

THE MANY COSTS OF DISCRIMINATION: THE CASE OF MIDDLE-CLASS AFRICAN AMERICANS

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A century ago the pioneering social psychologist, William James, noted that there is no more serious punishment for human beings than social isolation and marginalization.¹ An “impotent despair” often develops among those who are isolated and treated as less than human in social interaction. In the last two decades social scientists have documented the severe effects that marginalization and dehumanization have on the physical and emotional health of human beings in a variety of settings.²

Writing in the 1940s, Gunnar Myrdal underscored the link of discrimination to social isolation and caste-like marginalization.³ From this perspective, which we extend in this Article, the serious damage that discrimination inflicts on its victims includes marginalization and dehumanization, which in turn can have serious physical and psychological consequences. In various accounts, African Americans see themselves as “outsiders” excluded from recognition, important positions, and significant rewards in predominantly white settings.⁴ In the workplace, which is our focus here, they cite discriminatory training and promotions, racial threats and epithets, racist joking, subtle slights, and lack of social support.⁵

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1. See 2 WILLIAM JAMES, *THE PRINCIPLES OF PSYCHOLOGY* 430 (1890).

2. ROBERT H. LAUER & WARREN H. HANDEL, *SOCIAL PSYCHOLOGY: THE THEORY AND APPLICATION OF SYMBOLIC INTERACTIONISM* (1977).

3. See 1 GUNNAR MYRDAL, *AN AMERICAN DILEMMA* 57-59 (1964).

4. See Sara E. Gutierrez et al., *Job Stress and Health Outcomes Among White and Hispanic Employees*, in *JOB STRESS IN A CHANGING WORKFORCE* 107, 108-11 (Gwendolyn P. Keita & Joseph J. Hurrell eds., 1994).

5. See LOIS BENJAMIN, *THE BLACK ELITE: FACING THE COLOR LINE IN TWILIGHT* (1991); PHILOMENA ESSED, *EVERYDAY RACISM: REPORTS FROM WOMEN OF TWO CULTURES* (1990); BOB BLAUNER, *BLACK LIVES, WHITE LIVES: THREE DECADES OF RACE RELATIONS IN AMERICA* (1989); JOE R. FEAGIN & MELVIN P. SIKES, *LIVING WITH RACISM: THE BLACK MIDDLE CLASS EXPERIENCE* (1994); MARGARET AUSTIN TURNER ET AL., *OPPORTUNITIES DENIED, OPPORTUNITIES DIMINISHED: RACIAL DISCRIMINATION IN HIRING, URBAN INSTITUTE REPORT 91-9* (1991); Lawrence Bobo & Susan A. Suh, *Surveying Racial Discrimination: Analyses from a Multiethnic Labor Market*, in *PRISMATIC METROPOLIS: INEQUALITY IN LOS ANGELES* 523 (Lawrence D. Bobo et al. eds., 2000).

Over the last decade very little systematic, in-depth research has been conducted in the social and health sciences on the personal or family costs of racial exclusion and lack of social integration in the workplace.⁶ The early research exploring racial differences in health primarily blamed African Americans' biological characteristics for the high morbidity and mortality rates in their communities.⁷ Today, much public health research similarly focuses on the supposed deviant lifestyles of African Americans as the cause of their unique health problems.⁸ From our perspective, there needs to be a renewed social science focus on the costs of racial animosity and discrimination to African Americans, to other people of color, and to U.S. society generally. In this Article, we begin this major project by describing and analyzing the character and range of racial discrimination's costs by examining the African American experience in workplaces. Our exploratory research questions are the following: Is there a link between reported workplace discrimination and personal stress for African Americans? If so, what are the psychological and physical consequences of that racially related stress? In addition, what are the family and community consequences of that racially related stress? Finally, what are the broader implications of these findings for questions of racial discrimination and hostile racial climates in U.S. workplaces?

I. INTEGRATION AND A HOSTILE RACIAL CLIMATE

One might query what is the legal and constitutional relevance of our research about the consequences and effects of everyday racism. We argue here that many U.S. workplaces cause great harm to black workers, and probably to other workers of color. Although the legal standard for proving a "hostile work environment" was originally extended from racial discrimination cases to sexual discrimination cases,⁹ the courts have thus far not allowed the kind of evidence to demonstrate a hostile racial climate that is currently allowed to demonstrate a hostile sexual climate. In *Faragher v. City of Boca Raton*,¹⁰ the Supreme Court observed: "Although racial and sexual harassment will often take different forms, and standards may not be entirely interchangeable, we think there is good sense in seeking generally to harmonize the standards of what amounts to actionable harassment."¹¹

At this point in time, although the legal standards are ostensibly the same for proving hostile racial and sexual climates, the courts tend to be more lenient in the evidence they allow to prove hostile sexual climates than they are in the case of evidence for proof of hostile racial climates. This tendency for leniency may

6. See Gutierrez et al., *supra* note 4, at 110.

7. See SUSAN L. SMITH, *SICK AND TIRED OF BEING SICK AND TIRED: BLACK WOMEN'S HEALTH ACTIVISM IN AMERICA, 1890-1950*, at 6 (1995).

8. See *id.* at 169.

9. See *Meritor Savings Bank F.S.B. v. Vinson*, 477 U.S. 57, 66-67 (1986).

10. 524 U.S. 775 (1998).

11. *Id.* at 787 n.1.

be due in part to the fact that while two female Supreme Court justices (particularly Ruth Bader Ginsberg) actively rule to protect the rights of women, and in so doing set legal precedents for the lower courts, African Americans have no strong voices or allies on the high court. Only Justices Ruth Bader Ginsberg, John Paul Stevens and Stephen Gerald Breyer have sometimes acted as "allies" to African Americans in their decisions. Justice Clarence Thomas is the only person able to know first hand what it is like to be an African American, but as yet he has failed to strenuously represent the needs or protect the interests of African Americans.¹²

We see no reason that this workplace standard should diverge, for, as we show below, many workplaces can be very hostile and damaging for African Americans. Not only is workplace integration a potential *cause* of stress for African Americans, they are also not adequately protected by the law in these often hostile environments. In 1993, in *Harris v. Forklift Systems, Inc.*,¹³ the Supreme Court decided that a victim of sexual harassment did *not* have to prove "severe psychological injury" in order to be compensated for sexist discrimination. Writing for the majority, Justice Sandra Day O'Connor made it clear that a hostile sexual climate could be demonstrated by evidence of a string of humiliating actions or offensive comments by an employer

whether an environment is "hostile" or "abusive" can be determined only by looking at all the circumstances. These may include the frequency of the discriminatory conduct; its severity; whether it is physically threatening or humiliating, or a mere offensive utterance; and whether it unreasonably interferes with an employee's work performance.¹⁴

Thus, the court determined that a single major act of discrimination is not necessary to prove sexism in the workplace. Continuing patterns of minor acts are sufficient. In contrast, in cases alleging a hostile racial climate, African Americans and other people of color attempting to remedy racial discrimination in the workplace are subject to a much more stringent burden of proof. Moderately derogatory racial comments made over time are generally not enough.

Under the *Harris* standard, harassing conduct need *not* have caused serious psychological distress, but it had to be "severe or pervasive enough to . . . alter the conditions of the victim's employment."¹⁵ A distinction was also to be made between physically threatening behaviors and "mere offensive utterance[s]."¹⁶ In *Faragher*, the Supreme Court further clarified this standard, explaining that

12. See, e.g., Rudolph Alexander, Jr., *Justice Clarence Thomas's First Year on the U.S. Supreme Court: A Reason for African Americans to Be Concerned*, 27 J. BLACK STUD. 378 (1997) (summarizing Justice Thomas's opinions in cases relevant to issues of race and racism during his first year on the Court).

13. 510 U.S. 17 (1993).

14. *Id.* at 23.

15. *Id.* at 21-22.

16. *Id.* at 23.

the *Harris* factors should serve as a filter to eliminate complaints regarding "ordinary tribulations of the workplace" such as "occasional teasing."¹⁷ The Second Circuit was correct, according to the *Faragher* Court, in holding that statutory relief should *not* be given for "episodic patterns of racial antipathy," but only for "incidents of harassment. [that] occur . . . with a regularity that can reasonably be termed pervasive."¹⁸ Thus, under *Faragher*, it is left up to the courts' discretion to decide when a company or defendant should be held liable for allowing a hostile environment to exist. It is also up to the courts to determine when that hostile environment is "pervasive as to alter the conditions of the victim's employment."¹⁹ Often what may be a hostile racial environment to most people of color is not regarded as such by courts on which Americans of color are not significantly represented. As presented in our data below, many middle class African Americans report work environments where harassment and discrimination reshape the conditions of work.

In one 1996 case, *Aman v. Cort Furniture Rental Corp.*,²⁰ the U.S. Court of Appeals for the Third Circuit decided that white supervisors and coworkers' repeated use of terms such as "another one," "one of them," and "poor people," in referring to two black employees constituted racial "code words," which created a "complex tapestry of discrimination" for which the company was liable. The court recognized that subtle discrimination is constitutive of a hostile workplace.²¹ The standards the court asserted for proving a hostile workplace were that the employee suffered intentional discrimination, that the treatment was pervasive and regular, that the discrimination detrimentally affected a particular employee, and that the discrimination would also detrimentally affect "a reasonable employee in a similar situation."²² These four standards are similar to those set forth in the hostile sexual climate cases.

Most recently, however, it seems that the courts are backpedaling on issues regarding racial discrimination.²³ For example, in a case heard in the California Court of Appeals, *Etter v. Veriflo Corp.*,²⁴ frequent racist epithets directed at a black man were not "severe or pervasive" enough to warrant legal remedy. Etter alleged that his supervisor directed toward him and other black employees racially derogatory terms, among them "Buckwheat," "Jemima," and "boy," and that she mocked supposed black pronunciation of certain words. However, the court asserted that Etter was referred to as "Buckwheat" by his supervisor "only" twice, and also noted that Etter could not remember the precise dates when his

17. *Faragher v. City of Boca Raton*, 524 U.S. 775, 788 (1998).

18. *Id.* at 787 n.1 (citing *Lopez v. S.B. Thomas, Inc.*, 831 F.2d 1184, 1189 (2d Cir. 1987)).

19. *Id.* at 786.

20. 85 F.3d. 1074 (3d Cir. 1996).

21. *See id.* at 1082-84.

22. *Id.*

23. *See* Steven Keeva, *A Bumpy Road to Equality: Panelists Say Courts Are Backpedaling on Minority Issues*, 82 A.B.A. J. 32 (1996).

24. 67 Cal. App. 4th. 457 (Ct. App. 1998).

supervisor called him “boy.”²⁵ Further, the court opinion referred twice to the fact that Etter laughed at the racially insulting comments of his supervisor, implying that the negativism of racist comments was only “in the head” of the victim and thus legally benign.²⁶ In fact, Etter may have laughed nervously or only in an attempt to get along with his boss at the time, a common report of black employees.²⁷ The *Etter* court reaction reminds one of Justice Henry Brown’s opinion *Plessy v. Ferguson*:²⁸

We consider the underlying fallacy of the plaintiff’s argument to consist in the assumption that the enforced separation of the two races stamps the colored race with a badge of inferiority. If this be so, it is not by reason of anything found in the act, but solely because the colored race chooses to put that construction upon it. The argument necessarily assumes that if, as has been more than once the case, and is not unlikely to be so again, the colored race should become the dominant power in the state legislature, and should enact a law in precisely similar terms, it would thereby relegate the white race to an inferior position. We imagine that the white race, at least, would not acquiesce in this assumption.²⁹

Here the Chief Justice and his associate judges, all white, explicitly say that it was only Plessy’s *perception* that he faced humiliating segregation. As the white justices saw it, any feelings by Plessy or other African Americans that whites saw them as inferior were just in their heads—a classic example of blaming the victim, highlighting the pervasiveness of extreme antiblack racism at the turn of the century.

The *Etter* court implied a similar view of African Americans’ experiences with discrimination in that they found it relevant to their decision that Etter had previously filed discrimination charges against another employee. The likely reason for the court to mention this fact was to imply that Etter was overly sensitive, or “paranoid,” or was using his racial classification for the financial gain that might be won through a successful discrimination suit.

The jury in *Etter* was instructed to consider whether “a reasonable person of the Plaintiff’s race would have found the racial conduct complained of to be sufficiently severe or pervasive to alter the conditions of the person’s employment and create a hostile or abusive working environment.”³⁰ However, one may question whether a predominantly white jury, or a white judge, is able to determine what is “reasonable” for an African American plaintiff. Social science research has shown that very few whites have any significant understanding of the depths and severity of the everyday racism faced by the

25. *See id.* at 461-62.

26. *See id.* at 461.

27. *See* FEAGIN & SIKES, *supra* note 5, at 135-222.

28. 163 U.S. 537 (1896).

29. *Id.* at 551.

30. *Etter*, 67 Cal. App. 4th at 460.

majority of black Americans.³¹ The *Etter* court, in deciding that the plaintiff's experiences were merely "episodic," and not "pervasive," may have failed to understand the severity and impact of those experiences for black employees. One might speculate, based on the relative success of such cases regarding gender, that had *Etter* been a white female charging a sexual hostile workplace environment, the same number and severity of comments might have been enough for the court to find for the plaintiff. We will discuss possible reasons for this "selective sympathy" later in the paper.³²

In this Article we show how damaging the racial work climate can be, and why the courts need to take African American reports of a hostile racial work environment seriously. African Americans and other plaintiffs who allege discrimination must show how their workplaces actually do harm. Here we provide some clues on how to gather and present such evidence. The type of evidence we have gathered clearly shows how and why workplace climates can be hostile.

Racial integration has not worked well for African Americans, as evidenced by the continuing huge inequalities in income, education, and life expectancies between African Americans and whites. On the average, black families have an income of only about sixty percent of that of white families and family wealth is only about ten percent of that of white families.³³ Additionally, on average white Americans live about six to seven years longer than black Americans.³⁴ A major problem with racial integration, as it has operated so far, is that it has mixed varying numbers of people of color into predominantly white institutional settings without giving them enough power to alter those settings or enough resources to significantly improve their material standards as a group. As it is practiced and implemented, racial integration in the workplace has caused many black Americans much anger and pain. Roy Brooks has documented the limitations of current integration, suggesting that African Americans might do better to practice "limited separation," for their economic, physical, and psychological well-being.³⁵ Racial integration, as it has been implemented in U.S.

31. See JOE R. FEAGIN & HERNÁN VERA, WHITE RACISM: THE BASICS 135-61 (1995); FEAGIN & SIKES, *supra* note 5, at 337-45.

32. "By the phenomenon of racially selective sympathy and indifference I mean the unconscious failure to extend to a minority the same recognition of humanity, and hence the same sympathy and care, given as a matter of course to one's own group." Paul Brest, *Foreword: In Defense of the Antidiscrimination Principle*, 90 HARV. L. REV. 1, 7-8 (1976). While this concept is relevant, we see it as grounded in the "color blind" approach that is part of "whiteness." Whites are most often not conscious that they are exercising "selective sympathy," but think that they are in fact treating everyone the same.

33. See JOE R. FEAGIN & CLAIRECE BOOHER FEAGIN, RACIAL AND ETHNIC RELATIONS 236-90 (1999).

34. See JOE R. FEAGIN, RACIST AMERICA: ROOTS, CURRENT REALITIES, AND FUTURE REPARATIONS 196 (2000).

35. ROY L. BROOKS, INTEGRATION OR SEPARATION? A STRATEGY FOR RACIAL EQUALITY (1996).

society, is at best, one-way assimilation into a white-framed culture and institutions. This haphazard mixing is not the appropriate standard for racial integration designed to undo past wrongs.

In order to have real integration rather than one-way assimilation, African Americans and other people of color must be given the same opportunity as whites to change the contours of the workplace by their presence in it – hence requiring two-way (or more) assimilation. At the very least, they must not be required to become “whitewashed” and thus to give up significant parts of their identity in order to be accepted as coworkers, employees, and supervisors. Recent cases involving language issues for Latinos illustrate that these Americans of color are willing to make some concessions to be integrated into workplaces, but not to give up their language—a critical carrier of their culture—just because whites *arbitrarily* insist that they do so.³⁶ The parallel question is how much should African Americans have to give up in order to assimilate to historically white workplaces and other institutional settings? Clearly, they are willing to make concessions, but not to suffer nearly as much as they must under current circumstances.

The goal of real integration is much more than one-way assimilation into the workplace. As we see it, the goal should be two-way accommodation. Whites need to make major adaptations to those entering their institutions. They need to allow full incorporation into the workplace and give up racist practices, including the many practices that create a hostile climate. They need to change the number of employees to create a critical mass of African Americans and other workers of color. In defense of the critical-mass argument Richard Delgado posits that middle-class African Americans, because they are often alone in their workplace, are by necessity one-way assimilationists.³⁷ Because of their small numbers, African Americans often have little power to change the culture of the workplace and thus create two-way integration.

Most of our study participants are among the most economically successful middle and upper-middle class African Americans. These middle-class African Americans have often been viewed as having achieved the American dream like the middle classes of white ethnic groups before them.³⁸ Ironically, integration into the white workplace has in many cases created stressful situations for African Americans. For example, many of the first African Americans to integrate white workplaces were assigned to racialized jobs, such as positions as “community liaisons” or heads of affirmative action compliance departments. In these positions, they served to calm the potentially disruptive African American communities of the late 1960s, and many have been subsequently

36. See Juan F. Perea, *Los Olvidados: On the Making of Invisible People*, 70 N.Y.U. L. REV. 965, 986-91 (1995).

37. See generally Richard Delgado, *Affirmative Action as a Majoritarian Device: Or, Do You Really Want to Be a Role Model?*, 89 MICH. L. REV. 1222 (1991).

38. See WILLIAM JULIUS WILSON, *THE DECLINING SIGNIFICANCE OF RACE* 124-26 (1978); THOMAS B. EDSALL & MARY D. EDSALL, *CHAIN REACTION: THE IMPACT OF RACE, RIGHTS, AND TAXES ON AMERICAN POLITICS* (1991).

unable to move out of those jobs.³⁹ Accordingly, because the African American middle class was to a significant degree politically facilitated, it is vulnerable to political changes that make economic attainment more difficult.⁴⁰ For individual middle class African Americans, workplace integration may be accompanied with forced assimilation, everyday discrimination, and the sense of being constantly watched and outvoted.⁴¹ Indeed, workplace integration has currently been primarily one-way—African Americans and other people of color have been required to accept white norms without being given the power to affect the workplace culture.⁴²

Nathaniel R. Jones, a judge in the 6th Circuit Court of Appeals remarked that it seems that Justice Harlan's statement in his dissenting opinion in *Plessy*, that "justice is colorblind," is now being used against African Americans.⁴³ Several legal scholars have suggested race-conscious ways that standards might be changed to make it easier to show the damage caused by hostile racial workplaces. Barbara Flagg has discussed a situation that exists in predominantly white workplaces which she calls the "transparency phenomenon."⁴⁴ Because whites are generally unaware of race, they are not conscious that decision-making in the historically white workplace that appears "neutral" often benefits whites and disadvantages people of color. We suggest that this type of discrimination, which automatically advantages whites and disadvantages people of color but is nonetheless thought of as "neutral standards," is better referred to as "woodwork racism" because it is not transparent. Rather, it is commonplace, tough, and real.

Flagg suggests that instead of a disparate treatment test for racial discrimination, which relies on proof of intentional discrimination, courts should consider finding employers liable for failure to create a culturally diverse workplace environment that imbeds the sometimes divergent norms of newly integrated groups. Flagg suggests two possible new standards, a "foreseeable impact" approach and an "alternatives" approach.⁴⁵ Both approaches would make it necessary for courts to consider the transparency phenomenon in deciding what constitutes a racially hostile workplace. Flagg advocates the alternatives approach, in which a historically and predominantly white workplace likely means white norms of decision-making, and thus requires strict judicial scrutiny. The employer is then responsible for explaining the criteria used in the

39. See generally SHARON M. COLLINS-LOWEY, *BLACK CORPORATE EXECUTIVES: THE MAKING AND BREAKING OF A BLACK MIDDLE CLASS* (1997).

40. See generally *id.*

41. See Anthony J. Marsella, *Work and Well-Being in an Ethnoculturally Pluralistic Society: Conceptual and Methodological Issues*, in *JOB STRESS IN A CHANGING WORKPLACE* 147, 148-50 (Gwendolyn P. Keita & Joseph J. Hurrell eds., 1994).

42. See COLLINS-LOWEY, *supra* note 39, at 142.

43. See Keeva, *supra* note 23, at 32.

44. Barbara J. Flagg, *Fashioning a Title VII Remedy for Transparently White Subjective Decisionmaking*, 104 *YALE L.J.* 2009, 2012 (1995).

45. See *id.* at 2039-48.

particular workplace standard that led to the suit, after which the plaintiff may propose alternative criteria that would not have a disparate impact on the employee of color.⁴⁶

Another race-conscious solution to the difficulty of proving a racially hostile workplace has been suggested by Charles Lawrence III. Lawrence asserts that the courts' reliance on proof of intent and a show of individualized fault should be replaced with a "cultural meanings" standard.⁴⁷ Such a standard would take into account the unconscious and half-conscious discrimination practiced every day by whites who have grown up in a racist society. Lawrence advocates that legal scholars might look to social science research to offer evidence of the racially derogatory cultural meanings of seemingly "neutral" acts.⁴⁸ Although he admits that his approach will not be readily accepted and easily applied, and that it is optimistic in its challenge of commonly held beliefs, Lawrence's insights might be useful in creating a new standard for judging the "reasonableness" of African Americans' complaints of discrimination in their workplaces. Their longterm experience and collective memory must be factored into any meaningful legal approach that tries to judge hostile racial climates.

This Article contributes to the creation of this new standard by describing the character and impact of hostile workplace environments endured by many middle class African Americans, and the severe physical and psychological effects this workplace climate can have on their health and well-being. Some of the most harmful treatment by white perpetrators that is described by our respondents may be half-conscious or even unconscious. In line with Flagg's transparency phenomenon, it is our suggestion that, until true racial integration is attained in predominantly white workplaces (with its impact on white attitudes and behavior), most of these places have the potential to be hostile to black Americans and other workers of color.

The transparency phenomenon should also be applicable to the judicial system, which ordinarily and routinely operates according to white norms due to the predominance of white judges, prosecutors, and juries in most court systems. For example, a recent Amnesty International report on the U.S. justice system reported that in 1998 almost all (1,816 out of 1,838) of the district attorneys and similar officials with the power to make decisions about the death penalty were white. The report also cited evidence on the use of peremptory challenges by prosecutors to keep juries as white as possible.⁴⁹ Flagg does not believe that transparency applies to "maleness" as it does to "whiteness" in the workplace.⁵⁰ This could perhaps be part of the reason that women have been more successful in proving hostile sexual workplace climates in the courts. Almost every white

46. *See id.* at 2044.

47. Charles R. Lawrence III, *The Id, the Ego, and Equal Protection: Reckoning with Unconscious Racism* 39 STAN. L. REV. 317, 378-88 (1987).

48. *See id.* at 358-59.

49. *See* AMNESTY INTERNATIONAL REPORT, UNITED STATES OF AMERICA: RIGHTS FOR ALL 109-11 (1998).

50. Flagg, *supra* note 44, at 2012-13, 2012 n.9.

male judge and jury member has some close contact with a woman, whether she be his mother, daughter, wife, or friend. Thus, most will have some idea of what a "reasonable woman" might find offensive, as well as some sympathy toward a white woman. However, evidence of racial hostility in white workplaces is also usually assessed by white juries and judges, and that evidence is often considered to be merely the "perceptions" of "oversensitive" African Americans. Thus, the test presented by the courts, in which the standard of "a reasonable person of the plaintiff's race" is invoked, lacks meaning. Most white people have very little understanding of what African Americans' experience in white workplaces is like. The purpose of this Article is to contribute to a more race conscious standard for assessing the damage often done to African Americans in white workplaces.

II. RESEARCH METHODS

To begin this serious sociological examination of the perceived costs of racial discrimination, we conducted five exploratory focus groups with economically successful African Americans, two in the Midwest and three in the Southeast.⁵¹ We secured thirty-seven participants, sixteen in the Midwest and twenty-one in the Southeast. Of those who reported their age, the majority (seventeen) were between thirty-one and forty years of age, with five between twenty-one and thirty and twelve between forty-one and sixty. Among those reporting their education, most (nineteen) had pursued graduate work beyond a four year college degree, while thirteen others had completed some college work or earned a college degree. Only one reported not having gone to college. Among those who reported family income, the majority (twenty-five) had an income that was \$31,000 a year or more, with fourteen reporting income above \$50,000. Eight listed a family income at \$30,000 a year or less. The respondents reported a variety of occupations, mostly in professional or managerial positions.⁵² Twenty-seven were female, and ten were male. In the analysis, we quote from about eighty percent of the focus group participants.⁵³

51. This exploratory research utilized a sample of middle-class African American men and women. The findings suggested by our research should be extended to include both working class and under—and unemployed African Americans. Also, this study might be used to identify topics for quantitative public health research studies.

52. The participants included a dental assistant, several nurses, a community health specialist, a psychologist, a counselor, several government administrators, a planner, a social services coordinator, a sheriff, several postal service managers, teachers, a college admissions advisor, a college residential coordinator, two college students, several secretaries, a purchasing agent, and several corporate managers and engineers. Three participants held skilled blue-collar jobs.

53. We used black moderators to conduct the focus groups. We are indebted to John McKnight for moderating three groups.

III. RACIAL DISCRIMINATION IN THE WORKPLACE: THE SOCIAL GENERATION OF ANGER AND RAGE

In the last decade much argument has been directed at what has been termed "black paranoia" about racism. For example, Dinesh D'Souza argues that middle class African Americans move too quickly to see racism and that black rage is a "dysfunctional aspect of black culture, a feature mainly of middle-class African American life" and that this rage represents "the frustration of pursuing unearned privileges" of affirmative action.⁵⁴ In effect, this perspective suggests that African Americans have mainly themselves to blame for mental health problems associated with their racial histories.

In contrast, other researchers have found that African American "paranoia" is actually a healthy response to recurring experiences with racial discrimination. Some researchers call this response "cultural mistrust," which is a suspicion of whites that is adopted by African Americans for survival.⁵⁵ Others have rejected the use of terms such as "mistrust" or "paranoia," which have implications of pathology, and instead use the term "racism reaction" to describe the protective orientation individual African Americans often assume in interactions with whites.⁵⁶ Research suggests that health-care providers should be familiar with this black response in order to avoid misdiagnoses of pathological paranoia.⁵⁷ This precaution is particularly important given the fact that, although African Americans are less likely than whites to seek mental health care, those that do seek such care are more apt to be diagnosed with more serious mental illnesses.⁵⁸

In a now classical study, psychiatrists Grier and Cobbs examined the extent to which individual rage and depression among African Americans were determined by racial discrimination and asserted that black mistrust of whites is a reasonable attitude based on their experiences with racial discrimination.⁵⁹ In

54. DINESH D'SOUZA, *THE END OF RACISM: PRINCIPLES FOR A MULTIRACIAL SOCIETY* 491 (1995).

55. Francis Terrell & Sandra Terrell, *An Inventory to Measure Cultural Mistrust Among Blacks*, 5 W. J. BLACK STUD. 180, 180 (1981).

56. Chalmer E. Thompson et al., *Cultural Mistrust and Racism Reaction Among African-American Students*, 31 J. C. STUDENT DEV. 162, 163 (1990).

57. *See id.*; Charles R. Ridley, *Clinical Treatment of the Nondisclosing Black Client: A Therapeutic Paradox*, 39 AM. PSYCHOLOGIST 1234, 1244 (1984).

58. *See* Stephen I. Abramowitz & Joan Murray *Race Effects in Psychotherapy*, in *BIAS IN PSYCHOTHERAPY* 215-55 (Joan Murray & Paul R. Abramson eds., 1983); Raymond M. Costello, *Construction and Cross-Validation of an MMPI Black-White Scale*, 41 J. PERSONALITY ASSESSMENT 51 (1977); Ezra E. H. Griffith, & F.M. Baker, *Psychiatric Care of African Americans*, in *CULTURE, ETHNICITY, AND MENTAL ILLNESS* 147-73 (Albert C. Gaw ed., 1993); Billy E. Jones & Beverly A. Gray, *Problems in Diagnosing Schizophrenia and Affective Disorders Among Blacks*, 37 HOSP. & COMMUNITY PSYCHIATRY 61, 65 (1986); Jerome M. Sattler, *The Effects of Therapist-Client Racial Similarity*, in *EFFECTIVE PSYCHOTHERAPY: A HANDBOOK OF RESEARCH* 252-90 (Alan S. Gurman & Andrew M. Razin eds., 1977).

59. *See generally* WILLIAM H. GRIER & PRICE M. COBBS, *BLACK RAGE* (1968).

this study, Grier and Cobbs drew on extensive clinical experience with black patients and concluded that the treatment of enraged African Americans must center on experiences with discrimination in the workplace and other sectors of society in order for psychological healing to take place. They noted that black

[p]eople bear all they can and, if required, bear even more. But if they are black in present-day America they have been asked to shoulder too much. They have had all they can stand. They will be harried no more. Turning from their tormentors, they are filled with rage.⁶⁰

More recently, Cobbs reiterated the point that rage against discrimination is commonplace among African Americans, but for many, continues to be turned inward.⁶¹ Silent, all-consuming rage can lead to inner turmoil, emotional or social withdrawal, and physical health problems.

African Americans working or traversing historically white places often feel frustration, anguish, anger, or rage—all of which may be expressed in their words, the tone of their comments, or the character of facial expressions. All the focus group respondents indicated in one way or another that they suffer substantial and recurring stress and frustration because of racially hostile workplaces. As one Midwestern respondent put it, her symptoms of stress do not happen “on weekends or after five o’clock.” In the focus group interviews there is a consensus that much of their life-damaging stress at work does not come from the performance of the job itself but from hostile work environments.

Some social science research shows that a person’s job satisfaction is rooted in how much work contributes to a sense of control and to self-esteem, in how much co-workers and supervisors are helpful in supporting one’s work, and in whether rewards are meritocratic.⁶² Black employees have difficulty doing their best work when conditions and rewards are inequitable. Recent data demonstrate that African Americans continue to be rewarded economically at lower levels than do white Americans. The broad economic costs of being black include continuing disparities in income, wealth, and occupational position.⁶³ Some portion of these disparities stems from the accumulating impact of discrimination over centuries, while another portion comes from the well-documented patterns of discrimination in contemporary employment settings.⁶⁴

Black workers’ lives are disrupted by lack of support and discrimination by

60. *Id.* at 4.

61. See Price M. Cobbs, *Critical Perspectives on the Psychology of Race*, in *THE STATE OF BLACK AMERICA* 1988, at 61-62 (Janet Dewart ed., 1988).

62. See ROBERT KARASEK & TÖRES THEORELL, *HEALTHY WORK: STRESS, PRODUCTIVITY, AND THE RECONSTRUCTION OF WORKING LIFE* 69-72 (1990); John Mirowsky & Catherine E. Ross, *The Consolation-Prize Theory of Alienation*, 95 *AM. J. SOC.* 1505 (1990); Catherine E. Ross & John Mirowsky, *Households, Employment, and the Sense of Control*, 55 *SOC. PSYCH. Q.* 217, 219-20 (1992).

63. See FEAGIN & FEAGIN, *supra* note 33, at 258-60; MELVIN L. OLIVER & THOMAS M. SHAPIRO, *BLACK WEALTH/WHITE WEALTH: A NEW PERSPECTIVE ON RACIAL EQUALITY* (1995).

64. See BENJAMIN, *supra* note 5; ESSED, *supra* note 5; FEAGIN & SIKES, *supra* note 5.

co-workers and supervisors; these encounters can become "life crises" with a serious health impact similar to that of life crises like the death of a loved one.⁶⁵ Recent research on 726 African American men and women showed that the amount of decision latitude they were allowed on their job was linked to the risk of hypertension. African American men who were given more control over decisions on their jobs had fifty percent *less* prevalence of hypertension.⁶⁶ However, many of our respondents discussed being excluded from decision-making. As the reader will see, an African American's attempt to compensate for this lack of control can lead to specific physical health problems.⁶⁷

In commenting on racially hostile or unsupportive workplace climates, some focus group participants described general feelings of frustration and anger, while others told of specific incidents that generated these feelings. A common source of anger is white use of racist epithets or similar derogatory references, which can trigger painful individual and collective memories. One black professional described her reaction to an incident with a white administrator:

I have felt, I have felt extremely upset, anger, rage, I guess you would call it? One incident that comes to mind happened in a social setting. I was with some, with my former boss and some coworkers and a man who ran, like, a federal program. And we were having dinner, and he made a comment, and he had been drinking *heavily*. And he referred to black people as "niggers" I'm sitting—he's there, and I'm here. . . . And as soon as he said it, he looked in my face. And then he turned beet red, you know? [Laughter] And I said, "Excuse me, what did you say?" And he just couldn't say anything. And then my boss, my former boss, intervened and said, "Now, you know, move his glass, because he's had too much to drink." And you know just making all these excuses. So, of course, I got up and left. I said goodnight, and left. And the next morning, the man called me and apologized. . . . His excuse was that he had been drinking, you know. And I said, "Well [gives name], we don't get drunk and just say things that we wouldn't otherwise say. You know, I don't get drunk and start speaking Spanish. [Laughter]. This was already in you, you know, in order for it to come out. [Voices: Exactly. Yeah, yeah.] I mean so, keep your apology, I'm not interested."⁶⁸

65. See KARASEK & THEORELL, *supra* note 62, at 71; Lydia Rapoport, *The State of Crisis: Some Theoretical Considerations*, in CRISIS INTERVENTION: SELECTED READINGS 22, 31 (Howard J. Parad ed., 1965).

66. See Amy B. Curtis et al., *Job Strain and Blood Pressure in African Americans: The Pitt County Study*, 87 AM. J. PUB. HEALTH 1297, 1300 (1997).

67. Sherman A. James et al., *John Henryism and Blood Pressure Differences Among Black Men II: The Role of Occupational Stressors*, 7 J. BEHAV. MED. 259 (1984).

68. Some quotes have been lightly edited. We deleted some filler words like "you know" and "uh" and corrected grammar in a few places. We have kept respondents anonymous by deleting or

Then she concluded with a comment on what she did with her anger:

I was so angered that I wanted to get him, you know? I was out to get him. I called his boss in [names city] . . . who is black, and informed him of what happened. Because he was referring to his boss, actually. . . . And he said, "Yeah, he's out with the other niggers." You know, so he's calling his boss a nigger! And I think his boss should know that!

Similarly, a secretary in the Midwest related an incident in which she had to explain the meaning of an epithet to her supervisor, who subsequently did nothing to reprimand the white employee who used the term:

A white individual in my department was talking to me, and he referred to me as "Buckwheat." My supervisor, when I reported it to her, told me that she did not feel that I looked like Buckwheat. Nor . . . did she understand what the term meant. Then she asked me to define it for her. She felt that [the term] was not derogatory. After I told her what it meant . . . she said "Well, you don't exemplify that, so I wouldn't worry about that." She also refused to talk to the individual.

The impact of racist epithets may be underestimated by many white observers. One older black psychologist told the first author that when he hears the epithet "nigger," in his mind's eye he sees a black man hanging from a tree. Individual and collective memories compound the damage of present-moment discrimination. The connection between hostile epithets and the brutality of racism are intimate parts of the collective memory of African Americans.

Robert Bellah and his associates have noted that communities "have a history" and "they are constituted by their past—and for this reason we can speak of a real community as a 'community of memory,' one that does not forget its past."⁶⁹ Collective recollections are not always positive: "Remembering . . . heritage involve[s] accepting . . . origins, including painful memories of prejudice and discrimination."⁷⁰ Past and present discriminatory actions—and the contending responses to that oppression—become inscribed in collective memory. The community passes along information from one generation to the next about how to deal with discrimination and the anger it causes. A nurse's assistant noted the importance of generational advice and collective memory: "Kindness will kill a person. My grandmother told me that so many times. 'Don't get upset. Don't fuss. Don't argue with them. Just smile at them.'" [Male voice: "That's true."] After this comment, a health care professional in the focus group spoke about her rage over a traumatic workplace incident with a white coworker. She partly attributed the hostility in their relationship to racial tensions in her workplace:

disguising names and places.

69. ROBERT N. BELLAH ET AL., *HABITS OF THE HEART: INDIVIDUALISM AND COMMITMENT IN AMERICAN LIFE* 153 (1985).

70. *Id.* at 157.

Most of the time you can do that, but it comes that point where you just can't. They have backed you into a corner. It's like a mouse, if you back him into a corner he's going to come out. So, then you just explode. I had that to happen on the job and I hit this person. I physically, yes, I hit her. She's white and she called me a "bitch." [Moderator: After you hit her or before you hit her?] Before I hit her. That's why I hit her. She was abusive to the patients, and I had already had a conversation with her, with the supervisor. . . . [s]he cursed me, and I'm looking at my supervisor who was her friend. . . . Both of them are white, and this was her friend. You know, they would go out to lunch together, whatever. She cursed me in the patient area, and I'm looking to my supervisor for some kind of response to her. Well, after she didn't say anything to her, then I cursed her back. And then I thought well, "Okay, this isn't cool, let me just get away from the situation." And I went [to] the medication room just to separate myself.

Then she added this to complete the story:

Well, that wasn't good enough for that person. She had to come where I was and ask me a question that she could have asked the patient. And I wouldn't respond to her. I said I'm not going to talk to her when she just cursed me. She just cursed me, what's the point? So, then she said, "Well, you bitch." When she said that, I just really lost it and I was out of there and grabbed [her coworker] by the back of the hair and punched her in the mouth. Well, when that happened of course your job flashes before your face. It's like "God, I'm going to lose my job." Well, the supervisor had her back to us luckily. . . . I was angry with myself because I allowed this person to get me off my ground. She wasn't worth [it], I could have lost my job. She wasn't worth that and I was really angry with myself for allowing her to get me off my ground.

Many cases of discriminatory treatment entail a sequence of events which take place over time; they consist of more than one encounter. The white woman cursed the respondent, who responded in turn, triggering another curse by the white woman. The respondent was angry at her own actions because she lost control over her own space. When she finished her account, one man in the group added this: "There's no one answer to a question like that. Each situation warrants a different response. I think what helps us as being black now, we understand what these [white] people think." One consequence of racial oppression is the understanding one necessarily develops into the behavior of the oppressor, an effort and level of understanding usually not required of the latter.⁷¹ Some research has linked the stress caused by this bicultural stance African

71. See PETER BELL & JIMMY EVANS, *COUNSELING THE BLACK CLIENT: ALCOHOL USE AND ABUSE IN BLACK AMERICA* (1981); FRANTZ FANON, *BLACK SKIN, WHITE MASKS* (Charles Lam Markmann trans., 1967).

Americans must take to increased vulnerability to illnesses.⁷²

A female supervisor in one focus group discussed the link between black rage and unfair promotion practices in workplace settings:

I think a lot of anger and rage comes in when we . . . feel like—like I have a friend, he's been with the company twenty years, and he didn't get a promotion. And he was well over-qualified. They gave it to a [white] guy who had been there only seven [years], and knows nothing. So, of course, I was kinda angry with the process, but it was because he was the ex-boyfriend of the girl who was doing the promoting. So he was upset about it. But I told him, I felt like this: "They can only tell you 'no' so many times. Keep applying for that position."

The anger over mistreatment is more than a matter of what happens to the black person as an individual. Rage over racism is also fueled by what happens to friends and family members. Collective memories of racism against all African Americans, as well as knowledge of specific discriminatory actions against particular friends and relatives, multiply racialized stress for African American individuals.⁷³

The seriousness of black rage over discrimination was made clear by a retired professor interviewed in a recent nationwide study of African Americans. Speaking to a question about the level of his anger toward whites because of discrimination (on a scale from one to ten), this man implicitly suggests the serious health consequences of rage:

Ten! I think that there are many blacks whose anger is at that level. Mine has had time to grow over the years more and more and more until now I feel that my grasp on handling myself is tenuous. I think that now I would strike out to the point of killing, and not think anything about it. I really wouldn't care.⁷⁴

IV. ANGER AND RAGE: ATTEMPTS AT REPRESSION AND CONTROL

The daily struggle against racial attacks and slights can be seen clearly in many aspects of the focus group transcripts. The intensity of the pressures are clear when the respondents speak of the means they use to cope with anger over racial discrimination. Resignation and reinterpretation of events are among the coping tactics. One respondent told of an incident in which a young black man came to her workplace to donate items to the service organization for which she

72. See, e.g., F. M. Baker, *The Afro-American Life Cycle: Success, Failure, and Mental Health*, 79 J. NAT'L MED. ASS'N 625, 630-31 (1987).

73. See ESSED, *supra* note 5; FEAGIN & SIKES, *supra* note 5, at 16-17; James S. Jackson & Marita R. Inglehart, *Reverberation Theory: Stress and Racism in Hierarchically Structured Communities*, in EXTREME STRESS AND COMMUNITIES: IMPACT AND INTERVENTION 353, 367-71 (Stevan E. Hobfoll & Marten W. de Vries eds., 1995).

74. FEAGIN & SIKES, *supra* note 5, at 294.

works. Her white boss asked the young man why he was donating, and the latter answered that he had grown up in the service organization, though in another location. The woman concluded the story:

And he [her boss] said "Oh, I will have to call him. I know the person who directs the organization down there. I'll have to tell him that you didn't end up in jail." And the guy just, he's like, "I don't . . . know quite how to take [that]." But he [her boss] says this [stuff] all the time.

Although the woman recognizes her supervisor's comments to be stereotypical, she tries to understand his ignorance:

I think that he just doesn't know any better. . . . I've come to grips with him, I've worked for him for many years. . . . I let him know that I don't like his comments and that they're inappropriate, but there's nothing I can do about it. But I just think he doesn't know any better.

This woman's workplace situation exemplifies that of many African Americans, who often find ways to attribute the behavior of white coworkers to things other than overt racism in order to be able to work with them on a daily basis. Contrary to white notions of African American "paranoia," most frequently struggle to find explanations other than racism for the negative behavior of many whites.⁷⁵

Some participants spoke of trying not to let their anger over racism take root deeply in their lives. One government employee discussed this approach to discrimination:

To never get upset. Not to let that rage consume you, and after, and it really takes a lot to be really thoughtful, and to get beyond that, and, and *try* to educate them [whites]. I, that's what I've found works for me. And it helps me not to go home and to have that just simmer in me—that I can just leave it.

Middle-class African Americans, who often have high levels of interaction with whites as coworkers, find various ways to "leave" their anger, and may use a combination of coping strategies for discrimination.⁷⁶ Extant research suggests that, before choosing a coping strategy, African Americans often reflect on the source of a white person's discriminatory behavior.⁷⁷ Some discuss methods of mentally or physically withdrawing from a hostile situation, while others verbally or physically confront discriminatory whites. Sometimes African Americans attribute racist behavior to ignorance and choose to educate whites as a response to discrimination, which can give a sense of empowerment. Yet others describe a "shield" they must use in order to protect themselves in white society. Many

75. See, e.g., D'SOUZA, *supra* note 54, at 491 (asserting that middle-class African Americans suffer from paranoia); ESSED, *supra* note 5; FEAGIN & SIKES, *supra* note 5, at 275-78 (discussing the other interpretations for discriminatory behavior that African Americans often consider first).

76. See FEAGIN & SIKES, *supra* note 5, at 273.

77. See JOER. FEAGIN & KARYN D. MCKINNEY, *THE COSTS OF RACISM* (forthcoming 2002).

discuss social networks, whether in the family, community, or church, as important buffers against the harmful psychological and physical effects of discrimination.⁷⁸

Many African Americans discuss the importance of "choosing one's battles" in regard to confronting racism. Most indicate they do not have the energy to confront each instance of discrimination.⁷⁹ However, repressing emotions can be problematical. A too-restrained response to one's anger over workplace problems can bring even more suffering because of the feelings of impotence, which in turn can contribute to stress-related illness.⁸⁰ Researchers Alexander Thomas and Samuel Sillen have suggested that finding some socially viable way of openly expressing anger at oppressors is better than self-derogation as a response to racial oppression.⁸¹

This sense of empowerment is linked to position and resources by one female professional:

I think that we're some empowered people sitting around the table, and so we can do that. I think that there's a lot of people that don't feel that they have the power to do that. There's a lot of African Americans who don't feel that they have the power. I've seen it in the kids. . . . I've seen it in the workplaces. They don't—and so that rage just builds up. I see it in black men. They don't feel that they have the power. . . . and older people. They really don't. And that's, I think the issue that, that really needs to be spoken to. We can do it because we've made up in our minds that we're going to educate them. . . . But what about those people that really have not, you know, are not, are not feeling this strength and energy? What about those, those *kids* that I see every day? And particularly again, if they are black males. . . . You see, a lot of people, I think a lot of our people end up in jail or dead because they don't have the tools . . . that we're talking about, that we use to, to deal with it.

Teaching whites becomes part of the strategy for dealing with anger over racism. Middle class African Americans, it is suggested, have more resources and strength to deal with racism in this and other ways than do other African Americans. The sense of lacking power to fight back or to bring about change is likely to be central to the continuing reality of discrimination for many African Americans.

A government supervisor in the Southeast noted his approach to handling anger from job discrimination:

You're always going to feel anger, I mean, obviously . . . [in the] simplest things sometimes. Because, just because, if you can look and tell, if it's a black man and white man thing. . . . So you're gonna feel

78. See FEAGIN & SIKES, *supra* note 5, at 294-307.

79. See *id.* at 281.

80. See KARASEK & THEORELL, *supra* note 62.

81. See ALEXANDER THOMAS & SAMUEL SILLEN, RACISM AND PSYCHIATRY 53-54 (1972).

anger, but the thing is, when you put that rage in there . . . number one, it's your job. You're gonna do certain things. But it's my health. And it's my life. So I'm not gonna put myself in a position where you're gonna get me to that point. I know when we were talking about psychological and physical things. I'm just not gonna let you put that—I can wake up in the morning time, and I know, I don't even have to open my eyes, I know I'm a black man. I don't have to tell me. *You* don't have to tell me. So when I sit there and, and take this—and say, I'm sitting across a table from a, in a meeting, and there's a superior, and they happen to be white. In this case, of course, they may do something that's going to get me upset, but like I say, it's their job. Or if they pass me over, and, all I can look in is the variables. . . . But I control how I feel about it. I can control whether or not it affects my health or not. So, that's why, when you say, as far as rage and anger, you know how to override it.

This man believes he has developed strategies to control the anger he feels from racial tensions at work. It is impossible to know to what degree his strategies are successful, but he perceives his need to monitor his anger constantly for fear the anger coming from workplace discrimination will affect his health. The constancy of being reminded of being black is part of what racism means in U.S. society. One can never escape this, and during encounters with whites in the workplace, one's racial identity is in the front of one's mind. Some anger over mistreatment is inevitable, and the overarching strategy is often to "choose one's battles" and assess each situation separately for the appropriate response.

In some cases whites may intentionally provoke black workers to see if they will react strongly. After the government supervisor spoke, a female voice added: "This is a set up. . . . You get into rage, they just say, 'See, that's why we didn't give [a promotion] to her.'" The ability to hold in one's anger and to control feelings is central to survival in a work world where strong reactions to animosity can affect one's job opportunities and economic success. Many African Americans must exert much effort to check emotions so as not to play into white stereotypes of black people being out of control. An engineer had also decided not to let rage have a negative affect on health: "So you see, these things like that, those things like that, those things make you upset . . . and the stress does make a difference, I think it probably takes five years off your life, to tell you the truth, if you let it get to you." An administrative secretary in the Midwest echoed this sentiment about how to deal with racially generated stress: "You learn how to deal with it. . . . You sit up there, and you be mad all day long and that's not good for you and you end up dead. I'm not dying from them."

A victim of discrimination frequently shares the account with family and friends in order to lighten the burden. African Americans often rely on their families and community institutions (e.g., churches) as part of their coping mechanisms for dealing with recurrent discrimination at work and elsewhere.⁸²

82. See, e.g., SAYDEL LOGAN, *THE BLACK FAMILY: STRENGTHS, SELF-HELP, AND POSITIVE*

In several focus groups the participants repeatedly noted or underscored these critical sources of social support. One teacher commented on bringing the stress of racism home with her, "I think I bring it home with me, I do. But, I have a good partner here, who listens . . . and, you know, I tell him all the problems, when it's happened. And I get feedback from him. And I get it all out, and that, I think that's good."

Similarly, a male respondent in the Southeast said his wife was his major source of support in dealing with stress from racial animosity:

I'd say oftentimes I've brought it home. Because I don't share that stuff with my work group, but I can share it with my wife, and she'll listen and give me appropriate feedback, and help me get through that. And you know I get the bike out, and I'll ride, or take the kids and go somewhere, or take me a good, hot, steamy shower. And get a back rub, or something. [Others chuckle.] And that kinda thing. Settle for that!

Numerous focus group participants indicated that they told their families and friends about discriminatory events in employment and other settings, which accounts spread both knowledge and pain through social networks and communities.

Several respondents mentioned how their families of origin raised them to recognize and deal with racial hostility and discrimination. A secretary stated that:

I think my family is very supportive. . . . [m]y father is more like, "Maybe you should ignore it and turn the other cheek," where my mom is like, "Report it." You know, so I . . . get it from both sides. . . . I think these are things that I should tell them, and these are also things that they should relate to me about their experience so that I can distinguish what is racism, what is prejudice, and how to deal with it. . . . I think we have a lot of individuals today who don't even know [how to recognize racism]. . . . [s]omebody in that family should have brought that out to these individuals. . . . [t]his is important for families to sit around, and let them know. This is another way of communication to bring it out so they don't have to bring it into the workplace and be angry.

Another woman, a purchasing agent, agreed with this respondent, and added that her family "told us different stories that have happened to them, so we can distinguish between what is and what is not [racism] [t]hey give you an example of subtle prejudice and racism" Several parents in the focus groups noted the importance of preparing their children for racism and its torments and frustrations.

One should note the *cumulative impact* of racial animosity and discrimination reported throughout our interviews. This accumulating impact

likely accounts for much of the anger and rage expressed by the focus group participants. The problem is not just a particular racial incident but the steady pattern of incidents over long periods of time and across many life spaces. Recurring discrimination may eventually erode the coping skills of many African Americans and cause them increased illness or problems in families.⁸³ In one study, a retired schoolteacher in a southwestern city recounted her experience with a racist epithet yelled by a clerk in a mall shop, then characterized the many recurring incidents of racism as the "little murders every day" that have made her long life so difficult.⁸⁴ Particular instances of discrimination in workplaces or elsewhere may seem minor to some outside (especially white) observers, particularly if they are only considered in isolation. However, when blatant racist actions and overt mistreatment combine with discrimination in more subtle and covert forms, and when these discriminatory practices accumulate over weeks, months, and years, the effect on African Americans is more than what a simple summing of the impact of particular incidents might suggest. There is often a significant *multiplier effect* from recurring racial hostility on a person's work, health, and social relationships.⁸⁵

Although their specific strategies for dealing with racism differ, there was a general consensus among the respondents that the anger generated by racism in the workplace must generally be dealt with by African Americans themselves, who can expect little, if any, support from white coworkers and supervisors. A nurse described the lack of concern for racism shown by white supervisors:

I think that most supervisors, managers, [the] higher echelon knows about racism in the workplace. And I think some of them leave it up to lower managers to do something about it even when they discuss it, and some of them just leave it, period. And then some have diversity groups . . . or seminars or things . . . but racism is so prevalent I just think that it's going to be hard to get rid of.

The costs of racial discrimination encompass the time and effort put into dealing with that discrimination. The responses of African Americans to racial stress vary, with some using aggressive countering tactics and others withdrawing from the situation. Sometimes the stress forces the costly response of withdrawal. One woman, working in corporate administrative services, noted her response to harassment:

The way I deal with it is I try to stay out of the office as much as I can . . . even outsiders who come in the office, they can sense the air is tight. . . . [a]nd it's all because of our boss. And it's not just racial harassment, it's sexual harassment.

83. See ELAINE PINDERHUGHES, *UNDERSTANDING RACE, ETHNICITY AND POWER: THE KEY TO EFFICACY IN CLINICAL PRACTICE* (1989).

84. See FEAGIN & SIKES, *supra* note 5, at 54.

85. See Darielle Watts-Jones, *Toward a Stress Scale for African-American Women*, 14 *PSYCHOL. WOMEN Q.* 271 (1990).

Several female respondents described how racial marginalization at work was amplified by the sexist behavior of white male coworkers and supervisors.

Another woman, who now works at a college, described racially related stress and why she quit her previous job in a store:

When the black customers would come into the store to possibly return merchandise, and maybe not have a receipt to accompany that purchase, they were asked . . . "Do you think you could go home and find it [the receipt]? Well, when was it purchased?" They were denied adequate assistance. But when the white people would come into the store, it was like, "Oh, well, can I credit it to your [store credit account] or Visa?" . . . [I]t was always, with the black person, it's like, "Well, where did you buy it? Well, take it back to the store that you bought it from," although you can take any of that merchandise to any store, because that's policy. . . . I was just amazed by the kind of things that would occur. And that's a reason why I no longer work there, because I could no longer work for a company that discriminated against my race. . . . [T]hey did it blatantly and they really didn't care.

Whatever the source of stress at work, its consequences are serious. What is noteworthy about racial stress is that it generally comes on top of the other frustrations in the workplace. Note too that this woman's frustration and anger were generated by what was happening, not to herself, but to other African Americans.

V. DEPRESSION AND OTHER PSYCHOLOGICAL PROBLEMS

Long ago, in the 1960s the critic of racial colonialism, Frantz Fanon, argued forcefully that colonization causes the colonized serious psychological problems, because of the continual assaults it inflicts on their personalities.⁸⁶ Numerous studies have documented the harmful effects of workplace stress on the health of employees of any racial or ethnic group.⁸⁷ Although work is a primary source of stress for many individuals, some research shows that certain types of job stress are unique to the experiences of Americans of color, and may contribute to their facing unique physical and mental health challenges.⁸⁸ Certain social conditions, including racial inequality, blocked opportunities, and discrimination are major generators of pain and distress for individuals. Physical and mental health problems can stem from the stresses of discrimination.⁸⁹ Recent research has

86. See JOCK McCULLOCH, *BLACK SOUL, WHITE ARTIFACT: FANON'S CLINICAL PSYCHOLOGY AND SOCIAL THEORY* 127-28 (1983).

87. See, e.g., Gutierrez et al., *supra* note 4, at 118.

88. See *id.* at 120; see also Marsella, *supra* note 41.

89. See generally Jewelle Taylor Gibbs & Diana Fuery, *Mental Health and Well-Being of Black Women: Toward Strategies of Empowerment*, 22 AM. J. COMMUNITY PSYCHOL. 559 (1994); Griffith & Baker, *supra* note 58; Vickie M. Mays et al., *Perceived Race-Based Discrimination, Employment Status, and Job Stress in a National Sample of Black Women: Implications for Health*

highlighted the need to take into account three dimensions in considerations of the role of stress in the lives of African Americans. The first is the individual-level interactions between race and health; the second, interpersonal relationships and health; and the third, societal factors, such as poverty and racism, that contribute detrimentally to African American health.⁹⁰ Research has found that African Americans are caught in economic, social, and political conditions that are harmful to their health.⁹¹ Mirowsky and Ross conclude that this pain and distress can take two psychological forms: being depressed, being demoralized, and feeling hopeless; and feeling anxiety, fear, and worry.⁹² Karasek and Theorell have shown that variations in control and socioemotional support at work predict variations in psychological depression.⁹³

Demoralization, anxiety, and anger over everyday discrimination are to be expected under the circumstances faced by African Americans in U.S. society, but they are nonetheless unhealthy at the levels experienced. A few recent research studies have touched on the relationship of discrimination to mental health problems. In addition to older studies of African Americans such as that of Grier and Cobbs, three recent studies of Mexican Americans have found that experience with discrimination is linked to higher levels of stress and psychological suffering, including depression and lower levels of life satisfaction.⁹⁴ An analysis drawing on the National Study of Black Americans has also suggested that recent experience with discrimination may be associated with poor mental health.⁹⁵

Often a worker of color finds he or she is one of few, or even the only person of that racial-ethnic background within their work environment. This status often does not allow them the social support that could help to alleviate workplace

Outcomes, 1 J. OCCUPATIONAL HEALTH PSYCHOL. 319 (1996); Charles B. Wilkinson & Jeanne Spurlock, *The Mental Health of Black Americans: Psychiatric Diagnosis and Treatment*, in ETHNIC PSYCHIATRY 13 (Charles B. Wilkinson ed., 1986).

90. See James S. Jackson & Sherrill L. Sellers, *African-American Health over the Life Course: A Multidimensional Framework*, in HANDBOOK OF DIVERSITY ISSUES IN HEALTH PSYCHOLOGY 301, 301-04 (Pamela M. Kato & Traci Mann eds., 1996).

91. See James S. Jackson & Monica L. Wolford, *Changes from 1980 to 1987 in Mental Health Status and Help-Seeking Among African-Americans*, 25 J. GERIATRIC PSYCHIATRY 15, 65 (1992).

92. See JOHN MIROWSKY & CATHERINE E. ROSS, SOCIAL CAUSES OF PSYCHOLOGICAL DISTRESS 95 (1989).

93. See KARASEK & THEORELL, *supra* note 62, at 71-72.

94. See GRIER & COBBS, *supra* note 59; Hortensia Amaro et al., *Family and Work Predictors of Psychological Well-Being Among Hispanic Women Professionals*, 11 PSYCHOL. WOMEN Q. 505 (1987); V. Nelly Salgado de Snyder, *Factors Associated with Acculturative Stress and Depressive Symptomatology Among Married Mexican Immigrant Women*, 11 PSYCHOL. WOMEN Q. 475 (1987); Gutierrez et al., *supra* note 4, at 119-20.

95. David R. Williams & An-Me Chung, *Racism and Health*, in HEALTH IN BLACK AMERICA (R. Gibson & J. Jackson eds., forthcoming 2001).

stress.⁹⁶ Additionally, this isolated status may draw an inordinate amount of attention to the minority group member's job performance, and may cause a stigmatizing "token" status to be ascribed.⁹⁷ Thus, African Americans in predominantly white work settings may feel pressure to prove that they were not hired strictly because of affirmative action, as may often be the assumption of their white colleagues. This pressure, coupled with experiences with exclusion and other discrimination, may lead to stress for African Americans as well as other Americans of color.⁹⁸

Although some research has been done on the mental health of African Americans, the findings have been contradictory.⁹⁹ Some studies point to the resilience and coping skills of African Americans and conclude that African Americans have much lower rates of mental illness than do whites. Other studies find that African American rates of mental illness are higher than those of whites.¹⁰⁰ Still other studies have found that rates of mental illness for people of various racial-ethnic backgrounds are moderated by demographic characteristics such as marital and socioeconomic status.¹⁰¹ These contradictory findings have led some to suggest that public health researchers abandon racial comparison research altogether.¹⁰² Others have called for qualitative research, such as ethnographic research and case studies, as well as longitudinal studies that cover

96. *See id.*

97. *See id.*

98. *See id.*; *see also* James et al., *supra* note 67, at 259.

99. *See, e.g.*, George W. Comstock & Knud J. Helsing, *Symptoms of Depression in Two Communities*, 6 PSYCHOL. MED. 551, 556-59 (1976); Ronald C. Kessler & Harold W. Neighbors, *A New Perspective on the Relationships Among Race, Social Class, and Psychological Distress*, 27 J. HEALTH & SOC. BEHAV. 107 (1986) (finding that there are racial differences in psychological problems and that these interact with socioeconomic status); Shae Graham Kosch et al., *Patient Ethnicity and Diagnosis of Emotional Disorders in Women*, 30 FAM. MED. 215, 218-19 (1998) (discussing the contradictions in findings of mental illness in persons of various ethnicities); David R. Williams & Toni Rucker, *Socioeconomic Status and the Health of Racial Minority Populations*, in HANDBOOK OF DIVERSITY ISSUES IN HEALTH PSYCHOLOGY 407 (Pamela M. Kato & Traci Mann eds., 1996).

100. *See* Griffith & Baker, *supra* note 58, at 159 (discussing research that negates the myth that African Americans do not get depressed).

101. *See, e.g.*, Deborah Belle, *Poverty and Women's Health*, 45 AM. PSYCHOL. 385, 385 (1990); Maisha B. Bennett, *Afro-American Women, Poverty and Mental Health: A Social Essay*, 12 WOMEN & HEALTH 213, 223-25 (1987); Comstock & Helsing, *supra* note 100, at 551-52; Horacio Fabrega et al., *Black-White Differences in Psychopathology in an Urban Psychiatric Population*, 29 COMPREHENSIVE PSYCHIATRY 285, 286 (1988); Kessler & Neighbors, *supra* note 99, at 107.

102. *See, e.g.*, Raj Bhopal & Liam Donaldson, *White, European, Western, Caucasian, or What? Inappropriate Labeling in Research on Race, Ethnicity, and Health*, 88 AM. J. PUB. HEALTH 1303, 1303 (1998); Mindy T. Fullilove, Comment, *Abandoning "Race" as a Variable in Public Health Research—An Idea Whose Time Has Come*, 88 AM. J. PUB. HEALTH 1297, 1298 (1998).

more time, in order to supplement contradictory research findings.¹⁰³ Still others have suggested that various societal stereotypes regarding African Americans lead to bias in mental health diagnoses, making any findings regarding the mental health of African Americans dubious.¹⁰⁴ Contradictions in quantitative research regarding the mental health of people of color suggest that researchers should consider that perceptions of people of color may play a primary role in the diagnosis and treatment of those who are psychologically troubled.

Historically, the mental health treatment of African Americans has been conducted on a foundation of stereotypical ideas about African Americans.¹⁰⁵ In the 1800s, some enslaved African Americans who either disobeyed their masters or ran away were given specific diagnoses of mental illness.¹⁰⁶ During Reconstruction, mental health practitioners asserted that the supposed increase in mental illness of African Americans was due to the loss of the many civilizing "benefits" of slavery.¹⁰⁷ In the early 1900s, African Americans were often characterized by whites as promiscuous, emotionally and criminally volatile, childlike, and unintelligent. Psychiatric research generally relied on these racist stereotypes in diagnosis, and researchers even congratulated themselves on the "fortunate guidance" of members of society through whom many African Americans have been "saved" from physically and mentally ruining their lives.¹⁰⁸ Some mental health studies written between the late 1800s and the mid 1900s even stated that African Americans lacked the psychological complexity to become depressed, given their "inferior" psyches.¹⁰⁹ By the early 1960s, new research was beginning to turn to cultural, rather than biological, explanations for racial differences in mental health, and suggested that the more integrated African Americans became, the more they would experience depression, often designated as "the white man's malady."¹¹⁰

103. See Fullilove, *supra* note 102, at 1298; Gibbs & Fuery, *supra* note 89, at 566; David R. Williams et al., *Marital Status and Psychiatric Disorders Among Blacks and Whites*, 33 J. HEALTH & SOC. BEHAV. 140, 155 (1992).

104. See Gibbs & Fuery, *supra* note 89, at 562-63; Kosch et al., *supra* note 99, at 218-19.

105. See generally SANDER L. GILMAN, *DIFFERENCE AND PATHOLOGY: STEREOTYPES OF SEXUALITY, RACE, AND MADNESS* 131-49 (1985) (discussing historical stereotypes of pathological madness of African Americans and other people of color).

106. One example is the term "drapetomania" used to describe "runaway-ness." See Thomas S. Szasz, *The Sane Slave: An Historical Note on the Use of Medical Diagnosis as Justificatory Rhetoric*, in *THE PRODUCTION OF REALITY: ESSAYS AND READINGS IN SOCIAL PSYCHOLOGY* 426, 427 (Peter Kollock & Jodi O'Brien eds., 1994); Wilkinson & Spurlock, *supra* note 89, at 15; Donald H. Williams, *The Epidemiology of Mental Illness in Afro-Americans*, 37 HOSP. & COMMUNITY PSYCHIATRY 42, 42 (1986).

107. See Griffith & Baker, *supra* note 58, at 154.

108. See generally W.M. Bevis, *Psychological Traits of the Southern Negro with Observations as to Some of His Psychoses*, 1 AM. J. PSYCHIATRY 69, 69-70 (1921).

109. See Victor R. Adebimpe, *Overview: White Norms and Psychiatric Diagnosis of Black Patients*, 138 AM. J. PSYCHIATRY 279, 281 (1981).

110. See Arthur J. Prange, Jr. & M.M. Vitols, *Cultural Aspects of the Relatively Low Incidence*

Some current research suggests that African Americans are often misdiagnosed by mental health professionals. Diagnostic tests may be racially biased, elevating the observed rates of certain types of mental illness for African Americans.¹¹¹ Researchers have found that even when African American and white individuals present the same symptoms to doctors they are sometimes diagnosed with very different illnesses.¹¹² For example, with the same symptoms, whites are often diagnosed with depression, which is treated with psychotherapy and has a good prognosis, while African Americans tend to be diagnosed as having schizophrenia, which is more serious and must be treated with medication.¹¹³ A study of 100 white and 100 African American women, matched by age, who had visited an outpatient family practice center from 1993 to 1994, explored the rate of primary or secondary diagnoses of emotional disorder for the two groups.¹¹⁴ The research findings showed that forty-four percent of the white women, compared to twenty-four percent of the African American women, had either a primary or secondary diagnosis of psychiatric disorder.¹¹⁵ The researchers suggested that this racial discrepancy was based on evidence that black women actually have less psychiatric disorder, perhaps due to either better family and community support network or a greater reluctance to discuss personal problems with physicians.¹¹⁶

A white standard of normality is usually taught to and used by white therapists. However, cultural norms for what constitutes "normal" or "abnormal" behavior may be different for African Americans than for whites.¹¹⁷ Specifically, African Americans may have different ways of expressing symptoms and complaints, different culturally normative behaviors, and different coping mechanisms than do whites.¹¹⁸ Recent research has suggested that as therapists become more aware of mental health issues unique to people of color, they may need to retrospectively diagnose African American patients to correct earlier

of Depression in Southern Negroes, 8 INT'L J. SOC. PSYCHIATRY 104, 105 (1962).

111. See, e.g., Costello, *supra* note 58, at 518; Gibbs & Fuery, *supra* note 89; Watts-Jones, *supra* note 85, at 274-75.

112. See generally Gibbs & Fuery, *supra* note 89 (discussing the various problems with mental health diagnosis of African Americans).

113. See *id.* at 571; Griffith & Baker, *supra* note 58, at 151, 153; Nancy F. Russo & Esteban L. Olmedo, *Women's Utilization of Outpatient Psychiatric Services: Some Emerging Priorities for Rehabilitation Psychologists*, 28 REHABILITATION PSYCHOL. 141 (1983); Wilkinson & Spurlock, *supra* note 90, at 16-18.

114. See Kosch et al., *supra* note 100, at 216.

115. See *id.* at 217.

116. See *id.* at 218.

117. See GEORGE DEVEREUX, BASIC PROBLEMS OF ETHNOPSYCHIATRY 3-71 (1980); Adebimpe, *supra* note 110, at 282-83; Harold W. Neighbors et al., *The Influence of Racial Factors on Psychiatric Diagnosis: A Review and Suggestions for Research*, 25 COMMUNITY MENTAL HEALTH J. 301, 301-02 (1989).

118. See Fabrega et al., *supra* note 102, at 286; Gibbs & Fuery, *supra* note 90, at 568-72.

misdiagnoses.¹¹⁹

White therapists may harbor negative views of African American patients, based on societal myths.¹²⁰ They may communicate these feelings in their nonverbal behavior, causing African American patients to withhold the kind of self-disclosure that is necessary for psychotherapy.¹²¹ Researchers have found that for African Americans, psychotherapy with a white caregiver often leads to "unhealthful consequences."¹²² Many call for better cross-cultural training for psychiatrists and psychotherapists.¹²³

Because of racial bias in the mental health care profession, African Americans have generally relied on other forms of help for psychological difficulties. Research has been done on the differences in help-seeking behaviors of whites and African Americans.¹²⁴ Early bias in mental health care led African

119. See Griffith & Baker, *supra* note 58, at 151-53.

120. See Elaine J. Copeland, *Oppressed Conditions and the Mental-Health Needs of Low-Income Black Women: Barriers to Services, Strategies for Change*, 1 *WOMEN & THERAPY* 13, 26 (1982); Gibbs & Fuery, *supra* note 89, at 569; Griffith & Baker, *supra* note 58, at 153-54; Wilkinson & Spurlock, *supra* note 89.

121. See Griffith & Baker, *supra* note 58, at 166; Ridley, *supra* note 57.

122. See Stanley Sue, *Psychotherapeutic Services for Ethnic Minorities: Two Decades of Research Findings*, 43 *AM. PSYCHOLOGIST* 301, 302 (1988); Ridley, *supra* note 57.

123. See MANUEL RAMIREZ III, *PSYCHOTHERAPY & COUNSELING WITH MINORITIES: A COGNITIVE APPROACH TO INDIVIDUAL AND CULTURAL DIFFERENCES* (1991); Evalina W. Bestman, *Intervention Techniques in the Black Community*, in *CROSS-CULTURAL TRAINING FOR MENTAL HEALTH PROFESSIONALS* 213 (Harriet P. Lefley & Paul B. Pedersen eds., 1986) [hereinafter *CROSS-CULTURAL TRAINING*]; Robert L. Bragg, *Discussion: Cultural Aspects of Mental Health Care for Black Americans*, in *CROSS-CULTURAL PSYCHOLOGY* 179 (Albert Gaw ed., 1982); Lawrence E. Gary, *Attitudes of Black Adults Toward Community Mental Health Centers*, 38 *HOSP. & COMMUNITY PSYCHIATRY* 1100, 1105 (1987); Jewelle Taylor Gibbs, *Can We Continue to Be Color-Blind and Class-Bound?*, 13 *COUNSELING PSYCHOLOGIST* 426 (1985); Gibbs & Fuery, *supra* note 89; Gerald G. Jackson, *Conceptualizing Afrocentric and Eurocentric Mental Health Training*, in *CROSS-CULTURAL TRAINING*, *supra*, at 131; Gerald G. Jackson, *Cross-Cultural Counseling with Afro-Americans*, in *HANDBOOK OF CROSS-CULTURAL COUNSELING AND THERAPY* 231 (Paul Pedersen ed., 1985) [hereinafter *HANDBOOK*]; James S. Jackson, *The Mental Health Service and Training Needs of African Americans*, in *ETHNIC MINORITY PERSPECTIVES ON CLINICAL TRAINING AND SERVICES IN PSYCHOLOGY* 33 (Hector F. Myers et al. eds., 1991); Enrico E. Jones, *Psychotherapy and Counseling with Black Clients*, in *HANDBOOK*, *supra*, at 173; Harold W. Neighbors, *Improving the Mental Health of Black Americans: Lessons from the Community Health Movement*, in *HEALTH POLICIES AND BLACK AMERICANS* 348, 380 (David P. Willis ed., 1989); Ridley, *supra* note 58; Richard I. Shader, *Discussion: Cultural Aspects of Mental Health Care for Black Americans: Cultural Aspects of Psychiatric Training*, in *CROSS-CULTURAL PSYCHOL.* 187 (Albert Gaw ed., 1982); Jeanne Spurlock, *Black Americans*, in *CROSS-CULTURAL PSYCHOL.*, *supra*, at 163.

124. See generally Gibbs & Fuery, *supra* note 89, at 570-72; Donald R. Atkinson, *A Meta-Review of Research on Cross-Cultural Counseling and Psychotherapy*, 13 *J. MULTICULTURAL COUNSELING & DEVELOPMENT* 138 (1985); Ruth L. Greene et al., *Mental Health and Help-Seeking*

Americans to care for their mentally ill family members at home.¹²⁵ Today, older African Americans in need of psychological support are often more likely to seek help from family and extended family members than from mental health professionals.¹²⁶ Findings also suggest that African Americans are likely to see both physical and mental health as dependent on a healthy spiritual life.¹²⁷ Thus, they often rely on prayer, ministers, and church services for psychological help.¹²⁸ Some have noted that African American church services are similar to group therapy in offering psychological relief.¹²⁹ This might account for the fact that group therapy seems to be more useful than individual psychotherapy, at least for African American women.¹³⁰

Whatever the actual differences in African American and white mental illness and treatment, one observation made by many researchers is that given the amount of societal stress in the lives of African Americans, one would expect them to exhibit much higher rates of mental illness than they do.¹³¹ Some suggest that due to their life circumstances, African Americans may be more tolerant in coping with symptoms of stress.¹³² Thus, researchers have been urged to explore the resilience and coping skills that African Americans utilize to protect their

Behavior, in *AGING IN BLACK AMERICA* 185 (James S. Jackson et al. eds., 1993); Griffith & Baker, *supra* note 58, at 164-65; Vickie M. Mays, et al., *Mental Health Symptoms and Service Utilization Patterns of Help-Seeking Among African American Women*, in *MENTAL HEALTH IN BLACK AMERICA* 161 (Harold W. Neighbors & James S. Jackson eds., 1996); Harold W. Neighbors et al., *Help-Seeking Behavior and Unmet Need*, in *ANXIETY DISORDERS IN AFRICAN AMERICANS* 26 (Steven Friedman ed., 1994); Harold W. Neighbors & James S. Jackson, *The Use of Informal and Formal Help: Four Patterns of Illness Behavior in the Black Community*, 12 *AM. J. COMMUNITY PSYCHOL.* 629 (1984); Wilkinson & Spurlock, *supra* note 89.

125. See Griffith & Baker, *supra* note 58, at 154.

126. See William W. Dressler, *Extended Family Relationships, Social Support, and Mental Health in a Southern Black Community*, 26 *J. HEALTH & SOC. BEHAV.* 39, 40 (1985); Griffith & Baker, *supra* note 58, at 164-65; Robert Joseph Taylor et al., *Changes over Time in Support Network Involvement Among Black Americans*, in *FAMILY LIFE IN BLACK AMERICA* 293-316 (Robert Joseph Taylor et al. eds., 1997);

127. See Karen L. Edwards, *Exploratory Study of Black Psychological Health*, 26 *J. RELIGION & HEALTH* 73 (1987); Griffith & Baker, *supra* note 58, at 156.

128. See Harold W. Neighbors et al., *Stress, Coping, and Black Mental Health: Preliminary Findings from a National Study*, 2 *PREVENTION IN HUMAN SERVICES* 5, 24 (1983); Gibbs & Fuery, *supra* note 89, at 571; Griffith & Baker, *supra* note 58, at 156.

129. See Ezra E. Griffith et al., *An Analysis of the Therapeutic Elements in a Black Church Service*, 35 *HOSP. & COMMUNITY PSYCHIATRY* 464, 464-65 (1984).

130. See Nancy Boyd-Franklin, *Group Therapy for Black Women: A Therapeutic Support Model*, 57 *AM. J. ORTHOPSYCHIATRY* 394, 394-95 (1987); Vickie M. Mays, *Black Women and Stress: Utilization of Self-Help Groups for Stress Reduction*, 4 *WOMEN & THERAPY* 67 (1985-86).

131. See generally Harold W. Neighbors, *Mental Health*, in *LIFE IN BLACK AMERICA* 221, 221 (James S. Jackson ed., 1991); Williams et al., *supra* note 89, at 104.

132. See Linda K. Sussman et al., *Treatment-Seeking for Depression by Black and White Americans*, 24 *SOC. SCI. & MED.* 187, 195 (1987).

mental health from racist attacks.¹³³ To this end, a few researchers have suggested using a stress/adaptation paradigm in mental health research, which emphasizes environmental as well as personality factors in seeking the cause for African Americans' emotional problems and focuses on their unique coping skills.¹³⁴ Some have also stressed the need for life-course research, which would offer a perspective on the strengths and structural barriers in mental and physical health care for African Americans at all stages of life.¹³⁵

Our focus group participants reported various psychological complaints they believed to be the result of workplace discrimination, ranging from extreme anxiety and added stress to depression severe enough to require medication or hospitalization. An administrative assistant was hospitalized for depression after she was almost laid off:

I had been in . . . my department for eleven years when I, we had a major change in staff. We had gone from a white male boss who had just left, and a white female who had taken over in the position. I had seniority in the office as far as time and had just received a promotion in the job, and had nothing but excellent, excellent performance evaluations. But when it came time to do the budget cuts, my position was offered as being ten percent cut. I was told that there was no way to avoid this position being cut. Being that at this time I was the only minority that was, that was in the office, it was devastating to me at the time because we tried to work it out. Now I'm working for an agency that advertises . . . strong affirmative action and equal employment opportunities. So I had a right to file [a] discrimination [complaint].

She then described the resolution, which involved a black elected official interceding for her:

Because I was looking at a layoff. . . . [He] basically went in and told this supervisor that, "With all these vacant positions that we have in this county, you *will* find her a job." I was told on a Friday by the department they wanted to transfer me to, that I had to make a decisions over the weekend and let them know by that following Monday whether I was going to accept this job, which was a [big] cut in pay . . . or go in the unemployment line. I had to help take care of two children, so I chose to go for the transfer. But . . .through all this, and, the mental anguish

133. See Gibbs & Fuery, *supra* note 89, at 574-75.

134. See generally Griffith & Baker, *supra* note 58; Neighbors, *supra* note 131; Watts-Jones, *supra* note 85.

135. See Linda M. Chatters & James S. Jackson, *Quality of Life and Subjective Well-Being Among Black Americans*, in BLACK ADULT DEVELOPMENT AND AGING 191, 208-09 (Reginald L. Jones ed., 1989); James S. Jackson & Sherrill L. Sellers, *Psychological, Social, and Cultural Perspectives on Minority Health in Adolescence: A Life-Course Framework*, in HEALTH-PROMOTING AND HEALTH COMPROMISING BEHAVIORS AMONG MINORITY ADOLESCENTS 29, 40-41 (Dawn K. Wilson et al. eds., 1997).

that I went through, I was hospitalized for nine days. It was just devastating, because I saw it as blatant discrimination. . . . There was nothing they could go to in the file and find in terms of not performing or anything like that. And then the amount of time, get basically kicked out the door is what happened. . . . But then, but not only the financial burden, but just the toll that it took. . . . I think the toll was so hurtful because I saw it strictly as racial.

It appears that much racially linked mistreatment in work settings is disguised by the perpetrators in bureaucratic terms, as here in a budget cut. This woman's judgment of discrimination is not arbitrary but comes from past experience as the "only minority" in an almost exclusively white department. Her ability to read the situation may also be grounded in past experience in a variety of settings. In such cases significant achievements are ignored and serious mental and physical pain can result.

A teacher described a situation in which her boss moved her to a different position just before school started. This woman discovered later that she was moved in order to make room for a new and less experienced white teacher. She described the stress she underwent as a result of having to change so quickly:

I was so upset I didn't know what to do. Just totally wiped out. I'm thinking about all of this stuff I've got to move. She promised that the janitors would help me move. Nobody helped me. People were almost in tears watching me move all of this stuff in a shopping cart. . . . And, it took me, that means I had to organize my stuff, move it, and get ready for another grade level and be ready to teach. . . . So I did my pre-planning; it almost killed me. . . . Nobody came to help me, but everybody was giving me sympathy. I had to go to the doctor. . . . and I had become hypertensive. But I felt myself, I could hardly work, I was so upset. And I had gotten prayer, and, was reading my scripture, and meditating

When the moderator asked her if she had been hospitalized for hypertension, the woman answered:

No, he put me on an antidepressant . . . in addition to the medication I needed to take—I'm glad you made me clarify that, helped me to clarify it, brother. I had to go on an antidepressant. I didn't take it very long, but that's how upset I was, had to see a physician. I was under his care for awhile. But, I mean, they brought these three white women on. . . . That's what irks me, when I hear about the white people attacking affirmative action, when it's worked in reverse, and it's still happening—to them. They're, nobody hears about how they get hired, and they're less qualified than we are. Nobody hears about how many times we're hired with *extra* qualifications, *more* than qualified, to do the same job that they're hired to do.

Thinking along similar lines, an engineer spoke of a black coworker's experience of depression. His view, shared by other respondents, is that African Americans

are reluctant to seek assistance with psychological pain:

But it's kind of more, against black culture to go for any type of psychological . . . testing, or, I had one friend who actually went to a depressive state . . . because he was the type of person who just tried to do the best he could at everything. And sometimes you just can't do that, or do everything. So in this particular case, he went to the point where his body just collapsed, mentally. Where some people's bodies can collapse physically, his collapsed mentally. I personally didn't experience that, but I saw the pain that he went through. And likewise he's having racial type things at his job, where his counterparts would get promoted at a certain level, where he would stay on a level below, after years. And he was as qualified—sometimes they get you in a position to think that you're not as qualified as the next person, where in reality you may be more qualified than the person that got promoted over you. But a promotion doesn't necessarily mean that this person does higher quality work. It means, sometimes that person knows how to network with the boss better than you do.

Again the suffering of one black person is communicated to and felt by others in a social network. Research shows that most African Americans rely on informal social networks for emotional support, thus the concerns of one individual are often known in great detail by a larger support network.¹³⁶ After this comment, a woman in this man's group added that black employees have less time to network with the boss because they are working extra to prove themselves as capable. The engineer agreed with her statement, then continued:

And if you're working, you can't network with the boss, and drink coffee with him, and tell him what kind of work and stuff that you're doing. Because you're actually out there in the trenches going to work. So it was not my personal case, but his particular case, he might have gone to a stage where he had such depression he had to actually take medication.

This idea about black qualifications is a theme that one finds in other accounts by African Americans of discrimination in the workplace, yet it receives little public or media attention.¹³⁷ From the black middle class perspective, it is often the less qualified whites who get special privileges over better qualified people of color. This recurring white advantage can create much psychological pain, including depression, for its black victims. Of additional importance is the networking theme suggested in previous comments. In the United States economy many racial barriers are linked, directly or indirectly, to white "good-ole-boy" networks, which are commonly at the core of workplaces and even of large business sectors.¹³⁸ In these networks whites commonly exclude outsiders

136. See Dressler, *supra* note 126, at 40; Taylor et al., *supra* note 126, at 293-316.

137. See generally ESSED, *supra* note 5, at 145-256; FEAGIN & SIKES, *supra* note 5, at 135-86.

138. Carmenza Gallo, *The Construction Industry in New York City: Immigrant and Black Entrepreneurs* (1983) (unpublished working manuscript, on file with authors).

from critical information flows.

VI. ENERGY LOSS FROM DISCRIMINATION

Another major cost of being mistreated in a hostile workplace is a serious loss of personal energy, including the loss of motivation to do work and other activities. In one national research study an experienced black psychologist commented eloquently about the energy loss suffered by African Americans:

If you can think of the mind as having 100 ergs of energy, and the average man uses 50 percent of his energy dealing with the everyday problems of the world . . . then he has 50 percent more to do creative kinds of things that he wants to do. Now that's a white person. Now a black person also has 100 ergs; he uses 50 percent the same way a white man does, dealing with what the white man has [to deal with], so he has 50 percent left. But he uses 25 percent fighting being black, [with] all the problems being black and what it means.¹³⁹

The individual cost of dealing with discrimination is great, and one cannot accomplish as much when personal energy is wasted on discrimination. One of the most severe costs of persisting discrimination, this energy loss is often more than an individual matter. An engineer made this clear in a group that was discussing the "eight whole hours of discrimination" they daily experience:

One of the things, though, that really has had an effect on my family personally was, me having [less] time to really spend with my son. As far as reading him stories, talking, working with him, with his writing, and, all of that. And those things really, really hurt us, and it hurt my child, I think, in the long run, because he never had that really. . . . I know when, when the program was really, really running, some, some days I would come home and I would have such excruciating headaches and chest pains that I would just lay on the bed and put a cold compress on my head and just relax. Thank God I got him through that period. . . . And by the time I come home, I'm so stressed out. And he runs up to me, and you know I give him a hug, but when you're so stressed out, you need just a little period of time, maybe an hour or so, just to unwind, just to relax, you know . . . to just watch the news or something, to kinda unwind and everything. So it definitely affects . . . and you know you're almost energy-less. . . . And then by the time you get home, you have your family. So, by the time you kinda unwind a little bit to get ready to go to upstairs, you haven't handled responsibilities. . . .

The pain of workplace mistreatment can have a domino effect, with chest pains and headaches being linked to a loss of energy, and that in turn resulting in far less energy to deal with important family matters. The drain on personal strength caused by discrimination takes a toll on the activities of workers in their lives

139. FEAGIN & SIKES, *supra* note 5, at 295-96.

outside the workplace.

In one discussion group a government employee examined the personal energy exertion issue in another of its troubling aspects:

One thing, too, is especially if you spend time documenting situations, that takes time: What was said, what did he say, what did I say, and what did I do? It's not keeping, that's time, too, I mean you're doing that because you never know what's gonna jump out. [Moderator: Why do you feel it necessary to do that?] History. I mean, there were just certain things that, that teaches you that you need to have some information because that's really the only thing they [whites] understand. . . . Documents. When you start pulling out "This is mine, this is what was said, here, here, here," they understand that. [But if] you start talking off the top of your head . . . you have no credibility, you know what I'm saying? With us it always comes down to being above them. This is just like when we were talking about qualifications, you know, they can come in with less qualifications, but we always have to be maxed out. . . . And sometimes go beyond that.

A psychologist in the group once again put this into a long term perspective: "That would seem like, that's always been a factor, always has been a history of us having to prove ourselves, over and over again, with documentation, this and that, and I would like to see [it], get to the point where *my* kids don't have to do that." The energy drain extends beyond the extra effort necessary to prove oneself to whites with prejudiced minds, for it often entails keeping documentation in order to prove one's accomplishments and to counter discrimination in employment. We see again the importance of recording history and of creating a family and community memory, as these respondents constantly orient themselves to what African Americans have had to do collectively in the past and in the present.

To be good at what one does, a black worker usually must learn many things about coping with whites, energy-wasting learning that is not a requisite task for similarly-situated white Americans. In another context, a female planner explained that "Just like we have to, we have to consistently, we have to keep learning things, you know, they need to do the same, they need to jump through the same hoops we have to jump through." In addition, the education of whites seems to be an imposed responsibility of many black victims of discrimination. A sheriff's deputy responded to the previous speaker's statement with this summary:

And that's the same thing . . . we were talking about on the energy. Burning so much energy trying to educate these people, that we qualify, you know? And I always said if you see a black doctor and a white doctor standing side by side, equal in status, that black man is *twice* as better, because he had to work harder . . . in every profession.

This is a point one often hears in interviews with African Americans.¹⁴⁰ The great achievements of many African Americans have come in spite of, and on top of, the energy-sapping barriers of discrimination.

VII. PHYSICAL CONSEQUENCES OF DISCRIMINATION

As seen by all our respondents, blocked opportunities and discrimination not only generate psychological pain and suffering, but also link to many different bodily conditions such as chest pains, stomach problems, headaches, and insomnia. Other research supports this observation.¹⁴¹ The economic status of African Americans has stagnated and even declined in regard to some indicators in recent years, and this decline in economic well-being is associated with worsening health status for African Americans.¹⁴² Some research has shown that the realization that negative treatment in the workplace is based on one's race or ethnicity causes more extreme stress than usual workplace problems that are not based on racial discrimination.¹⁴³ Other research has found that not only are physical health problems associated with workplace discrimination but other health problems are also experienced by persons of under-represented groups.¹⁴⁴

The overall life expectancy of African Americans is lower than that of whites, and this gap increased between 1980 and 1991.¹⁴⁵ African American infant mortality is twice the rate of that of whites.¹⁴⁶ For African Americans under seventy years of age, fifty percent of excess deaths of males and sixty-three percent of female excess deaths can be accounted for by cardiovascular disease, cancers, and problems resulting in infant mortality.¹⁴⁷ Despite popular conceptions, only nineteen percent of excess male deaths and six percent of female excess deaths can be accounted for by homicide. Additionally, excess deaths related to genetic problems make up a tiny percentage. For example, excess deaths from sickle cell anemia make up only three-tenths of one percent of all African American excess deaths.¹⁴⁸ African Americans are disproportionately represented among people with coronary heart disease, myocardial infraction, strokes, and renal disease, and are more likely to have risk factors such as hypertension, high cholesterol, smoking, and diabetes.¹⁴⁹ African

140. See, e.g., BENJAMIN, *supra* note 5; ESSED, *supra* note 5; FEAGIN & SIKES, *supra* note 5.

141. See Mirowsky & Ross, *supra* note 62, at 21-40; see also Keith James, *Social Identity, Work Stress and Minority Workers' Health*, in *JOB STRESS IN A CHANGING WORKFORCE* 127-45 (Gwendolyn P. Keita & Joseph J. Hurrell, Jr. eds., 1994).

142. See David R. Williams & Chiquita Collins, *U.S. Socioeconomic and Racial Differences in Health: Patterns and Explanations*, 21 *ANN. REV. SOC.* 349, 351 (1995).

143. See James, *supra* note 141 (for a summary of this research).

144. See *id.* at 131-33.

145. See Williams & Collins, *supra* note 142, at 360.

146. See *id.* at 359.

147. See *id.* at 361.

148. See *id.* at 370.

149. See Linda Chatters, *Physical Health*, in *LIFE IN BLACK AMERICA* 199 (James S. Jackson

Americans, regardless of socio-economic status, also have the highest age-adjusted rates of cancer incidence and mortality of any racial group in the United States.¹⁵⁰ Not only do African Americans have higher rates of several illnesses, they also have poorer outcomes and survival rates for most illnesses, evidence that the health care they receive may not be adequate. For example, the cancer survival rate for African Americans is twelve percent lower than that of whites.¹⁵¹ In addition to the discrimination that increases the health problems of African Americans, racism in the health care system may cause African Americans to receive less adequate care than do whites.¹⁵²

African Americans tend to report more health complaints than do persons of other racial or ethnic groups. In a national study of two thousand African Americans, when asked if they have had any health complaints in the last month, only thirty-five percent of African Americans said that they had no health problems at all. The most common health complaints reported were high blood pressure (31.6%), arthritis (24%), and "nervous conditions" (21.9%).¹⁵³ Twenty percent of the African Americans studied had never gone to see a doctor in an independent office setting, and twenty-one percent were uninsured.¹⁵⁴ However, as in the case of psychological complaints, most (sixty-eight percent) of the respondents said that they have three or more people from whom they can seek informal health care.¹⁵⁵

As in the case of psychological health disparities, racial disparities in physical health can also not be totally accounted for by racial differences in socioeconomic status. In fact, some studies have found higher mortality rates for African Americans with higher socioeconomic status than whites with the same status.¹⁵⁶ Neither can racial disparities in health be accounted for by oft-repeated notions of "genetics." In her research, Dr. Camara Jones, a Harvard epidemiologist, has found that African Americans have the *most* genetic diversity of any racially defined group. Nor do African Americans as a group have weaker immune systems than whites. In fact, African American transplant patients run the highest risk of complications because their immune systems are so strong that their bodies are more likely to reject donated organs.¹⁵⁷ Moreover, excess hypertension cannot be attributed to genetics. Black blood pressure levels are similar to whites until adulthood, at which time they increase faster with age than those of whites. This suggests strongly that the racial differential is not a matter

ed., 1991).

150. See Chatters, *supra* note 149, at 202; Frank Michel, *Racism Can Be Cancer on the Health System*, HOUS. CHRON., Sept. 21, 1998, at 18.

151. See Chatters, *supra* note 149, at 202; Michel, *supra* note 150.

152. See Michel, *supra* note 150.

153. See Chatters, *supra* note 149, at 206.

154. See *id.* at 206-07.

155. See *id.*

156. See Michel, *supra* note 150.

157. *NPR Weekend* (radio broadcast, Frank Browning moderator, Oct. 31, 1998) (transcript number 98103106-21).

of genetics or lifestyle; it suggests that being a victim of racism has a detrimental effect on blood pressure. In a study of African American and white nurses, Jones found that the majority of African American nurses think about race at least daily, and many of them are constantly aware of their racial classification. This constant awareness contributes to undue stress.¹⁵⁸

Others have highlighted the need to take into account not only African Americans' personal context, but also the larger historical context when looking at racial disparities in health. For example, the civil rights movement seems to have had a positive effect on African American health.¹⁵⁹ Other research has found that African American physical and mental well-being is highest when the discrimination reported by African Americans is lowest.¹⁶⁰ Research suggests that racism can affect African American health in three major ways. First, racism can transform socioeconomic status such that its effects are not equal across race. For example, African Americans cannot expect the same returns on their educational investments, in terms of wages, as those of whites. Second, racism may restrict access of African Americans to health services and to recreational facilities that could benefit their health. Finally, racism causes psychological distress that may create severe health problems for African Americans.¹⁶¹

Our respondents noted the impact of racism on their health. One focus group participant, a dental assistant, made the connection between the discrimination and physical ailments eloquently:

I don't think a lot of [people] realize that, when you're talking about ailments, you're talking about more colds, higher blood pressure, things like that. People don't relate that to your job. Like when you come down with more colds, a lot of times, it's [racial] stress on your job [I was] in another job, and it seemed like the more stress I was under, it would make me feel worse. I would be sick, I would have more colds, I would want to sleep more, and basically it was related to my job, the pressure on my job. But I didn't put it that way, you know, a lot of times I would think if I was under stress, I wouldn't relate it to a cold.

Similarly, a nurse in a southeastern state noted that the bottling up of stress from discrimination leads to a variety of health problems, as well as to excessive smoking and drinking:

But you stuff that stuff inside, and it comes out in these kinds of ways. And we can sit down and talk to each other, and that pain . . . they said that it can cause fibroids in women, that's why black women have a lot of fibroids. Because all of that pain gets stuffed inside. . . . That's why black men . . . die so early. You know, if you take out the factors of drinking, and smoking, and why is it that black men die from heart

158. *See id.*

159. *See Chatters, supra* note 149.

160. *See id.*

161. *See id.* (giving a complete discussion of these three points).

disease or from—it's that stuffing inside of those subtle things that we, that we just, that we can't say anything

From this perspective, it seems discrimination has many consequences, ranging from fibroids to heart disease. To ease their pain stemming from racial harassment, some African Americans smoke and use alcohol excessively. Benjamin suggests that racial barriers are likely to be associated with stress patterns, alcohol abuse and other health problems.¹⁶² Gibbs similarly contends that anger created in black men by racial discrimination is likely to manifest itself in chronic fatigue, depression, anxiety, and psychosomatic complaints such as headaches.¹⁶³

A. Headaches

A number of male and female respondents spoke of severe headaches that they attributed to workplace stress, such as a nurse in the Midwest: "I would have this headache and it would be for eight hours until I walked out the door and then it was like . . . a weight was lifted off." A social services coordinator described headaches and other consequences in a discussion of discriminatory work conditions:

I was having severe headaches and chest pains. . . . It would be times when I would almost be in the office hyperventilating. And . . . it was just a lot of physical things happening to me. I would pull hair more, because, just the stress, you know? You just, you're trying to do so much, and collect your thoughts and do what needs to be done. And my hair had fallen out in the back of, the back of my hair, it just had fallen out! . . . And the headaches were just, just terrible, just unbearable. And it's also a psychological kind of ill, in that, well you know if [white] people are constantly watching you. . . . But it, it's just amazing the psychological ill that it does to you. And even though you know you're competent? People can do that so much to you . . . they can get in meetings and try to show you up and make you look like you just don't know anything. And it is so many of them, you are outnumbered! Sometimes, you come out, and lash out, and you almost validate what they're trying to say about you, because you feel outnumbered! . . . So, you, you begin to doubt yourself, you begin to psychologically feel somewhat incompetent. . . . So, it, it can take a toll on you, and I think it takes more of a psychological toll on us than we even care to admit.

Headaches are only one part of an often complex set of consequences that come from coping with hostile or unsupportive whites in a workplace with few African Americans. Chest pains, hyperventilating, and serious psychological doubts also accompany headaches that stem from whites questioning African Americans'

162. See BENJAMIN, *supra* note 5.

163. See Jewelle Taylor Gibbs, *Anger in Young Black Males: Victims or Victimized?*, in THE AMERICAN BLACK MALE 136, 127-43 (Richard G. Majors & Jacob U. Gordon eds., 1994).

competence and abilities.

B. High Blood Pressure

Recent research reports have indicated that high blood pressure is a serious problem among black Americans.¹⁶⁴ A few studies have shown that stressful life events, such as racial inequalities, are linked to high blood pressure.¹⁶⁵ For African Americans, socioeconomic status has been shown to be associated with blood pressure and hypertension; as socioeconomic status decreases, blood pressure increases. A recent research study of 1784 African Americans found that this relationship may be in part due to poorer nutrition of those with lower socioeconomic status.¹⁶⁶ Yet, racism also has an effect. Research by Krieger and Sidney examined stress and blood pressure in over 2000 African Americans.¹⁶⁷ Those who gave accounts of facing discrimination on three or more of seven situational questions tended to have higher blood pressure than those who reported facing discrimination on one or two questions.¹⁶⁸ In a previous study, Krieger found that black Americans who usually keep quiet about or accept unfair treatment are more likely to report hypertension problems than those who talk to others and take action against unfair treatment.¹⁶⁹ Another study, which controlled for age and weight, found that higher levels of discrimination were positively related to higher blood pressure for African Americans.¹⁷⁰ Still other studies have found that for hypertension, as well as for certain forms of cancer, socioeconomic status alone did not account for differences in illness rates between whites and African Americans.¹⁷¹

Recent research has associated a cultural pattern known as "John Henryism" with higher blood pressure. "John Henryism" refers to the attempts made by African Americans to control their environment through hard work.¹⁷² These attempts amount to long-term, intensive contending with the psychosocial stressors associated with dealing with racism. Sherman James and his colleagues

164. See generally ALPHONSO PINKNEY, *BLACK AMERICANS* (1993).

165. See, e.g., Norman B. Anderson, *Racial Differences in Stress-Induced Cardiovascular Reactivity and Hypertension*, 105 *PSYCHOL. BULL.* 89, 89 (1989); James et al., *supra* note 67.

166. See generally Ann M. Gerber et al., *Socioeconomic Status and Electrolyte Intake in Black Adults: The Pitt County Study*, 81 *AM. J. PUB. HEALTH* 1608 (1991).

167. See generally Nancy Krieger & Stephen Sidney, *Racial Discrimination and Blood Pressure: The CARDIA Study of Young Black and White Adults*, 86 *AM. J. PUB. HEALTH* 1370, 1371 (1996).

168. See *id.* at 1372-73.

169. See Nancy Krieger, *Racial and Gender Discrimination: Risk Factors for High Blood Pressure?*, 30 *SOC. SCI. & MED.* 1273, 1278 (1990).

170. See James, *supra* note 141, at 138.

171. See George Davey Smith et al., *Mortality Differences Between Black and White Men in the USA: Contribution of Income and Other Risk Factors Among Men Screened for the MRFIT*, 351 *LANCET* 934, 936 (1998).

172. See James et al., *supra* note 67, at 260.

have found that African Americans with higher “John Henryism” are more likely to have high blood pressure.¹⁷³ Several focus group participants gave details on how hypertension is linked to racial stress, including that encountered at work. One nurse in the Midwest commented on her reactions as she enters the driveway of the place where she is employed:

That’s when I got high blood pressure. And my doctor . . . I told him what my reaction, my body’s reaction would be when I would go to this place of employment . . . which was a nursing home. When I turned into the driveway I got a major headache. I had this headache eight hours until I walked out that door leaving there. . . . I went to the doctor because the headaches had been so continuously. And he said, “[Her name], you need to find a job because you do not like where you work.” And within myself I knew that was true. But also within myself I knew I had to have a job because I had children to take care of. But going through what I was going through wasn’t really worth it because I was breaking my own self down. . . . It was constant intimidation. Constant racism, but in a subtle way. You know, but enough whereas you were never comfortable. . . . And then I finally ended up on high blood pressure pills because for the longest, I tried to keep low. I tried not to make waves. It didn’t work. I hurt me.

Again the workplace is filled with the headaches and other pains of “constant racism.”

In one focus group, a secretary working in the South believed that being repeatedly passed over for promotions caused her hypertension:

And to me, it hurt me deeply. . . . So I had, you know, I had stood in prayer lines for prayer, to help me ease my mind and everything. To help me say the right thing, or go to the right, appropriate department, to get, you know, get it started. And it was just hard, because I was real hurt, and sometimes I would just down and cry about it. . . . So, well, to make the story short, I had applied for a promotion, and I had applied for this promotion twice. . . . I was tired, I was getting stressed out, and everything, and plus this—so I was in a lot of pain, so I think I built up my blood pressure, really.

Later, this woman required a doctor’s care for her high blood pressure:

I had to see several doctors, because of the discrimination, and I went through a lot of stress. And then, my blood pressure, I had never had high blood pressure, and all of the sudden, it just went on the rise, and I couldn’t control it. And . . . [her supervisor] wanted me to perform the duties, you know, totally by myself, which it took like three, two or three people to do.

This account underscores the levels of pain and the loss of energy involved in

173. See *id.* at 273.

contending with mistreatment seen as racially motivated. Using religion for solace, as well as speaking out, are strategies for the daily struggle. Although this woman noted in the interview that she finally received the help needed at work, the damage to her health had already been done.

As we have noted previously, in the focus groups, the suffering of other African Americans was sometimes cited as a cause of personal stress for the commentator. In one focus group an engineer explained how he empathized with a fellow employee who developed hypertension:

I have a prime example of this, this has actually happened in our job. A particular [black] person in our, in the branch. . . . was being discriminated against. The supervisor knew of it, and—what was happening, all our branch chiefs, they knew of it. And knew that the [white] supervisor was discriminating against this young lady. And, matter of fact, it drove this young lady to where now she's on high blood pressure medicine, and it really affected her. She wasn't getting promoted and all that. And the branch chief knew what was going on. . . . But the thing is, is that this person went through all that, and now the person is on high blood [pressure medicine]—it affected her mentally and physically.

Being hired is only the first hurdle for black employees. For recurring promotion problems are also reported by African American employees in a variety of businesses.¹⁷⁴ Not surprisingly, they create great stress. In late 1996, some unexpected evidence of this problem surfaced on an audiotape made of top Texaco executives discussing a lawsuit brought by black employees, some of whom asserted they had been passed over for promotions because they were black. In the taped meeting the white executives did not take the reports of the black employees about the pain and frustrations of a "hostile racial environment" seriously.¹⁷⁵

C. Stomach Problems and Emotional Distress

According to several of the focus group participants, stress in the workplace creates or contributes significantly to stomach and other intestinal problems. A telephone technician explained the intertwined nature of psychological and physical problems resulting from overt racial animosity:

Well, psychologically, the psychological part and the physical part kind of go hand and hand. . . . And I have never been a sickly type person, and I had never had any problems with my stomach, but I actually did have to go to the doctor, and the doctor said I was having—they ran a test and he diagnosed it as gastrointestinal problems. And . . . depending

174. See generally ELLIS COSE, *THE RAGE OF A PRIVILEGED CLASS* (1993); ESSED, *supra* note 5.

175. See Kurt Eichenwald, *Texaco Executives, on Tape, Discussed Impeding a Bias Suit*, N.Y. TIMES, Nov. 4, 1996, at A1.

on the amount of stress work would be in, I would actually have serious attacks, where I would really get, really feverish, high fever, and I would just get real, real sick. And they prescribed Tagamet . . . for me to take, but after taking that a couple of times, it made me really sick, and so, when I would have these gastrointestinal, these attacks, I would just kind of really have to go through it. And a lot of times my job would just be so stressful, because I work for people that . . . they were overt . . . not covert . . . they'd just flat out let you know that they just didn't like black folks . . . I worked with those kind of people. And even though I kind of enjoyed my work, I didn't enjoy those people, because they could make the situation really hard for me. . . . And they would actually try to find . . . something wrong with [your work] . . . and that would just bug me, because, you know, I know that I meticulously try to do it, but even in that they could come right behind me and try to pinpoint little, little small things, and find something wrong with it.

Then she added how she copes in advance: "It was very, very stressful, because every day you're constantly mentally trying to prepare yourself when you get out of the car in the morning and you go in, go into work, you're trying to prepare yourself, 'Well what do I have to face today?'" One factor in the personal cost of discrimination is that which comes from having to be constantly prepared. One strategy used by African Americans to counter mistreatment from whites is to put on a defensive "shield," the term used in a conversation with a retired teacher recorded by Feagin and Sikes.¹⁷⁶ In that account an older black woman contrasted her life with that of a white woman, who, like her, bathes and dresses before leaving the house. Unlike the white woman, however, she must put on her "shield" just before she leaves. She noted that for six decades, she has had to prepare herself in advance for the often unpredictable racist actions in the white worlds she often traverses.

Another woman, a supervisor in the Southeast, reported stomach problems that she believed stemmed from actions of a fellow white employee:

But I was just so frustrated because she was . . . prejudiced, and she let it be known. And even though I confronted her on it, and any time she would say something to me, and I would tell her, I said "Look, if you can't deal with me on a professional level, then don't deal with me at all." And she was the type that, she would just do little things. And that just would annoy me . . . and I never knew it then, and then I was reading a book one day, and it said don't let things bother you, because, you know, physical breakdown. . . . I can't really say it's an ulcer, but I had stomach problems. I'm gonna tell you what, what I did come to find out about her, though, was that sometimes when people are like that . . . she was raised in [names a southern state], this is backwoods. So she was brought up that black people—you know to treat us like that. And I told her, I said, "Well, you can't treat—everybody's not the same, what if I

176. See FEAGIN & SIKES, *supra* note 5, at 295.

treat all white people bad? You know, call you all kind of names and everything like that? That's not fair!" I said, "Because I could miss out on a good friend, or a good person." And it took some convincing, but what I did, I didn't step to her level. Because she would [say] little things—I would never get upset with her, but I always remained myself, because I didn't want her to think that she was getting next to me, because once they figure that out, then they really start to pour it on. . . . But see, sometimes people do you like that, it was a girl at work . . . she called me and another girl . . . a "nigger" one day. And the other girl got mad, was very, was ready to fight.

Physical ailments are only one aspect of such complex situations. Again one sees the energy lost in making and implementing one's decision about interpersonal confrontations over racial matters. This black woman shows much understanding and even forgiveness for a white employee. In a later account, not quoted here, she relates how the woman became sick and how the respondent was the one who accompanied the woman to the hospital and stayed with her. In the end, the white woman eventually told the respondent that "all black people aren't bad." This black woman was able to treat the prejudiced white woman with compassion despite how the white woman had treated her.

VIII. FAMILY AND COMMUNITY COSTS OF DISCRIMINATION

A. Family Costs

As some of the respondents have already noted, the damage of a racially hostile or unsupportive employment situation does not end at the workplace door. An individual's experience with racial animosity and mistreatment at work not only is personally painful at the moment it happens, but also can have a cumulative and negative impact on other individuals, on one's family, and on one's community.

Bringing frustrations home can have negative effects on families and relationships, such as the lack of energy that a father mentioned previously has for doing things with his young son. The harmful effects of bringing discrimination home to one's family was clearly elucidated by one concerned mother, who is a social services administrator:

So many times, after you've experienced an eight whole hours of discrimination, either directly or indirectly, it really doesn't put you in the mood to go home and read that wonderful bedtime story. You're just tired, and you just want to get somewhere, and really, you're crying on the inside, and you may not really want to admit [it] to yourself. Because all us like to think we're in control of what's happening to us. And I think we all deal with it differently. And that anger sometimes builds up, and you're not even aware that it's there, so the moment your spouse, or your child, if there is anything that may seem like it was a belittling or demeaning, you're responding to them with a level of anger, even, that really is inappropriate for the situation. But what you're really

responding to is that eight hours prior to getting home.

She then reiterated how often she had to deal with substantial amounts of stored-up anger:

And I know several times . . . well, a couple of times I totally forgot to pick my child up from school! Because I was so engrossed with trying to make sure that I do this, because if I don't do this, I'm gonna duh-dah, duh-dah, duh-dah. . . . My daughter had gotten to the point during that year when I was under all that stress, till she would tell me four and five times, she would remind me "Mom, I'm having this at school." And then she would get to school, and she would call me—one day she called me to remind me about something, I was supposed to pick her up, or something, and I just sat at my desk, and I just boo-hooed, I said, "My baby doesn't have any confidence in me anymore. . . . I'm really not there." . . . And that, really, that was really the beginning of me saying "Look, nobody's gonna do anything to get this on track for you, you got to get this on track for yourself." And then, sometimes you go home and you've held your peace so long, till the first hour that you walk in the door, you're still dealing with everything. You may even be dealing with it verbally. . . . And then, they have their own issues to deal with that day. And like, they just want to have dinner and relax, you know? So your family, inevitably I'd say, suffers. We bring all of that baggage home, and then we wonder why our relationships are in trouble.

Whether a person recognizes the harmful effects of bringing anger home from work to the extent this woman does, struggles with discrimination can lead to a variety of suffering for others, as in this case for a child who is forgotten at school or for a spouse who wants to relax. Sharing problems with animosity and discrimination can create a domino effect of anguish and anger rippling across an extended group. Another result of using families as a resource to deal with the stress of racism can be troubled relationships. It has often been noted that black women are more likely than white women to become separated or divorced and less likely to remarry.¹⁷⁷ Nonetheless, the direct, negative impact of everyday racism on the difficulties faced by black families has *not* been featured in the mainstream literature on the so-called "broken" and "disorganized" black families.¹⁷⁸

B. The Community Impact

The impact of marginalization at work can carry over into community activities. Black workers' lack of energy affects motivation to socialize outside the home and to participate in community activities. The social services worker

177. See ARTHUR J. NORTON & LOUISA F. MILLER, U.S. DEPARTMENT OF COMMERCE, MARRIAGE, DIVORCE AND REMARRIAGE IN THE 1990'S, 3-5 (1992).

178. See, e.g., OFFICE OF POLICY PLANNING AND RESEARCH, U.S. DEPARTMENT OF LABOR, THE NEGRO FAMILY: THE CASE FOR NATIONAL ACTION (1965).

who discussed her family above reported that she had withdrawn from activities in her community because of the drain on her energy caused by racial animosity at work. A teacher described having to give up participation in community groups because of lack of energy:

At one point we had started a minority action committee which is still in existence, with the school district. And it's interesting because it's very hard to get people after they've fought all day, in a sense, that have enough energy to come out and support an effort like that where it is needed. We know the racism is out there, we know we need to fight for our kids—that was the main thrust of it when we came together. We could see it happening in the schools everyday, particularly to our black boys. . . . And we endeavored to do something about it, but, as I was saying, we were just so drained, it just never got off, off the ground. [speaking quietly] Hopefully, somebody might

Other participants echoed this sentiment, noting the impact of the energy loss on various community and church activities. Note here that there is both a personal and a community cost. Part of the personal price is not being able to be fully involved, which includes meaningful interaction in community groups and associations.

The spin-off effects of animosity and mistreatment in employment settings can be seen in other areas of the lives of African Americans. One respondent noted the negative impact on participation in church activities:

I have withdrawn from some of the things I was involved with at church that were very important to me, like dealing with the kids at church. Or we had an outreach ministry where we would go out into the low-income housing and we would share about our services, we would—And I was just so drained, like [names person] said, if we are all so drained, and we stop doing that, then we lose our connection. But I, physically, by the time I got home at the end of the day, I was just so tired, I didn't even feel like giving back to my community, I didn't feel like doing anything. And so I withdrew from church activities, to the point where I just really was not contributing anything. And it was pulling all that energy, I was exhausted from dealing with what I had to at work. And then whatever little bit was left, went to my family, so there was nothing there to give.

The overwhelming impact of workplace racism is graphically described, for even church activities become a problem for this person. These economically successful African Americans can be important role models in their local communities, but only if they have the energy to participate actively in churches and other community organizations.

From their discussions of the energy-draining aspects of discrimination, one might wonder how African Americans have developed community organizations and resistance movements over the centuries. Most overcome the everyday racism enough to stay in life's struggles. Interestingly, the post-World War II "medical civil rights movement," which was an effort by African Americans to gain equal access to quality health care, was a precursor to the larger civil rights

movement of the 1960s.¹⁷⁹ Such efforts, as well as the efforts involved for the success of the more general civil rights movement of the 1960s, required that African American activists have good health and the energy necessary to struggle for societal change. While some people drop out entirely, most seem to stay in the struggle most of the time and exert great energy to overcome the barriers. The retired professor who spoke earlier of the “ergs of energy” lost because of discrimination also noted his many accomplishments and the issue of what he might have accomplished without racial barriers.

Accumulating discrimination in predominantly white work settings creates serious difficulties not only for African American employees but also for ongoing group relations in these places. A number of comments by the focus group participants suggest or imply that animosity exhibited by white employees makes normal interaction across the racial line difficult or impossible. Incidents at work disrupt lives by changing the meaning of the most commonplace of everyday interactions. Moreover, there is much unnecessary stress in forming new white contacts when one is suspected of being a discriminator. Several respondents noted that they felt a need to keep a distance from whites at work. Indeed, most seemed to agree with this respondent in his evaluation of coping with white hatred: “I think what helps us as being black now, we understand what these [white] people think. We understand why they have hate. Where before, coming off the boat when we were slaves we didn’t understand it.” Note too that slavery still remains a reference point for African Americans, even though many white Americans see it as a part of a very distant and irrelevant past.

CONCLUSION

Some literature suggests a “declining significance of race,” and an increasing importance of class, in regard to the situation of African Americans nationally.¹⁸⁰ Other more recent research goes further to assert the “end of racism” in U.S. society today.¹⁸¹ Our research flatly contradicts both the assertion that racial discrimination is being replaced by class discrimination, and that racism has been substantially or entirely eradicated. While both class and racial characteristics have been shown to interact and cause health problems for African Americans, our interviews with relatively affluent African Americans demonstrate that *racism alone* is enough to create serious health problems for them.¹⁸² A racialized society exists because discrimination is practiced, rewarded, or ignored within important social settings such as historically white workplaces. Our data and that of other recent studies undertaken by the authors and other scholars indicate that discrimination by white Americans targeting African Americans is still commonplace in a variety of arenas, including government and corporate workplaces.

179. See SMITH, *supra* note 7, at 169.

180. WILSON, *supra* note 38, at ix.

181. See generally D’SOUZA, *supra* note 54, at 525.

182. See Kessler & Neighbors, *supra* note 99, at 108.

Much research on racial relations focuses on the attitudes of those who discriminate rather than on the suffering inflicted on the targets of discrimination. A fleshed-out perspective on discrimination directs us to pay attention to particular social settings and to the consequences of racial discrimination in such settings. Recurring discrimination in workplaces and elsewhere wastes human beings and human capital and seriously restricts and marginalizes its victims, destroying the possibility of completely normal lives.¹⁸³ This discrimination is so dehumanizing that in discussing it some black workers even make reference to the "slave-master mentality" of discriminating whites and to "feeling like a slave" in white workplaces. By marginalizing and dehumanizing black workers, whites cause them and their loved ones much damage, pain, and suffering. According to the accounts of the respondents, the damage takes many forms. The negative impact of racial animosity and discrimination includes a sense of threat at work, lowered self-esteem, rage at mistreatment, depression, the development of defensive tactics, a reduction in desire for normal interaction at work, and other psychological problems.

Our respondents understood that the often high level of racialized stress in workplaces has generated or aggravated their physical health problems. Most recognize the threat discrimination brings to their health, and most try hard to fight it and its consequences. Not surprisingly in the light of the data from the focus groups, a growing public health literature indicates that there are wide disparities in the physical health of white Americans and African Americans, as well as in the application and use of medical services.¹⁸⁴ A full understanding of the physical and psychological suffering of black Americans at the hands of white Americans necessitates a close look at the character and impact of the discriminatory workplaces as they are experienced by workers. Sentient human beings react seriously, in their minds and bodies, to mistreatment and discrimination. The recurring and dehumanizing discrimination creates, among other things, marginalization, impotent despair, and rage over persisting injustice.

Our data show that the costs of racial animosity and discrimination extend beyond the individual to families and communities. Social scientists have written much over the last few decades about problems in black families and communities. This discussion often focuses on the so-called "broken" or "disorganized" black families, with the responsibility for these conditions commonly placed on African Americans for not maintaining their families and communities and for not adhering to certain values.¹⁸⁵ In contrast, more structural and contextualized accounts of these family and community problems fault the U.S. economy for its failure to provide enough job training or jobs.¹⁸⁶ Yet, to our knowledge, nowhere in the social science literature is there a serious discussion of the points made by the focus group participants about the direct and

183. See Marsella, *supra* note 41 (describing how racism in the workplace harms not only African Americans, but also the companies in which they are employed and society at large).

184. See, e.g., *supra* notes 141-55 and accompanying text.

185. See D'SOUZA, *supra* note 55.

186. See WILSON, *supra* note 38.

harsh impact of racial animosity and discrimination on their families, voluntary associations, and communities. The long era of racial discrimination has often reduced the energy available to African Americans to build stronger and better families and communities. While many have managed to build strong families and communities in spite of discrimination, they have done this by exerting super-human efforts that take toll in their personal health or on the ability to maximize contributions to the larger society. These focus group accounts suggest that the total cost of racial animosity and discrimination is *much* higher than most social science, legal, and journalistic commentaries have heretofore recognized.

African Americans remain central to the costly system of racial oppression in the United States, and they have long been among the strongest carriers of the ideals of liberty and social justice. In spite of the weight of racial oppression, most have been creative and successful in their lives and communities, and most have regularly pressed the society in the direction of greater liberty and justice. Indeed, their sense of social justice has perhaps the greatest potential for stimulating further movement by this society in the direction of its egalitarian and democratic ideals. African Americans have developed large-scale social movements twice in U.S. history, and smaller-scale movements many other times. Significantly, most African Americans have not retreated to a debilitating pessimism but have slowly pressed onward. Today, they join religious, civic, and civil rights organizations working to eradicate systemic racism, to get civil rights laws enforced, and to secure better living conditions for Americans of all racial and ethnic backgrounds. There are lessons here for all Americans concerned with eliminating systemic racism in the United States.

Today, the state and federal court systems face many challenges, not the least of which is the fact that the U.S. population is rapidly becoming less white and European and much more Asian, Latino, African, and Native American in its composition. In spite of these changes over the last few decades, however, the overwhelming majority of district attorneys, judges, and court administrators are still white. This means major and increasing problems for the court system. As the mostly white judges look across the bench at growing numbers of defendants of color, their understanding of those they face, and their ability to mete out justice, are likely to be affected by the heritage of white racism that is imbedded not only in the court systems but in all major institutions. These understandings (or lack of understanding) sometimes result in court decisions, such as the *Etter* decision by a California court, that do not view black workers' representations of pain and suffering from recurring racial insults as severe. In that case, racist epithets such as "Buckwheat," "Jemima," and the like were not seen as "sufficiently severe or pervasive" to warrant a judicial remedy. Yet, as we have shown, racist epithets and incidents can be very serious, painful, and damaging to their African American targets. The hurling of even a few racist words can be a very hostile and discriminatory act, and that can in turn generate much pain, especially since even one such act can trigger memories of accumulated experiences with racism by those so targeted.

In the *Etter* case, a white judge called on a jury to assess if the reported antiblack conduct would be considered severe by a "reasonable person of the

Plaintiff's race." However, judging from the data in our focus groups and in studies of whites we have cited, the pain and suffering most African Americans endure because of continuing racism are likely not known to or understood by most whites, be they white jurors or other white Americans. How then can whites presume to answer the judge's critical question?

As we see it, such questions can be most meaningfully and reliably answered when there are larger, or representative, numbers of African Americans in the state and federal court systems. If we are to achieve the dream of a truly just society, we must greatly expand the input into our justice systems by African Americans and other Americans of color – at all levels, from policing, to prosecution, to administration, to courts, and to prisons. It is past time for the U.S. justice system to become much more democratic, multiracial, and multivoiced in its management and everyday operation. And it is past time for the pain, suffering, and anger that African Americans and other Americans of color confront because of widespread discrimination to be truly heard in the justice system.