RACE, RACISM, AND A PREVALENCE OF MENTAL ILLNESS IN AFRICAN AMERICANS

NOMMO

Countering-Racism Competition

www.counter-racism.com

INTRODUCTION

The psychiatric literature reflects a controversy concerning the diagnosis of mental illness in African American populations. The historical development of research, relative to the mental capacity of African Americans, itself has been colored by the very social condition more recently examined as an underlying factor in the mental illness in said populations; racism.

The topic of racism and mental illness has been made the central theme in a 2000 theatrical production entitled Blue/Orange. In the production a team of doctors are suspected of racist practices in the diagnosing and treatment of a man of African descent.

Racism and its impact on the mental health of African Americans has also been the central focus of empirical research (Clark et. al.1999, Jones et al, 1996, Chakraborty and McKenzie, 2002, Fernando, 1984, Gilvarry et al, 1999, Thompson, 2001). For the purposes of the ensuing discussion the term 'racism' will be defined as a political, social, economic and environmental system of discrimination against people of color. It is a system currently managed and maintained in the United States and other Western nations. Racial discrimination will be considered as all racially motivated acts which involve ridicule, scorn, contempt, and degrading treatment by others resulting in anger, rage and damage to self-esteem (Landrine and Klonoff, 1996). Pierce (1995) describes, more subtle forms of racial discriminations, which he terms 'microaggressions' and suggests contribute to the overall stress experienced due to race.

The relationship between poor mental health and racism has been widely examined (Chakraborty et al, 2002, Karlsen and Nazroo, 2002, Krieger, 2000, Gilvarry et al, 1999). Krieger (2000) identified an association between discrimination and increased rates of hypertension, depression, stress, and poorer self-rated health as well as more reported days ill.

Thompson (2001) argues that the experience of racial discrimination has a likely chronic impact on the mental well being of African Americans. One hundred and fifty six people completed the Daily Stress Inventory and Experience of Discrimination questionnaire to examine the notion of racism as a distinctive source of stress for African Americans It was hypothesized that African Americans would report more incidents of (1) daily stress and (2) racism than other groups and (3) the impact of racial stress would be greater among African Americans. The research findings indicated that African Americans reported higher impact of discrimination scores than European Americans. Based on a chi square analysis to determine differences in the categories of discrimination by ethnicity no statistically significant differences existed. However, African Americans, Asian Americans and Hispanic Americans reported the highest incidences of discrimination. The author concluded that the data suggest, compared with the majority culture, the Experience of Discrimination may serve as a unique stressor in the lives of African Americans.

Similar work by Landrine and Klonoff (1996) and Plummer and Slane (1996) revealed a greater number of African Americans who reported experiences with racial stress than their European counterparts. King and Williams (1995) determined that the effect of racism on the health of a person is facilitated by the stress responses to racist acts and perceptions held by that person of the racist nature of the society in which they live. Clark et al (1999) describe how racism may serve as a stressor with negative biopsychosocial ramifications for African Americans. Krieger (2000) concluded that stressful living conditions are considered a major source of mental disorder among African Americans. Nazroo (1997) revealed higher rates of depression and mental illness in ethnic groups in the U.K.

Sharpley et al (2001) were unable to determine biological risk factors that could account for the differences in rates of psychosis in African – Carribbeans. However, was able to identify several social and service related risk factors that could explain the differences. The most prevalent factor identified was racism.

Although described as widespread in the U.K. (Modood et al 1997) this author has determined, based on results of literature searches, research in the area of a prevalence of racism in America is scarce. Consequently few conceptual models that depict exposure to racism as a stressful life event exist. The biopsychosocial model developed by Clark et al (1999) suggests that the perception of an environmental stimulus as racist results in psychological and physiological stress responses and that eventually, over time these stress responses influence health outcomes. Loo et al (1998) proposed a

similar model of race related stressors for Asian American Vietnam veterans. The model of race-related stressors for suggested that single race-related adverse events perceived to be life threatening because of one's ethnicity can qualify as traumatic events as described in the *Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV)* Thus, Loo's model had the added feature of considering cumulative racism which could then be experienced and reported as traumatic. The findings showed that both race-related stressor total scores and exposure to racial prejudice were stronger predictors of PTSD (posttraumatic stress disorder) symptoms than exposure to combat, as measured by the Combat Exposure Scale. Consequently, the authors drew the conclusion that personal experiences of racism are potent risk factors for PTSD.

Jones et al (1996) conducted laboratory-based experimentation during which physiological responses; heart rate and blood pressure, of African Americans were measured in response to exposure to videotaped scenes of racial stimuli. They reported that said exposure resulted in significant physiological responses in addition to increased facial electromyographic and pulse rate changes.

The work of Thompson (2001), Clark et al (1999), and Jones et al (1996) should inform and drive further empirical investigations into the relationship between racism and health however, according to Ocampo (2000) there is avoidance on the part of psychological researchers to examine the contributions of racism to widespread health problems. This avoidance, he suggests, is due in part to the politically conservative

approach by NIMH agencies to promote biogenic vs social/environmental explanations of mental disorders. It is argued that designing and conducting research on racism and health pose a challenge due to the difficulty in operationalizing racism according to an acceptable definition (Clark et al, 1999). They also suggest certain difficulties involve adequate methods of isolating racism as an independent variable from all confounding variables.

Despite the difficulty in research designing, political posturing, social sensitivities and or economic viability there must be a push in the scientific community to become dedicated to the study of health, racism and discrimination (Belcourt-Dittloff and Stewart, 2000).

This article examines the hypothesis that a higher prevalence of mental illness and stress indicating factors, as measured by items from the CDC Behavioral Risk Factors Survey, exist for African American than for any other racial group.

METHODOLOGY

Sample

A total convenience sample; n=183, was obtained by soliciting responses from students and employees at the WSU College of Medicine. The sample was comprised of 32.2% males and 67.2% females. Although disproportionate, relative to gender, the

sample was made up of proportionate numbers of black females, n= 51 to white females, n=58 as were black men, n=21 to white men, n=22.

The average age of the participant was 48 years old. One hundred and seventy seven participants had high school/equivalent educations or higher. 8.8% fell into a category of non-working while the remaining participants were either students, homemakers or among the 78.1% employed for wages.

Procedure

The participants each self-administered the 43 item modified CDC Behaviors Risk Factor Survey. Data was input into a pre-specified SPSS file.

For the purposes of examining the proposed hypothesis of a higher prevalence of mental illness in African Americans compared to any other ethnic group and based on the proportional make up of gender and ethnicity only values relative to black men and women as well those of white men and women were considered for statistical description.

To examine the prevalence of mental illness in study participants, frequencies of responses to six items; 4 from the category of Health Status, 1 from the category for Tobacco and Alcohol, and 1 question from the category of Disability. Responses from male and female from both the black and white ethnic groups were run and evaluated for indication of self-reported poor general and or mental health as well as indication of prolonged pain or potential substance abuse. Cases were selected based on gender and

analyzed separately. Demographic data was then cross-tabbed against the 6 survey items examined. Correlations between variables (survey items) were examined. Correlations between each demographic variable and the 6 survey items were run to determine statistically significant associations.

RESULTS

Percentages of responses were calculated based on frequencies from cross-tabulations. 17% of whites and 12.3% of blacks reported excellent general health. 51.3% of whites and 49% of the blacks reported zero out of thirty days of poor physical health. 38.2% whites and 52% of blacks made self-reports of zero out of thirty days in poor mental health while 6% of blacks vs. 1% of whites reported thirty out of thirty days in poor mental health. 58% of white respondents compared to 69% of black respondents reported zero days out of thirty of interruptions to usual activity due to poor mental or physical health. 66% of whites and 78% of blacks reported zero out of thirty engaged in binge drinking. However, 5.5% of the black subgroup declared that they engaged in 10 or more days of binge drinking out of thirty. 80% of whites reported no limitations due to mental or physical problems while 84% of the blacks in the sample gave an identical response.

Table 1. Pearson Correlations of Demographics and Survey Items

SURVEY ITEM	ETHNICITY	GENDER	WORK	EDUC.
General Health	.192**	-.035	.185*	-.296**
Poor Physical Health	.224**	.040	.213**	-.028
Poor Mental Health	.025	.056	.067	.078
Interruptions, health	.272**	.025	.178*	-.113
Binge Drinking	-.091	-.292**	.005	.085
Limitations, health	.035	.012	-.218**	.185*

* Correlation is significant at the 0.05 level (2-tailed)

** Correlation is significant at the 0.01 level (2-tailed)

Table 2. Pearson Correlations of Survey Items / n Cases per Bivariate Correspondence

	General	Poor Phys	Poor Mental	Interruptions	Binge Drink	Limitations
General		.413**	.259**	.278**	.005	-.338**
Poor Phys	181		.373**	.563**	-.060	-.453**
Poor Mental	178	176		.301**	.046	-.290**
Interruptions	143	141	138		.033	.278**
Binge Drink	183	181	178	143		.034
Limitations	183	181	178	143	183	

** Correlation is significant at the .01 level (2-tailed)

CONCLUSIONS

Based upon results of the correlations ethnicity appears to have a statistically significant association to three of the six survey items. Gender is shows a statistically significant association to binge drinking. All significantly flagged associations support some notion of social and self-images having an impact on the perception of general as well as mental health. These are only exploratory in description and are deserving of further investigation under more appropriate study design conditions.

Pearson correlations between responses to survey items indicate a consistency of on the part of the participant. The high number of significant correlations implies that the questions chosen to cluster were representative of the construct if analyzed relative to the variable of ethnicity.

Although the findings of this study do not fully support the hypothesis enough empirical work has been done to warrant continued rigorous work in the area of racism and its impact on the mental health of African Americans. Despite a general agreement that racism is wrong not concerted effort is made by any governmental agencies to decrease it's prevalence. Community medicine embodies the science of preventing disease, prolonging life and promoting health throughout the society. One of the principal responsibilities of public health medicine is fostering policies that promote the good health of the nation's population. If it has been shown that a particular segment of the that population suffer from the affects of a social, political, economic, and environmental

condition that no one works to eradicate how can any public health policy ever have as its goal equity and justice.

It is the suggestion of the author that the scientific community be about the business of not just continuing the work of researchers who have demonstrated the associations between racism and mental health but also progress towards policy making that has as its goal the replacement of a system of oppression with one of justice in order to establish peace and equity on the planet.

LIMITATIONS

Limitations in this study were obviously the size and type of sample available. A more representative sample of the population may have revealed results more closely reflective of the results of studies discussed in the literature review of this work. Another limitation was not only the design of the survey but the SPSS file structure, which greatly inhibited more thorough inferential analyses.

BIBLIOGRAPHY

Adibempe, V. R. (1987). White norms and psychiatric diagnosis fo black patients. *American Journal of Psychiatry, 138*, 279-285.

Baker, F. M. (2001). Diagnosing depression in African Americans. *Community Mental Health Journal, 37*, 31-38.

Belcourt-Dittloff, A., Stewart, J. (2000). Historical racism: implications for Native Americans. *American Psychologist*, 1166-1167.

Chakraborty, A. M., K & King, M. (2002). Discrimination, ethnicity and psychosis - a qualitative study. *Culture, Medicine and Psychiatry, In press*.

Chakraborty, A. M., K. (2002). Does racial discrimination cause mental illness? *The British Journal of Psychiatry, 180*, 475-477.

Clark, R., Anderson, N.B., Clark, V.R., & Williams, D.R. (1999). Racism as a stressor for African Americans: a biopsychosocial model. *American Psychologist, 54*(805-816).

Fernando, S. (1984). Racism as a cause of depression. *International Journal of social Psychiatry, 30*, 41-49.

Gilvarry, C. W., E. & Samele, C. et. al. (1999). Life events and perceptions of discrimination in patients with severe mental illness. *Social Psychiatry and Psychiatric Epidemiology, 34*, 600-608.

Jones, D. R., Harrell, J.P., Morris-Prather, C.E., Thomas, J. & Omowale, N. (1996). Affective and physiological responses to racism: the role of afrocentrism and mode of presentaion. *Ethnicity and Disease, 6*, 109-122.

Judd, F. K., Jackson, H.J., Komiti, A., Murray, G., Hodgins, G., Fraser, C. (2002). High prevalence disorders in urban and rural commuinities. *Australian and New Zealand Journal of Psychiatry, 36*, 104-113.

Krieger, N. (2000). Discrimination and health. In L. B. I. Kawachi (Ed.), *In Social Epidemiology* (pp. 36-75). Oxford: Oxford Press.

Landrine, H. K., E.A. (1996). The schedule of racist events: a measure of racial discrimination and a study fo its negative physical and mental health consequences. *the Journal of Black Psychology, 22*, 144-168.

Loo, C. M., Fairbank, J. A., Scurfield, R. M., L.O., R., King, D. W., Adams, L. J., & Chemtob, C. M. (2001). Measuring exposure to Racism: development and Validation fo a race-related stressor scale (rrss) for Asian American Vietnam veterans. *Psychological Assessment, 14*(4), 503-520.

Ocampo, C. (2000). Psychophysiology and racism. *American Psychologist, 55*, 1164-1165.

Penhall, J. (2000). Blue/Orange.

Plummer, D. L. S., S. (1996). Patterns of coping racially stressful situations. *the Journal of Black Psychology, 22*, 302-315.

Sharpley, M. S., Hutchinson, G., Murray, R.M. et. al. (2001). Understanding the excess of psychosis among the African - Carribbean population in England. *British Journal of Psychiatry, 178*, 60-68.

Thompson, V. L. (2002). Racism: perceptions of distress among African Americans. *Community Mental Health Journal, 38*(2), 111-118.

Filename: Counter-Racism Competition.doc
Directory: D:\Inetpub\wwwroot\counter-racism
Template: C:\Documents and Settings\Virtual_GOD\Application Data\Microsoft\Templates\Normal.dot
Title: RACE, RACISM, AND A PREVALENCE OF
Subject:
Author: A satisfied Microsoft Office User
Keywords:
Comments:
Creation Date: 10/10/2004 12:54 PM
Change Number: 3
Last Saved On: 10/10/2004 12:55 PM
Last Saved By: Sia Bazu Uli
Total Editing Time: 10 Minutes
Last Printed On: 11/5/2004 7:34 PM
As of Last Complete Printing
Number of Pages: 13
Number of Words: 2,419 (approx.)
Number of Characters: 13,790 (approx.)