybe in her mid-to-late thirties, and I ordered my food from her. I needed some ketchup and some other condiments for my meal and I tried to get her

attention by saying 'excuse me ma'am' at least three times, and she just didn't hear me. But then someone else came, and they were white, and they asked her could they get something. She turned around immediately and gave them what they needed. I felt really anxious and tense, and it made me frustrated because I was respectful ... so I really didn't understand what the problem was."

This is another example of how these women are left with no choice but to suppress their reactions to the situations they are faced with, and therefore are left with no choice but to experience the health issues that come with that suppression (Armstead et al. 1989: 543). Jennifer could not have been more respectful in that situation, so there is nothing that she could have done to prevent its happening, and likewise if she had acted out, the woman would have felt justified in ignoring her.

Every single one of the stories shared by Jennifer took place on or near campus, highlighting the university community as one of her biggest stressors. Jennifer shared a few anecdotes about ways that she has been made to feel uncomfortable or anxious in the school setting.

"I'm always either the only black person or only black female in my class ... so if at any point in time, no matter what the conversation is about, if they want to know from I guess a 'black perspective' people automatically look at me ... it's really weird and I can't speak for all black people. I can only speak for me and my experiences."

"The other day I was in the parking lot walking to my residence hall and there was two white males getting out of the car, and I kind of ... grazed against someone. He said, 'I

don't like this school there's too many blacks here' just because I bumped into him ... I was livid, I was really really upset. And aside from being mad ... my feelings were hurt because I didn't even do anything."

"At my job [in a store next to campus], if I'm standing next to a white employee people will always choose the white person for help before they ask me."

All three of these situations have two main factors in common: one is that they all took place in the university community, and two is that Jennifer was the passive individual in each scenario. Jennifer mentions how anxious and upset these encounters make her feel, which combined with her passivity make her chances for detrimental health effects high (Armstead et al. 1989: 543; Myers, Stokes, and Speight 1989: 81-82). This is not to criticize her passivity or those who would not be passive in this situation, because there is no single correct path of action in the face of racism. Jennifer does what works best for her, and several paths have been documented to result in detrimental health (Armstead et al. 1989: 541-543).

When inquired about her health in relation to her experience in racism, Jennifer noted, "I don't think my physical health has really been affected, but my mental and emotional yes. I think that's because I don't let it. I could say that they make me anxious and nervous." This brings us back to the fact that the types of health problems associated with racialized stress are difficult to detect. Jennifer may be correct in saying that she does not experience any physical symptoms of racism, but she also may simply not know that she is experiencing those physical symptoms. Jennifer is taking measures to remove some of the racialized anxiety from her life by

switching schools. We have already discussed how the majority of her racist encounters stem from the predominantly white community of her current university, and Jennifer knows this to be true. That is why she is transferring to a predominantly black university to complete her degree. Jennifer acknowledged that she has been unhappy at her university for a long time, and that a lot of that is due to the community and situations that she is exposed to everyday. Switching universities will not alleviate her of all her racialized anxiety and stress, but it definitely will do good for her mental and physical stability in the long run.

Just like Kelly and Megan, Jennifer agreed that the amount of racism she experiences on a regular basis rose when she came to college. Again, like Megan, she attributes some of that rise to the change in presidency.

“I think now that I’m in higher learning racism is more frequent than, say, in middle school or high school because I went to a predominantly black school. So now that I’m in a place with more mixed cultures I encounter racism more because people try to stereotype me based on my appearance and my hair ... with the president that we have, it is definitely increasing.”

Jennifer cannot do much to change who the president is, aside from her involvement in campus multicultural activism groups, but she can change her immediate surroundings, and that is exactly what she intends to do to better her mental and physical health.

CONCLUSIONS

While the three women that I was able to interview are all different and came to the table with unique stories and approaches to their daily lives, there were some common threads

I picked up on in their responses. The first, as mentioned before, is that all of these women are experiencing more racism as they grow older and as society goes through this rough period in history. In tandem with the current rise in racism, all three women feel some sort of heightened anxiety and stress associated with the effects of culturally constructed race. There being a myriad of ways that this racialized stress can poorly affect an individual's health, it is notable that none of the women truly acknowledge the physical symptoms of their experiences. Perhaps resources need to be more widely available to inform black women and men of the potential health risks associated with racialized stress and anxiety. Blood pressure is known as the "silent killer" and so it would make sense for measures to be taken to ensure that African Americans get their health checked regularly so that they can take actions to counteract these issues and so that these types of health issues do not come to the surface much too late.

Jennifer, Kelly, and Megan are all cognizant of the mental health issues tied with racialized stress, and in an ideal world they would be equally aware of the related physical health issues. History carries a cyclical quality, so just as it occurred with counterculture and civil rights activism in the '50s and '60s, the volatile political climate that we are currently entrenched in could be the driving force for the spreading of literature that informs African Americans and the nation in general of these health issues, just as it is the driving force for the increase in racism that all three women have been experiencing.

Had there not been time constraints on the research and I had been able to interview more women, I likely would have found some women who do currently manifest physical symptoms of racism and recognize that. More time would have allowed me to gather more data in general on the physiological symptoms that these women experience in racist

situations. When they were asked about their physical symptoms in the interview, most women could not find any words to describe their feelings other than angry or anxious. There was a journal section of this study that unfortunately had to be cut due to the time constraints. I believe that if we had enough time for the women to keep a journal after their interviews, they would have perhaps found more descriptive ways to explain their physical symptoms. In addition, if I were to expand on this research I would ask more questions about what intersectional issues these women experience. Megan touched on how she is faced with both sexism and racism in her profession, but I would like to be able to gather more data on the subject and tie it in to these individuals' unique mental and physical struggles.

Lastly, it would be interesting to be able to know if these women are experiencing any of the health issues for which they are at risk. If I had the resources to conduct a more thorough study, it would be useful to be able to measure these women's blood pressure and heart rate. That being said, this study did provide me with meaningful qualitative data on the types of experiences that African American women are subject to, and how they choose to respond and act in response to those experiences.

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APPENDIX

Interview Questions

**Before beginning interview, I will ask the participants not to use real/full names when describing their experiences in order to maintain confidentiality.

1. Can you describe two encounters that you have experienced that you regarded as racist and describe how it made you feel at that time?

a. If the interviewee describes mainly emotions, then ask as a follow-up question:

Can you describe any physical feelings you had during those encounters?

b. Please describe for me how it makes you feel emotionally and physically right now as you are recalling these incidents.

c. If the interviewee has not already done so: It seems that some forms of racism are blatant while other forms are more subtle. How do you regard the encounters you just described to me? (very blatant, somewhat blatant, somewhat subtle, very subtle)

d. If the interviewee thinks it is appropriate to rank levels of racism (which she might not) and she regarded both encounters as blatant, or subtle, then elicit two more examples of other encounters to provide a range, and ask the same set of questions.

2. During this last year, how often would you say that you encounter racism in a typical week?

a. If she says several times a week, or once a week: Can you describe an encounter that happened this past week, how it made you feel emotionally and physically, and how you would rank it in terms of being blatant or subtle.

3. In the past, during different stages of your life, has the rate of racist encounters been the same, or have there been times when you experienced more racism, or less racism?

4. Can you describe a time when you noticed the effects of structural racism? At the time, how did that make you feel emotionally and physically?

a. How often would you say you have noticed these forms of racism?

b. Has that changed over your lifetime?

5. Can you describe a time when you noticed racism in media representations, and how that made you feel at the time you saw and/or heard it.

a. How often would you say you have experienced racism through media representations?

b. Has that changed over your lifetime?

6. Do you think these experiences have affected your health? If so, how?

7. Do you have any long-term health problems?

8. How often do you get sick (from illnesses like colds and flus)?

9. How long have you knowingly experienced both subtle and outright forms of racism in your life?