"BEING BLACK AND FEELING BLUE": THE MENTAL HEALTH CONSEQUENCES OF RACIAL DISCRIMINATION

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ABSTRACT: *The association between racial discrimination and mental health was examined using Wave 2 (1987–1988) and Wave 3 (1988–1989) panel data from the National Survey of Black Americans (NSBA). Mental health status was assessed by psychological distress and depression. In cross-sectional analyses, the perception of*

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RACE & SOCIETY, Volume 2, Number 2, pages 117–131.
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ISSN: 1090-9524.

racial discrimination was related to high levels of psychological distress at Waves 2 and 3. Experiencing racial discrimination was marginally related to a high likelihood of depression at Wave 2. In longitudinal analyses, reports of racial discrimination at Wave 2 were associated with high levels of psychological distress at Wave 3. High psychological distress or depression at Wave 2 was not associated with reports of racial discrimination at Wave 3—indicating that poor mental health did not predict subjective reports (perceptions) of discrimination. The Discussion focused on possible directions for a more comprehensive program of research on mental health, stress, and experiences of racially based discrimination.

INTRODUCTION

Black Americans frequently experience racial discrimination that negatively impacts the quality of their lives (Brown, 1998; Burke, 1984; Carter, 1993; Committee on Status of Blacks, 1987; Delgado, 1982; Hacker, 1992; Outlaw, 1993; Landrum–Brown, 1990; Smith, 1985; Tidwell, 1990; Wade, 1993; Williams, Yu, Jackson, and Anderson, 1997). Discriminatory experiences that occur because of race are demeaning, degrading, and highly personal (Delgado, 1982; Feagin, 1991; Landrine and Klonoff, 1996). Thus, the experience of racial discrimination can be stressful and reduce a person's sense of control and meaning while evoking feelings of loss, ambiguity, strain, frustration, and injustice (Bowser, 1981; Fanon, 1968; Feagin, 1991; Fernando, 1984; Gary, 1991; Grier and Cobbs, 1968; McCarthy and Yancey, 1971; Parker and Kleiner, 1966; Smith, 1985; Tidwell, 1990). There are a growing number of studies linking actual and perceived experiences of racial discrimination to poor mental health among racial and ethnic minority groups (see Broman, 1997; Brown, 1998; Jackson, Brown, Williams, Torres, Sellers, and Brown, 1996; Johnson, 1989; Kessler, Mickelson, and Williams, 1999; Landrine and Klonoff, 1996; Noh, Beiser, Kaspar, Hou, and Rummens, 1999; Salgado de synder, 1987; Thompson, 1996; Williams et al., 1997).

To date, the relationship between racial discrimination and psychiatric disorder has not been systematically investigated (see Kessler et al., 1999 for an exception); existing empirical studies most often use psychological distress or subjective well-being as indicators of mental health. In addition, virtually all studies of the relationship between racial discrimination and mental health have used cross-sectional data (data collected at one time point). Longitudinal data (data collected at more than one time point) are necessary to address reciprocity between subjective reports (perceptions) of discrimination and adverse mental health outcomes. Using nationally representative panel data collected from a sample of Black Americans across two time points, the present study empirically investigates the relationship between racial discrimination and onset of psychological distress and depression.

STUDIES LINKING RACIAL DISCRIMINATION AND MENTAL HEALTH STATUS

A growing number of studies have documented that racial discrimination is linked to adverse mental health outcomes among Black Americans and other racial and ethnic minority groups. For example, in a probability sample of 200 Black Americans living in

the St. Louis Metropolitan area, Thompson (1996) found that experiencing racial discrimination in the past year or six months was related to high intrusion and avoidance symptoms. Thompson (1996) also asked respondents about the degree to which discriminatory experiences were stressful. She found a positive relationship between the appraised stressfulness of discrimination and recency of intrusion symptoms. The appraised stressfulness of racial discrimination was marginally related to recency of avoidance symptoms.

Williams and Chung (forthcoming) explored the relationship between racial discrimination and mental health using nationally representative, cross-sectional data from the 1979–1980 National Survey of Black Americans (NSBA). They found that Black Americans who reported racial discrimination had happened to them or their family in the past month tended to have low levels of life satisfaction and happiness, and high levels of psychological distress. Racial discrimination in the employment domain was also related to low levels of life satisfaction and happiness, and high levels of psychological distress. In a telephone sample of 312 residents of Detroit, Michigan, Broman (1997) investigated discriminatory incidents that Black Americans experienced in five domains: (1) getting a job, (2) at work, (3) at home, (4) shopping in a store, and (5) interactions with police. He found that respondents reporting experiences of racial discrimination in these domains during the past three years reported low levels of life satisfaction.

A recent study of mental health among 647 Southeast Asian (Chinese, Vietnamese, Laotian) refugees living in Canada reported that perceived racial discrimination was linked to increased levels of depressive symptoms (Noh et al., 1999). In a convenience sample drawn from two large East Coast police departments, Johnson (1989) found that personal experiences of racial discrimination were inversely associated with marital well-being and marital quality among 86 married Black American police officers. Two measures of discrimination at work were included in Johnson's study. One measure was a report of individual discriminatory experiences; the other was a perception of the general racial climate at work.

Amaro, Russo, and Johnson (1987) found the experience of job discrimination to be among several factors that were strongly related to low levels of personal and professional satisfaction in a national sample of 303 Hispanic American, professional women with families. Salgado de Synder (1987) found that, among Mexican women, the experience of discrimination because one was Mexican was a significant predictor of high scores on the CES-D depression scale. Her data were drawn from a small regional sample.

Landrine and Klonoff (1996) created an 18-item discrimination scale that asked about lifetime and past year discriminatory events. Only 3 of their 153 Black American convenience sample respondents reported experiencing no racial discrimination in their lifetime. The authors found that lifetime and past year discriminatory events were associated with high psychiatric symptoms (i.e., anxiety, depression, obsessive-compulsive, interpersonal sensitivity, somatization). They also found perceived stressfulness of these events to be positively correlated with psychiatric symptoms independent of the events themselves.

Williams et al. (1997) examined the relationship between acute (major) and chronic (everyday) indicators of discrimination and mental health status among Black and White American adults randomly sampled from the Detroit tri-county area in 1995. They found

that perceived experiences of acute and chronic discrimination were linked to low levels of subjective well being and high levels of psychological distress.

LIMITATIONS OF STUDIES LINKING RACIAL DISCRIMINATION AND MENTAL HEALTH STATUS

There are two common limitations in existing empirical studies that examine the relationship between racial discrimination and mental health status. First, most studies use psychological distress or subjective well-being as indicators of mental health, neglecting how racial discrimination might correlate with psychiatric disorders (e.g., depression, generalized anxiety disorder). Interestingly, there are conflicting claims in the literature regarding the impact of racial discrimination on psychiatric disorder among Black Americans. On one hand, Bowser (1981) and others (Fernando, 1984; Pettigrew, 1981) theorize that racial discrimination (and race-related stress generally) may not be linked to psychiatric disorder among Black Americans, even though it is significantly correlated with high levels of psychological distress and low levels of subjective well-being. They argue that after decades of exposure to institutionalized and individual level discrimination, Black Americans activate coping and adaptational strategies intricately linked to established cultural practices. At the individual and community level, potential victims of discrimination prepare themselves, in advance, such that the severity of discrimination's emotional impact is lessened. On the other hand, some researchers theorize that racial discrimination (and other causal mechanisms of "racism") can be linked to an increased likelihood of psychiatric disorder (Akbar, 1991; Burke, 1984; Carter, 1993, Grier and Cobbs, 1968; Kardiner and Ovessey, 1951; Parker and Kleiner, 1966; Smith, 1985). They propose that the mental health consequences of racially based discrimination can never be fully mitigated or avoided, and that some Black Americans will succumb to race-related stress and psychiatric disorders.

Second, virtually all prior empirical studies use data that are collected at one time point (cross-sectional). Researchers cannot address reciprocity (i.e., the temporal order) between self-reported racial discrimination and adverse mental health with cross-sectional data. For example, it is possible that respondents with poor mental health may be more likely to perceive that they are treated badly for racial reasons. Thus, in the current study we use panel data, which are a type of longitudinal data collected from the same individuals across time. One longitudinal study by Jackson et al. (1996) examined the relationship between perceptions and experiences of discrimination and mental health using NSBA panel data (1979–1980 to 1992). Jackson and colleagues documented evidence of a monotonic relationship between multiple experiences of racial discrimination and low levels of life satisfaction. However, as noted earlier, a limitation of their longitudinal study and other cross-sectional studies is that the relationship between racial discrimination and psychiatric disorder was not investigated.

The current study overcomes these limitations by: (1) including depression as an outcome variable, and (2) using panel data. We hypothesized that reports of racial discrimination would be related to high levels of psychological distress and a high likelihood of depression at Wave 2 (1987–1988) and Wave 3 (1988–1989). We also predicted that reports of racial discrimination at Wave 2 would be linked to high levels of psychological distress at Wave 3 and a high likelihood of being depressed at Wave 3.

Finally, we expected that high levels of psychological distress and being depressed at Wave 2 would be independent of subjective reports of Wave 3 racial discrimination.

METHODS

Sample

Respondents in the National Survey of Black Americans (NSBA) were interviewed at four points in time beginning in 1979–1980. Detailed description of the NSBA can be found elsewhere (see Jackson, 1991; Jackson et al., 1996). The 1979–1980 face-to-face NSBA survey was based on a national, multistage, household probability sample of 2,107 self-identified Black Americans living in the continental United States. The response rate was 67%. The 1979–1980 NSBA data collection was followed by three additional Waves of telephone data collections in 1987–1988 (Wave 2), 1988–1989 (Wave 3), and 1992 (Wave 4). Analyses were restricted to those panel respondents ($N = 779$) who were interviewed at Waves 2 and 3 because depression was not measured at Wave 1.

Measures

The experience of racial discrimination was measured by a single item at both Waves. Respondents were asked whether "you or your family had been treated badly because of your race in the past month?" Five control variables were used in the analyses: financial security (measured by the income-to-needs ratio), education, region, age, and gender. The income-to-needs ratio was a measure of poverty that adjusts total family income for household size and composition, and for estimates of individual family members' food and other basic needs. It was measured at both Waves and is similar to measures used in other national surveys. Education was measured at Wave 1 by years of formal schooling completed. Region was measured at Wave 1—a dummy variable was used to compare those living in traditional southern states with those living elsewhere in the United States. Age was measured at Waves 2 and 3 by the number of years since birth. Gender was a dummy variable, coded 1 for women and 0 for men.

Psychological distress was a scale constructed by taking respondents' arithmetic mean score on ten items. At both Waves, respondents were asked: "During the past month, how much of the time did you feel—(1) under strain, stress, or pressure, (2) in low spirits, (3) moody or brooded over things, (4) downhearted and blue, (5) depressed, (6) tense or high-strung, (7) bothered by nervousness or nerves, (8) restless and upset, (9) anxious or worried, and (10) unable to relax." The response scale was none of the time, some of the time, most of the time, or all of the time. This psychological distress scale was derived from research done by John Ware and the Rand Corporation on the Mental Health Inventory (Ware, 1978, 1979). Cronbach's alpha for internal consistency exceeded 0.89 at each Wave.

Wave 2 and 3 past year (current) depression was assessed using the Diagnostic Interview Schedule (DIS) (Robins, Helzer, Croughan, and Ratcliff, 1981). Computer algorithms generated a Diagnostic and Statistical Manual of Mental Disorders, third edition, Revised (DSM-III-R) diagnosis for depression based on the presence, severity, and duration of symptoms. To be classified as depressed at either Wave, after responding

affirmatively to a screening question, respondents needed to have at least three depressive symptoms and had to meet a severity criteria (see Robins et al., 1981 for detailed description).

Analytic Strategies

Hypotheses were tested using multivariate Ordinary Least Squares (OLS) regression models and multivariate Maximum-Likelihood (ML) Logistic regression models. OLS regression was used to examine the relationship between psychological distress and racial discrimination while adjusting for control variables. This technique assessed the contribution of a set of independent variables to explaining variance in a dependent variable treated as an interval scale (psychological distress). Logistic regression was used to predict the odds of depression—a binary (yes, no) variable. This technique assessed the contribution of a set of independent variables to predicting the probability of being in the yes group. The regression equation was transformed by the natural logarithm so that assumptions of regression (e.g., normality of errors, plausible predicted values) would not be violated. Beta coefficients from logistic regression equations predict the log odds (logit) for depression.

RESULTS

Racial Discrimination and Mental Health Status Cross-Sectionally

Table 1 summarizes regressions of psychological distress and past year depression on racial discrimination at Wave 2, adjusting for control variables. The first column in Table

TABLE 1
Unstandardized Coefficients From Regressions of Mental Health on Racial Discrimination at Wave 2 (1987–1988)

	Wave 2 1987–1988 Mental Health Outcomes			
	Psychological Distress		*Current Depression*	
	Ordinary Least Squares		*Logistic*	
Wave 2 (1987–1988) Predictors	*b*	*se*	*b*	*se*
1. Financial Security	−.007*	.003	.011	.015
2. Education	−.028**	.006	−.134**	.051
3. Region (1 = South)	.012	.036	−.309	.267
4. Age	−.010**	.001	−.059**	.011
5. Gender (1 = women)	.124**	.037	.382	.293
6. Racial discrimination (1 = yes)	.220**	.062	.714†	.371
Intercept	2.491		1.767	
Adjusted R^2	9.92%			
N	749		759	
Model Chi-Square			39.002**	6 df.

Notes: †$p < .10$; *$p < .05$; **$p < .01$.

1 shows that the experience of racial discrimination at Wave 2 was associated with high levels of psychological distress. We found that several control variables were also significantly correlated with distress at Wave 2. For instance, financial security (i.e., a high income-to-needs ratio) was linked to low levels of distress. Years of formal education were inversely related to distress. Compared to living elsewhere in the nation, living in traditional Southern states was not associated with level of distress. Age was negatively correlated with level of psychological distress. And compared to men, Black American women reported higher levels of distress.

The second column in Table 1 shows that those respondents who experienced racial discrimination had marginally larger odds of being depressed compared to those respondents not reporting discrimination. Financial security was not statistically related to current depression, whereas education was inversely related to the likelihood of depression. Neither region nor gender were significantly associated with current depression at Wave 2, whereas older respondents were significantly less likely to be depressed.

Table 2 summarizes regressions of psychological distress and past year depression on reports of racial discrimination at Wave 3, adjusting for control variables. The perception of racial discrimination at Wave 3 was significantly linked to high levels of psychological distress at Wave 3. Respondents with financial security were likely to report low levels of distress. Education was negatively associated with distress level at Wave 3. Black Americans living in the South reported levels of distress that were not significantly different from levels reported by those living in other regions. Compared to men and older respondents, women and younger Black Americans reported higher levels of psychological distress.

The second column in Table 2 shows that reports of discrimination at Wave 3 were positively but not significantly associated with the odds of being depressed in the past

TABLE 2
Unstandardized Coefficients From Regressions of Mental Health on Racial Discrimination at Wave 3 (1988–1989)

	Wave 3 1988–1989 Mental Health Outcomes			
	Psychological Distress		*Current Depression*	
Wave 3 (1988–1989) Predictors	*Ordinary Least Squares*		*Logistic*	
	b	*se*	*b*	*se*
1. Financial Security	−.009**	.003	−.291*	.133
2. Education	−.021**	.006	−.080	.058
3. Region (1 = South)	.001	.036	.149	.308
4. Age	−.009**	.001	−.031**	.011
5. Gender (1 = women)	.094*	.037	.728*	.366
6. Racial discrimination (1 = yes)	.200*	.078	.456	.748
Intercept	2.388		-0.201	
Adjusted R^2	7.59%			
N	759		769	
Model Chi-Square			24.345**	6 df.

Notes: $^{\dagger}p < .10$; $*p < .05$; $**p < .01$.

year. Financial security was inversely related to current depression, such that those respondents with high income-to-needs ratios were less likely to be depressed. Years of education were not associated with depression at Wave 3. The odds of being depressed did not vary depending upon whether respondents lived in the traditional South or in other regions. Older Black Americans were less likely to be categorized as depressed. And women's odds of being depressed at Wave 3 were significantly larger than men's odds of being depressed.

In summary, consistent with prior research, cross-sectional results indicate that the experience of discrimination was significantly related to high levels of psychological distress. In addition, racial discrimination was marginally related to a high likelihood of depression at Wave 2.

Racial Discrimination and Mental Health Status Longitudinally

This section examines the relationship between racial discrimination and mental health using lagged (temporally ordered) regression models that predict Wave 3 mental health status (i.e., psychological distress and depression) using Wave 2 discrimination and control variables. Respondents' Wave 2 mental health status was included in the regression model to control for baseline differences in mental health status.

Table 3 shows that respondents who were treated badly because of their race at Wave 2 reported higher levels of distress at Wave 3 than those Black Americans who did not experience discrimination. Two control variables, age and Wave 2 psychological distress, were also significantly linked to psychological distress at Wave 3. Young respondents tended to report low levels of distress at Wave 3. And respondents' Wave 2 distress was

TABLE 3

Unstandardized Coefficients From Regressions of Wave 3 (1988–89) Mental Health on Wave 2 (1987–1988) Racial Discrimination

	Wave 3 1988–1989 Mental Health Outcomes			
	Psychological Distress		*Current Depression*	
Wave 2 (1987–1988) Predictors	*Ordinary Least Squares*		*Logistic*	
	b	*se*	*b*	*se*
1. Financial Security	−.002	.003	−.541**	.158
2. Education	−.008	.005	.026	.064
3. Region (1 = South)	−.005	.030	.217	.314
4. Age	−.003**	.001	−.019	.012
5. Gender (1 = women)	.033	.032	.586	.372
6. Mental Health	.558**	.031	1.034**	.377
7. Racial discrimination (1 = yes)	.104*	.052	.036	.486
Intercept	.977		−1.748	
Adjusted R^2	36.15%			
N	738		756	
Model Chi-Square			38.407** 7 df.	

Notes: $^{\dagger}p < .10$; $*p < .05$; $**p < .01$.

positively and strongly related to their Wave 3 distress level. Other control variables were not predictive of psychological distress at Wave 3.

Table 3 also shows that reports of racial discrimination at Wave 2 were not significantly related to elevated odds of depression at Wave 3. Wave 2 financial security was associated with low odds of depression at Wave 3. Respondents' previous (Wave 2) depressive episode was a powerful predictor of depression at Wave 3. None of the other control variables were significantly related to depression at Wave 3.

Does Poor Mental Health Predict Subsequent Reports of Racial Discrimination?

Some researchers have suggested that subjective reports of racial discrimination might be a consequence of poor mental health. To investigate this possibility, Wave 3 reports of racial discrimination were regressed on Wave 2 mental health adjusting for Wave 2 reports of racial discrimination and control variables. A summary of these regressions are shown in Table 4.

We found that psychological distress at Wave 2 was not significantly linked to the odds of reporting discrimination at Wave 3, adjusting for reports of discrimination at Wave 2 and control variables (Model I). Nor did an episode of depression at Wave 2 influence respondents' reports of racial discrimination at Wave 3 (Model II). These analyses indicate that self-perceived experiences of discrimination were not a function of prior poor mental health, rather self-reported experiences of racial discrimination were linked to the onset of adverse mental health.

DISCUSSION

This study provides further empirical support for the hypothesis that actual and perceived racial discrimination is linked to adverse mental health outcomes among Black Americans. We found that discrimination was related to high levels of psychological distress and marginally related to a high likelihood of current depression. Results also demonstrated that subjective reports of racial discrimination lead to adverse mental health outcomes, and that poor mental health does not lead to increased reports of racial discrimination.

TABLE 4
Coefficients from Regressions of Wave 3 (1988–89) Racial Discrimination on Mental Health at Wave 2 (1987–1988)*

	Wave 3 Racial Discrimination	
	I	*II*
WAVE 2 (1987–1988) predictors		
Psychological Distress	.309	
Racial Discrimination (1 = yes)	2.392**	
Depression		−.019
Racial Discrimination (1 = yes)		2.561**

Notes: *Adjusted for Wave 2 Financial Security, Education, Region, Age, & Gender.
†$p < .10$; *$p < .05$; **$p < .01$.

The perception of racial discrimination was more consistently related to psychological distress than to depression. It appears that the types of insults and indignities suffered as a result of racial discrimination are extremely upsetting to Black Americans; but they do not, overall, result in increased rates of depression. Bowser (1981) and others (Fernando, 1984; Pettigrew, 1981) predicted that racial discrimination would be more strongly linked to psychological distress than to psychiatric disorder because groups historically exposed to discriminatory events (e.g., Black Americans) develop adaptational strategies that mitigate, or reduce to some extent their vulnerability to, unfair treatment. Thus, although experiences of racial discrimination contribute to high levels of psychological distress and low levels of subjective well-being, Black Americans may use a variety of coping strategies that effectively block the etiological relationships of discriminatory stress to serious mental disorders (see Kessler, 1979; Kessler et al., 1999; Neff, 1985 for discussions of race and vulnerability).

The results also demonstrate the conceptual and empirical distinction between psychiatric disorder and psychological distress. Psychiatric disorder, which is considered much more serious than high levels of psychological distress, is a binary, discrete classification typically arrived at on the basis of clinical judgments using diagnostic criteria (e.g., DSM-III-R). The methodology employed in this study, the DIS, tries to approximate clinical diagnosis. However, as argued by Mirowsky and Ross (1989) and empirically demonstrated by Mirowsky (1994), the social causes (e.g., racial discrimination) of mental health problems are better observed using an interval scale or index (e.g., depressive symptoms, psychological distress) that does not attenuate meaningful variance.

Mental health is a multidimensional construct and the relationships between psychological distress and psychiatric disorders such as depression are not of the magnitude that they should be considered redundant indicators. Our results speak to the importance of using multiple dimensions of mental health in empirical studies because only in this way can the true impact of racial discrimination on Black Americans' psychological states be reliably specified. Moreover, researchers should seriously consider that valid and reliable measures of mental illness and disorder may not be equivalent across racial and ethnic groups. This could be one reason the prevalence of psychiatric disorder among Black Americans—despite being exposed to more stress due to their disadvantaged status—is often reported to be comparable if not lower than the prevalence among White Americans (Akbar, 1991; Brown, 1998; Kessler et al., 1999).

LIMITATIONS AND FUTURE DIRECTIONS

Although this study makes an important contribution to the literature, there are limitations that should be considered. First, discriminatory experiences were assessed using a "past month" time frame. This time frame does not capture events that may have happened two or more months before or after an interview. For example, a respondent may not have reported past month discrimination at either the Wave 2 or Wave 3 interview but this respondent could have experienced racial discrimination during the months just before or after being interviewed. This may explain the relatively low prevalence of racial discrimination in our sample (less than 10%), compared to other studies that measure discrimination using a past year or lifetime time frame.

Second, we narrowly sampled from the racial discrimination universe using a single

item indicator. This measure does not indicate the domain in which the event happened (e.g., school, work, public accommodations), the appraised stressfulness of the event (e.g. high or low), or ambiguity associated with attributing the incident to race. More research is needed that fully characterizes racial discrimination because it can be acute, ambiguous, blatant, chronic, institutionalized, mundane, or subtle (Essed, 1991; Feagin, 1991; Friedman, 1975; Hagan, 1977; Knowles and Prewitt, 1969; Landrine and Klonoff, 1996; Outlaw, 1993; Smith, 1985; Wade, 1993; Williams et al., 1997). Importantly, Barbarin and Gilbert (1981) and others (Essed, 1991; Landrine and Klonoff, 1996; McNeilly, Anderson, Armstead, Clark, Corbett, Robinson, Pieper, and Lepisto, 1996; Thompson, 1996) have developed frameworks to address the multidimensional nature of discriminatory experiences. Many of these frameworks take factors such as denial, ambiguity, and anticipatory avoidance behavior into account when estimating the frequency of racial discrimination. And many of these frameworks take other factors such as recency and appraised stressfulness into account when estimating the psychological consequences of racial discrimination.

Third, it is possible that panel attrition biased our results. To address this possibility, we compared (analyses not shown) the original 2,107 NSBA respondents at Wave 1 with the 779 panel respondents that were reinterviewed at Wave 2 and Wave 3 (see also Jackson et al., 1996). Compared to the original cross-section respondents, panel respondents reported greater financial security (higher income-to-needs ratios), higher education, and were more likely to be women, but did not significantly differ from cross-sectional respondents in terms of region or reports of racial discrimination.

Fourth, mental health and disorder are caused by a wide range of factors, and we do not mean to imply that racial discrimination is the "ultimate" predictor of mental health problems among Black Americans. Predictors such as family process variables, non-race-related stressors, self-esteem, normative perceptions of discrimination, denial of discrimination, learned helplessness, and racial identity are important correlates that should be included in future studies of the relationship between discrimination and health. Variables such as these will further clarify the nature of the relationship between racial discrimination and psychological functioning, and contribute to a more complex understanding of the etiology of mental health and disorder.

Finally, a growing number of studies focus on reports of racial and ethnic discrimination and generic unfair treatment and their impact among White Americans (see Kessler et al., 1999; Williams et al., 1997). These researchers have suggested that generic unfair treatment, of which racial discrimination is one type, can be predictive of poor mental health among White Americans. We believe this research shows that actual and perceived experiences of racial discrimination are more frequent among Black Americans compared to White Americans because of the nature of racial hierarchy (i.e., Whites occupy a higher racial stratum position than Blacks). That is, race remains a powerful determinant of Black Americans' lifestyles and life chances because they are exposed to an unmatched, virulent type of racially based discrimination, and are often without material resources to redress its deleterious impact. Research is needed to carefully assess the extent to which experiences of racial discrimination are more damaging to Black Americans than experiences of unfair treatment are to more advantaged racial groups. Research that characterizes how generic unfair treatment contributes to poor mental health, even among advantaged

groups, can be critical to understanding the basic causal mechanisms through which discrimination impacts health.

Given the mundane nature of biased treatment due to race, many researchers find it surprising that Black Americans do not report even higher levels of psychological distress and have a higher prevalence of psychiatric disorder. One explanation offered for the relatively healthy psychological state of many Black Americans is that they were taught and have learned how to effectively cope with racial discrimination. Essed (1991) and others (Feagin, 1991; Jones, 1981; Kuo, 1995; McNeilly et al., 1996; Outlaw, 1993) predict that victims of discrimination use adaptational and coping strategies to reduce the stress of unfair treatment. This does not mean that racial discrimination does not psychologically damage Black Americans or other racial and ethnic minorities, rather it suggests groups historically exposed to frequent and ubiquitous discrimination develop coping strategies (e.g., religious participation, alcohol use, denial, racial identity [Noh et al., 1999], race socialization) that intervene more or less to shield or possibly further damage, their mental health status. In future studies, researchers should empirically investigate these and other coping strategies, and pay closer attention to segments of minority populations that might be especially vulnerable to the harmful effects of discrimination such as social isolates and the elderly. In addition, more research is needed that examines whether the relationship between racial discrimination and mental health is moderated by demographic characteristics such as age, gender, marital status, and income (Kessler et al., 1999).

Even though there is a great deal of theoretical work proposing that "racism" contributes to psychopathology (see Akbar, 1991; Bowser, 1981; Fanon, 1968; Fernando, 1981; Gary, 1991; Grier and Cobbs, 1968; Houston, 1990; Kardiner and Ovessey, 1951; Landrum–Brown, 1990; McCarthy and Yancey, 1971; Pillay, 1984; Prudhomme and Musto, 1973; Williams, Lavisso–Mourey and Warren, 1994), empirical studies that investigate this proposition are relatively recent and few in number. Although studies of racial discrimination are an important step in the right direction, the impact of racism upon the quality of life among racial minority populations is not comprehensively captured by measuring experiences of racial discrimination alone. Additional mechanisms of racism, such as the endorsement of racial ideology (e.g., accepting beliefs about race and racial inequality), perceived and actual institutional discrimination (e.g., residential racial segregation), and the internalization of racial prejudice (e.g., expressing negative feelings toward members of your racial group) should also be explored as correlates of adverse mental health among Black Americans and other racial and ethnic minority groups (Brown, 1998, 2000). Collectively, these mechanisms may more accurately and comprehensively operationalize the experience of racism among subordinated racial and ethnic groups.

Researchers must continue to systematically address the mental health consequences of race-related stress and the severity of its impact. Discriminatory events are a frequent source of stress linked to adverse mental health among Black Americans and other racial and ethnic minority groups. To protect these groups' sense of well being, it is imperative that we do more to eradicate unfair treatment based on race, gender, and other statuses.

ACKNOWLEDGMENT: The authors gratefully acknowledge helpful recommendations made by two anonymous reviewers and by the editor of this journal. This research was supported by Grants

MH 48666 and MH 57425 from the National Institute of Mental Health, and Grant AGO7904 from the National on Aging.

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