

Understanding the Emotional Toll of Racial Violence on Black Individuals' Health

Julien Quesne 

Department of Social and Preventive Medicine, School of Public Health, Université de Montréal,
Montreal, QC H3N 1X9, Canada; quesne.julien@gmail.com

Abstract: This paper discusses the pivotal role emotions can play in the higher prevalence of disease and mortality in Black populations in North America. There is a large body of research on the potentially harmful effect of negative emotions upon physical well-being. However, many scholars continue to interpret this link via a biological and reactive lens of emotion. By largely disentangling the embodiment of emotions from the traditional biological framework to which they are typically tied, we seek to analyze the nexus of race, emotion, and health through political, historical, and even ontological lenses. This analysis leverages Barrett's theory of constructed emotion to elucidate the tangible impact of emotion on physical well-being and, in conjunction with Afropessimist metatheory on race, the potential contribution to understanding premature mortality among Black populations in North America. Barrett's theory offers insight into how the persistent experience of negative emotions related to race can disrupt the delicate balance of an individual's body-budget. The detrimental impact of White supremacy's affective classifications and associated emotion concepts on Black populations is a stark reality, contributing significantly to daily health challenges faced by these communities in North America.

Keywords: emotional violence; racism; Blackness; health; premature death; body-budget



Citation: Quesne, J. Understanding the Emotional Toll of Racial Violence on Black Individuals' Health. *Societies* **2024**, *14*, 100. <https://doi.org/10.3390/soc14070100>

Academic Editor: Gregor Wolbring

Received: 7 April 2024

Revised: 15 June 2024

Accepted: 24 June 2024

Published: 27 June 2024



Copyright: © 2024 by the author. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

1.1. Background

Since the establishment of the transatlantic slave trade by Europeans at the beginning of the 16th century, Black populations in North America have historically been subjected to dangerous and deadly racial violence [1–5]. In both Canada and the United States, they experience one of the highest rates of premature mortality, second only to Indigenous populations [6,7]. Cancer, the leading cause of death in North America, is more likely to result in the death of Black men than White men under 70 years of age in the United States, particularly concerning prostate cancer, according to a 2021 article by Sung et al. referenced by the World Health Organization [8,9]. In a 2023 statistical study on cancer in the United States, Siegel et al. highlight the higher prevalence of cancer-related deaths among Black populations compared to White populations: “After adjusting for stage, sex, and age, the risk of cancer death is 33% higher in Black people and 51% higher in AIAN people compared with White people” [10]. We align our sociological and political perspective on Canada and the United States with Houria Bouteldja's definition of the French state, and many other western states, as *integral racial states* [11]. In these states, institutionalized racial divisions structure society socially, economically, culturally, and politically. Non-White incarcerated people, primarily Black and Indigenous, are disproportionately represented relative to their population size in Canada [12]. During the COVID-19 pandemic, Black populations in Montreal (Canada) experienced higher mortality rates [13]. Additionally, Black men in the United States are more affected by police killings than any other ethnoracial group, a situation that is also seen among Indigenous populations in Canada [14,15].

Black individuals face daily threats from multiple stressors, including violence, rejection, institutional discrimination, gender discrimination, and lack of access to social

and health services, all of which contribute to their increased risk of death [4,16–20]. This violence also carries an affective and emotional dimension that impacts the health of Black populations [21,22]. Previous research has explored the potential connection between sudden and repeated emotional violence and the development of cancer [9,23–27]. Although no empirical data currently confirm a direct link between emotions and cancer or premature death, recent advancements in the neuroscience of emotions provide a theoretical framework to investigate this possible connection [28–34].

1.2. Rationale

This concept paper explores how Barrett’s theory of constructed emotion [28] highlights the tangible impact of emotions on physical health which, alongside Afropessimist theories on race, sheds light on their potential role in premature death among Black individuals in North America [9,35]. To understand this possible link between emotion, Blackness, and premature death, we engage in an interdisciplinary and inter-epistemic dialogue between neuroconstructivism, defined as “a theoretical framework focusing on the construction of representations in the developing brain” [36] (p. 75) and Afropessimism, a metatheory which “helps us understand why the violence that saturates Black life isn’t threatened with elimination just because it is exposed” [20] (p. 225).

This paper juxtaposes Barrett’s neuroconstructivist explanations of emotions with Afropessimist metatheoretical arguments concerning the historical and ontological link between death and Blackness [37,38]. The aim of this transdisciplinary dialogue is to establish theoretical foundations for postconstructivist analysis of the interplay between emotion, race, and health. Drawing on compelling empirical evidence from health sciences highlighting the disproportionate prevalence of disease and mortality in Black populations [39], this paper seeks to grasp the pivotal role emotions play in this disparity [26]. It will focus its argument on the following question: how might emotions contribute to the development of diseases that can result in premature death among Black individuals?

Our hypothesis is that prolonged exposure to negative emotion concepts within the violent and hostile culture of White supremacy in North America has a devastating impact on the affective balance of Black individuals. This imbalance, which is intrinsically linked to the body’s metabolic balance, can, over time, pose a serious threat to life.

1.3. Methods

The methodology employed in this concept paper offers a fresh analytical perspective on racial issues. It utilizes a reflexive and critical sociological approach that integrates the constructivist theoretical advancements from the neuroscience of emotions with the metatheoretical framework of Afropessimism. This approach is supported by extensive empirical research on the condition of Black existence in North America, and is informed by the field of Black Studies in the social sciences. Significant public health data, used to understand the unique challenges faced by Black populations, are sourced from scientific reports issued by Statistics Canada [7,40] and the Centers for Disease Control and Prevention [41,42]. By incorporating emotions and health as a central object of study within a dialectical framework, this methodology enhances the interpretation and understanding of the relations of domination embedded in the political and ideological system of White supremacy.

This crucial concept, which underpins the entire dialogue in this paper, draws on Bonds and Inwood’s definition of White supremacy as “the structural, material, and corporeal production of white racial hegemony” [43] (p. 720).

1.4. Results

Here, we provide solely theoretical insights, offering analytical pathways capable of understanding, on an emotional and sociological level, the stark reality of the overrepresentation of Black individuals in instances of severe illness or death in North America [17,44]. The argumentative framework of this paper centers around two key concepts: emotions

and Blackness. Regarding the former, we align with Barrett's neuroconstructivist stance on emotions, which is grounded in the theory of the predictive brain [32], proposing that our actions (including emotions) are the subject of predictions rather than reactions. Barrett suggests that emotions are social constructs, or cultural concepts, necessary for interpreting biological phenomena that remain largely opaque to our consciousness: affects. Concerning the latter, Afropessimist theorists like Frank Wilderson [20] and Norman Ajari [45] contend that Blackness transcends mere color; it is a state of non-being, perpetually upheld by the dehumanizing forces of racism. They position Blackness as inherently tied to life and death, contrary to how some constructivist theoretical currents might view it merely as a matter of identity or representation [46,47]. Thus, being Black cannot be analyzed as a normative condition; there exist no "good" or "bad" ways of being Black that offer protection from instances like police violence [5]. For Afropessimists, Blackness represents a state of being (or non-being) from which one cannot escape. Consequently, it is through the comprehension of these two concepts that we will establish connections to the health issues affecting Black populations in Canada and the United States of America. This concept paper comprises two main sections, each encompassing four distinct segments, followed by a brief conclusion. The first section delves deeper into the epistemological frameworks underpinning these notions and aims to demonstrate the significance of such interpretations of race and emotions in understanding their impact on health issues. The second section will forge more tangible links between Blackness, emotions, and health by drawing upon various scientific studies from fields such as oncology, psychiatry, cardiology, and epidemiology. The objective here is to leverage existing data and thus pave the way for analytical avenues in the social sciences capable of addressing this pressing issue.

2. Interpreting Health Problems through the Theory of Constructed Emotion Lens

Examining health issues through the lens of Barrett's theory of constructed emotion provides a comprehensive perspective on emotions that encompasses both neurocognitive and biological aspects, as well as social and cultural dimensions [28,30,31]. The aim of this section is to underscore the epistemological advantages of Barrett's theory for a sociological and decolonial understanding of the relationship between emotions and health. This discussion will primarily focus on how Barrett's theory elucidates the role of emotions in physical well-being. To deepen our comprehension of the neurobiological mechanisms of emotions and their intricate entanglement with the social, cultural, and political milieu, we outline the key concepts proposed by Lisa Feldman Barrett in her heuristic approach to emotions. Central to this theoretical exploration are concepts such as the "emotion concept", "predictive brain", "interoception", and "body-budget". Additionally, this section aims to bridge the gap between Barrett's framework and the discourse on race and health, drawing on Frantz Fanon's insights into the impact of colonial violence on the emotional lives of Black communities [2]. The aforementioned concepts will be juxtaposed with Fanon's psychoanalytical notions of emotional and affective violence directed towards Black individuals, particularly through the concepts of "affective ankylosis" and "affective tetanization". This section not only enriches social science dialogues on emotions, but it also offers a novel neurobiological interpretation that advances our understanding of complex socio-ontological phenomena.

2.1. Emotions Are Constructed

First and foremost, we would like to clarify our epistemological stance on emotions, which navigates the paradox of emotions [48]. This paradox encapsulates the epistemological clash between multiple approaches stemming from two somewhat opposing conceptual frameworks of emotions: one rooted in the natural and human sciences, often referred to as the classical view and which interprets emotions as innate phenomena residing in the brain [49–51]; and the other represented by social sciences, particularly sociology, which emphasizes the profound social nature of emotions [52,53]. Despite these significant epistemological disparities, both perspectives generally concur that emotions

are reactive phenomena or entities. This emphasis on the reactive nature of emotions is crucial for the subsequent discussion and its implications for understanding the biological mechanisms of individual health. In her work *How Emotions are Made: The Secret Life of the Brain*, Lisa Feldman Barrett challenges the notion of emotions as innate or universal, positing instead that they are cultural constructs. Accordingly, there are myriad versions of emotions corresponding to diverse cultural contexts worldwide. Importantly, emotions are not merely triggered by external stimuli or instinctive responses to situations; rather, they are actively constructed: “They are not triggered; you create them. They emerge as a combination of the physical properties of your body, a flexible brain that wires itself to whatever environment it develops in, and your culture and upbringing, which provide that environment” [28] (p. xii). While acknowledging the significant influence of the social environment, Barrett introduces the biological underpinnings involved in shaping what she terms “emotion concepts”.

To elucidate the concept of emotion concepts, it is essential to contextualize this notion within the broader framework of the “predictive brain” [33,34]. The predictive brain anticipates and interprets signals from both the body and the external environment, allowing individuals to universally conceptualize and categorize their experiences. Categorization, as a fundamental mode of brain operation, enables individuals to imbue their experiences in the social world with meaning [54]. For example, the construction of concepts around emotions such as fear is predicated on the social and cultural interpretation of affective states during moments of fear. Barrett characterizes emotions as cultural constructs integrated into the predictive system of the brain: “[...] your brain uses past experience, organized as concepts, to guide your actions and give your sensations meaning. When the concepts involved are emotion concepts, your brain constructs instances of emotion” [28] (p. 31).

2.2. Emotions Are Predicted

The predictive brain, crucial for navigating emotions, extends its function beyond emotional responses. It plays a pivotal role in ensuring the fulfillment of our metabolic requirements daily, thereby maintaining bodily health. Barrett illustrates this concept by likening the brain’s management of energy needs to budgeting: “To manage all of this spending and replenishing, your brain must constantly predict your body’s energy needs, like a budget for your body” [28] (p. 69). This predictive ability is vital for regulating energy resources to sustain life and health, such as mobilizing glucose to muscles for physical exertion in response to fear. Thus, the experience of fear in the face of a potentially threatening animal is a result of brain predictions, integrating internal and external sensations into coherent emotional states [28] (p. 30).

Emotions are fundamental components of these experiences, constructed and mobilized as concepts to provide meaning to our actions [28] (p. 125). Consequently, one may inquire about the repercussions of recurrently experiencing negative emotion concepts on health. Barrett discusses the significance of “affective states” in the interpretation of emotion concepts and their impact on the body’s budget. Internal sensations, termed interoception, convey bodily states that aid the brain in tracking bodily health, contributing to the spectrum of affective sensations from comfort to discomfort [28] (p. 66). Interoception enables the brain to interpret bodily sensations, informing the selection of appropriate emotion concepts based on past experiences. This predictive function of the brain relies on the embodiment of knowledge through simulation models derived from situated experiences [33].

Moreover, the affective charge experienced in a given context varies depending on the socio-political and historical context. Emotion concepts not only register affective states, they also shape their reality, challenging the notion of an immutable biological self and reasserting agency within biological processes [55,56]. In this epistemological context, the sociality of affects becomes imperative for their biological functioning, highlighting the impact of historical and societal structures on an individual’s affective experiences.

From this perspective, cognitive processes and their organization can be examined differently, viewing prediction as the primary mode of both automatic and deliberative cognition [57]. This approach shifts the focus from analyzing cognitive routines solely as reactions to stimuli to considering the socialized construction of categories and concepts that constitute cognitive processes [58,59]. Consequently, it prompts exploration into developing methods that facilitate access to conceptual definitions of negative emotions, such as anger, which can significantly affect an individual's body-budget when experienced repeatedly. This endeavor aligns with psychiatric research, exemplified by Vlastelica's work [26], which underscores the role of anxiety and stress, including emotional stressors, in the development of cardiovascular diseases. This paper aims to elaborate on the interplay between emotion, race, and health, building upon such research findings in its subsequent sections.

3. Race, Emotions, and White Supremacy Culture

This section serves as the initial entry point into a sociological and political interpretation of emotions, delving into an ontological and affective understanding of the racial dynamics between White and Black people. The exploration of this connection will be further developed in the subsequent section of this article, which delves into the racial issue. Drawing upon Frantz Fanon's Afro-decolonial perspective, we aim to present a potential interpretation of the translation of racial violence onto Black populations through the affective pathway. This serves as a theoretical reverberation chamber, highlighting the lethal consequences of racist affective treatment endured by Black individuals. In his seminal works *Black Skin, White Masks* and *The Wretched of the Earth* [2], Fanon proposes examining the relationship between affects and Blackness through the lens of dehumanization, viewing it as the corporeal manifestation of one's negation as a being. He suggests that the inferiority complex experienced by Black people stems from what he terms "epidermalization", wherein the racist White gaze fosters the internalization of Black inferiority. This "white affective ankylosis" is rooted in the perception of Black people solely through their skin color, rendering them devoid of interiority and affective intentionality.

Returning briefly to the semantic level, the medical term "ankylosis", that is the process of affective annihilation, can be compared to "sclerosis", which connotes the pathological hardening of the skin and organs. This symbolic hardening of Black skin by White people constructs Black people as empty vessels, devoid of interiority. It is through this epidermal boundary that White affective ankylosis materializes, perpetuating the normalization of colonial violence and the idea of an absence of emotional life among Black people.

Fanon further elaborates on this concept with "affective tetanization", wherein Black people become the object of White people's collective catharsis, releasing societal aggression and violence upon them. This renders Black people "phobogenic", viewed as embodiments of primitive mentality and animalistic eroticism. Forced to navigate an unbalanced interoceptive state perpetually, Black affectivity becomes entangled in a cycle of violence and mortality.

3.1. Killing Black People, One Emotion at a Time

Drawing upon theoretical insights from the contemporary movement [3,4,20,60], we conceive of Blackness not as an identity but as a condition of existence—a measure of ontological degradation experienced by Black people which underpins the western colonial project [61] (p. 55). Informed by French-American philosopher Norman Ajari's definition of Blackness as a historically deep essence [45] (p. 30), we underscore the centrality of the Black/White binary in our understanding of race relations. This acknowledgment does not aim to biologically reify race but to contextualize Blackness within a condition of historical and ontological existence from which escape is impossible. The colonial and modernist construction of the relationship between Black and White people as a dichotomy between humans and non-humans lays the groundwork for medical violence and racism to thrive today [62].

We emphasize the ontological dimension of Blackness as a condition enabling the institutional legitimization of racial violence in North America. Anthony Ryan Hatch's article on racial health disparities during the COVID-19 pandemic aptly captures this notion in its title, *The data will not save us: Afropessimism and racial antimatter in the COVID-19 pandemic* [39]. While the forms and manifestations of violence have evolved since the era of slavery in North America, the profound dehumanization experienced by Black people persists. Hatch highlights the inadequacy of government health agencies in the United States, such as the Centers for Disease Control and Prevention (CDC), in collecting data on Black populations affected by COVID-19. He cites concerns raised by Black doctors in Virginia regarding disparities in virus testing and the failure to address racial bias among healthcare staff when assessing symptoms. The emerging scientific evidence indicating disproportionate rates of COVID-19 cases, cognitive impairments, emotional distress, and premature deaths among Black people underscores the urgency of addressing racial health disparities. Furthermore, Hatch references the work of historian Ibram X. Kendi [16], suggesting that the neglect of data collection on Black populations reflects a conscious or unconscious effort to protect White sensibilities regarding Black suffering. Establishing comprehensive data collection mechanisms would provide empirical evidence of the ontological dilemma inherent in racial disparities. In the article *Premature Deaths of Young Black Males in the United States*, Sharon D. Jones-Eversley et al. [63] examine the alarming rates of suicide and homicide among this demographic group. Despite advancements in medical science, significant racial disparities in life expectancy persist. The authors underscore the urgency of addressing the trauma and lost potential resulting from premature deaths among young Black males, framing it as a public health crisis in the United States. The widening gap in life expectancy between young White males and their Black counterparts underscores the entrenched nature of racial disparities. The persistent disparities over time raise questions about the role of emotions in perpetuating the institutionalization of Black death.

3.1.1. Black Lives under the Threat of Cortisol

In their 1985 article, American cardiologists Robert S. Eliot and James C. Buell delved into an inquiry regarding the "role of emotions and stress in the genesis of premature death" [35]. While we still find this correlation relevant, their epistemological alignment with the classical view of emotion raises doubts about their conclusions. Our intention is not to scrutinize the methodological accuracy of their 1985 article but rather to propose a re-examination of their findings through the lens of Barrett's neuroconstructivist epistemology of emotion. The authors observed that the excessive production of glucocorticoids, primarily cortisol, particularly in stressful situations, may contribute to the development of myocardial and coronary diseases [35] (p. 95B). Barrett reminds us that cortisol is often mistakenly identified solely as the stress hormone. Instead, she points out that "cortisol is released whenever you need a surge of energy, which includes times when you are stressed" [28] (pp. 69–70).

Therefore, to contextualize the racial violence historically and socially experienced by Black populations in North America, an emotion concept such as fear, as categorized by the predictive brain, may pertain to situations where flight or other protective and defensive movements trigger an influx of cortisol. Barrett emphasizes the long-term effects of a challenging and violent social environment on health: "Categorization literally gets under your skin" [28] (p. 139). The constant anticipation of fear entails an excessive expenditure of energy for the body and an imbalanced body-budget. These recurrent stressful situations, integral to the daily lives of Black individuals, are not merely coincidental but rather stem from a colonial history and the perpetuation of its violence under the guise of capitalism [64,65].

In terms of health, Barrett elucidates that these predictions prompt the body to release cortisol more frequently and in greater quantities than necessary. While cortisol typically suppresses inflammation, an excessive presence of it in the bloodstream can

exacerbate inflammation, leading to feelings of lethargy, fever, and increased susceptibility to illness [28] (p. 201). It is important to note that the damaging effects of cortisol are not the primary threat to the health of Black individuals. Rather, these effects represent the neurobiological consequences of an existence subjected to the historical, social, political, and cognitive violence of White supremacy.

3.1.2. Emotional Violence and the Effects of Chronic Misbudgeting

We have mostly talked about the violence that weighs on Black lives in North America on a daily basis. With good reason, because beyond being global under the current neoliberal regime, this violence is historical, regardless of the time span chosen since the European colonial conquest of the so-called Americas. In Canada, as in the United States, this violence is multifaceted, it is institutionalized through the school system, the health system, the police¹ and surveillance system, the prison system, etc. In her book on state surveillance and control of Black people in Canada, Robyn Maynard documents this reality: “Today, Canada is in the midst of an explosion of Black incarceration. Between 2005 and 2015, growth in the Black federal prisoner population went up 69 percent—among the highest of any racial group” [5] (p. 153). Speaking of the numerous killings of Black people by police that occur every year in the United States, Jackie Wang reminds us that, despite the media coverage of these crimes, racial violence against Black people is not decreasing: “Empirical evidence (such as video footage) that reveals that cops are murdering black people without reason does very little to disabuse some white people of their belief that the officers are justified in their actions” (p. 93).

Our intention is not to depict Black populations as helpless victims devoid of political agency or resistance, but rather to examine the structural violence that profoundly affects their lives, particularly in terms of emotional well-being. We seek to explore the repercussions of often subtle yet deeply impactful emotional racial violence on the health of Black individuals. Black individuals, regardless of their geographic origins, are consistently subjected to the pervasive influence of White supremacist cultural norms and their emotional dominance, where Whiteness is emotionally privileged [66]. In societies rife with racism, being non-White automatically positions one as an outsider, emotionally confined within and outside the bounds of Whiteness [67]. Consequently, resisting this normative ostracization becomes a vital political act for survival, as it signifies the assertion of non-White political agency through the reevaluation of emotional connections.

Therefore, the concept of acculturation² fails to adequately encapsulate the historical and political violence experienced within the same national community; one need not be foreign to feel alienated or even threatened. Within the Canadian colonial context, emotional ostracization takes precedence over mere acculturation, at the very least. Consequently, navigating a social and political landscape where the battle against negative emotional constructs is constant can leave one’s body feeling under perpetual attack, draining energy resources and leading to exhaustion over time. In the long term, this relentless emotional struggle can significantly impact mental health [19], affecting cognitive functions such as reasoning, imagination, and decision-making, ultimately influencing overall well-being. This underscores the profound influence of emotion concepts on the health of Black individuals.

4. Affective Realism or When a Racist Gut Feeling Feels Natural

All of these discussions prompt the introduction of another pivotal concept from Barrett’s theory: affective realism. Coined by Barrett, this concept offers an additional theoretical framework for delving into the political and colonial dimensions of the emotions–affects interplay. Anchored in the notion of the predictive brain, affective realism centers on the belief encapsulated in Barrett’s phrase: “Believing is seeing” [28] (p. 77). In essence, the predictions generated by the body-budgeting regions in a given scenario prime the body to respond physically, even if these initial predictions ultimately prove incorrect.

To illustrate the workings of affective realism, Barrett presents a hypothetical encounter with a snake in the woods. It begins with a sensory input—an apparent noise on the ground—which swiftly translates into a prediction of encountering a snake, drawing from the common knowledge that snakes inhabit outdoor environments. Amidst this uncertainty, while awaiting confirmation of the snake’s presence, the body-budgeting regions anticipate bodily changes in preparation for the encounter, priming the individual for effective action. As Barrett concludes, “As a result, your brain simulates the snake, the bodily changes, and the bodily sensations. These predictions translate into feeling; in this case, you’ll begin to feel agitated.” (p. 77). Even in the absence of a snake, the conviction in the predicted bodily sensations—the gut feeling—can be so strong that one perceives a snake.

The significance of affective realism lies in its recognition of the interconnectedness between beliefs and bodily states, particularly in relation to emotions. For instance, the anticipation of fear upon encountering a snake is rooted in prior experiences. However, the theory of constructed emotion demonstrates that this fear is not innate but learned, often through social and educational channels. It highlights how fear, like other emotions, is socially and politically constructed and tied to bodily states.

Moreover, merely experiencing fear is insufficient to fully understand the potential danger posed by snakes; scientific knowledge is required to discern the nuances (e.g., distinguishing venomous from non-venomous species). Now, consider the profound impact that narratives surrounding negative emotion concepts can have on the bodily states of Black populations. Historically, White supremacy has depicted Blackness as either abject or threatening, relying politically on notions of fear, anger, disgust, and hate [45] (p. 57). Barrett’s constructivist perspective enriches the critique of emotions by introducing the concept of simultaneous coexistence of different emotions within the same bodily state. Given the inherent ambiguity of identifying affective sensations linked to various emotion concepts, it becomes easy for society to misinterpret affective signals as something they are not. Consequently, racist assumptions about Black populations, intertwined with a predictive economy of negative emotion concepts, have led to the misattribution of unpleasant affective signals.

Ultimately, our intuitions are shaped by our beliefs, and although these feelings may seem elusive, they are still influenced by our beliefs. As Barrett explains, contextual factors can alter the interpretation of bodily sensations: “If flu season is just around the corner, you might experience that same ache as nausea. If you are a judge in a courtroom, you might experience the ache as a gut feeling that the defendant cannot be trusted.” [28] (pp. 29–30).

Racist Stressful Environments Are Detrimental to Health

Rather than adhering to the traditional perspective that portrays emotional behaviors as reflexive responses triggered by external stimuli [69], the theory of constructed emotion reinstates a sense of agency, suggesting that individuals have a challenging yet plausible ability to exert control over their emotions through the reinterpretation of their meanings. However, can this theoretical framework offer a solution to racial violence? The answer is no; altering White narratives or discourse concerning negative emotion concepts associated with Blackness cannot single-handedly undo centuries of dehumanization. Nevertheless, comprehending the emotional continuum of violence and its tangible impacts on health can open up a new frontier in the political struggle for Black liberation. As articulated by Sara Ahmed, racist narratives can categorize individuals based on perceived bodily traits, perpetuating negative interpretations of their affective states: “attributes of bodies as a way of transforming what is ‘lower’ or ‘higher’ into bodily traits” [55] (p. 4). Such social categorization can undermine an individual’s self-esteem and dignity, as well as their body’s budgeting resources. Individuals with an imbalanced body-budget are more prone to developing serious illnesses [28] (p. 176). The substantial resources expended by the body to manage emotions like anger or sadness can lead to deficiencies if occurring too frequently, shedding light on why certain stressful environments are detrimental to health. It becomes evident why race, as a daily oppressive condition, can significantly

contribute to mental and physical health disorders. The burden of being accountable for White people's fears becomes an emotionally taxing weight for Black individuals. For instance, the perceptions and cognitive associations tied to racist emotion concepts have dire consequences for cancer prevention in Black individuals and can prove fatal if left undiagnosed [21,25]. A 2019 study conducted in the United States on the "Combined Effects of Race and Socioeconomic Status on Cancer-Related Beliefs, Cognitions, and Emotions" by Assari, Khoshpouri, and Chalian [23] found that impoverished Black populations face a higher risk of cancer compared to affluent White populations. While these findings are consistent with previous research on the subject [24], a novel insight arises from the interpretation of the role of emotions in the disparity: "This pattern suggests that Blacks may discount their risk of cancer, possibly to minimize their cognitive dissonance, particularly because cancer results in high levels of fear in them" (p. 8). This scenario unveils three emotional dimensions contributing to the health risks faced by Black populations.

Firstly, the study reveals a compelled avoidance of risk perception among Black communities, rooted in their experiences of various adversities and challenges when accessing healthcare, particularly in the United States. Secondly, there is a pervasive issue of racial biases shaping perceptions and cognitions among healthcare professionals, impacting the quality of care provided to Black individuals. Lastly, as a consequence of these preceding dimensions, there is the burden of emotional stress, jeopardizing the body's budgeting equilibrium and paving the way for the development of both severe and minor ailments.

5. Unveiling Racism: Decolonizing the Impact of Negative Emotion Concepts on Blackness

In contemporary North America, the enduring legacy of slavery and colonization, as highlighted by Hartman [3], persists with undiminished force. While it is often recognized through highly visible and dramatic acts perpetrated against Black bodies—such as police brutality, rape, torture, and mutilation—it also exerts a relentless emotional pressure, affirming the harsh reality of existence under a regime of indignity [45]. Yet, the less overtly sensational aspects of this reality are no less lethal. For instance, the daily apprehension felt by Black men due to the omnipresence of White supremacy, epitomized by the mere presence of law enforcement and the implicit threat of an encounter, can inflict profound damage to their health, even without a single shot being fired. Moreover, the ongoing impact of daily violence on the embodied cognition and emotions of Black individuals can be devastating. As Barrett explains: "When a budget imbalance becomes prolonged, however, your internal dynamics change for the worse. Your brain mispredicts that your body needs energy over and over and over, driving your budget into the red. The effects of chronic misbudgeting can be devastating to your health and summon your body's "debt collectors", which are part of your immune system" [28] (p. 200).

Consequently, the perpetual exposure to indignity and emotional violence, as extensively discussed by Ajari [45], jeopardizes the body-budget of Black individuals. White supremacy's power and domination know no bounds, as emphasized by Dorlin [70]; its violence transcends social and political confines, leaving no aspect of life untouched by its predatory culture. Emotions, too, fall prey to this imperialistic grip, underscoring the importance of sociological inquiry into race concepts for comprehending their impact on the emotional well-being of Black individuals, as noted by Barrett [28] (p. 176). Exacerbated by capitalist structures, novel cognitive and discursive methods of dehumanization are deployed to sustain unchecked dominance. Given their intertwined nature with cognition and affects, emotions become entangled in this predatory process of subjugating bodies, as elucidated by Duncan and Barrett [71].

Reclaiming Emotional Sovereignty: The Decolonial Imperative for Survival

Expanding on this notion, it is imperative for the field of emotion sciences to confront the historical and political dimensions of social behavior stereotyping, particularly

regarding race—a pervasive tool of dehumanization with lethal consequences. Notably, the notorious stereotypes of the “angry Black woman” or “angry Black man” [18] draw upon discursive frameworks where Blackness is synonymous with abjection, as per Ajari’s terminology. Cognitive and discursive constructs rooted in the colonial concept of a “race temper” [72] (p. 227) perpetuate notions of irrationality and bestiality, advancing the notion of an inherent Black essence. Thus, within the ontological regime of abjection under White supremacy, Black anger is reduced to a biological inevitability. The issue here lies not solely in the essentialist categorization or the notion of a Black essence per se, but rather in the political and historical void to which it alludes [45]. Specifically, the political manipulation of emotions has been legitimized through pseudoscientific justifications, aiming to rationalize the purported “irrationality” of Black emotional expressions [67] (p. 49). Racist scientific endeavors, from craniometry to psychometry [73], have fraudulently operated, distorting results and correlations to substantiate the biological inferiority of Black people compared to White people [74,75].

6. Conclusions

Barrett’s theory of constructed emotion offers insight into the tangible effects of emotions on health. We have observed how the persistent experience of negative emotions related to race can disrupt the delicate balance of an individual’s body-budget. However, despite their pervasive and seemingly uncontrollable nature, these emotions are not inherently biological triggers. They exist within the realm of cultural, political, and historical concepts, intertwining with affective sensations. In the current context of White supremacy, these emotions become politicized and historical artifacts that shape an individual’s interpretive frameworks of affective experiences. Emotions serve as a lens through which the colonial condition of affective life is understood. However, it is crucial not to reduce emotion concepts to mere tools for interpreting physiological activity. They also function as political instruments of racial domination, dictating which emotional behaviors are deemed acceptable or human. These concepts reinforce both biological and social hierarchies based on cultural and historical emotional norms. The detrimental impact of White supremacy’s affective classifications and associated emotion concepts on Black populations is a stark reality, contributing significantly to daily health challenges faced by these communities in North America. The perpetuation of racist practices and rhetoric, often manifested in feeling rules [76], constitutes ongoing aggression against which the body must continually defend itself, depleting its resources to cope with the endured violence.

While this paper focuses its theoretical reflections on Black populations, it lays the groundwork for an emerging analytical framework to consider the issues of illness and premature death in other racial categories. However, the Afropessimist orientation of this framework does not allow for a direct transposition of its analysis to other groups. Other existing epistemological approaches will be necessary to grasp the complexity of the unique situations of other ethnoracial conditions, which is one of the clear limitations of this paper. Nonetheless, the neuroconstructivist understanding of emotions presented here can contribute to the analysis of other racialized conditions of existence. The core idea of the theory of constructed emotions is to move beyond their so-called biological inscription [28,77], emphasizing the social, political, cultural, and cognitive nature of their expressions and circulation between individuals [78]. The impact of emotion concepts on our emotional experiences and sensations must be taken seriously by the medical profession and social workers in the prevention and treatment of cancers and other serious illnesses. This paper extensively leverages empirical data related to cancer cases. Consequently, a research program focused on exploring the correlation between patients’ narratives of negative and positive emotions and their health outcomes related to cancer could be a valuable avenue for empirical investigation that this concept paper aims to initiate. More importantly, beyond the treatments and psychological support sometimes offered to cancer patients, it is essential for practitioners, doctors, and social workers to consider the emotional dimension as an integral part of the processes for preventing and treating

cancer. Emphasizing the importance of emotions could significantly impact remission and cure rates.

Funding: This research was funded by *Fonds de Recherche du Québec Société et Culture* under Grant *Doctoral Research Scholarships (B2Z)*.

Acknowledgments: Thank you to Sophie McKenzie for your assistance with proofreading this paper.

Conflicts of Interest: The author declares no conflicts of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

Notes

- ¹ See the CBC Canada article on people killed in police encounters in 2020 in all provinces (as Black and Indigenous people are overrepresented among victims): <https://newsinteractives.cbc.ca/fatalpoliceencounters/> (accessed on 13 May 2024).
- ² De Leersnyder, Mesquita & Kim define emotional acculturation as: “Patterns of emotions regarding how frequently and intensely people experience a range of emotions differ across cultures in line with cultural differences in salient concerns” [68] (p. 1).

References

1. Hogarth, R.A. *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840*; UNC Press Books: Chapel Hill, NC, USA, 2017.
2. Fanon, F. *Oeuvres de Frantz Fanon. Peau Noire, Masques Blancs/L’An V de la Révolution Algérienne/Les Damnés de la Terre/Pour la Révolution Africaine*; La Découverte: Paris, France, 2011.
3. Hartman, S. *Lose Your Mother: A Journey along the Atlantic Slave Route*; Macmillan: London, UK, 2008.
4. Marriott, D. *On Black Men*; Edinburgh University Press: Edinburgh, UK, 2019.
5. Maynard, R. *NoirEs Sous Surveillance. Esclavage, Répression et Violence d’État au Canada: Esclavage, Répression et Violence d’État au Canada*; Mémoire d’encrier: Montreal, QC, Canada, 2018.
6. Shiels, M.S.; Chernyavskiy, P.; Anderson, W.F.; Best, A.F.; Haozous, E.A.; Hartge, P.; Rosenberg, P.S.; Thomas, D.; Freedman, N.D.; de Gonzalez, A.B. Trends in premature mortality in the USA by sex, race, and ethnicity from 1999 to 2014: An analysis of death certificate data. *Lancet* **2017**, *389*, 1043–1054. [\[CrossRef\]](#)
7. Tjepkema, M.; Christidis, T.; Olaniyan, T.; Hwee, J. Mortality inequalities of Black adults in Canada. *Health Rep.* **2023**, *34*, 3–16.
8. Sung, H.; Ferlay, J.; Siegel, R.L.; Laversanne, M.; Soerjomataram, I.; Jemal, A.; Bray, F. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J. Clin.* **2021**, *71*, 209–249. [\[CrossRef\]](#)
9. Stern, N.; Ly, T.L.; Welk, B.; Chin, J.; Ballucci, D.; Haan, M.; Power, N. Association of race and ethnicity with prostate cancer-specific mortality in Canada. *JAMA Netw. Open* **2021**, *4*, e2136364. [\[CrossRef\]](#)
10. Siegel, R.L.; Miller, K.D.; Wagle, N.S.; Jemal, A. Cancer statistics, 2023. *CA Cancer J. Clin.* **2023**, *73*, 17–48. [\[CrossRef\]](#)
11. Bouteldja, H. *Beaufs et Barbares: Le Pari du Nous*; La Fabrique Éditions: Paris, France, 2023.
12. Owusu-Bempah, A.; Jung, M.; Sbaï, F.; Wilton, A.S.; Kouyoumdjian, F. Race and incarceration: The representation and characteristics of Black people in provincial correctional facilities in Ontario, Canada. *Race Justice* **2023**, *13*, 530–542. [\[CrossRef\]](#)
13. Subedi, R.; Turcotte, M.; Greenberg, L. *COVID-19 Mortality Rates in Canada’s Ethno-Cultural Neighbourhoods*; Statistics Canada Statistique: Ottawa, ON, Canada, 2020.
14. Howard, L.C.; Krueger, E.A.; Barker, J.O.; Boley Cruz, T.; Cwalina, S.N.; Unger, J.B.; Barrington-Trimis, J.L.; Leventhal, A.M. Young adults’ distress about police brutality following the death of George Floyd. *Youth Soc.* **2023**, *55*, 1173–1190. [\[CrossRef\]](#)
15. Pasternak, S.; Walby, K.; Stadnyk, A. *Disarm, Defund, Dismantle: Police Abolition in Canada*; Between the Lines: Cambridge, MA, USA, 2022.
16. Kendi, I.X. Why Don’t We Know Who the Coronavirus Victims Are. *The Atlantic*, 1 April 2020; p. 1.
17. Kwate, N.O.A.; Threadcraft, S. Dying fast and dying slow in Black space: Stop and frisk’s public health threat and a comprehensive necropolitics. *Du. Bois Rev. Soc. Sci. Res. Race* **2017**, *14*, 535–556. [\[CrossRef\]](#)
18. Malveaux, J. The sexual politics of Black people: Angry Black women, angry Black men. *Black Sch.* **1979**, *10*, 32–35.
19. Murney, M.A.; Sapag, J.C.; Bobbili, S.J.; Khenti, A. Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada: A qualitative study. *Int. J. Qual. Stud. Health Well-Being* **2020**, *15*, 1744926. [\[CrossRef\]](#)
20. Wilderson, F.B. *Afropessimism*; Liveright: New York, NY, USA, 2020.
21. Aburizik, A.; Brindle, M.; Johnson, E.; Provencio, A.; Kivlighan, M.; LeBeau, B. Black women’s distress matters: Examining gendered racial disparities in psycho-oncology referral rates. *Psycho-Oncology* **2023**, *32*, 933–941. [\[CrossRef\]](#)
22. Maiese, M. White Supremacy as an affective milieu. *Topoi* **2022**, *41*, 905–915. [\[CrossRef\]](#)
23. Assari, S.; Khoshpouri, P.; Chalian, H. Combined effects of race and socioeconomic status on cancer beliefs, cognitions, and emotions. *Healthcare* **2019**, *7*, 17. [\[CrossRef\]](#)

24. Chlebowski, R.T.; Chen, Z.; Anderson, G.L.; Rohan, T.; Aragaki, A.; Lane, D.; Dolan, N.C.; Paskett, E.D.; McTiernan, A.; Hubbell, F.A. Ethnicity and breast cancer: Factors influencing differences in incidence and outcome. *J. Natl. Cancer Inst.* **2005**, *97*, 439–448. [\[CrossRef\]](#)
25. Manning, M.; Albrecht, T.L.; Yilmaz-Saab, Z.; Shultz, J.; Purrington, K. Influences of race and breast density on related cognitive and emotion outcomes before mandated breast density notification. *Soc. Sci. Med.* **2016**, *169*, 171–179. [\[CrossRef\]](#)
26. Vlastelica, M. Emotional stress as a trigger in sudden cardiac death. *Psychiatr. Danub.* **2008**, *20*, 411–414.
27. Zautra, A. *Emotions, Stress, and Health*; Oxford University Press: New York, NY, USA, 2006.
28. Barrett, L.F. *How Emotions Are Made: The Secret Life of the Brain*; Pan Macmillan: Sydney, Australia, 2017.
29. Barrett, L.F. Functionalism cannot save the classical view of emotion. *Soc. Cogn. Affect. Neurosci.* **2017**, *12*, 34–36. [\[CrossRef\]](#)
30. Barrett, L.F. *Seven and a Half Lessons about the Brain*; Houghton Mifflin: Boston, MA, USA, 2020.
31. Barrett, L.F. Context reconsidered: Complex signal ensembles, relational meaning, and population thinking in psychological science. *Am. Psychol.* **2022**, *77*, 894. [\[CrossRef\]](#)
32. Barsalou, L.W. Perceptual symbol systems. *Behav. Brain Sci.* **1999**, *22*, 577–660. [\[CrossRef\]](#)
33. Barsalou, L.W. Simulation, situated conceptualization, and prediction. *Philos. Trans. R. Soc. B Biol. Sci.* **2009**, *364*, 1281–1289. [\[CrossRef\]](#)
34. Clark, A. Whatever next? Predictive brains, situated agents, and the future of cognitive science. *Behav. Brain Sci.* **2013**, *36*, 181–204. [\[CrossRef\]](#)
35. Eliot, R.S.; Bull, J.C. Role of emotions and stress in the genesis of sudden death. *J. Am. Coll. Cardiol.* **1985**, *5* (Suppl. S6), 95B–98B. [\[CrossRef\]](#)
36. Westermann, G.; Mareschal, D.; Johnson, M.H.; Sirois, S.; Spratling, M.W.; Thomas, M.S. Neuroconstructivism. *Dev. Sci.* **2007**, *10*, 75–83. [\[CrossRef\]](#)
37. Ajari, N. *Noirceur: Race, Genre, Classe et Pessimisme Dans la Pensée Africaine-Américaine au XXIe Siècle*; Divergences: Paris, France, 2022.
38. Patterson, O. *Slavery and Social Death: A Comparative Study, with a New Preface*; Harvard University Press: Cambridge, MA, USA, 2018.
39. Ryan Hatch, A. The data will not save us: Afropessimism and racial antimatter in the COVID-19 pandemic. *Big Data Soc.* **2022**, *9*, 20539517211067948. [\[CrossRef\]](#)
40. Hwee, J.; Bougie, E. Do cancer incidence and mortality rates differ among ethnicities in Canada? *Health Rep.* **2021**, *32*, 3–17.
41. Kruse-Diehr, A.J.; McDaniel, J.T.; Lewis-Thames, M.W.; James, A.S.; Yahaya, M. Peer Reviewed: Racial Residential Segregation and Colorectal Cancer Mortality in the Mississippi Delta Region. *Prev. Chronic Dis.* **2021**, *18*, E14. [\[CrossRef\]](#)
42. Ma, Z.-Q.; Richardson, L.C. Peer reviewed: Cancer screening prevalence and associated factors among US adults. *Prev. Chronic Dis.* **2022**, *19*, E22. [\[CrossRef\]](#)
43. Bonds, A.; Inwood, J. Beyond white privilege: Geographies of white supremacy and settler colonialism. *Prog. Hum. Geogr.* **2016**, *40*, 715–733. [\[CrossRef\]](#)
44. Murphy, S.L.; Kochanek, K.D.; Xu, J.; Arias, E. Mortality in the United States, 2020. 2021. Available online: <https://stacks.cdc.gov/view/cdc/112079> (accessed on 1 November 2023).
45. Ajari, N. *La Dignité ou la Mort: Éthique et Politique de la Race*; Empêcheurs de penser rond; La Découverte: Paris, France, 2019.
46. Dyer, R. *The Matter of Images: Essays on Representations*; Routledge: London, UK, 2013.
47. Garvey, J.; Ignatiev, N. The new abolitionism. *Minn. Rev.* **1996**, *47*, 105–108.
48. Adolphs, R.; Anderson, D. *The Neuroscience of Emotion: A New Synthesis*; Princeton University Press: Princeton, NJ, USA, 2018.
49. Sorinas, J.; Ferrández, J.M.; Fernandez, E. Brain and body emotional responses: Multimodal approximation for valence classification. *Sensors* **2020**, *20*, 313. [\[CrossRef\]](#)
50. Stikic, M.; Johnson, R.R.; Tan, V.; Berka, C. EEG-based classification of positive and negative affective states. *Brain-Comput. Interfaces* **2014**, *1*, 99–112. [\[CrossRef\]](#)
51. Yoo, S.H.; Matsumoto, D.; LeRoux, J.A. The influence of emotion recognition and emotion regulation on intercultural adjustment. *Int. J. Intercult. Relat.* **2006**, *30*, 345–363. [\[CrossRef\]](#)
52. Larrain, A.; Haye, A. The dialogical and political nature of emotions: A reading of Vygotsky's *The Psychology of Art*. *Theory Psychol.* **2020**, *30*, 800–812. [\[CrossRef\]](#)
53. Papakitsou, V. Sociology of emotions. *Dialogues Clin. Neurosci. Ment. Health* **2020**, *3*, 191–196.
54. Hohwy, J. *The Predictive Mind*; OUP Oxford: Oxford, UK, 2013.
55. Ahmed, S. *The Cultural Politics of Emotion*; Routledge: London, UK, 2013.
56. Wetherell, M. *Affect and Emotion: A New Social Science Understanding*; Sage Publications Ltd.: Washington, DC, USA, 2012; pp. 1–192.
57. Larue, O. *Une Architecture Cognitive Inspirée Des Théories Des Processus D'interaction Pour Une Interaction Fluide Des Comportements Réactifs Et Délibératifs*. Ph.D. Thesis, University of Quebec in Montreal, Montreal, QC, Canada, 2015.
58. DiMaggio, P. Culture and cognition. *Annu. Rev. Sociol.* **1997**, *23*, 263–287. [\[CrossRef\]](#)
59. Lizardo, O.; Mowry, R.; Sepulvado, B.; Stoltz, D.S.; Taylor, M.A.; Van Ness, J.; Wood, M. What are dual process models? Implications for cultural analysis in sociology. *Sociol. Theory* **2016**, *34*, 287–310. [\[CrossRef\]](#)

60. Sexton, J. *Amalgamation Schemes: Antiblackness and the Critique of Multiracialism*; University of Minnesota Press: Minneapolis, MN, USA, 2008.
61. L Warren, C. *Ontological Terror: Blackness, Nihilism and Emancipation*; Duke University Press: Durham, NC, USA, 2018.
62. Hoberman, J. *Black and Blue: The Origins and Consequences of Medical Racism*; University of California Press: Oakland, CA, USA, 2012.
63. Jones-Eversley, S.D.; Rice, J.; Adedoyin, A.C.; James-Townes, L. Premature deaths of young Black males in the United States. *J. Black Stud.* **2020**, *51*, 251–272. [[CrossRef](#)]
64. Robinson, C.J. *Black Marxism, Revised and Updated Third Edition: The Making of the Black Radical Tradition*; UNC Press Books: Chapel Hill, NC, USA, 2020.
65. Wang, J. *Carceral Capitalism*; MIT Press: Cambridge, MA, USA, 2018; Volume 21.
66. Austin, D. *Fear of a Black Nation: Race, Sex, and Security in Sixties Montreal*; Between the Lines: Cambridge, MA, USA, 2023.
67. Kim, S.J. *On Anger: Race, Cognition, Narrative*; University of Texas Press: Austin, TX, USA, 2013.
68. De Leersnyder, J.; Mesquita, B.; Kim, H. Emotional acculturation. In *Changing Emotions*; Psychology Press: London, UK, 2013; pp. 127–134.
69. Ekman, P.; Oster, H. Facial expressions of emotion. *Annu. Rev. Psychol.* **1979**, *30*, 527–554. [[CrossRef](#)]
70. Dorlin, E. *Se Défendre: Une Philosophie de la Violence*; La découverte: Paris, France, 2019.
71. Duncan, S.; Barrett, L.F. Affect is a form of cognition: A neurobiological analysis. *Cogn. Emot.* **2007**, *21*, 1184–1211. [[CrossRef](#)]
72. Dorlin, E.; Scott, J.W. *La matrice de la race: Généalogie sexuelle et coloniale de la nation française*; La Découverte: Paris, France, 2014.
73. Herrnstein, R.J.; Murray, C. The bell curve. *Libr. Q.* **1994**, *66*, 89–91.
74. Gould, S.J. *Mismeasure of Man*; WW Norton & Company: New York, NY, USA, 1996.
75. Welch, K. The bell curve and the politics of negrophobia. In *Race and Intelligence*; Routledge: London, UK, 2002.
76. Hochschild, A.R. Emotion work, feeling rules, and social structure. *Am. J. Sociol.* **1979**, *85*, 551–575. [[CrossRef](#)]
77. Damasio, A.R. *Descartes' Error*; Random House: Manhattan, NY, USA, 2006.
78. Collins, R. *Interaction Ritual Chains*; Princeton University Press: Princeton, NJ, USA, 2004.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.