About Physical and Mental Health Effects of Racism and Discrimination on African Americans

Note: Maya Omuziligbo, an undergraduate working with our Center at UCLA, indicated her interest in reviewing literature on the impact of racism on African American's physical and mental health. The following set of *Research Notes* is an edited version of her brief review.

Definitions of racism abound as do views about the nature and scope of its negative impact on individuals, groups, and society (see reference section). As Harrell (2000) states:

> [We] must embrace the challenge of understanding the nature of racism-related stress and disentangling the complex relationships between racism and well-being. ... the primary question is not whether racism affects people of color, nor does it involve comparing the importance of racism to the importance of other variables. Rather, the central question involves the complexity of the ways in which racism influences the well-being of oppressed racial/ethnic groups and their members.

With respect to well-being, physical and mental health are areas of particular concern. To highlight the literature on these topics, this resource focuses mainly on African Americans' experience and perceptions of racism and discrimination as related to symptoms of hypertension and post traumatic stress.

Racism and the Biopsychosocial Model of Health and Illness

Racism is a complex, institutionalized phenomena. In exploring its impact, it is essential to remember that race intersects with class, gender, age, sexuality, nationality, and other variables (see Center for Mental Health in Schools, 2016).

Given that behavior is reciprocally determined, it is reasonable to consider health and illness in terms of the transactions of person variables (e.g., genetic inheritance, cognitive and social development, attitudes, differences in current motivation and capability, disabilities) and environment variables (e.g., societal, cultural, neighborhood, family, peers, school). A considerable body of research has encapsulated reciprocal determinism into a biopsychosocial model with an emphasis on stress and coping. In doing so, efforts have been made to determine how much influence various factors and their transactions have in the development of problems such as hypertension and post traumatic stress disorder (PTSD).

Racism, Discrimination, and Hypertension

Interpersonal and institutionalized racism and discrimination are widely viewed as *stressors* that can affect health. For example, they contribute to events and living conditions in which poverty, crime, and violence are persistent sources of stress. Racism and discrimination are seen as leading to an internalization of stereotypes and denigrating images in ways that adversely affect feelings of self-worth and undermine physical well-being and social and psychological functioning.

Based on existing research, the general view is that institutional discrimination can lead group members to accept and/or internalize the larger society's negative characterization of their group, and the internalization of society's negative beliefs can adversely affect individual's health.

High levels of blood pressure (i.e., hypertension) are a prominent concern for a subgroup of African Americans. The problem is compounded for them when access to proper health care is impeded.

Rates of hypertension have declined in recent years, Available data indicate that 70 million American adults (29%) currently have high blood pressure. For African Americans and Mexican Americans the respective rates are about 44% and 28%. African Americans develop high blood pressure at an earlier age than whites and Hispanics. Among African Americans, more women (45.7%) than men (43.0%) have high blood pressure. As a review of mainstream research indicates, institutional racism and discrimination are viewed as playing significant roles in the problem.

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Negative Effects on Blood Pressure of Internalized Oppression

A review by Williams and Neighbors (2001) suggests that the differential exposure by race to the chronic strain of perceived discrimination can contribute to the increased rate of hypertension among African Americans. A study by Peters (2004) examined the prevalence of perceived racism and its effect on African American's blood pressure and development of hypertension. The study reported that African American women and men who had low experiences of racism and who typically accepted unfair treatment tended to have higher blood pressure than those who challenged unfair treatment. Peters suggests that the internalized oppression that is developed by some African Americans results in unfair treatment being perceived as "'deserved' and not discriminatory."

Hill and colleagues (2007) studied a sample of African American college students. Those reporting higher levels of perceived racism exhibited higher levels of daytime and nighttime diastolic blood pressure. The researchers concluded that perceptions of racism are a particularly salient social stressor among African Americans and contribute to stress-induced blood pressure elevation.

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Post-Traumatic Stress Disorder, Racism, and Discrimination

Constantly experiencing highly stressful events is a recipe for producing symptoms of PTSD. Roberts and colleagues (2011) report the lifetime prevalence of PTSD as highest among Blacks (8.7%), intermediate among Hispanics and Whites (7.0% and 7.4%) and lowest among Asians (4.0%). The National Survey of American Life (NSAL) reported a PTSD prevalence rate of 9.1% for African Americans as contrasted with 6.8% in non-Hispanic Whites (Himle et al., 2009). Increasing rates also have been reported for Hispanic Americans, Native Americans, Pacific Islander Americans. and Southeast Asian refugees (Chou, Asnaani, & Hofmann, 2012; Pole, et al., 2008). Bruce, et al. (2007) report findings that ethnic identity moderated PTSD symptoms in response to perceived racism, such that there was a higher amount of PTSD symptoms seen in those who had a higher ethnic identity.

According to SAMHSA (Substance Abuse and Mental Health Services Administration) "individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

Traumatic effects may be acute or chronic. They may be manifested in a variety of ways, such as anxiety, shock, denial, heightened arousal, difficulty concentrating, confusion, sadness, fear, guilt, shame, self-blame, hopelessness, withdrawal, feeling disconnected or numb, disturbed sleep, difficulty paying attention, anger, irritability, reactivity, repeated and intrusive thoughts, depression, mood swings, and a variety of behavioral, academic, and interpersonal problems. A cluster of such reactions often are diagnosed as Post Traumatic Stress Disorder (PTSD).

At the same time, it is important to remember that not everyone who encounters a traumatic experience develops PTSD. People can be resilient. Many develop inner strengths and defenses that help them cope effectively with toxic events; others benefit from external protective buffers such as various forms of social support.

In general, the type and the intensity of exposure to stressful events and living conditions are related to developing PTSD. With respect to racism and discrimination, these appear to contribute to the development of PTSD when they intersect with other "risk" factors and when protective factors are not present or cannot counter stressors.

> *Trauma is not an event itself, but rather a response to one or more overwhelmingly stressful events where one's ability to cope is dramatically undermined. These experiences in childhood can lead to a cascade of social, emotional and academic difficulties. As students get older, exposure to traumatic experiences can also lead to the adoption of self-medicating behaviors such as substance abuse, smoking, and overeating. All of these responses to traumatic events can interfere with a child's ability to learn at school.*
>
> The Trauma and Learning Policy Initiative

In another resource, our center highlights current literature on addressing problems related to trauma in schools and clarifies why the focus needs to go well beyond clinically-oriented mental health interventions (Center for Mental Health in Schools. 2015).

Concluding Comments

Racism and discrimination can be perpetrated, intentionally or unintentionally, by institutions or individuals. An African American's perceptions of racism and discrimination can contribute to his/her development of health problems such as hypertension, PTSD, and problems at school and work.

Future research on the impact of racism should differentiate subgroups of African Americans in terms of factors such as class, race, gender, age, country of origin and time in the U.S. and study intersections of such factors. Research also needs to clarify potential protective buffers.

And as Shelly Harrell (2000) cautions:

> "Consideration of racism as a source of stress should not be used inappropriately to pathologize the functioning of historically nondominant racial/ethnic groups. It is essential both to avoid a "blame the victim" posture, which holds individuals solely responsible for their condition, and to resist promoting the idea that racism can simply be ignored, without psychological consequence. The identification of successful people of color has been used to minimize the role of racism in American society, as well as to attribute deviance to those who are unsuccessful in economic or employment domains. However, recent data have revealed the social and psychological costs of success for people of color, and the everpresent reality of racism in the lives of the successful (references in the orginal).

> Discussions of racism in the public domain often include assertions that historically oppressed peoples lack personal responsibility, frequently and inappropriately play the "race card," or readily adopt a "victim role." These beliefs limit the creative exploration of solutions; impose the perceptions of outsiders on the experience of the affected individuals; label, judge, disrespect, and devalue the life experience of other human beings; and, ultimately, fail to allow for the healing and growth of individuals, families, and communities. Further, the pain and potentially enduring effects of racism are

compounded when one's voice is silenced by a rejecting, dismissive, or pathologizing response .

Finally, it is vital to understand that racism cannot, and must not, be reduced simply to an experience of stress. ... efforts to eliminate racism and its effects must proceed at multiple levels. Political and social activism, policy and legislative reform, social change, anti-racism training, within-group affirmation and empowerment efforts, and the healing of one individual at a time are all important strategies."

For schools, the challenges are to play an effective role in helping to
- counter the impact of the racism and discrimination experienced by students
- end racism and discrimination in our society.

Schools recognize these challenges. Note the words of Chancellor Carmen Fariña, the New York City superintendent of schools:

> ***...we have a moral obligation to address the difficult questions about race, violence, and guns, and to engage students in the critical work of healing our country. We must not avoid these tough conversations — they are necessary if we hope to build a just society for all.***

In playing their role, schools would be wise to avoid creating yet another special initiative. Complex problems such as racism require daily attention that can only be achieved by thoroughly embedding them into the regular curriculum, natural occurring events at school and in the community, and existing student and learning supports. And, with specific respect to enhancing student and learning supports, we suggest that the opportunity under the *Every Student Succeeds Act* (ESSA) is to transform existng supports into a unified, comprehensive, and equitable system for addressing factors interfering with learning, healthy development, and social justice.*

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Also see the UCLA Center's Online Clearinghouse Quick Finds on
>*Post-Traumatic Stress*: http://smhp.psych.ucla.edu/qf/ptsd.htm
>*Crisis Prevention and Response*: http://smhp.psych.ucla.edu/qf/p2107_01.htm
>*Grief and Bereavement*: http://smhp.psych.ucla.edu/qf/p3003_01.htm
Each Quick Find provides links to resource materials from our center and links to other centers that offer a variety of resources and references.

*For details about a *Unified, Comprehensive, and Equitable System of Learning Supports*, see
>*ESSA, Equity of Opportunity, and Addressing Barriers to Learning* –
http://smhp.psych.ucla.edu/pdfdocs/essaanal.pdf
>*Piecemeal Policy Advocacy for Improving Schools Amounts to Tinkering and Works Against Fundamental System Transformation* –
http://smhp.psych.ucla.edu/pdfdocs/tinkering.pdf
>All this is discussed in detail in a new book that is in press entitled: *Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System.* For a preview look at this book, send an email to Ltaylor@ucla.edu