

Discrimination and the Health of African Americans: The Potential Importance of Intersectionalities

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Abstract

Research examining associations between self-reported experiences of discrimination overall (e.g., potentially due to race, gender, socioeconomic status, age) and health—particularly among African Americans—has grown rapidly over the past two decades. Yet recent findings suggest that self-reported experiences of racism alone may be less impactful for the health of African Americans than previously hypothesized. Thus, an approach that captures a broader range of complexities in the study of discrimination and health among African Americans may be warranted. This article presents an argument for the importance of examining intersectionalities in studies of discrimination and physical health in African Americans and provides an overview of research in this area.

Keywords

discrimination, intersectionality, African Americans, gender, socioeconomic status, age, sexual orientation, women

On almost every major indicator of physical health (e.g., coronary heart disease, cancer, stroke, HIV), African Americans fare worse than individuals from other racial/ethnic backgrounds in the United States (Cunningham et al., 2017). This excess burden has been documented for decades and is not completely explained by socioeconomic status (SES), health behaviors, or access to care (Williams, 2012). Consequently, a number of researchers have argued that discriminatory stressors may be one important pathway through which race impacts physical health outcomes among African Americans (T. T. Lewis, Cogburn, & Williams, 2015; Williams, 2012).

Discrimination is defined as the unjust or prejudicial treatment of a person or group of people, particularly on the grounds of characteristics such as race, age, or gender. Across studies, African Americans report more discrimination and unfair treatment than other racial/ethnic groups (Everson-Rose et al., 2015; Kessler, Mickelson, & Williams, 1999; T. T. Lewis et al., 2013), and despite progress since the 1960s, objective evidence suggests that discrimination remains a significant problem in the United States in housing (U.S. Bureau of Labor Statistics, 2015), policing (U.S. Department of Justice Civil Rights Division & U.S. Attorney's Office Northern District of Illinois, 2017), and medical care (Chen & Li, 2015).

Research has documented linkages between self-reported experiences of discrimination overall (e.g., potentially due to race, gender, SES, age, sexual orientation) and objective physical health outcomes across diverse groups (Beydoun et al., 2017; Chae, Drenkard, Lewis, & Lim, 2015; Everson-Rose et al., 2015; T. T. Lewis et al., 2013). However, findings linking reports of racism alone to physical health—particularly among African Americans—have been mixed. In a recent review and meta-analysis, Paradies et al. (2015) found that associations between reports of racism (e.g., discrimination solely based on race) and physical health were weakest for African Americans, compared with Latinxs and Asian Americans. This is in contrast to prior meta-analytic findings, which focused on reports of discrimination overall and found similar (Pascoe & Richman, 2009), and in some instances more pronounced (Dolezsar, McGrath, Herzig, & Miller, 2014), associations among African Americans compared with

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other groups. Together, these findings suggest that studies that focus on assessing experiences of racism exclusively might underestimate the overall impact of discriminatory stressors on the health of African Americans. Thus, an approach that captures a broader range of complexities may be warranted.

The Role of Intersectionalities and the Importance of Looking Within African Americans

One major limitation of prior research on discrimination and health in African Americans has been the tendency to focus on African Americans as a monolith in (a) questionnaires assessing discrimination, (b) the composition of study participants, and (c) the analysis plan. Some of this is due to the desire to compare across racial/ethnic groups to better understand racial/ethnic disparities in health. However, this approach precludes an examination of how heterogeneity *within* the African American population (e.g., age, gender, SES, sexual orientation) might impact exposure to discrimination and associations between discrimination and physical health.

In 1989, Crenshaw argued that

Black women sometimes experience discrimination in ways similar to white women’s experiences; sometimes they share very similar experiences with Black men. Yet often they experience double-discrimination—the combined effects of practices [that] discriminate on the basis of race, and on the basis of sex. And sometimes, they experience discrimination as Black women—not the sum of race and sex discrimination, but as Black women. (p. 149)

The terminology used to describe this combining of effects—*intersectionalities*—has been most frequently employed to characterize the experiences of African American women (Crenshaw, 1989; Purdie-Vaughns & Eibach, 2008); however, researchers have noted the advantage of this approach for understanding the experiences of African American men (both gay and straight) and other people at the intersection of two or more identities (Bowleg et al., 2017). The current review is designed to provide an overview and working framework for how intersectionalities might shape exposure to, experiences of, and responses to discrimination among African Americans (Fig. 1).

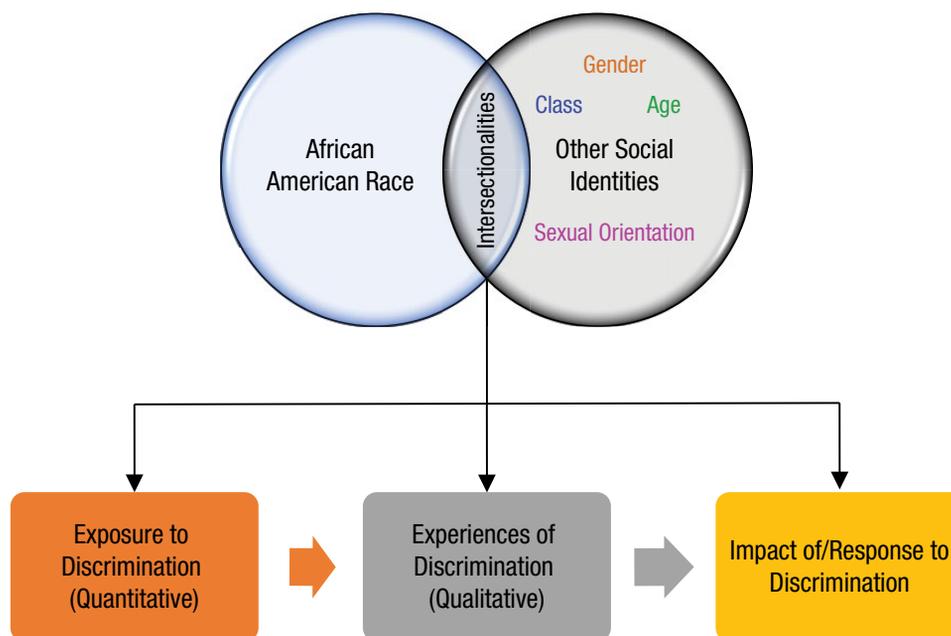


Fig. 1. Discrimination, intersectionalities, and health among African Americans. The figure provides a working framework for how African American race might interact with other social identities to shape exposure to discrimination (i.e., the quantitative amount of discrimination experienced by different subgroups), experiences of discrimination (i.e., qualitative differences in how discrimination might be experienced by individuals with different intersecting identities), and the physiological (or psychological) impact of or response to discrimination.

Discrimination, Gender, and Health Among African Americans

Gender is perhaps the most frequently examined aspect of intersectional identity in research on discrimination among African Americans. Consistent with Crenshaw's (1989) original premise, in a study of 144 adults, Kwate and Goodman (2015) found that the forms of discrimination reported by African American women were both quantitatively and qualitatively different from those reported by African American men. For example, African American women were more likely than African American men to report interpersonal incivilities, while African American men reported more major experiences of discrimination, in particular experiences with police, and criminal profiling than did African American women (Kwate & Goodman, 2015). Some of these differences could be due to the types of major discriminatory experiences assessed (e.g., wage discrimination, which disproportionately impacts African American women relative to African American men, according to the U.S. Bureau of Labor Statistics, 2015, was not queried). Still, Kwate and Goodman's findings are consistent with objective reports from the Department of Justice documenting biased policing against African American men relative to White men and women of all racial/ethnic backgrounds at multiple levels—including routine stops, arrests, and use of excessive (lethal and nonlethal) force (U.S. Department of Justice Civil Rights Division & U.S. Attorney's Office Northern District of Illinois, 2017). Collectively, these findings provide support for Sidanius's subordinate-male-target hypothesis, which posits that men, rather than women, are the primary targets of discrimination against racial/ethnic minorities (Navarrete, McDonald, Molina, & Sidanius, 2010).

However, studies of discrimination and objective, physiological indicators of health have not revealed stronger associations in African American men, relative to African American women. In fact, the few studies that have documented gender differences in discrimination and physical health associations have found that effects are more pronounced for African American women, compared with African American men (Beydoun et al., 2017; Richman & Jonassaint, 2008; Roberts, Vines, Kaufman, & James, 2008). This could be a result of "double discrimination" as detailed by Crenshaw (1989), the relative underrepresentation of African American men in studies of discrimination and physical health, overall gender differences in vulnerability to stress (Bourke, Harrell, & Neigh, 2012) and sensitivity to social rejection (Stroud, Salovey, & Epel, 2002), or the use of scales that rely heavily on everyday experiences and interpersonal incivilities, which may be more relevant for African American women (Kwate & Goodman,

2015). Although scholars have begun designing questionnaires to capture experiences occurring at the juncture of race and gender (English et al., 2017; J. A. Lewis & Neville, 2015), the effects of these uniquely intersectional experiences (e.g., derogatory comments about African American women's bodies, African American men's experiences with police) have yet to be determined. Thus, while the extant literature suggests that gender matters in terms of how African Americans experience discrimination, whether and under what circumstances discrimination might differentially impact the health of African American women versus African American men (or vice versa) remains an area of research ripe for further exploration.

Discrimination, SES, and Health Among African Americans

Although the intersectionality framework has historically been used to characterize the experiences of groups at the intersection of two marginalized identities (e.g., African American and woman), it is also helpful in thinking about intersections between disadvantaged and privileged statuses (Cole, 2009). For example, African American men occupy at least one disadvantaged and one privileged status, but empirical studies suggest that male status in the context of African American race is viewed as particularly threatening (Hall, Hall, & Perry, 2016; Plant, Goplen, & Kunstman, 2011), which may be one factor underlying the disproportionate bias African American men experience in the criminal legal system, as detailed above. Similarly, middle-class African Americans have both a disadvantaged and a privileged status, but some researchers have argued that they are frequently unable to access the benefits associated with their privileged SES because of the constraints of their race (Thomas, 2015).

Studies have found that race and SES interact for this group, with higher-SES African Americans consistently reporting more discrimination than their lower-SES counterparts (Dailey, Kasl, Holford, Lewis, & Jones, 2010; Hunt, Wise, Jipguep, Cozier, & Rosenberg, 2007; Krieger et al., 2011; NPR, 2017). This is in contrast to other forms of psychosocial stress, which are typically more prevalent among lower-SES groups. Researchers have argued that this is because higher-SES African Americans are more likely to live, work, and socialize in integrated settings than their lower-SES counterparts, thereby increasing their probability of exposure to discrimination (Thomas, 2015). Empirical studies provide support for this hypothesis, documenting greater reports of discrimination from African Americans living in integrated versus segregated environments (Dailey et al., 2010; Hunt et al., 2007).

Studies examining associations among SES, discrimination, and physical health in African Americans are limited. However, at least one study has found that the effects of discrimination on cortisol (a physiological marker of stress activation) were more harmful for African Americans with higher versus lower levels of education (Fuller-Rowell, Doan, & Eccles, 2012). Emerging research on discrimination directly attributed to social class has also highlighted patterns worthy of additional research. A recent study by Van Dyke and colleagues (2017) examined associations between discrimination attributed to social class (i.e., SES discrimination) and C-reactive protein (CRP), a marker of inflammation linked to later disease, in African American and White adults. Reports of SES discrimination were associated with higher levels of CRP among college-educated African Americans but not among African Americans without a college degree or Whites at any level of education.

Similar findings were observed in the same cohort when SES discrimination and sleep quality was examined (Van Dyke, Vaccarino, Quyyumi, & Lewis, 2016). Interestingly, both sets of findings were independent of reports of discrimination due to race or gender, suggesting that there may be something uniquely harmful about SES discrimination for African Americans. For college-educated African Americans in particular, social class discrimination may function as a direct threat to their ability to access their advantaged SES status, representing a form of expectancy violation (Burgoon, 2015). Expectancy-violation theory hypothesizes that when expectations about the social world are violated, disillusionment and negative outcomes result (Negy, Schwartz, & Reig-Ferrer, 2009). This is consistent with arguments presented by Thomas (2015) and further highlights the importance of an intersectional framework in studies of discrimination and health among African Americans.

The Potential Role of Age

Experimental findings indicate that African American children (both boys and girls) are often perceived as less innocent and much older than similarly aged White peers beginning as early as age 10, potentially increasing the perception of them as threatening and more liable for their actions (Epstein, Blake, & González, 2017; Goff, Jackson, Di Leone, Culotta, & DiTomasso, 2014; Graham & Lowery, 2004). Studies of African American adolescents have found that reports of discrimination increase in a linear fashion from ages 13 to 17 (Brody et al., 2014; Seaton, Caldwell, Sellers, & Jackson, 2008). Further, in research examining differences across racial/ethnic groups, age-related increases in reports of discrimination—from peers as well as

adults—were most pronounced for African American adolescents compared with adolescents from other racial/ethnic backgrounds (Greene, Way, & Pahl, 2006).

In adulthood, young adult and middle-aged African Americans report significantly higher levels of overall discrimination than African American adults over the age of 65 (Kessler et al., 1999; NPR, 2017). It is unclear whether the lower reports of discrimination in older adult African Americans are a result of selective survival or represent a cohort effect, with older African Americans having experienced more traumatic or severe instances of discrimination than most recent scales are designed to assess, or whether older African American adults (particularly males) are perceived as less threatening than their younger counterparts and are therefore less targeted by discriminatory treatment. These differences could also be driven by age-related processes, such as socioemotional selectivity, which is the propensity for older adults to self-select out of undesirable social situations (Carstensen, Isaacowitz, & Charles, 1999). Interestingly, despite the considerable body of evidence documenting how age might influence exposure to and experiences of discrimination for African Americans, few studies have examined the interactive effects of age and discrimination on physical health outcomes in this group.

Finally, while there is a growing body of research examining how experiences of discrimination based on age (e.g., ageism) impact health among older adults, the majority of this research has focused on main effects (Allen, 2016). Thus it is unclear whether associations between ageism and health are more or less pronounced for African American older adults, compared with older adults from other racial/ethnic backgrounds. Further, the extent to which racism and ageism might interact to influence health outcomes in older adults remains underexplored.

Sexual Orientation, Discrimination, and Health in African Americans

Sexual minorities are one of the most understudied groups in research on discrimination and physical health in African Americans. Lesbian, gay, bisexual, and transgender (LGBT) African Americans report discrimination based on their sexual minority identity, similar to reports by LGBT individuals from other racial/ethnic backgrounds. However, LGBT African Americans also report experiencing racism in gay social settings and sexual relationships (Bowleg et al., 2017). Although there is an emerging body of research linking sexual orientation discrimination to a number of objective health outcomes (Hatzenbuehler & Pachankis, 2016), this research has not yet explored whether associations

might differ for African Americans, compared with other racial/ethnic groups. Additional research in this area is clearly warranted.

Summary and Conclusions

This review focused on the potential importance of intersectionalities in the study of discrimination and health, with an emphasis on African Americans. Because much of the literature on discrimination and health has grown out of a desire to understand the disproportionately high rates of morbidity and mortality observed in this group, we primarily focused on objective physical health outcomes, which are (arguably) more mechanistically linked to disease and mortality than mental health or other self-reported outcomes (Miller, Chen, & Cole, 2009). Yet despite the growing body of research on discrimination and health among African Americans over the past decades, there remains a limited amount of research examining how within-race differences might pattern associations for this group. Much of this is driven by a continued emphasis on main effects in studies of discrimination and health and an exclusive focus on discriminatory experiences attributed to racism alone.

Studies have documented how exposure to discrimination differs for African Americans across a range of demographic and social identities, and while there is preliminary evidence that these intersectionalities also impact associations between discrimination and physical health, additional work in this area is needed. Such explorations might enhance our understanding of factors that contribute to the elevated rates of hypertension in African American women relative to other race-sex groups; the disproportionately high rates of HIV in African American men who have sex with men, relative to sexual minorities from other backgrounds; and a range of other physical health conditions shaped by intersectional identities. In this respect, designing studies that acknowledge some of the complexity *within* races might ultimately lead to a better understanding of factors that shape disparities between races.

Recommended Reading

- Crenshaw, K. (1989). (See References). A seminal overview of intersectionality theory.
- Lewis, T. T., Cogburn, C. D., & Williams, D. R. (2015). (See References). Reviews the state of research on self-reported experiences of discrimination and health, emphasizing unresolved issues and future directions.
- Purdie-Vaughns, V., & Eibach, R. (2008). (See References). Presents the theory of intersectional invisibility, emphasizing individuals with multiple subordinate identities.
- Van Dyke, M. E., Vaccarino, V., Dunbar, S. B., Pemu, P., Gibbons, G. H., Quyyumi, A. A., & Lewis, T. T. (2017). (See

References). An empirical investigation documenting intersectional associations among race, socioeconomic status (SES), SES discrimination, and C-reactive protein (a marker of inflammation) among African Americans and Whites.

Williams, D. R. (2012). (See References). A review of empirical research on racial disparities in health and the potential role of discrimination.

Declaration of Conflicting Interests

The author(s) declared that there were no conflicts of interest with respect to the authorship or the publication of this article.

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