On May 25, 2020, in Minneapolis, a White police officer brutally murdered George Floyd. To eyes watching from every corner of the globe, this tragic incident revealed racism that pervades America. While racism surely is in the heads of people who espouse racist ideologies, these ideologies are also inscribed into our daily social interactions. They are woven into the policies and practices of our criminal justice institutions. They are entrenched in institutions of employment, education, finance, housing, and health. Through this ongoing social process, racist ideas and practices are shared, if often implicitly and subconsciously, among most of us in society (Banaji & Greenwald, 2013; Eberhardt, 2019; Jones, 1996; Jones et al., 2013; Markus & Moya, 2010). In this column, I want to reflect on racial economic disparity and social institutions that undergird racism in America—particularly racism against Black Americans.

See all columns by Shinobu Kitayama

Black Lives Matter

I cannot discuss this topic without paying a deeply felt tribute to James Jackson. I had the privilege of working with him as a colleague over the last two decades. Sadly, pancreatic cancer took his life earlier
this fall. He passed on September 1.

See the Observer’s James S. Jackson Remembrance for more on his pioneering work.

After graduating from Michigan State University, James moved on to study social psychology at Wayne State University. He got his PhD in 1972 and started his career at the University of Michigan. The rest was history. He pioneered a new social science field focusing on Black Americans, illuminating social structural constraints on their health and well-being. He led the world’s premier research institute in social sciences, the Institute for Social Research. He advised President Obama. He established a solid foundation of survey and experimental research for the study of Black Americans. He mentored and promoted a generation of Black professors, research scientists, and practitioners of the science of diversity and inclusion.

Throughout his life, James fought to show a White world that Black Lives Matter. His proposal of the first nationally representative survey of Black Americans was a radical notion that many social scientists fiercely resisted. Until George Floyd was killed, the fact that an implicit White supremacy structures American society did not enter the consciousness of a majority of Americans. Nor did it seriously challenge the collective conscience. For more than four decades, however, James had insisted that Black lives must be studied with respect, documented with rigor, and incorporated into our understanding of human social behavior.

A Psychologist’s View of Racism and Inequality

APS’s Charles Blue speaks with social psychologist and cultural diversity scholar Dr. James Jones (University of Delaware) about his experiences and thoughts on systemic racism and discrimination.

Listen to the podcast.

The key construct for James was “environmental affordances.” The environments of many Black Americans—the legacy of slavery, segregation, discrimination, and a pervasive anti-Blackness—are severely under-resourced and disadvantageous. Medical and social services are lacking. Housing is congested. Healthy foods can be hard to come by. Schools are underfunded. Financial services are predatory. Neighborhoods are overpoliced but under-protected. These environmental features make life more difficult. They make it hard to conceive of, let alone realize, dreams. They also make it challenging to stay healthy. These realities, James thought, constitute the environmental affordances for Blacks.

What counts, James said, is to document and study the resilience with which many Black people prosper despite all the powerful forces of racism. For this purpose, the “White control group” is not needed.
The sheer weight of these affordances for misery may appear overwhelming for many social scientists. To James, however, it was the first step for his pioneering work. He drew the attention of the field to the remarkable resilience of Black people in the face of such affordances. This resilience, he insisted, must be studied and documented. The National Survey of Black Americans, started in 1977 under his leadership, embodied this belief and philosophy (see Taylor et al., 1997).

From the beginning of his career, James fought for the cause of documenting and understanding Black lives and the psychology underlying them. Notably, he defied the conventional wisdom that one must compare Blacks with other groups, particularly the White majority, to document the realities of Black lives. What counts, James said, is to document and study the resilience with which many Black people prosper despite all the powerful forces of racism. For this purpose, the “White control group” is not needed.

COVID-19 Pandemic

James was the social psychology program chair at the University of Michigan when I entered its graduate class in the early 1980s. He organized a seminar for incoming graduate students. I was fortunate to have numerous conversations with him. We didn’t talk much about his budding work on Black Americans. However, his passion for that research was unmistakable and radiant. In the ensuing decades, I never studied Blacks in particular or the problem of race in America in general. Nevertheless, when COVID-19 hit earlier this year, my previous interaction with James drew my attention to the distressing degree of racial disparity that was laid bare.

With no effective leadership from the White House (editors of the New England Journal of Medicine, 2020), America struggled to cope with the pandemic. Many people died. Further, it became increasingly clear that underprivileged minorities, particularly Blacks, Hispanics, and Native Americans, accounted for a disproportionate number of the deaths. Why? Commentators and medical experts drew our attention to the preexisting medical conditions of many people in these communities, including obesity, diabetes, and cardiovascular disease. To be sure, these conditions make people more susceptible to COVID-19. However, what is the cause of the preexisting conditions? The short answer lies in James’s environmental affordances for misery. But what is it in the environmental affordances that killed so many people in the minority communities?

One important clue is in the writings of David Williams, a prominent sociologist at Harvard. He was among the first to point out the potentially lethal effects of residential segregation in many American cities. This particular variable, he wrote, is one of the “spiders’ responsible for creating the web” of causation that leads to “a pervasive and persistent pattern of racial disparities across a broad range of health status” (Williams & Collins, 2001, p. 413).

The fact that many American cities are highly segregated has long been acknowledged (Massey & Denton, 1989). However, did racially segregated cities suffer more during the pandemic? We have recently explored this question by using daily counts of COVID-related deaths at the county level (Yu et al., 2020). We looked at the 100 largest American metropolitan areas, which are segregated to varying degrees. One can characterize the extent of segregation between two groups by calculating what proportion of people from each group must be relocated before the distribution of the two groups is no
different from random. If this proportion goes up, the metropolitan area at issue is more segregated. For example, Chicago is quite high in segregation between Blacks and Whites; in fact, more than 70% of its residents would have to be relocated to eliminate segregation.

I must note another important consideration in drawing an intercity comparison like this. The metropolitan areas may vary in their capacity to perform diagnostic tests or in the criteria for judging whether any given death is COVID-related. Important as these factors are, however, they are unlikely to vary systematically within a short span of time—say, for a few weeks in any given metro area. So, following our earlier work (Berg et al., 2020; Salvador et al., 2020), we reasoned that we could minimize these confounds’ impact if we tested the daily increase in deaths over a short study period. Keeping the study period short was also important because growth is known to take an exponential function only during the initial period of an outbreak. For these reasons, we looked at the first 30 days of county-wide outbreaks.

We fitted an exponential function to the data and tested whether the growth might be steeper in more segregated metropolitan areas. We controlled for population size, population density, and the share of Blacks, Hispanics, and Asians in each area, among other variables. The results were very clear. Figure 1a plots the regression coefficient (indicating how steep the growth is) as a function of Black-White
segregation. The growth curve became steeper as the degree of segregation between Whites and Blacks increased. A comparable pattern was evident when segregation was assessed between Whites and Hispanics. No such pattern was evident as a function of White-Asian segregation.

**Invisible Racism**

How might racial residential segregation contribute to the vast human toll of the pandemic? In all likelihood, one potent piece in the “web of causation,” as Williams put it, lies in wealth disparity. Over the last several decades, there has been little change in the racial gap in household wealth. Wealth is greater, by a factor of 7 or 8, for Whites than for both Blacks and Hispanics (Pew Research Center, 2016). Racial segregation in any given metro area results in concentrated poverty in minority racial enclaves and concentrated wealth in White enclaves. As noted above, poverty in minority enclaves precipitates a shortage of all sorts of resources, from medical and social services to healthy foods. Moreover, during the pandemic, residents of poor areas often have no choice but to expose themselves to infection risks at workplaces. Collectively, these realities also add to the systemic racism (and James’s environmental affordances) in America and contribute to disproportionate deaths during the pandemic in these areas. The analytic focus on wealth disparity also helps explain why Asian-White residential segregation has little impact on health outcomes since there is little wealth disparity between Asians and Whites.

In a recent piece in the Atlantic, Jennifer Richeson, a Yale social psychologist and former APS Board member, argued that there is a mythology of racial progress in America (Richeson, 2020). With Michael Kraus and other colleagues, she showed that a representative sample of Americans vastly underestimated the wealth disparity between Whites and Blacks, believing that much progress had already been made to eliminate the problem of racism (Kraus et al., 2019). “The respondents in our study significantly overestimated the wealth of Black families relative to that of White families,” Richeson said. “In 1963, the median Black family had about 5 percent as much wealth as the median White family. Respondents said close to 50 percent. For 2016, the respondents estimated Black wealth to be 90 percent that of Whites. The correct answer for that year was about 10 percent” (Richeson, 2020). The mythology of racial progress fuels unsubstantiated optimism about racial equality. It may therefore help perpetuate systemic racism in America.

The data summarized in Figure 1 make it clear that racial segregation has lethal impacts, likely mediated by continuing racial wealth disparity. A deep irony is that many Americans seem to be unaware of the powerful effect of wealth disparity in separating Whites from individuals in underprivileged minority groups.

**Race as a Process**

The effort to link racial residential segregation to human suffering during the pandemic has brought my research journey full cycle back to James. In his approach to the problem of racism, he taught me that if we conceptualized race as a property of individuals, we would miss the target completely. Race is socially, historically, and politically afforded (Markus & Moya, 2010). It is a construction that is continuously reconstituted. But if you get the impression that racism is less real because it’s constructed, you are wrong. This construction is anchored in many facets of our social reality, including but not limited to racial residential segregation.
No matter how natural it might seem at first glance, this social reality is a consequence of an infinite series of decisions, policies, and institutions that have been motivated by racist conceptions, images, and ideologies. That constructed reality, in turn, rationalizes and reinforces the racist ideas from which it is derived. Racist ideas and the racist reality are mutually constitutive, as I and my colleagues have argued elsewhere with regard to cultural ideas and practices in general (Kitayama et al., 1997; Markus & Kitayama, 2010).

In November 2020, America chose, for the first time, to elect a woman of Black and South Asian descent as vice president. This is a moment of joyous progress toward racial and gender equality. Kamala Harris will be a significant role model for immigrants and the children of immigrants. I, for one, cannot be happier. However, I must also agree with Richeson (2020) in this observation upon George Floyd’s murder: “We should not think of the next year or two as the start of a decade or more of incremental progress. We should think of the next year or two as all the time we have, and a last chance to get it right.” All the more, I think it is crucial for us to follow James’s footsteps to renew our commitment to further the science of psychology grounded in an explicit understanding of racism at work, in both history and everyday life today.

References


