



## Review article

## Appropriated racial oppression: Implications for mental health in Whites and Blacks

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## ABSTRACT

Racism has been examined in its many forms. Scholarship regarding how individuals personally experience, cope with, and manage racial oppression is still developing. The term “appropriated racial oppression” reframes the construct “internalized racism” as a process whereby members of a group appropriate a dominant group’s ideology, adapt their behavior, and perceive a subordinate status as deserved, natural, and inevitable. The expression of appropriated racial oppression is based on a variety of complicated and interacting processes, such as incentivized societal norms, critical consciousness, and racial socialization. We conceptualize appropriated racial oppression as a mediated process that yields both direct and indirect health outcomes for both non-dominant *and* dominant groups. The latter is critical because little research examines how racism affects dominant groups and their health. In this commentary, we examine two examples where appropriating racial oppression may confer both negative *and* adaptive outcomes. Although we highlight examples rooted in White and Black racial experiences, we briefly consider implications for intersectional and multiple marginalized identities as well. Future research recommendations for psychology, public health and interdisciplinary research are discussed.

## 1. Introduction

Racism occurs in multiple forms and operates across structural, group, and individual levels (Jones, 2000). The current article examines how racism contributes to several responses – both adaptive and maladaptive – and why this distinction is important to consider in future research on racism-related outcomes. We argue that in the long term, despite immediate efforts to cope, *managing* racism may be as harmful to health as exposure to racism. Therefore, understanding the impact of racism on the self is more nuanced than focusing on a single dimension alone (e.g., self-hatred) (Padilla, 2001; Pratto et al., 2006; Pyke, 2010; Speight, 2007).

Appropriated racial oppression is a “process by which an individual’s racial self-image is based on direct and indirect stereotypical messages experienced throughout one’s life that in turn influence the individual’s self-image and worth, thoughts, emotions, and behaviors” (Rangel, 2014). This definition suggests that racial messages are ‘taken in’ through repeated exposure and then reflected through individuals’

thoughts, behaviors, and ways of presenting themselves to the world. Drawing from this premise, we posit that appropriated racial oppression can be an instinctive response to, or a deliberate strategy for, navigating normative Whiteness ideals embedded in our society.

This essay supports emerging research that recommends adopting a new framing for understanding appropriated racial oppression (Banks and Stephens, 2018; Tappan, 2006). The novelty this article offers is twofold. First, we briefly discuss examples in which White supremacy affects *both* Whites and oppressed groups, highlighting ways in which appropriated racial oppression compromises mental health (Pyke, 2010). Secondly, we suggest that exploring how racism influences attitudes and behaviors in a range of ways presents new opportunities for research in psychology and public health. For oppressed groups in particular, we provide examples of how racism is negotiated on an individual level - beyond what has traditionally been conceptualized as self-hate. Finally, we discuss implications and suggestions for further study.

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## 2. Brief overview

### 2.1. What's in a name?

Racism, a form of structural oppression, is a system of dominance and privilege based on racial group designations (Essed, 1991; Harrell, 2000). Racism is maintained through media, ideology, policies, norms, and practices that preserve systems of inequity and racial dominance. Less is known, however, about how racism affects individuals' sensibilities, ways of being, and everyday experiences.

Traditionally, "internalized racism" has been described as beliefs about one's own inferiority, weaknesses, or shortcomings as a function of membership in an oppressed group (Jones, 2000). Comprised of negative self-beliefs, and in some cases, preferences for out-group norms and practices, internalized racism has been discussed as primarily impacting marginalized groups (Krieger, 2000). Recently, scholars have proposed a shift in terminology from "internalized racism" to "appropriated racial oppression," to avoid narrowly limiting the focus of individual experiences of racism to negative messaging (Campón and Carter, 2015; Pyke, 2010; Tappan, 2006). We believe that this change in terminology also avoids limiting the impact of racism to people of color only. In doing so, the ways in which racial oppression is taken up, or appropriated, by oppressed groups and non-oppressed groups becomes the larger focus of study.

In this vein, we suggest that appropriated racial oppression affects dominant groups. Whites, for example, can appropriate and reify racial oppression by demonstrating attitudes and actions that maintain White supremacy, privilege, and systems of inequity. We contend that shifting the focus from internalization to appropriation supports a more accurate representation of processes previously considered to be restricted to oppressed groups, effectively blaming those groups for their own oppression, rather than recognizing the ways in which it shapes outcomes for *everyone* in society.

### 2.2. Early research on internalized racism

Franz Fanon was among the first scholars to describe a 'peculiar sensation' in his writings about colonized mentality, the process of accepting a dominant group's declaration of superiority through attempts to identify with and emulate the actions of oppressors (Fanon, 1970; Fanon et al., 1963; Memmi, 1965). Work in this tradition later expanded to include theories of racial inferiority and self-aversion when oppressed groups "turn on themselves," and their own existence resulting in psychological distress (David, 2013; Leary and Robinson, 2005; Lipsky, 1987; Speight, 2007; Sule et al., 2017). Perhaps most famously, a series of psychological experiments conducted by Clark and Clark (1939, 1947; 1950) sought to understand attitudes about race among children. In these experiments, Black children were presented with White and Black dolls and asked questions about doll preference and positive/negative attributions. The selection of White dolls by the majority of Black children in response to prompts such as, "Which doll is good?" resulted in a wave of policy decisions and subsequent psychological research focused on racial self-hatred and improving Black self-esteem (Brown v. Board of Education, 1954). These studies continue to be referenced as an example of internalized self-hatred among Blacks generally (Bailey et al., 2011; Bailey et al., 2014). This interpretation persists despite ongoing challenges that complicate the conclusions drawn from these findings, including scholarship highlighting the importance of delineating the *identification* of societal values of one's racial group as opposed to one's *personal values* (Sellers et al., 1998). In other words, acknowledging the social value of Whiteness is not equivalent to embodying those ideals. Therefore, assessing interactions with racism as a more dynamic process, not narrowly limited to either acceptance or rejection of oppressive values, is needed (Banks and Stephens, 2018).

## 3. Widening the scope

### 3.1. Appropriated racial oppression

If appropriated racial oppression is not self-hatred, what is it? Several scholars argue for widening the scope to describe a *process* by which systems of oppression rely on the "taking in", or appropriation, of societal messaging centered on Whiteness (Helms and Cook, 1999; Pyke, 2010; Rangel, 2014). Whiteness is a central ideology that undergirds and maintains appropriated racial oppression, and *the ideal* by which all other groups are judged, contributing to how individuals "see" themselves (see also Social Mirror Theory) (Bonilla-Silva, 2012; Feagin, 2010; Mills, 2003; Whitehead, 2001). Put another way, people of color are socially rewarded based on their degree of conformity to Whiteness.

Therefore, we further suggest that *appropriated racial oppression can be any instinctive or deliberate reaction in response to normative Whiteness ideals embedded in society*. This framing expands previous research on internalized racism that neglected to identify Whiteness or White supremacy as the source from which negative thoughts and actions emerged. Therefore, rather than the result of some cultural or biological weakness, inferiority complex or shortcoming, appropriated racial oppression is an expected and inevitable response to White oppression in which individuals consider themselves in relation to their environment. This conceptualization is decidedly broad, and arguably a necessary characterization for understanding how groups use a range of tactics to navigate and cope with racism. Furthermore, if racism is the smog that we all breathe – to what extent do individuals and groups *navigate*, rather than accept it?

### 3.2. Naming White supremacy

Naming White supremacy as the driver of racism and race-related stress is important. First, naming identifies the system of oppression in which racism occurs. Second, connecting White supremacy to appropriated racial oppression links a range of beliefs and behaviors about domination and subordination to that system, rather than being perceived as rooted within *individuals*. Prior research focusing on internalized racism emphasized individual pathology while diminishing the significance of White racism, which has contributed to victim blaming. For example, a child identifying a White doll as being "good" does not necessarily equate to poor self-worth, but may reflect a degree of racial awareness and environmental priming as a result of living in a racist society (Bonilla-Silva, 2012; Hraba and Grant, 1970; Sellers et al., 1998). Similarly, research on hair straightening, skin bleaching, and racial phenotypicality preferences (e.g., Kaw, 1991; Maddox, 2004; Maxwell et al., 2015; Mendoza, 2014) have not been explicitly linked to appropriated racial oppression, yet lighter skin and straight hair do, in most cases, shape life experiences in ways that can confer survivability and advancement in a culture that rewards Whiteness (David, 2013; Eberhardt et al., 2006; Feagin, 2013). Scholarship concerned with the fundamental causes of what appears to be self-hatred must *name* the foundation of White supremacy before examining ways to dismantle it. White supremacy specifically, rather than a nameless 'oppression', benefits those who conform to, rather than resist it.

## 4. Preserving Whiteness: The impact of White supremacy on Whites

Living in a racist society means that privileges are awarded based on dominant racial status. No action is required by the beneficiary to receive these privileges. Therefore, it is difficult to see racism as a *system* (rather than a collection of racist actors) that constructs categories of racial difference with accompanying advantages/disadvantages based on race, particularly if one benefits from that system by exerting no effort (Robinson, 2000; Glenn, 2002; Feagin, 2006; Melamed, 2015).

While it may seem counterintuitive, despite economic and social benefits conferred by dominant group status, Whites (the dominant group in this case) are also harmed by racism (Bonilla-Silva, 2003, 2012; Malat et al., 2018; Metzl, 2019).

In many ways, Whiteness functions as an invisible system that produces gains and privileges for Whites while imposing impediments to assets and other resources for non-Whites (Ansley, 1997; Lipsitz, 1998; Mills, 2003; Phillips and Lowery, 2018). Given its invisibility, any benefits or privileges derived from that system may be perceived as deserving, earned, or a result of hard work. One system belief, meritocracy, emphasizes individual merit and a serious work ethic as a path to success in life (Phillips and Lowery, 2018).

However, notions of a fair and just society that bases rewards on hard work alone can do more harm than good when expectations of success are unmet (Milkman et al., 2015; Thompson and Neville, 1999). For example, when losses to social or economic position do occur, they are likely magnified and seen as undeserved. We argue that one way White Americans are harmed by racism is when meritocratic beliefs are to be assumed true, and then disrupted, or the system does not confer benefits as expected.

#### 4.1. Threats to worldviews

According to research on worldviews, individuals develop assumptions about the world, how it operates, and their role within the world (i.e., worldviews) (Janoff-Bulman, 1989, 1992; Jost et al., 2004). As a result, individuals also view their status within society - economic, social, and political (i.e., the system) - as legitimate and fair. However, when events or experiences *violate* that worldview and cannot be aligned with how individuals previously viewed the world (i.e., traumatic event, job loss or diminishing status) significant stress can occur (Park et al., 2012). Research indicates that individuals experiencing major stressful events no longer perceive the world as benevolent and just (Janoff-Bulman, 1992). The resulting state of uncertainty and fear can give rise to anxiety and physiological reactivity that characterize post-traumatic stress syndrome (PTSD) (Edmonson, et al., 2011; Park et al., 2012).

While not explicitly linked to racism in the extant literature, we use the worldview-based model to illustrate how Whites may feel threatened or traumatized due to a perceived loss of status in an increasingly diverse world. These threats also hold important consequences regarding individual mental health and health policy more broadly.

#### 4.2. Perceived loss of status and mental health consequences

Psychological studies indicate that racial identity lies dormant when dominant groups occupy the majority position. However, the prospect of becoming a minority group makes dominant (White) identity more salient, and may cause a wide range of responses (Craig and Richeson, 2014, 2017). For example, reports show that the proportion of the White population will decrease significantly in the coming years (United States Census Bureau, 2018). When shown projections of a time when Whites will constitute a numerical minority, White Americans felt angrier toward and more fearful of ethnic minorities than Whites who did not view future projections (Outten et al., 2012).

Demographic shifts and major political events such as the election of the nation's first Black president may evoke fear, status threat, and uncertainty among the dominant group, especially if such changes represent a seemingly distorted view of the way the world works. That is, if one holds a strong belief in racial hierarchies – that certain groups belong at the top and others at the bottom – seeing a member of a subordinate group in a dominant position of power can be disorienting (Norton and Sommers, 2011; Wilkins and Kaiser, 2014). Furthermore, if demographic changes are perceived to be associated with negative effects in one's own life, such as increased competition for jobs or employment cuts, this may also result in stress and anger (Jost and

Thompson, 2000).

Emotional processing theory suggests that individuals with rigidly held beliefs are more vulnerable to PTSD symptoms than those with more flexible belief systems. In other words, in the face of a highly stressful event, rigid beliefs about the ideological 'just world' are more vulnerable to disruption and heightened stress when those beliefs are tested (Park et al., 2012). Although very little research draws specific connections between appropriated racial oppression and health for Whites, some reports show that a perceived loss of status or materiality for Whites is associated with increased emotional stress compared to other groups (Schmitt et al., 2002; Wilkins et al., 2017). For example, Newman (1988) reports that higher status, white-collar workers have difficulty making meaning of job losses compared to other groups, blaming themselves for the loss (rather than an external system) based on meritocratic beliefs. Similarly, internal self-attributions following a discriminatory event yields lower self-esteem and poorer health outcomes among White women; yet Black women (in the same study) were more likely to rely on structural (i.e., systemic) explanations for discrimination rather than blame themselves (Versey and Curtin, 2016), which may be protective for mental health (Crocker and Major, 1989; Neighbors, 1985). Similarly, attributing poverty to individual factors (lack of ability/effort) rather than structural causes (lack of jobs) places the blame for poverty on the individual rather than on a flawed system, which may compromise mental health (Godfrey and Wolf, 2016).

We suggest that major political and economic events challenge worldviews, compromise feelings of safety and security, and activate fear networks that can be sustained by a wide variety of environmental cues, including those that further threaten how one views the world (Foa et al., 1989). One promising direction for changing how one interprets such events is developing an awareness about how complex social-economic-political systems actually work. Research finds that developing a critical consciousness — an understanding of structural, economic, political, historical, and social forces that contribute to inequity — can contribute to a more balanced view of the world and its challenges, channeling energies into productive, change-oriented action (Diemer and Rapa, 2016; Diemer et al., 2016; Jemel, 2017; Freire, 2000). In order to understand how racism impacts the mental health of dominant groups, cognitive models of worldviews may be one fruitful area of further study.

#### 4.3. Perceived loss of status, health policy, and agenda setting

According to recent reports, most White Americans believe that their quality of life has declined since the 1950s (Jones et al., 2015). Fifty percent of these respondents believe that discrimination against Whites is equal to, or more severe than, the problem of discrimination against Blacks (Norton and Sommers, 2011; Jones et al., 2015). Other research shows that Whites are threatened by a racially progressive worldview, perceiving that the country has advanced more toward racial equality than Blacks recognize (Craig and Richeson, 2014, 2017; Dover et al., 2016; Eibach and Ehrlinger, 2006; Eibach and Keegan, 2006; Wilkins et al., 2017; Wilkins and Kaiser, 2014). Therefore, perceptions of a more equal, perhaps 'post-racial' society may lead Whites to believe that continued attempts to achieve racial equity are unwarranted and unfair. Worse still, if Whites are blind to Whiteness as a system and worldview that makes certain privileges and successes possible, then any action or policy perceived at leveling the playing field can contribute to feelings of resentment, anger or threat.

Responses to status threat can be direct, or indirect, through actions that undermine one's own health. These relationships can be further complicated by class. For example, the majority of working- and middle-class Whites oppose social health programs (e.g., the Affordable Care Act) that improve health for all Americans, and particularly poorer Whites. This opposition stems from mistrust and a distancing from policies thought to primarily benefit groups of color (Banks, 2014; Dalen et al., 2015; Fiscella, 2016; Malat et al., 2018). Inaccuracies that

play on racial stereotypes increases fear and threat, and can result in policy changes that restrict benefits to social services and comprehensive health reform, which hurts everyone, particularly poorer Americans. Interestingly, current reports show that the majority of Americans want the national health plan to remain the same, and now acknowledge the benefits associated with the Affordable Care Act, even if they did not previously (Kaiser Family Foundation, 2019). Still, following President Barack Obama's election, the number of hate groups increased, and the number of Whites who reporting seeing themselves as victims of racial injustice rose as well (Craig and Richeson, 2014; Kaiser et al., 2009; Norton and Sommers, 2011; Wilkins and Kaiser, 2014; Kaiser and Major, 2006; Kaiser and Miller, 2001; Mills, 2003).

Status threat may also trigger anger and prejudicial attitudes, particularly when policies are perceived to favor equity, diversity, racial justice, or wealth redistribution (Brown-Iannuzzi et al., 2017; Dover et al., 2016; Harell et al., 2016; Phelan and Rudman, 2011). For example, people who are poor, of any race, suffer from the disinvestment and lack of resources that accompanies residential segregation (Kramer and Hogue, 2009). Yet most neighborhoods remain divided by race and class, which shapes how community health issues are differentially framed by government policy and portrayed in the media (Bailey et al., 2017; Netherland and Hansen, 2019; Kawachi et al., 2005).

Whereas gun violence has historically received little attention in low-income neighborhoods, it has become a significant discussion given recent events in more affluent, majority White communities (Parham-Payne, 2014; Simmons, 2018). Legislative provisions that would curb gun violence (or opioid drug dependency) improves overall public health; yet whether these concerns are framed as health issues is often dependent upon what population is affected (Hansen and Netherland, 2016; Netherland and Hansen, 2019; Wolf et al., 2014). Racialized policy (i.e., structural racism) is maintained by implicit bias and explicit racism, as well as ideals about status, and deservedness (Banks et al., 2006). Issues related to community violence, drug dependency, access to affordable housing, school disparities, and a variety of other community services determined by neighborhood zip codes can be seen as somebody else's problem when indeed these are, and should be, a concern for all Americans (Bailey et al., 2017; Corburn et al., 2014; Hwang and Sampson, 2014; Krieger and Higgins, 2002; Tighe, 2010).

Taken together, despite decades of research, disparities persist. Therefore, an open, continued dialogue about racism and its effects is warranted. Specifically, any comprehensive assessment of appropriated racial oppression would be well-served to consider how the adoption (or appropriation) of specific behaviors, attitudes, and ways of knowing regarding the self and others may further perpetuate racist tendencies among Whites.

The relationship between Whiteness and the expectations that accompany it, may offer new insights regarding how appropriating racial oppression impacts mental health and health policy generally. While there is less direct evidence connecting Whiteness to health, relevant, but separate, literature regarding how Whites experience economic insecurity supports the hypothesis that perceiving undeserved loss increases stress and anxiety. This research illustrates that while appropriated oppression is often construed as operating in positive ways for Whites, it may also harm health. More broadly, group consciousness theories (e.g., Bartky, 1975; Dimer and Rapa, 2016; Foster and Tsarfati, 2005) suggest that disbelieving in meritocracy enhances psychological adjustment and well being. Therefore, shifting worldviews may be useful in accommodating an unjust society and reframing conversations on race, racism and race-related stress.

## 5. Wearing the mask

Rather than efforts to preserve Whiteness, appropriated racial oppression for groups of color often manifests as responses to “fit in” or navigate a world in which conforming to Whiteness is rewarded. Expectations for fitting in may include conforming to norms and

practices in order to secure privileges and resources one would not be able to ordinarily access. For example, Black Americans who must navigate their own racial identity as well as White norms in order to achieve success possess a ‘double consciousness’ (Du Bois, 1898).

It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity (Du Bois, 1903, p. 3, italics added).

Early work by W. E. B. Du Bois (1898, 1903) referred to double consciousness as a way of seeing oneself through the eyes of others. Du Bois poses the question - how does being viewed as ‘a problem’ (i.e., non-conforming to Whiteness) threaten one's very existence – sense of self, health and well-being? We examine two examples describing this twoness that represent appropriated racial oppression and, at the same time, function in ways that can be interpreted as adaptive.

### 5.1. Respectability and vigilance

Respectability is the notion that individuals assume responsibility for presenting an ideal or optimal version of themselves to counter negative stereotypes about one's group (Harris, 2003; Higginbotham, 1993). The term has specifically been used to describe ‘defensive othering’ among Black Americans, efforts that distance oneself from derogatory stereotypes associated with Blackness, such as laziness, violence, or intellectual inferiority (Cooper, 2017; Ezzell, 2009; Higginbotham, 1993). Resisting these stereotypes, or adopting a dominant-group perspective toward other members of the same group is a form of appropriated racial oppression (Pyke, 2010).

The practice of exalting exemplars that mimic Whiteness while policing Blackness (e.g., physical appearance, good manners/behaviors, achieving success and validation in majority-White spaces) is problematic. Yet these responses are reactions, and at times strategic actions, to navigate White supremacy by gaining access to power, knowledge, and social positioning that may not be otherwise accessible. Therefore, while displaying respectability behavior is considered appropriated racial oppression, it also provides social benefits. These benefits may be applied to the individual or to a group as a whole.

However, research suggests that maintaining respectability by actively resisting or guarding against racial stereotypes leads to poorer physical and mental health (Hicken et al., 2013; Hicken et al., 2018a,b). Termed “vigilance” or a vigilant coping style, respectability is an example of an anticipatory mechanism, that develops as a preoccupation regarding one's own public presentation and demonstration of appropriate behaviors to avoid potential harassment and discrimination. In a study of these effects, researchers find that vigilance correlates with negative health outcomes, increased depressive symptoms, poorer sleep, and risk of chronic disease (Hicken et al., 2018a,b; Hicken et al., 2013; Lee and Hicken, 2016). Related research on *anticipated* discrimination shows that stress pathways are activated in response to preparing for a discriminatory event, similar to the stress of actually experiencing discrimination (Richman and Zucker, 2019). Therefore, while conceived as a method to reduce perceived threat, being ‘respectable’ by attempting to counter negative stereotypes can be taxing, effectively yielding more costs than benefits.

### 5.2. Code-switching

Language and the way one speaks is also an important cue that sometimes denotes Whiteness. For example, African American English (AAE) or Black English (BE) refers to “Euro-American speech” infused with African-American meaning, colloquialisms, grammar and nuance (Green, 2002; Smitherman, 1977). Although debated, linguists propose that standard English is a habit of middle- and upper-class Whites, and speaking in this tradition is preferred in school, workplaces, and other formal settings (Fordham and Ogbu, 1986; Young, 2009). Code-



switching occurs when groups or individuals are conversant in two systems of language, switching back and forth to accommodate different social contexts. As in the case of respectability, individuals practice racial distancing through code-switching (e.g., avoiding stereotypically BE/AEE) by speaking and performing in ways that are aligned with normative Whiteness.

Psycholinguists suggest that non-standard English speakers are less likely to be believed and are taken less seriously (Baugh, 2003; Lev-Ari et al., 2018). Realizing the power of racial stereotypes, Blacks and other racial/ethnic-groups may modify speech in interpersonal interactions to avoid evoking negative images and expectations associated with Blackness (or ones' group), albeit at a psychological cost to themselves (Bacchus, 2008; Grogger, 2011; Lippi-Green, 2012).

While code-switching and maintaining respectability may be effective in achieving 'success' by some metrics, it requires constant work on the part of the individual who must shift to accommodate others. These behaviors may be especially damaging when practiced over time and across various settings (Hall et al., 2012; Terrell and Terrell, 1983; Weber and Higginbotham, 1997). More importantly, these practices do not address the structural systems that make it necessary to code-switch (or be respectable) in the first place. By focusing on individuals who fail to use these strategies, and even those who do, attention is diverted from Whiteness, institutions of power, and society at large that place value on "speaking proper English" or "behaving appropriately" as a means to success.

### 5.3. Intersectional complexity

While beyond the scope of this article, we recognize that within racial categories, there are other identities of dominance and oppression that complicate the process of appropriated racial oppression. Intersectionality is a theoretical framework that posits that multiple social categories (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status) intersect at the micro-level of individual experience. These experiences reflect multiple interlocking systems of privilege and oppression at the macro-level (e.g., racism, sexism, heterosexism) (Combahee River Collective et al., 1982; Crenshaw, 1991; Hill Collins, 2000; King, 1988). As such, intersectional identities hold significance for health and well-being in managing everyday experiences (Bowleg, 2012; Harnois and Bastos, 2018; King, 1988). For example, research on racialized gender effects suggests that women of color, particularly Black women, adopt roles of strength, resilience and silence regarding oppression that compromise health and well-being (Bowleg et al., 2003; Beauboeuf-LaFontant, 2009; Woods-Giscombé, 2010).

According to several studies, Black women practice vigilance and active coping (also called "shifting") to guard against misperceptions about their capability and professionalism in the workplace, as both women and Black individuals:

*...And then there's the label of being hostile. It's like you don't have to open your mouth but walk into a situation and you're perceived as being hostile. I think that's in every environment that I've been in and it starts to wear on your own psyche. You start questioning stuff. Am I really hostile? (Hall et al., 2012, p. 213, italics added).*

*African American women change the way they think or expectations they have for themselves. Or they alter their outer appearance. They modify their speech. They shift in one direction at work each morning, then in another at home each night (Jones and Shorter-Gooden, 2003, p. 62, italics added).*

*I feel like I live in two worlds. I can very much get along and do the whole thing when I have to, in certain settings, because unfortunately, we do have to, but I'm clear about the fact that I have to play different roles. And I can do that (Hall et al., 2012, p. 216, italics added).*

While research on intersectional identities and health is limited,

examining gendered stressors among groups of color is a useful step to better understanding within-group disparities (Caiola et al., 2014; Griffith, Ellis, & Allen, 2013; Hankivsky et al., 2014). Engaging intersectionality theory in ways that thoughtfully account for the simultaneous effect of identity-based stressors is a particularly promising area for future research (Evans, 2019; Richman and Zucker, 2019). Health promotion models suggest that health equity is best achieved by tailored interventions that are sensitive to cultural and economic needs. Furthermore, eliminating health disparities may be better facilitated by exploring overlooked race-related, gendered stressors, rather than comparative research relying on one standard to quantify minority health burdens (Bediako and Griffith, 2008).

### 5.4. Health consequences of wearing the mask

Appropriated racial oppression is insidious in that it centralizes and normalizes Whiteness in a way that infiltrates every component of one's being - how one looks, the ways in which one speaks and behaves. Ultimately, a person of color may continually ask themselves, "What will White people think?" before making a decision in order to adhere to norms deemed acceptable. As such, oppressed groups are burdened with navigating racial oppression using a range of coping strategies that collectively, constitute forms of appropriated racial oppression.

We currently have a limited understanding of the ways internalization may affect health (Williams et al., 2019). Whereas there are almost no studies on the health outcomes associated with respectability and code switching, research on *surface acting* in service industries may provide a parallel example of how these processes impact health. Surface acting is a type of emotional labor that maintains a particular outward appearance in formal settings, while having different feelings internally (Hochschild, 1979, 1983). Surface acting suppresses true emotional reactions to display emotions that are not truly felt in order to be consistent with institutional or societal values, in order to appear pleasant, happy, or helpful (Bono and Vey, 2005; Wharton, 2009). A variant of surface acting is *deep acting* where individuals perform and integrate the values of the setting - workplace, school, etc. - into their own belief system to more convincingly display those feelings (Judge et al., 2009; Wharton, 2009).

The description of these actions as 'acting' seems appropriate, since the process is one in which individuals project expected norms and behaviors that are required in a given context. Surface and deep acting both require a significant amount of energy and capacity to contort oneself in order to display a demeanor one may not actually feel (Hülshager and Schewe, 2011). For example, Black women in the study by Hall et al. (2012) reported feeling an extraordinary pressure to be perceived as 'nice,' 'normal,' 'non-threatening' or 'one of us.' Yet performing this work requires effort and discourages being one's authentic self.

In the context of the current discussion, 'wearing the mask' has long been considered what is required to survive and succeed in a White-centered world. We are suggesting that while donning the mask may be deemed necessary for those in socially subordinate racial groups, it is also psychologically taxing. Simply put, there are health costs associated with racial coping, and particularly coping that requires a constant effort to shift back and forth to present the self in different ways (Beauboeuf-LaFontant, 2009; Biron and van Veldhoven, 2012; Bono and Vey, 2005; Hülshager and Schewe, 2011; Onwezen et al., 2014). In this way, some forms of appropriated racial oppression may represent efforts to cope with a problem (i.e., racism) without the ability to alter it (e.g., emotion-focused coping) (Lazarus and Folkman, 1984; Tull et al., 2007).

## 6. Concluding thoughts

The consequences of appropriated racial oppression span both socially dominant and subordinate racial groups and there is a need to

better understand implications for health. We highlight how a perceived loss of status may compromise health for Whites, while strategies commonly used by ethnic-minority groups to navigate White supremacy likely increase race-related stress, anxiety, depression, and widen health disparities overall. For Whites, mental health challenges and strong attitudes towards public health policy may stem from managing a perceived loss of status and power. While speculative, research suggests that unmet expectations facilitate intermediate processes (i.e., anxiety, threat, difficulty processing challenging stressors) that lead to poorer health for Whites (Metzl, 2019).

For Blacks, strategies that have received little attention in the context of public health – code switching and respectability – may be subconsciously or consciously used to cope with racism, in order to belong, fit-in, or achieve success. While it is well documented how people of color have managed to use a variety of tools, including code switching and respectability, in order to succeed academically and professionally, this work would benefit from additional research exploring whether these strategies are more beneficial or toxic in the long-term. An additional direction for future work may be exploring how worldviews and core beliefs (potentially about race and power) can be rebuilt, resulting in reduced status threat and lower anxiety. Furthermore, how can we advance dialogue beyond *symptoms* of racism (e.g., appropriated racial oppression, discrimination, status threat, White fragility) to address the systems of power that create these symptoms, and more importantly, how to change those systems?

One of the oft-overlooked features of appropriated racial oppression is the fact that racially subordinate groups are held responsible for re-producing White supremacy if they employ strategies that allow them to navigate racism. While there may be some benefits of aligning with White ideals (e.g., being perceived as more professional), there is also empirical evidence that doing so comes with mental and physical health consequences (e.g., research on “acting White,” Durkee and Williams, 2013). Therefore, if we accept the premise that appropriated racial oppression is an inevitable by-product of racism, it is important to examine the full range of consequences associated with responding to the demands of Whiteness. Further research is needed to understand the process of appropriated racial oppression in ways that are complex and interconnected with racial identity, assimilation, health disparities, and race-related coping strategies (Banks & Stephens, 2018; Hicken et al., 2018a,b). Our contribution to this effort is the current article, which represents an invitation to begin a dialogue about how appropriated racial oppression functions as adaptive as well as psychologically damaging, and how Whites manifest internalized attitudes as well.

Finally, previous research has prioritized the experiences of the oppressed without equal consideration of how these processes jointly impact (and benefit) Whites. These omissions likely represent a seeming hesitancy to discuss appropriated racial oppression as a scholarly construct (Feagin, 2010; Pyke, 2010). Little attention has been devoted to the study of appropriated racial oppression– including the myths and taboos surrounding it. We are less concerned with the mythology of the construct and more focused on naming appropriated racial oppression as a source of racism-related stress. We also issue a call to engage the scholarly community in a discussion of appropriated racial oppression, its within-group effects, and facilitate a common language through which to better understand related health outcomes.

Far from a comprehensive review, there are other facets of appropriated racial oppression that are relevant to this conversation and we invite dialogue in these areas. Our aim is to offer observations about how casting appropriated racial oppression as a broad process may facilitate understanding what racism means for psychological health and well-being. This article expands the theoretical lens of racism to include appropriated racial oppression as an important, but often overlooked, pathway that ultimately ensures the continuity of racism and racist practices. In fusing together disparate, but theoretically connected scientific evidence for appropriated processes, we attempt to broaden the scope of racism to emphasize a spectrum of outputs, some

of which require both active and passive adaptation to normative ideals of Whiteness. In introducing this discussion, we hope to ignite a conversation about how the research of race, health and process might be advanced and present avenues for future research.

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