

Racism and the Psychological Well-being of African American Men

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INTRODUCTION

Daily encounters with racism and discrimination can have both direct and indirect psychological and somatic consequences for African American men. For the most part, when psychologists and other social scientists have examined the impact of racism on blacks living in the United States, the focus has been on the indirect consequences of living in an oppressive society. Historically, the psychological and somatic ramifications of racism have been examined by focusing on the exclusion of African Americans from the economic, social, and educational opportunities of this society (e.g., Allport, 1954; Hacker, 1992; Jones, 1972; Pettigrew, 1964). More recently, however, the psychological and somatic consequences of racism and discrimination, as experienced by African Americans on a daily basis, has received the attention of researchers (Akbar, 1996; Essed, 1990; Jackson, Brown, et al., 1995; Landrum-Brown, 1990; Utsey & Ponterotto, 1996; Wilson, 1990).

Racial discrimination in American society is insidi-

The current study examined the relationship between distress associated with experiences of societal racism and indicators of psychological well-being. The findings indicated that hostility was a significant predictor of racism-related stress for African American men; those with a history of substance abuse had higher scores than did those without such a history; and African American men had higher scores than did African American women. The results of this study have implications for public policy.

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ous, pervasive, ubiquitous and, for many African Americans, the consequences of experiencing it on a daily basis can be deadly. Indeed, the chronic strain associated with the experience of racism has been implicated in the development of several potentially fatal, stress-related diseases (e.g., high blood pressure, stroke, and cardiovascular disease [Krieger & Sidney, 1996]). In addition, psychiatric disorders (e.g., anxiety, depression, and substance abuse [Burke, 1984; Outlaw, 1993]), lowered self-esteem (Simpson & Yinger, 1985; Smith, 1985), lowered levels of life satisfaction (Broman, 1997), and lower academic success (Gougis, 1986) have been linked to racial oppression. Although racial discrimination, in one form or another, is a familiar experience to most African Americans, historically, it has been African American men who have been particularly vulnerable to its deleterious effects. In fact, McCord and Freeman (1990) found that the chronic experience of racism was linked to higher incidences of stress-related diseases (e.g., cirrhosis, cardiovascular disease, and homicide) in African American men. Moreover, these stress-related diseases have been implicated in the excess mortality and shortened life expectancy characteristic of the African American male population. Alarming, McCord and Freeman (1991) report that the average life expectancy for African American men living in many urban centers throughout the U.S. is shorter than that of men living in Bangladesh.

To fully comprehend the African American male experience with societal racism and oppression, a historical perspective is necessary. The debased and devalued status of the African American male has its origins in the institution of chattel slavery (Houston, 1990). During chattel slavery the African American male lacked the ability to assert his rights as a husband or father. He could neither provide for his family nor defend them from the harsh realities of slavery. Because the African American male evoked such fear in his European captors, he was often subjected to harsh and brutal forms of torture, both physical and psychological (Houston, 1990; Pinkney, 1993). Following emancipation from institutionalized bondage, through Jim Crowism and up to the present, the active assault on the African American male's physical and psychological integrity has continued unabated (Akbar, 1996; Wilson, 1990). Today, the brunt of white racial oppression continues to be experienced by the African American male. For example, black males are incarcerated at higher rates than any other group in society; the unemployment rate of black males is more than double that of their white counterparts; and black males are more likely to be the victims of police brutality or white mob violence (Hacker, 1992).

RACISM AND STRESS-RELATED DISEASES

African American men, compared to other Americans, have disproportionately higher rates of stress-related diseases, such as hypertension, stroke, cardiovascular disease, and substance abuse (Krieger & Sidney, 1996; McCord & Freeman, 1990; Outlaw, 1993). In addition, African American men experience higher rates of suicide, homicide, mental illness, and incarceration than do their white counterparts (Akbar, 1996). There is adequate evidence in the psychology literature to support a direct link between the stress that results from the experiences of African Americans with racism and those stress-related diseases pandemic in the African American community (Krieger & Sidney, 1996; Jackson, Williams, & Torres, 1995; Jackson, Brown, et al., 1995).

McNeilly, Robinson, Anderson et al. (1996) conducted a study to examine the direct effects of racist provocation on the cardiovascular reactivity of African Americans. They found that encounters with racism and discrimination resulted in immediate and significant increases in blood pressure, heart rate, and negative emotional responses (i.e., anger, hostility, resentment, anxiety, etc.). Similarly, in a study conducted by Sutherland and Harrell (1987) which examined the physiological responses of African Americans to racially noxious stimuli, it was found that exposure to racially noxious scenes resulted in increased heart rate activity. Jackson, Williams, and Torres (1995) found that the ubiquitous nature of racism and discrimination had a negative impact on the health status of African Americans because it required them to live in a constant state of vigilance. As evidence, they cited two studies that found daytime levels of blood pressure similar for blacks and whites, but showed a smaller nocturnal decline in blood pressure for blacks (see Hashfield et al., 1989; James, 1991). The lack of a decline in the level of arousal for blacks during the sleep process, according to Jackson, Williams, and Torres (1995), may reflect attempts to cope with the omnipresence of racism.

The aforementioned studies all point to the relationship between racism as an omnipresent environmental toxin, and the onset of stress-related somatic diseases. Accordingly, the physiological stress paradigm provides a helpful framework for understanding the pathogenic effects of oppression for African American men. Insofar as racism and discrimination can be viewed as a chronic source of stress for African American men then, according to the physiological view of stress, the body's unsuccessful attempt to restore itself to a condition of homeostasis results in the exhaustion of its immune system (Carlson,

1994). Consequently, when the body's defenses are overwhelmed as a result of an unrelenting noxious stimulus (e.g., racism), tissue damage can occur. Based on the physiological stress paradigm and the fact that emotional upset is the most common cause of stress, the emotional reaction of African American men to the chronic strain of racism and discrimination (hostility, anger, fear, etc.) may result in the onset of deadly stress-related diseases.

PSYCHOLOGICAL CONSEQUENCES OF RACISM

According to Brown et al. (1996), the adverse psychological consequences that African Americans experience as a result of their daily encounters with racism and discrimination are to some degree related to the coping strategies employed in dealing with the onslaught of adverse environmental stimuli. Pettigrew (1964) posited that African Americans respond to racism in one of several ways: 1) moving toward the oppressor—seeking acceptance into mainstream society; 2) moving against the oppressor—a complete and total rejection of mainstream society's values and culture; or 3) moving away from the oppressor—withdrawal from the white world. In the first response, in which African Americans seek full membership into society, an acute sensitivity and hypervigilance to interracial situations develops. This heightened vigilance and sensitivity is often accompanied by anxiety, hyperactivity and, occasionally, by mild dissociation (Allport, 1954; Pettigrew, 1964). Wilson (1987) characterized this reaction as the schizoid nature of black existence, in which African Americans must respond one way when dealing with other African Americans and another way when dealing with whites. Pettigrew (1964) concluded that this racial role-playing, when carried to extremes, may culminate in mental disorders.

Burke (1984) suggested several possible reactions to racism and discrimination that African Americans were likely to have. These responses were similar to those suggested by Pettigrew (1964) and are as follows: 1) adjustment, characterized by denial of self, blunting of emotions, and social withdrawal; 2) resistance, rejection of dominant culture accompanied by anger and possibly aggression; or 3) reassessment and realignment; this stage cannot occur unless there is a shift in the forces that maintain racism. Burke (1984) described a grief-like reaction that has been found among populations subjected to racism. In this reaction, loss is the major dynamic that results from a failure to achieve at a level of the expected norm. This loss reactivates the despair of earlier losses and leads to anger and

sadness, or it may produce a guilt reaction in the parents of victims who fault themselves for failing to protect their offspring from the harmful effects of racism. Burke (1984) further suggested that this grief-like reaction in psychiatric classification is appropriately labeled as depression. He also posited that this grief-like reaction may go unrecognized in children.

Fernando (1984) concurred with Burke on the experience of loss as a response to racism. Furthermore, he suggested that this kind of loss was more likely to occur in a subtly racist society that refuses to acknowledge the role racism plays in the giving of jobs, medical services, or in the ordinary rewards of life. Fernando went further than viewing racism as an added stress experienced by members of minority groups. He suggested that racism served as a pathogen capable of generating depression among oppressed populations. Simpson and Yinger (1985) suggested that the pathogenic conditions in many minority communities led to opportunities for experiences of early loss, pain, and deprivation, which could imprint "tragedy-seeking scripts" into the personalities of African American children.

According to Pillay (1984), living in a multiracial society where racism is likely to exist can result in psychological pain and stress for those who experience its effects. Moreover, Pillay suggested that in order to infer a relationship between the racism and discrimination experienced by African Americans and the onset of mental illness and other psychological disorders several assumptions were necessary. These include the belief that: 1) a relationship exists between psychosocial stressors and nonpsychotic disorders (e.g., neuroses, personality disorders, abuse syndromes, etc.), which is best understood in the life events formulation; 2) disrupted social circumstances affect normal development and may lead to personality disorders; and 3) alcohol and substance abuse may mask treatable psychiatric disorders.

Based on the unrelenting and insidious nature of racism in the United States and the resulting heightened level of vigilance on the part of African Americans, Pettigrew (1964) coined the term *oppression phobia*. He described oppression phobia as the expectancy of violent mistreatment by members of the dominant white society accompanied by feelings of complete helplessness. African Americans who reported having this experience described it as a choking sensation, or the feeling of being punished undeservedly. Pettigrew (1964) suggested that a critical psychological determinant of the development of mental disorders within an oppressive system is the perception of relative deprivation, which he described as the discrepancy between the

high aspirations of a person and what they actually attain. This phenomenon is characteristic of U.S. society, in which the emphasis is placed on attainment of the "American dream," while racial discrimination acts to bar individuals, particularly African American men, from its fulfillment.

GOALS OF THE STUDY

There is a plethora of evidence pointing to the fact that African American men suffer from higher rates of stress-related diseases and disorders (high blood pressure, hypertension, stroke, cancer, substance abuse, higher rates of incarceration, lowered self-esteem, and poor academic performance) in comparison to other Americans. Furthermore, evidence of a direct link between racism and the onset of stress-related diseases has been established. In spite of this, there has been little research aimed at examining the psychological ramifications of African American men living in an oppressive society. The field of psychology has for the most part ignored the urgency of the black male crisis, or has otherwise declined to examine empirically the psychological consequences of racism for African American men living in the United States. The current study is an attempt to fill the void created by the field of psychology, and to provide some insight into the cumulative negative effects of racism on the psychological well-being of African American men.

The current study examined the relationship between the levels of stress resulting from encounters with racism and indicators of psychological well-being in African American men. Specifically, this study sought to determine whether or not the self-reported levels of stress experienced by African American men in their daily encounters with racism would be related to elevated scores on measures of depression, anxiety, or hostility. Furthermore, the current study sought to examine the relationship between levels of race-related stress and substance abuse among African American men. Finally, the study compared the levels of stress resulting from encounters with racism between African American men and women.

METHOD

Participants

The sample reported herein included 177 African American men demographically representative of the target population (African American men in the U.S.) and solicited from colleges and universities, as well as the community at large. Their ages ranged from 17 to 57, with a mean age of 23 ($SD = 7.45$). Of the entire sample, 18% were from the community and 82%

were college students. The marital status of the sample included 86% single, 12% married, .6% separated, and .6% divorced. For the entire sample, 32% of the participants were both students and employed, 11% were employed full-time, 4% were unemployed, and 52% were students. The average annual salary for the employed study participants was \$18,000. It is significant to note that of the total sample, 11% of the participants reported a history of substance abuse.

Instruments

Racism Index. The development of the items for the Racism Index was based on the personal life experiences of the primary researcher in this study (an African American male) as well as informal interviews and discussions with other African Americans. Due to the innumerable ways in which racism can be experienced by African Americans, several criteria were used in the selection of items. One criteria for the inclusion of items was the frequency with which the race-related event was reported as having been experienced by African Americans (i.e., seeing blacks portrayed negatively on television and in the media). Second, an attempt was made to include those events reported as being a common experience among African Americans (i.e., being followed by store security). Finally, it was recognized that although the specific nature of a race-related stressor would vary from person to person, common themes would surface (Essed, 1990). Therefore, efforts were made to include items that sampled the primary experiences (i.e., "You have had to confront a white/non-black person about their negative treatment toward you") of African Americans.

To assess the content validity of the Racism Index, the primary researcher facilitated a focus group composed of five African American men for approximately two and one-half hours. In addition to evaluating the content validity of the Racism Index, it was examined for its efficiency of administration and any potentially harmful effects that might result from its completion. The group members completed the measure, and a discussion concerning its structure, item clarity, item domain appropriateness, and the comprehensiveness of the scale ensued. Based on the focus group discussion a final prototype consisting of 59 items was produced. Cronbach's alpha for the Racism Index in the current study was .95.

Multiple Adjective Affect Check List - Revised, Trait Form. This is an adjective checklist consisting of 132 items that sample affective traits measured by the following sub-scales: 1) Anxiety, 2) Depression, 3) Hostility, 4) Sensation Seeking, and 5) Posi-

tive Affect (Zuckerman and Lubin, 1985). By combining the first three scales a summary score for the Dysphoria scale is obtained, and summing the last two produces a summary score for the Positive Affect Sensation Seeking scale. In completing the MAACL-R, individuals are instructed to check those items that describe how they generally (trait) feel. The MAACL-R has undergone serious psychometric scrutiny over the last twenty years, culminating in over 700 published studies. The MAACL-R has frequently been utilized in studies relating to stress, such as that resulting from ego threat, frustration, failure, and the threat of pain. For the purposes of this study the researchers were only interested in the Hostility, Anxiety, and Depression subscales. The Cronbach alphas for these scales in the development study were .84, .79, and .81, respectively.

Procedures

Participants were primarily solicited from colleges, universities, and community services centers. Utilizing professional and personal contacts, the primary researcher in this study was able to secure opportunities to address large groups of African American men in settings such as classrooms, discussion groups, and organizational meetings. During these presentations individuals were informed that their participation was sought in a study to examine the stressful effects of racism on African American men. Consequently, the surveys were completed anonymously, with participation being voluntary. Each survey packet included an informed consent cover letter, a demographic data questionnaire, the Racism Index, and the Multiple Adjective Affect Checklist-Revised Trait Form. Depending on the reading ability of the group the surveys generally took thirty to forty minutes to complete. Following the administration of the questionnaires the participants were debriefed in large groups.

In administering the questionnaires participants were issued the following instructions: 1) check only those events that have occurred, then using the 5-point Likert-type scale, indicate your reaction to the event; 2) consider any race-related event that happened to a family member but had an impact on you (network events [Thoits, 1991]), as being inclusive of your experiences; and 3) if an event happened more than once, refer to the first time you recall having experienced it. The instructions for completing the MAACL-R Trait Form were included on its cover sheet. Finally, to insure uniformity in the administration of the survey questionnaires across all research assistants, a set of standardized instructions were employed.

RESULTS

Data Analyses

Means, standard deviations, and subscale intercorrelations were calculated for all dependent measures administered in this study (see Table 1). In addition, for the purpose of describing the sample, descriptive statistics are reported on the demographic background of the study's participants. As part of the study's main statistical analyses, a multiple regression analysis was conducted using the Depression, Anxiety, and Hostility subscales of the MAACL-R Trait Form as predictor variables and the Racism Index as the criterion variable. The purpose of this statistical analysis was to determine the degree to which the scores of African American men on measures of anxiety, depression, and hostility could predict their levels of stress related to encounters with racism. To determine if significant differences in the levels of stress (related to encounters with racism) existed between African American men with histories of substance abuse and African American men without any reported substance abuse history, a Hotelling's T^2 was calculated. For this analysis, substance abuse history was used as the independent variable and scores on the Racism Index were used as the dependent variable. Finally, to examine whether or not significant gender differences existed, a second Hotelling's T^2 was calculated with gender as the independent variable and scores on the Racism Index as the dependent variable.

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Findings

When the Anxiety, Depression, and Hostility subscales of the MAACL-R Trait Form were entered into a regression analysis (Enter method) with the Racism Index, the findings indicated that the Hostility subscale was the best predictor of the scores for African American men on the Racism Index measure (see Table 2). Together the MAACL-R Trait Form subscales accounted for 49% of the shared variance of the Racism Index measure. However, the Hostility subscale had the largest beta weight of the three predictor variables (see Table 2). It should be noted that the Hostility beta weight was in the positive direction and that the overall regression equation was significant. These findings suggested that African American men experienced increased levels of hostility as a result of frequent encounters with societal racism and oppression. These findings were consistent with studies conducted by other researchers (Armstead, Lawler, et al. 1989; Harburg et al., 1973) and provides additional support regarding

TABLE 1

Means, Standard Deviations, and Intercorrelation Coefficients for Dependent Measures

	Anxiety	Depression	Hostility	Racism Index	Mean	SD
Anxiety	--	.70**	.50**	.37**	58.1	16.33
Depression	.70**	--	.70**	.40**	58.0	20.42
Hostility	.50**	.70**	--	.68**	56.6	13.68
Racism Index	.37**	.40**	.68**	--	117.9	53.69

Notes: MAACL-R Trait Form subscales (Anxiety, Depression, and Hostility) and the Racism Index measure (N = 177). ** p.<.01.

the relationship between racism and other stress-related diseases and disorders.

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The Hotelling's T² results indicated that a significant main effect was found between scores on the Racism Index measure and substance abuse history for African American men, F(1, 169) = 3.93, p < .05 (see Table 3). Because a significant main effect was found between the Racism Index measure and the substance abuse history of African American men (i.e., the presence or absence of a substance abuse history), an examination of the group means was conducted. Examination of the group means indicated that African American men with histories of substance abuse had significantly higher mean scores on the Racism Index measure than African American men with no history of substance abuse. This suggested that a relationship existed between the levels of stress resulting from encounters with societal racism and oppression and substance abuse in African American men.

Likewise, results from the second Hotelling's T² indicated that a significant main effect was found between scores on the Racism Index measure and gender, F(1, 394) = 7.11, p < .01 (see Table 4). Because a significant main effect was found between the Racism Index measure and gender, an examination of the group means were conducted. Examination of the group means indicated that African American men had significantly higher Racism Index scores than did African American women. These findings supported the notion that, although racism is an expe-

TABLE 2
Multiple Regression Analysis of the MAACL-R Trait Form Subscales

	Beta	T	Significant T
Variables in the equation			
MAACL-R Trait Form			
1. Anxiety	.18	.83	.42
2. Depression	-.28	-1.07	.31
3. Hostility	.79	3.63	.00**

Multiple R = .70

$R^2 = .49, F(3,38) = 4.0, p = .01$

Adjusted $R^2 = .42$

Notes: (Anxiety, Depression, and Hostility) on the Racism Index Measure (N = 25).
 ** $p < .05$.

rience familiar to most African Americans, African American men are particularly vulnerable to its deleterious effects.

INTERPRETATION OF RESULTS

The current study sought to examine the relationship between encounters with racism and indicators of psychological well-being in a sample of African American men. Specifically, the first order of inquiry was whether or not African American men who had higher levels of distress associated with experiences of racism would manifest lower levels of psychological health. A measure (Racism Index) was employed to assess the severity of distress experienced by African American men during encounters with societal racism and oppression. To assess the psychological well-being of the study's participants the MAACL-R Trait Form was administered as well. The MAACL-R Trait Form assesses levels of anxiety, depression, and hostility as a stable trait in an individual's behavioral repertoire. A second indicator of psychological well-being included the presence or absence of a history of substance abuse for the participants in the study. To examine whether or not the negative psychological effects of racism were unique to African American men, a group compari-

TABLE 3

Differences in Racism Index Scores between African American Men with Substance Abuse Histories and Those Without

Variable	F	df	p
	3.39	1,169	.04**
	Mean	SD	
Substance Abuse History			
Present	140.75	58.83	
Absent	115.39	53.04	

Notes: (N = 177). ** $p < .05$.

son study was conducted between African American men and women.

A multiple regression analysis was employed to determine whether or not levels of stress associated with racism encounters would predict psychological distress in African American men. Using scores on the Racism Index measure as the criterion measure and the MAACL-R Trait Form subscales as predictor variables, results of the multiple regression analysis indicated that the Hostility subscale of the MAACL-R Trait Form was the best predictor of race-related stress levels in African American men. These findings were consistent with prior research examining the psychological ramifications of racism for African American men. For example, a study by Harburg et al. (1973) found that black men with darker skin complexions had higher levels of suppressed hostility and increased blood pressure levels. In another study by Armstead et al. (1989), African Americans responding to racial stressors had increased levels of expressed anger. In the same study, physiological reactions to racist stimuli resulted in increased blood pressure levels. A more recent study (Krieger & Sidney, 1996) also found increased levels of blood pressure among African American men who encountered racial discrimination. Because high blood pressure is a risk factor for hyper-

TABLE 4

Differences in Racism Index Scores between African American Men and Women

Variable	F	df	p
	7.11	(1,393)	.00**
	Mean	SD	
Gender			
Men	117.91	53.69	
Women	104.58	45.62	

Notes: (N = 394). ** p<.01.

tension, a potentially fatal disease, the chronic experience of African American men with societal racism and oppression is potentially deadly. Moreover, the increased levels of hostility and anger expression in African American men that results from their chronic exposure to racism and oppression severely impacts their psychological functioning.

For another data analysis, a Hotelling's T² was employed to examine whether or not African American men differed with regard to other indicators of psychological health based on their experiences with racism and oppression. For this analysis, the presence or absence of a substance abuse history operationalized psychological health. The results indicated a significant main effect. Examination of the group means found that African American men who had a prior history of substance abuse also had higher scores on the Racism Index measure. These findings were consistent with the literature, which suggested a relationship between psychological disorders such as alcohol and substance abuse, and the chronic experience of racial discrimination (Burke, 1984; McCord & Freeman, 1990; Smith, 1985). The use of illicit or other drugs, including alcohol, to anesthetize one's self from the painful reality of racial oppression might be viewed as a viable option by many African American men living in the U.S. Other forms of antisocial and self-destructive behaviors have also

been associated with the chronic experience of racial oppression. For example, Wilson (1990) posited that the astronomical homicide rate among African American males was in reaction to the frustration associated with the unrelenting stress of white racism. He also implicated invidious white racism in the increasing suicide rates among African American men.

The final data analysis examined the differences between African American men and women in the levels of distress experienced in relation to chronic racial oppression. A Hotelling's T^2 was calculated with gender as the independent variable and levels of distress associated with racial discrimination as the dependent variable. A significant main effect was found for this analysis, and a resulting comparison of group means was conducted. Mean examination found that African American men had higher levels of distress associated with societal racism and oppression. These findings were also consistent with the literature, insofar as African American men had historically been more vulnerable to the deleterious effects of racial discrimination (Akbar, 1996; Wilson, 1990). The particularly brutal and harsh treatment of African American men employed in maintaining the mechanisms of institutionalized racial oppression had its origins in the institution of chattel slavery. This is not to suggest that African American women have not been victimized by white racism, only that the fear evoked in the white psyche by the physical, psychological, and sexual presence of the African American male has resulted in unusually cruel, inhumane, and often violent retribution from white society. Although the lashings doled out during slavery and the sporting-event-like lynchings of the Jim Crow south are rare today, violence against African American men by the police and white mobs has continued unabated (Akbar, 1996). Today other forms of violence against African American men, such as economic exclusion and social isolation, are rampant. Although the rates of incarceration are increasing at an alarming rate for African American women, for African American men 1 in 4 are under some form of control by the criminal justice system (i.e., probation, parole, incarceration [Akbar, 1996]).

DISCUSSION

The current study provides empirical evidence concerning the negative effects of racial discrimination on the psychological health of African American men. The study's results indicate that the chronic and invidious nature of racism can be deadly for African American men living in the U.S. The relationship between hostility and the experiences of African American

men with societal racism and oppression, and the fact that hostility has been implicated in the onset of a fatal disease like hypertension, raises very serious concerns regarding excess mortality rates among African American men. Increasing evidence, like that provided by the current study, suggests that racism is not just an unpleasant nuisance or a daily inconvenience experienced by African American men, but that, in fact, it can be deadly. Evidence of the kind presented in this study should call attention to racism as a public health issue and should result in a national effort, at least in the African American community, to address it as such.

Although the current study provides some insight into the full range of the psychological harm experienced by African American men as a result of their chronic exposure to societal racism, there are limitations inherent in the study that deserve mentioning. One such limitation was the over-reliance on college students for study participants. In addition, the study included a representation of African American men from the community, but the number was small ($n = 31$). Another limitation was the small sub-sample of participants included in the substance abuse history analysis (African American men with substance abuse history $n = 20$). The aforementioned limitations related to the study's sample size and representation restricts the ability to generalize, with much confidence, the study's results to the larger population of African American men. In spite of these limitations, the current study was informative regarding the range of negative psychological consequences experienced by African American men as a result of their chronic exposure to societal racism.

Future research examining the deleterious effects of racism on the psychological well-being of African American men might include other indicators of mental health. For example, providing empirical evidence to support the literature on the relationship between the frustration induced by white racism and the high rates of suicide and homicide among African American men would be a significant undertaking. In addition, future research should seek to reduce the sampling restrictions cited as a limitation of the current study. Another direction to be considered by future researchers examining the psychological effects of racism on African American men or other populations is the use of other methods of inquiry. Administering paper and pencil measures has its limitations and restricts the range of information to be gathered by researchers making inquiry into the full range of racism's psychological consequences. Another important element for future research on the psychological ef-

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fects of racism is a collaboration among scientists focused in this area. Where possible, information and resources must be shared to address this very significant public health issue affecting the African American community.

RECOMMENDATIONS FOR COPING WITH RACIAL DISCRIMINATION

The racism-related social and psychological pathology manifested by some African American men (i.e., substance abuse, alcoholism, mental illness, suicide, etc.) may be a consequence of ineffective and/or maladaptive coping strategies (Brown et al., 1996). Since slavery African American men have had to respond to their oppression with deference; other responses were often fatal. Contemporary African American men also face risks in responding to their oppression in what might be perceived as an aggressive fashion (Majors & Billson, 1992). Responding to societal cues to temper all direct objections to their racial oppression, African American men often direct these hostilities inward (Harburg et al., 1973). For African American men, the outward manifestations of internalized reactions to societal oppression can range from anger to depression, and/or include a host of other self-destructive behaviors (e.g., substance abuse, violence, antisocial behavior, etc. [Akbar, 1996; Wilson, 1990; Jackson, Williams, & Torres, 1995]).

More effective coping strategies for dealing with racial discrimination have been delineated in the literature in recent years. For example, Krieger and Sidney (1996) found that African American men who actively responded to racism had lower blood pressure levels than those who did nothing. A study by Utsey and Ponterotto (1996) indicated that seeking social support, as a coping strategy for African Americans who have encountered racial discrimination, was associated with increased levels of life satisfaction and self-esteem. Similarly, in a study by Elligan and Utsey (1997), support groups were found to be an effective tool for assisting African American men in coping with the stressful effects of racial oppression.

Based on the aforementioned research findings, the following coping strategies are recommended as more effective ways for African American men to deal with racial discrimination:

1. When possible, take action against racist behavior by confronting the perpetrator. Here confrontation refers to pointing out to the perpetrator that one is aware of the nature of their behavior and finds it

... seeking social support as a coping strategy [in dealing with racial discrimination] was associated with increased levels of life satisfaction and self-esteem.

objectionable. Often, whites are unaware of their racism, and by pointing it out to them the problem is placed where it belongs—with the racist. African American men should use caution in using this strategy with law enforcement officers.

2. African American men experiencing racism-related stress can benefit from participating in support groups for men with similar concerns. Since this is a relatively new concept it might be necessary for one to take the initiative in developing such a group. These groups, with the aim of addressing issues related to societal racism, may be developed around already existing groups (i.e., church, fraternities, professional, and so on).
3. Individual counseling and psychotherapy are also viable alternatives for African American men experiencing psychological and emotional distress related to their frequent encounters with racial discrimination. By contacting the Association of Black Psychologists or the Association of Black Social Workers, a referral may be obtained for a specialist who addresses these kinds of issues.
4. As with other kinds of life stressors, dealing with racism requires adequate psychological, emotional, and spiritual resources. African American men should seek to improve their overall psychological, emotional, and spiritual well-being at all times. This can be done by giving adequate attention to those areas of one's life that are related to overall psychological, emotional, and spiritual functioning (i.e., physical health, diet, family, recreational activities, spirituality, and so on).

The above recommendations are derived from the research findings related to coping with racial discrimination and are not meant to be exhaustive. Historically, African Americans have found creative ways to buffer themselves from the toxic effects of racial oppression. Given the success of these culturally grounded coping strategies, efforts aimed at exploring the exact nature of the mechanisms responsible for their effectiveness are needed. In the absence of immediate and completely effective coping strategies for dealing with racial discrimination, African American men must resist internalizing the collective projections of a racist society.

References

- Akbar, N. (1996). *Breaking the chains of psychological slavery*. Tallahassee, Florida: Mind Productions & Associates.
- Allport, G. W. (1954). *The nature of prejudice*. Massachusetts: Addison-Wesley.
- Armstead, C. A., Lawler, K. A., Gorden, G., Cross, J., & Gibbons, J. (1989). Relationship of racial stressors to blood pressure responses and anger expression in Black college students. *Health Psychology* 8: 541-556.
- Broman, C. L., (1997). Race-related factors and life satisfaction among African Americans. *The Journal of Black Psychology* 23: 36-49.
- Brown, T. N., Williams, D. R., Jackson, J. S., Neighbors, H., Torres, M., Sellers, S. L., & Brown, K. (1996). Racial discrimination and mental health: Findings from the NSBA panel sample (1987-88 to 1988-89). Unpublished manuscript, University of Michigan.
- Burke, A. W. (1984). Is racism a causatory factor in mental illness? *The International Journal of Social Psychiatry* 30: 1-3.
- Carlson, N. R. (1994). *Physiology of behavior* (5th ed.). Boston, Massachusetts: Allyn and Bacon.
- Elligan, D., & Utsey, S. O. (1997). Utility of an African centered support group for African American men confronting societal racism and oppression. Poster session presented at the annual meeting of the Association of Black Psychologists, Washington, D.C.
- Essed, P. (1990). *Everyday racism: Reports from women of two cultures*. Claremont, California: Hunter House.
- Fernando, S. (1984). Racism as a cause of depression. *The International Journal of Social Psychiatry* 30: 41-49.
- Gougis, R. A. (1986). The effects of prejudice and stress on the academic performance of Black-Americans. In U. Neisser (Ed.), *The school achievement of minority children: New perspectives* (pp. 145-158). Hillsdale, New Jersey: Lawrence Erlbaum Associates.
- Hacker, A. (1992). *Two nations: Black and white, separate, hostile, unequal*. New York: Charles Scribner's Sons.
- Harburg, E., Erfurt, J. C., Hauenstein, L. S., Chape, C., Schull, W. J., & Schork, M. A. (1973). Socio-ecological stress, suppressed hostility, skin color, and black-white male blood pressure: Detroit. *Psychosomatic Medicine* 35: 276-296.
- Hashfield, G. A., Alpert, B. S., Willey, E., Somes, G. W., Murphy, J. K., & Dupaul, L. M. (1989). Race and gender influence ambulatory blood pressure patterns of adolescents. *American Journal of Hypertension* 14: 598-603.
- Houston, L. N. (1990). *Psychological principles and the Black experience*. Lanham, Maryland: University Press of America.
- Jackson, J. S., Williams, D. R., & Torres, M. (1995). Racial discrimination, stress, action orientation and physical and psychological health. Unpublished manuscript, University of Michigan.
- Jackson, J. S., Brown, T. N., Williams, D. R., Torres, M., Sellers, S. L., & Brown, K. (1995). Racism and the physical and mental health status of African Americans: A thirteen year national panel study. Unpublished manuscript, University of Michigan.
- James, G. D. (1991). Race and perceived stress independently affect the diurnal variation of blood pressure in women. *American Journal of Hypertension* 4: 382-384.
- Jones, J. M. (1972). *Prejudice and racism*. Menlo Park, California: Addison-Wesley.
- Krieger, N., & Sidney, S. (1996). Racial discrimination and blood pressure: The CARDIA study of young black and white adults. *American Journal of Public Health* 86: 1370-1378.
- Landrum-Brown, J. (1990). Black mental health and racial oppression. In R. S. Ruiz (Ed.), *Handbook of mental health and mental disorders among black Americans* (pp. 113-132). New York: Greenwood Press.
- Majors, R., & Billson, J. M. (1992). *Cool pose: The dilemmas of black manhood in America*. New York: Touchstone.
- McCord, C., & Freeman, H. P. (1990). Excess mortality in Harlem. *The New England Journal of Medicine* 322: 173-177.
- McNeilly, M. D., Robinson, E. L., Anderson, N. B., Pieper, C. F., Shah, A., Toth, P. S., Martin, P., Jackson, D., Sautler, T. D., White, C., Kuchibatla, M., Collado, S. M., & Gerin, W. (1996). Effects of racist provocation and social support on cardiovascular reactivity in African Americans. Unpublished manuscript, Duke University.
- Outlaw, F. H. (1993). Stress and coping: The influence of racism on the cognitive appraisal processing of African-Americans. *Issues in Mental Health Nursing* 14: 399-409.
- Pettigrew, T. F. (1964). *A profile of the American Negro*. New Jersey: D. Van Nostrand.
- Pillay, H. M. (1984). The concepts, "causation," "racism" and "mental illness." *The International Journal of Social Psychiatry* 30: 29-39.
- Pinkney, A. (1993). *Black Americans* (4th ed.). Englewood Cliffs, N.J.: Prentice Hall.
- Simpson, G. E., & Yinger, J. M. (1985). *Racial and cultural minorities: An analysis of prejudice and discrimination* (5th ed.). New York: Plenum.
- Smith, E. M. J. (1985). Ethnic minorities: Life stress, social support, and mental health issues. *The Counseling Psychologist* 13: 537-579.
- Sutherland, M. E., & Harrell, J. P. (1987). Individual differences in physiological responses to fearful, racially noxious, and neutral imagery. *Imagination, Cognition, and Personality* 6: 133-150.

- Thoits, P. A. (1991). On merging identity theory and stress research. *Social Psychology Quarterly* 54: 101–112.
- Utsey, S. O., & Ponterotto, J. G. (1996). Development and validation of the Index of Race-Related Stress (IRRS). *Journal of Counseling Psychology* 43: 490–501.
- Wilson, A. N. (1987). *The developmental psychology of the black child*. New York: Africana Research.
- Wilson, A. N. (1990). *Black-on-Black violence: The psychodynamics of black self-annihilation in service of white domination*. New York: Afrikan World Infosystems.
- Zuckerman, M., & Lubin, B. (1985). *Manual for the MAACL-R: The Multiple Affect Adjective Checklist Revised*. San Diego, California: Edits.