



“Mentally you don’t function the same”: a Qualitative Examination of the Normalization, Embodiment, and Psychological Impact of Everyday Racism

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Received: 7 September 2022 / Revised: 20 January 2023 / Accepted: 20 February 2023 / Published online: 8 March 2023
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Abstract

Everyday racism consists of covert and oppressive practices that uphold systems of power and reproduce White supremacy through subtle forms of repetitive and normalized discriminatory actions. While attention to the material and physical damage everyday racism evokes upon Black Americans is receiving increased attention, inconsistencies regarding its conceptualization and operationalization are impeding our understanding of the impact of everyday racism. Utilizing critical race theory (CRT) as an analytical framework, this article intends to respond to gaps in the literature and deepen the understanding of the psychological burden experiences of everyday racism places upon a sample of ($n = 40$) Black Americans. We engaged with the racial realism and Whiteness as property tenets to analyze individual in-depth interviews and (1) enhance our interrogation of micro/macro-level interactions and (2) aid in the conceptualization of everyday racism. Three themes emerged from the data: hypervigilance and the normalization of everyday racism, mental preparation for navigating White spaces, and the mental health impact of everyday racism. Participant narratives reveal how the normalization of everyday racism impacts them on a psychological and corporeal (i.e., bodily) level. Their accounts also spoke to how Whiteness operates as a property right that exacerbates everyday racism and places invisible boundaries upon how they navigate space. This study provides conceptual clarity about the realities of racism, deeper awareness of structural and individual measures, and an in-depth understanding of how often taken for granted and assumed “normal” forms of racism generate pathways to negative mental health outcomes.

Keywords Everyday racism · Mental health · Whiteness · Critical race theory · Black Americans

Introduction

Racism is a complex and permanent feature of American society [1, 2]. An organized social system based on an ideology of inferiority, racism normalizes and maintains an unequal distribution of power, resources, and opportunities [3]. While the material, physical, and health impacts of

racism negatively affect populations across boundaries of race, ethnicity, class, and gender [4], this study will focus on the ways in which anti-Black racism, and anti-Blackness, adversely affect Black¹ Missourians' psychological well-being. A documented social determinant of health, racism impacts Black Americans health and well-being across multiple domains [5]. For example, Black Americans' experiences of racism have been empirically linked to numerous adverse health outcomes [6–9], an increased likelihood of living near environmental toxins [10], and excessive and often fatal contact with law enforcement [11]. While the body of knowledge documenting how racism and its attendant forms, namely interpersonal, institutional, and structural racism, operate as a social determinant of health is well established, less research has investigated how manifestations of everyday racism

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¹ In this study, the term Black is used to broadly encompass individuals from the African diaspora who reside in the USA.

contribute to the disparities that plague Black Americans—particularly, their psychological well-being.

Everyday racism consists of covert and overt oppressive practices that uphold systems of power and reproduce racial inequality in daily life [12]. Occurrences of everyday racism manifest through quotidian and presumably normal situations, practices, and attitudes that occur across the micro- and macro-level [12]. As theorized by Philomena Essed [12], everyday racism is comprised of “a matrix of social relations present in and reproduced by practices and situations of the everyday world that are substructured by relations of race, ethnicity, class, and gender.” [13, pg. 49] Because everyday racism can occur within any social situation and manifest through seemingly ordinary routine interactions, individuals impacted by everyday racism may become hypervigilant to mitigate potential experiences of overt or covert racial discrimination [12]. While Essed’s work has ushered in a steadily growing body of interdisciplinary research investigating the implications of everyday racism, significant gaps and inconsistencies regarding its conceptualization and operationalization still exist [13]. In comparison to other examinations of racism, everyday racism remains understudied and under-theorized [14, 15]. Existing work often ignores the macro and micro levels that undergird everyday racism, often leading to everyday racism being conflated with racial microaggressions [14, 16]. Using critical race theory (CRT) as an analytical framework, we seek to respond to the gaps in the literature and expand the understanding of the psychological impact of everyday racism. By engaging with select CRT tenets, we hope to aid in the conceptualization of everyday racism by illustrating the micro- and macro-level interactions that reproduce racism in everyday life.

Everyday Racism and Mental Health

Everyday racism maintains White supremacy through subtle and blatant forms of repetitive discrimination, where racist actions are considered inconsequential and ordinary [14]. The experiences faced by Black individuals that constitute everyday racism are regularly treated as unreal, which further perpetuates inequalities [13]. Everyday racism is distinguishable from other forms of racism due to its repetitiveness and familiarity. The repetitiveness component of everyday racism is rooted in a macro-system of time [14]. The average day comprises routine interactions and practices within identical settings. Over time, these routine interactions and practices become habitual and familiar, thus second nature. The familiarity component of everyday racism is grounded in reliance upon internalized scripts that individuals implicitly use to instruct them on how to behave and rationalize the actions of others [14, 17]. Influenced by the dominant ideologies that shape our society, these scripts are “socialized racist notions integrated into meaning that make practices immediately definable and manageable” [13, p. 52]. Given that racialized social systems undergird American

society, everyday life occurs differently for White Americans and minoritized Americans. For minoritized populations, in this case, Black Americans, everyday life can be replete with encounters with racist practices and interactions. White Americans, or those of the dominant racial group, do not perceive these day-to-day occurrences as racist, given their status and ability to normalize these practices [18–21]. Because these interactions are integral components of their everyday scripts, they not only seem normal, they become habitual [22, 23]. As a result, racism is reproduced in everyday life.

While research examining the health implications of everyday racism is increasing, scholars [16] have noted the conflation between everyday racism and racial microaggressions. Racial microaggressions consist of subtle verbal, behavioral, or environmental racial slights or indignities [24]—whereas everyday racism encompasses recurrent racism, operating on multiple socio-ecological levels, that is embedded into everyday life and practices. Although everyday racism and racial microaggressions expose how racism impacts the lived experiences of racialized minorities, using the concepts interchangeably ignores the structural and systemic nature of racism while solely constraining it to an interpersonal level. In this paper, we use everyday racism as a theoretical framework to examine how individuals navigate, engage with, and manage manifestations of racism in social contexts embedded within their environment.

A fundamental cause of adverse health outcomes, the pathways through which racism impacts the overall health and well-being of Black Americans, has been established through decades of research. Systematic reviews of this body of knowledge provide evidence linking experiences of perceived racism and racial discrimination to adverse physical health outcomes such as markers of cardiovascular disease [25, 26], decreased cognitive and physical functioning [27, 28], and physiologic dysregulation [29]. Similarly, experiences of perceived racism and racial discrimination are correlated with a negative mental health sequelae including internalizing disorders, dissociative disorders, psychiatric symptoms, and maladaptive coping mechanisms [30–32]. Racism, within all forms, is a ubiquitous reality for Black Americans that has serious ramifications for their mental health [33]. The resurgence of overt racism in the USA necessitates continued efforts to explore the health ramifications of cumulative experiences of racism [34]. For example, Curtis et al. [30] found an increase in poor mental health days for Black Americans following overt, nationally recognized, occurrences of anti-Black violence (e.g., the death of Black individuals as a result of a hate crime or an encounter with law enforcement). Similarly, Das et al. [31] found a positive relationship between police killings of unarmed Black Americans and

an increase in depression-related Emergency Department (ED) visits (11% increase in ED visits per 100,000 population). Our study will focus on how the interactions that reproduce racism in everyday life impact the participants' mental health.

Whiteness and White Spaces

In order to understand the ways in which participants in this study persist, thrive, and navigate their environments, an examination of the interconnectedness of Whiteness, White supremacy, and White spaces is crucial. Whiteness, like all race, is a social construction, meaning that what it means to be White and who is considered White changes over time and varies across cultural and geographical locations [3, 35]. Whiteness in the USA comes with privileges, advantages, and conferred dominance [36]. It is often the unnamed, unexamined, and unmarked racial category in social analysis [36]. Historical, social, political, and cultural dominance has been and continues to be inflicted upon non-White individuals as a way to maintain power and a racial hierarchy. White supremacy describes the persistent social condition whereupon White people are given “precedence over the interests of other groups through political, social, economic and cultural structures and practices that have evolved over centuries and are maintained and continually recreated through individual actors and actions (conscious and unconscious)” [37, pg.80]. To examine Whiteness and White supremacy, is to “look head-on at a site of dominance” [38]. In doing so, we explore how Whiteness, through the manifestations of everyday racism, shapes the participants lived experiences.

One of the most prominent forms of White exclusivity in the USA is the persistence of White spaces [39]. Moore [39] theorizes White spaces as dominant social organizations and structures produced by racialized ideologies that function to uphold White power, privilege, and supremacy. In other words, White spaces are where routine, every day social systems and processes uphold racist logics, attitudes, and discourses that inform everyday practices and shape everyday environments. White spaces abound in the USA due to historical and ongoing, racist systems of exclusion.

Critical Race Theory

Originating from the intellectual work of critical legal scholars and activists, critical race theory (CRT) is a broad theoretical framework aimed at interrogating how racism and White supremacy are endemic to American society. CRT is a framework that unapologetically contends that race, and subsequent forms of racism, are central to *why*

and *how* race matters in the maintenance of prevailing U.S. policies, practices, and ideologies [40]. Seminal work created by the founding scholars of CRT was committed to (1) exposing the functions of White supremacy and the myriad of ways it oppresses communities of color within the USA and (2) the desire to recognize and subsequently ameliorate the ties that bind law and undue racial power [41]. Drawing from the themes that anchored foundational CRT scholarship, contemporary research grounded in CRT seeks to clarify contemporary racial happenings and challenge racial hierarchies [42].

Six core tenets that challenge the prevailing majoritarian models of scholarship guide most CRT-informed research: racial realism (permanence of racism) [1], counterstorytelling [43, 44], Whiteness as property [45], intersectionality [46], interest-convergence [47], and a critique of liberalism [48]. While foundational CRT literature critiques the overt and covert ways the U.S. legal system upheld racism and structural inequality, the core tenets that guide CRT have enabled it to be applied to multiple disciplines outside legal studies. In the field of public health, CRT offers a new paradigm for examining the ways racial inequality, violence, and injustice impact the health of bodies and minds [49–51]. While CRT has emerged as a powerful theoretical and analytical tool within the field of public health [42, 52, 53] that has been used to situate the role racism plays within contemporary health inequities, there is an absence of research that openly interrogates how Whiteness sustains racism, in this case, everyday racism, and how this impacts mental health and well-being. In what follows, we explore how two tenets (racial realism and Whiteness as Property) relate to the overall scope of our study and guide our analysis.

Racism is an ordinary, not aberrational, element of U.S. culture that is intricately woven into the fabric of our social institutions, policies, and practices [44]. Racial realism, the theoretical foundation of CRT, hinges on the awareness and acceptance that racism is a normalized and permanent facet of American society [1]. Engaging with the racial realism tenet is to openly challenge the erroneous assumption that racism comprises infrequent and isolated acts of benign hostility [42]. For decades, health scholars have produced work that illustrates the deleterious impact racism has on the health of Black Americans. By using the racial realism tenet to analyze the participants' lived experiences, this study will be able to interrogate how everyday racism is embedded in their environment and how their subjugation (due to cumulative experiences of everyday racism) is perceived as normal. Investigating how Whiteness, a constituent of everyday racism, affects participants' lived experiences is also an important component of our study.

Racialized structures and practices perpetuating White supremacy are generally taken for granted. Many were formulated hundreds of years ago and provide the foundational framework for U.S. culture and society. CRT scholar Cheryl Harris [45] argues that Whiteness emerged and was constructed in American law based on racialized privilege that became ratified and legitimated as a form of status property. Harris' theory of *Whiteness as Property* [45] argues the origins of property rights are rooted in the parallel systems of economic and racial domination of Indigenous and Black peoples. Entangled settler systems of domination, colonialism, and racialization legitimated a legal and social understanding of Whiteness as a form of property, with the right to exclude and Whiteness as superior, with the right to dominate. According to Harris, Whiteness can be conceptualized as a property interest that possesses the right of disposition, the right to use and enjoyment, and the right to exclude [45].

Methods

Research Design

The data analyzed in this article were drawn from a larger qualitative study that explored the health outcomes of Black Missourians who reside in environments with a documented history of racial violence. The larger study focused on environments within Missouri that (1) had a documented history of lynchings, (2) were previously categorized as a sundown town, and (3) either had past or present Ku Klux Klan activity. The triangulation of archival data from the Southern Poverty Law Center hate group database, Equal Justice Initiative, and James Loewen's online repository of possible Sundown Towns, aided in selecting sites for data collection by revealing four counties where all three forms of historical violence had or presently occurs: St. Louis, New Madrid, Franklin, and Scott County. Data presented in this article are drawn from participants who reside in one of these four counties.

Setting

Missouri serves as an appropriate case study for examining how everyday racism impacts Black individuals, not only because of its legacy of historical racial violence, but because it is a majority White state with a long history of persistent housing segregation, economic disparities, and an uneven distribution of a minority Black population [54]. As a result, racial boundaries render Black Americans "hypervisible" in many local settings. For instance, in 2017, the Missouri state chapter of the National Association for the Advancement of Colored People (NAACP) issued a travel advisory warning for visitors—especially

Black visitors—that their civil rights could be violated [55]. This travel advisory was the first of its kind in recent years, as advisories issued to travelers are most often associated with the U.S. State Department during natural disasters and political upheaval. The NAACP's travel advisory was in response to a multitude of racist reports, experiences, and statistics occurring in Missouri. For example, in 2015, students at the University of Missouri's flagship campus organized a large-scale protest in response to racial hostility Black students had been experiencing at the university for years [56]. Additionally, a 2016 report from the State Attorney General's office revealed that Black drivers were stopped at disproportionate rates by police officers, including 75% more often than White drivers [57]. Missouri state legislature also passed Senate Bill 43 in June 2017, making it more challenging for people to sue businesses that have discriminated against them based on their race, gender, or religion. Though these are more recent illustrations of racism targeted at Black populations in Missouri, the state has a long-standing history of racialized violence such as lynching, Sundown Towns, and Ku Klux Klan (KKK) terrorism. The complete histories of these forms of violence are beyond the scope and utility of this study, but relevant details follow.

Approximately 60 Black lynchings occurred in Missouri between 1877 and 1950, the second-highest number outside the Southern states, most clustered around "Little Dixie" counties along the Missouri River, with a history of slavery [72]. While sundown towns were most common in the Southern states, they permeated Missouri, where 102 sundown towns have been reported to have existed [58]. The KKK has been referred to as "the invisible empire" by its proponents because its activities were largely kept secret, making location and membership information difficult to research [59]. The Southern Poverty Law Center [53] published a report that finds 51 chapters remaining in the USA, with one in Missouri.

Participants and Sampling

A purposive sampling strategy guided our recruitment efforts. Purposive (also known as purposeful) sampling entails identifying and selecting information-rich cases (i.e., individuals who have knowledge of or experience with specific social phenomena) [60]. We collaborated with university extension sites located in the counties of interest to recruit study participants. After receiving the eligibility criteria, collaborators at each extension site collected potential participants' names, telephone numbers, and email addresses. Members of the research team called each individual and scheduled a time to conduct the in-depth interview. Snowball sampling methods were used to recruit additional participants and ensure equal distribution of participants from each county. A total of 40 self-identified

Black adults, age 18 and over, residing in St. Louis, New Madrid, Franklin, or Scott County participated in individual, in-depth interviews.

Data Collection

The University of Missouri Institutional Review Board reviewed and approved the procedures that guided this study (IRB #2013571 MU). Members of the research team conducted telephone interviews between May and July 2019. Given the distance between the research team and the respective counties the participants lived in, we utilized telephone interviews rather than in-person interviews. Each interview was audio-recorded and ranged between 30 to 90 min in length. Participants were asked to provide verbal consent, complete a short demographic survey, and select a pseudonym before beginning the interview. We utilized a semi-structured interview protocol to guide each phone interview. Upon completing their interview, each participant received a \$25 gift card.

Data Analysis

Qualitative data analysis software (ATLAS.ti) was used to code and manage the transcribed interview data. The first author utilized a constant comparative approach and engagement with CRT tenets to analyze the interviews. Reading each interview and open coding (i.e., line-by-line coding) began the data analysis process. Open coding resulted in a series of inductive codes generated by emerging and reoccurring themes. Axial coding guided the second data analysis phase and enabled the first author to strengthen the inductive codes and create new theoretical categories. The initial conception of a coding framework was created by constantly comparing the codes created during the open and axial coding stages of data analysis. The final data analysis phase consisted of utilizing the CRT tenets as an analytical tool to interrogate the relationship between the tenets and the participants' narratives. The CRT tenets were integral in uncovering how everyday racism and Whiteness manifested within the participants' narratives. While utilizing the CRT tenets to analyze the participants' narratives, the first author engaged with the CRT tenets by repeating the steps of open and axial coding and constant comparisons.

Given that the first author coded the data, several steps were taken to ensure the data's validity and trustworthiness. Consistent with her epistemological (social constructivism) and analytical (CRT) orientation, the first author engaged with several techniques to establish trustworthiness and ensure that our analysis accurately reflected the participants' lived experiences: critical reflexivity, bracketing, and expert review. Regardless of methodology, researchers consciously

and unconsciously enter a research project with a specific position given their subjective lived experiences. To challenge and recognize her own personal bias, especially during the analysis of the interview data, the first author engaged in critical reflexivity to interrogate the assumptions associated with her subjectivity. This process was enhanced by engaging in bracketing. As such, the first author acknowledged her shared racial background with the participants and lived experiences of residing in Missouri; however, she was also aware of the privileges she held compared to the participants. The first author also engaged in peer debriefing with a senior scholar not embedded in the research project with expertise in racial discrimination and health. Peer debriefing with the outside scholar provided critical and constructive feedback towards improving methodological practices and analytical techniques used to analyze the data.

Findings

Utilizing a modified approach to grounded theory and select CRT tenets, we sought to explore the pervasiveness of everyday racism and illustrate the psychological burden it places upon the sample of participants. Using the select CRT tenets enabled us to observe how everyday racism becomes normalized and the role Whiteness plays within this process. Three overarching themes emerged through our analytical approach: hypervigilance and the normalization of everyday racism, mental preparation for navigating White spaces, and the mental health impact of everyday racism.

Hypervigilance and the Normalization of Everyday Racism

Experiences of everyday racism were replete within the individual, in-depth interviews. Quotidian experiences such as being profiled by White neighbors, store owners, and police, being deemed as "suspicious" when entering White majority spaces, altering one's speech and appearance to be treated with respect, and dealing with incessant questions about their intelligence were commonplace and often shared without being prompted by targeted interview questions. To dive deeper and follow-up on participant experiences of everyday racism, probing questions seeking to learn more about their perceptions of their experiences and how they made them feel were integrated into the interview protocol. Participant responses to the probing questions not only revealed how normalized their experiences were, but also how their repeated experiences of everyday racism led to the manifestation of hypervigilance. When asked probing questions within her interview, Leah, a resident of St. Louis County, stated,

It [talking about racism], it makes me aware. I'm more aware and more conscious of things. And the crazy part is sometimes you don't know how it impacts you until you have conversations like this. And you're like, wow, it has impacted me. When you're so used to being exposed to something you don't know that that's not normal. I guess other people don't feel like this. It definitely has impacted me, you know, just my thinking, how I do things, how I talk to my children.

Leah's admission that her interview served as the first time she's thought about the impact of her experiences speaks to the insidiousness, yet ordinariness, of racism. Within her interview Leah discussed being watched in stores because of her race and subsequently feeling forced to purchase something to prove her innocence, getting called a racial slur after taking a parking spot, and being thought of as less intelligent because she is a Black woman. Her excerpt speaks to how repeated exposure to and the internalization of experiences of everyday racism impacts her on a corporeal level, influencing her thoughts, behaviors, and actions towards her children. Primarily conceptualized as a stress response within empirical studies, the participants' utilization of hypervigilance reveals how cumulative experiences of everyday racism create an environment in which they are on the constant lookout for threats to their safety. Like Leah, several participants discussed how quotidian racist encounters influenced how they engaged with and traveled within their environment, how they acted, and how they interpreted everyday experiences.

Given that all of the participants lived in their respective counties for multiple years, their narratives illustrate how they utilized hypervigilance as a protective factor. For example, responses such as "I am more observant," "I try to cover my tracks," "It's made me more defensive," "I'm always on-guard and ready to defend myself...if I need to," and "It's taught me to be very careful, to be watchful," were common across the in-depth interviews when asked to describe how their experiences impacted them. When asked to share his perspective, Gregory, a resident of St. Louis County stated,

Oh, I think that my day-to-day life it makes me first of all very cautious. I'm cautious in general just in every way. But the fact that I have to get more cautious because of race, I mean it bugs me a little, but I mean, but it doesn't hurt to get more cautious to save your own life. You know what I mean? For example, I try as much as possible to stay away from people, so I don't get attacked. I ask my friends to watch me go in the house, all that cautiousness, I always carry a pocketknife. I always do that. I always carry a pocketknife.

Gregory's quote reveals how he adjusted his behaviors and expectations due to his race and experiences of everyday racism. Within his interview he discussed being followed within public space and labeled as "suspicious" by a White neighbor which resulted in an interaction with the St. Louis police. Being hypervigilant or "cautious in every way" when executing his daily routine enabled him to protect his life. An additional common thread within many of the participants' narratives was the idea that it was best that they "stay home" to avoid trouble. For example, Phillipe, a resident of Franklin County, stated,

Well. It's impacted me because you have to be cautious where you go, what you do. You have to be careful what you say. The more you go out the more you could get into mishaps. You know it's best to be at home, doing your own thing. When you go out, go out, take care of your business get back in. And be around good people. If you can't, it's best you just stay in your house. I'm in the city. The city ain't that bad because there ain't that many people in the city. It mostly on the rural roads. On the outskirts. And they come to the city, and they bring that White mentality, that White supremacy here. That KKK here.

Likewise, Tasha, a resident of Scott County, shared how she felt as if,

It makes you not want to go out and socialize with nobody because you don't know what's going to happen. And it shouldn't be like that. We should be able to drive around just like anybody else or park and chill there if the store owners don't have a problem with you parking on their parking lot and having a conversation or hanging out up there, what business is it of the police to go up there and tell you to move off somebody's parking lot? I guess it's pretty much their way of keeping us in the house. You gonna go to work and do your job and go home and call it a day.

Similarly, Valerie of Scott County stated,

I don't want to come off like offensive. Um, to like a White person... Because I feel like even if you don't say much or don't say hardly anything, I feel like the moment that you enter somewhere, where it is a majority of Whites and a little bit of Blacks. You're instantly judged. You're getting looked at, crazy staring, and it just makes it really uncomfortable. I stay home to avoid certain social situations or places because of the racism because even though I would want to attend some of the events that they do have here, I don't because I feel like, I, I know we'll probably be a minority. And I don't want to feel like that, I'd rather

not walk into something where the crowd would make me feel uncomfortable. I'm not sure I'll feel safe.

The experiences shared by Phillipe, Tasha, and Valerie illustrate how they utilize hypervigilance as an adaptive strategy for detecting potential danger, so much so they even contemplate the value of leaving their homes for anything other than work or “taking care of business.” Their narratives also speak to self-imposed gatekeeping. When participants did venture out, they often experienced things that reminded them of the need to be more vigilant. Tashaun, a resident of St. Louis County, explained one such situation,

Cause it has happened. The other day my friend and I were jogging. We were jogging in the park, and we wanted to cross the street to get to the main area of the park. So, we just ran through someone's green lawn, we didn't even know it was part of his property we didn't know and we just heard a yelling noise from the window saying, “you get off my property.” We didn't even know, I mean we thought it was part of the park but then he just yelled “hey get off my property”. So, then we knew. Everything has to be taken seriously don't walk on property, just walk on the road and make sure you don't fall a victim of someone saying, “oh he was on my property that's why I shot him.”

Similar to Tashaun's narrative about jogging within his community, the experience provided by August speaks to how he utilizes hypervigilance while walking. Within this interview, August, a resident of St. Louis County shared,

Sometimes I wouldn't walk on the road and start walking on the sidewalk because some people might be like oh, yeah, I shot him because he was stepping on my property. I mean I've heard stories like that, and I wouldn't want to fall victim of that so even if I'm in a White neighborhood I doesn't walk on the sidewalk I walk on the road, cause they can shoot me, you shot me on government property probably you wouldn't justify and say oh, yeah he was on property. This person might be racist and might not like cause of your skin color. So, I do walk on the road instead of the sidewalk.

Tashaun and August's shared experiences speak to the tension between limiting yourself to spaces that are public and can't be questioned/viewed as ‘someone's lawn/property’ and the inability to be safe or welcomed into a public space. The participants' narratives also reveal how hypervigilance became second nature to them due to cumulative experiences with everyday racism. Thus, their experiences provoked a consistent need to be hypervigilant whenever they are in majority White spaces, which given where they live, will occur any time they leave their home. Moreover,

the narratives reveal how their hypervigilance manifests as self-imposed gatekeeping in the forms of staying at home to stay safe, only traveling between work and home, or being very cautious of the people they interact with (e.g., only “good people”).

Mental Preparation for Navigating White Spaces

The narratives shared within the first theme provided rich data and insight into how cumulative experiences of everyday racism result in manifestations of hypervigilance. The second theme builds upon the first to illustrate participants' messages and strategies to navigate predominantly White spaces. The experiences highlighted within this theme encompass the messages they communicated to themselves to stay safe when venturing into predominantly White spaces. For example, Lisa, a resident of St. Louis County stated,

I have to mentally prepare and go okay, you know you're gonna be the minority down there. Just prepare that somebody's gonna say something crazy or whatever like that. Yes, absolutely, I do mentally prepare, especially if I'm going out of my element.

Peter, a resident of St. Louis County, echoed this feeling,

Yes, like if I'm going out in the city, I have to let myself know and I have to prepare for an off-colored comment by somebody. Someone will say something as I'm walking to my back, because they think that they can get away with the side comments. I have to make sure I will prepare for that.

Within her interview, Noelle a resident of St. Louis County shared an experience she had when partaking in social events within her county,

Especially when you're going to a basically all White facility, like I had tickets to the opera. Even though you excited, you still have to be aware and prepare for somebody going to try to tell you you're out of place. You go to a ballgame, because you got tickets to a ballgame, you have to prepare yourself for a White person to say, ni**er, why you here? So, I still prepare myself for things like that when I'm in the minority

While many of the participants openly shared that they strategized and mentally prepared themselves to deal with discrimination while in White spaces, Ron, a resident of Franklin County rejected this notion, but in a way that reinforced the need to always be prepared and ready to be uncomfortable and unwelcome in White spaces:

I don't need to mentally prepare because I'm always prepared. Like, being an African American man, going in a certain area, it's, like, I already know. I'm not gonna be puttin' myself in a situation where I'm uncomfortable. That makes absolutely no sense. If I feel like you're giving me the racial eye- like, you're just staring at me, you're showing signs that I'm a problem or I'm making you uncomfortable or you're making me uncomfortable- I will leave.

Whereas his response might seem like an outlier, the discursive maneuvers present within Ron's excerpt illustrates how past experiences have shaped how he navigates White spaces and the strategies he has created to protect himself from harm.

Mental Health Impact of Everyday Racism

Many participants shared candid details illustrating the mental health implications of living within their environment and dealing with and managing cumulative experiences of everyday racism, particularly when such experiences seemed normal. The narratives highlighted depict participant perceptions of how everyday racism impacts their mental health and the mental health of the Black community within their respective counties. For example, the feelings expressed by Tomika, a resident of St. Louis County, encapsulated the sentiments expressed by many of the participants when tasked to think about their mental health,

Uh, mentally you don't function the same. Once something kinda does something to you and it happens over and over again, your brain kinda rewires itself to function, be able to function in that environment. So, it's kind of like you just don't realize what these experiences does to you mentally until you talk to someone, and you're like, "Oh, that's not normal." And then you build up these defense mechanisms that you don't realize you're doing, like not going to different places and not talking to different people or doing this and that. You, you kind of build this wall up, uh, to protect yourself. And you don't realize you're doing it until you've talked with somebody, and they're asking questions like this. (laughs)

Not only does Tomika's admission speak to the normalization of racism, it also illustrates how such repeated experiences can lead to over-functioning or "rewiring" to survive and cope. Statements such as, "I'm just constantly worried," "I stay stressed out," and "I have post-traumatic stress disorder" were frequently shared within the interviews. For example, Nicole, a resident of New Madrid County shared,

Racism exists and you just see a lot of people mistreated, it do get kind of stressful 'cause you get tired of it. You just always, like, you always have that question, like why? Like why do y'all treat us so badly. It just stresses me out.

Timothy shared how his experiences while living in Franklin County impacted his mental health over the years.

Mmm, bad. I have PTSD, and anxiety, and I have heart problems. And, you know it's just I get sick all the time 'cause I'm always stressed out, or I'm always on edge about everything. Oh. I have my moments when [my mental health] it's really bad. I have my days when it's good or not. I haven't figured out how to deal with it.

Similarly, Hope shared how her mental health has been impacted by experiences she encountered in St. Louis County,

I suffer with anxiety. Extremely bad, it affects every little thing I do, almost. A year ago, well, over a year now, I dealt with a second suicide attempt. I'm fine now. Um, I handle things a little bit better. But my mental health has been up and down.

Timothy and Hope's disclosure of their mental health concerns exposes the connections between adverse mental and physical health outcomes. Participants talked about their own mental health and discussed how their environment impacted the mental health of the Black community. For example, Ashleigh of New Madrid County, shared,

Um, depression is ... crazy around here. I have ... I know of a lot of people that have to take this, uh, Xanax and you know, just mood ... Mood-altering drugs to cope. My personal thinking is it's the area doing that. I believe that that is why there is a lot of depression here. I've got a lot of friends that take medication for depression. They're black and they take narcs. I mean they're taking Xanax and they self-medicate. They do a lot of self-medicating around here. Especially with some of the black men. And I again, I believe that they do things because they are seen as inferior. You know, they can go up for position and be just as qualified as another person, as a White man and they ... But they would not get the job. Because of that. And I mean, yeah, I believe that the depression and the stress levels and the mental anxiety and all that has to do with where we're at and what's going on in this, in this area.

Similarly, Lynette, a resident of Franklin County stated,

So, there's a community stress and a need that is not being met. It's aggravating and stressful to be a part of

a stigmatized group of people. And it's aggravating to see, it's aggravating to talk about the issues that happen in black communities and know that you're a part of those communities it's happening to. And, and it's aggravating to not feel like you're able to do anything. It feels hopeless. And that stuff wears on you mentally over the years.

The narratives highlighted within this theme illustrate the prevalence of mental health concerns and how stress and everyday forms of racism plague individuals and entire communities. Their narratives also point to the cyclical nature of everyday racism and its psychological or mental health impact. Without a systemic solution, community members and individuals alike will continue to self-medicate and/or feel hopeless.

Discussion

This paper examines the experiences of everyday racism among Black Missourians and how these experiences influence their daily life, including their mental health. We used select CRT tenets as an analytical framework to enhance our interrogation of micro/macro-level interactions and aid in conceptualizing everyday racism. Moreover our engagement with CRT helped to situate participants' narratives to the forefront—voices often unheard or doubted [44]. Like many others that have used CRT as an analytical framework [61], participants' narratives highlight the strategies and challenges experienced in avoiding discriminatory actions. In other words, counterstorytelling sheds light on the realities minorities face daily, a knowledge-making methodology that shapes theory and praxis [42, 62].

In these narratives, we find three prevailing themes: (1) hypervigilance and the embodiment of everyday racism, (2) strategies for navigating a White environment, and (3) the psychological impact of everyday racism. The ordinariness of racism is imbued in all facets of life. For some, the option of not leaving their home and/or traversing into predominately White spaces are adaptive strategies to avoid racist interactions. Narratives also revealed the lengths individuals would take, particularly Tashaun and August, and their internal apprehension to walk or run on public property to avoid falling victim to legal and extralegal forces. These acts of hypervigilance among Black Missourians are not unfounded. For instance, private citizens and members of the police have put into question Black “bodies out of place” [63], where interactions in St. Louis have ranged from disproportion traffic stops [73] to the brandishing of guns towards peaceful protestors after the unarmed death of Mike Brown [74]. To study the mental

health impacts of historical and ongoing racial trauma, violence, and discrimination, a central focus must be on how racial inequality, discrimination, and violence are embodied or how people's bodies incorporate experiences [64]. Bodies are the primary way people perceive, inhabit, and interact with the social world [65]. Bodily senses provide somatic and effectual information that create interpretive frameworks and make meaning in our lives [66] because racial inequality has the power to become “embodied-literally-in the biological well-being of racialized groups and individuals” [67, pg. 47].

When participants enter predominately White spaces, their narratives highlight the internal dialogs many have as a means of comportment. Changing demeanors to prepare for hurling insults and slurs extends participants' previously identified adaptive strategy to avoid racist interactions. However, unlike the first theme, which reveals the physical toll of everyday racism, strategies for navigating a White environment show the emotional toll associated with everyday racism. This finding is similar to Hudson et al. [68] and Evans and Moore [69], the emotional strain individuals experience when in White institutional spaces—an unavoidable environment given its centrality to daily life and commerce. Finally, participants discuss the cumulative toll of how everyday racism affects mental health. Manifestations of mental illness are associated with everyday racism for many participants, such as anxiety, depression, and PTSD. Lynette's narrative also shows how everyday racism (and its stressors) is not limited to the individual; it is felt throughout the community. Additionally, the “wear and tear” of racism affects the physical health of individuals [70], as indicated by Timothy's narrative.

Lastly, this study used CRT as an analytical framework to help situate everyday racism as an endemic and normalized feature of the participant's environment. We engaged with the racial realism and Whiteness as property CRT tenets to help us interrogate how the participant's experiences with and perceptions of everyday racism impact facets of their mental health and well-being. Through our usage of CRT, we centered the lived experiences of the participants so that their narratives can provide: (1) conceptual clarity about the realities of everyday racism, (2) deeper awareness of how Whiteness operates as a property right that is both entrenched in everyday racism and exacerbates how everyday racism adversely impacts their health and well-being, and (3) an in-depth understanding of how often taken for granted and assumed “normal” forms of racism generates pathways to negative health outcomes. Engaging with CRT also allowed us to examine the counterstories, or the unique histories, experiences of oppression, and knowledge, of Black Missourians in a way that challenges deficit-informed research and understanding the way racism is felt, experienced, and interpreted.

Limitations and Future Work

Our findings from this study expand on the literature on race, racism, and social determinants of health. Despite what we have accomplished, there are study limitations. First, the focus of this analysis are areas in Missouri with various forms of racial violence. Future research should explore how everyday racism varies by space (e.g., spaces outside of Missouri and/or areas without specific forms of racial violence)—as a way to elucidate how historical and contemporary mechanisms of oppression are maintained and revitalized across social milieus. Second, we also acknowledge that reported racial violence might be undercounted or overcounted (see Tolnay and Beck [71]) regarding the enumeration of racial violence), which may affect the areas that were included or excluded from our analysis. Additional research is needed to explore the lived realities of racism and the way it impacts people’s mental well-being to fully understand the impacts and possible solution-oriented practices and policies. Moreover, Essed’s theorization of everyday racism is applicable to contexts with similarities to the U.S. landscape (e.g., settler colonial nations, presence of institutional, structural racism). For example, exploring how everyday racism operates and maintains systems of oppression (e.g., racial domination) within unique geo-political contexts can have far reaching health implications as it relates to minoritized and disenfranchised people within that space.

Funding This project was supported by 2019–2020 Richard Wallace Faculty Incentive Grant at the University of Missouri.

Data Availability Semi-structured interview guide available upon request.

Code Availability Not applicable.

Declarations

Ethics Approval This study was approved by the University Missouri – Columbia Institutional Review Board (IRB #2013571 MU).

Consent to Participate Informed consent was obtained from all individual participants included in the study.

Consent for Publication Consent was obtained from participants to publish the findings in manuscript form and for other research purposes.

Conflict of Interest The authors declare no competing interests.

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