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## The weight of racism: Vigilance and racial inequalities in weight-related measures

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### ABSTRACT

In the United States, racial/ethnic inequalities in obesity are well-documented, particularly among women. Using the Chicago Community Adult Health Study, a probability-based sample in 2001–2003 ( $N = 3105$ ), we examined the roles of discrimination and vigilance in racial inequalities in two weight-related measures, body mass index (BMI) and waist circumference (WC), viewed through a cultural racism lens. Cultural racism creates a social environment in which Black Americans bear the stigma burden of their racial group while White Americans are allowed to view themselves as individuals. We propose that in this context, interpersonal discrimination holds a different meaning for Blacks and Whites, while vigilance captures the coping style for Blacks who carry the stigma burden of the racial group. By placing discrimination and vigilance within the context of cultural racism, we operationalize existing survey measures and utilize statistical models to clarify the ambiguous associations between discrimination and weight-related inequalities in the extant literature. Multivariate models were estimated for BMI and WC separately and were stratified by gender. Black women had higher mean BMI and WC than any other group, as well as highest levels of vigilance. White women did not show an association between vigilance and WC but did show a strong positive association between discrimination and WC. Conversely, Black women displayed an association between vigilance and WC, but not between discrimination and WC. These results demonstrate that vigilance and discrimination may hold different meanings for obesity by ethnoracial group that are concealed when all women are examined together and viewed without considering a cultural racism lens.

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### 1. Introduction

Ethnoracial inequalities in obesity, indexed with body mass index (BMI) or waist circumference (WC) have been widely documented in Americans, particularly in American women (Ogden et al., 2014). Recent estimates indicate that 82% of non-Hispanic Black women and 77% of Hispanic women are either overweight or obese while 63% of non-Hispanic White women are overweight or obese (Wang and Beydoun, 2007). More concerning is the inequality in visceral adiposity, often proxied by WC, as this type of adiposity is a particular risk factor for many chronic diseases such as cardiovascular disease and diabetes (Despres and Lemieux,

2006; C. M. Y. Lee et al., 2008). Data indicate that 54% of non-Hispanic White women are centrally obese while 70% of non-Hispanic Black and 60% of Mexican American women are centrally obese (Wang and Beydoun, 2007). The inequalities in obesity, particularly those that proxy visceral adiposity, may then result in a cascade of health, social, and economic consequences that burden non-White adults with decreased life chances compared to White adults.

Chronic psychosocial stress may play an important role in obesity inequalities. First, research indicates that consumption of high calorie, high saturated fat foods in response to psychological stress results in the release of certain biochemicals known to reduce feelings of stress (Dallman et al., 2003, 2005). Moreover, psychosocial stress alters metabolism to result in visceral adipose deposition specifically (Dallman et al., 2005). Second, there are racial inequalities in psychosocial stress and social stressors (Jackson et al., 2010; Schulz et al., 2005; Turner, 2009).

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However, there are only a handful of empirical studies in which the authors examine the associations between psychosocial stress and racial inequalities in either obesity or the weight-related measures that may capture the development of obesity. For example, chronic stress during adolescence was linked to greater increases in BMI for Black compared to White girls (Tomiyama et al., 2013). Everyday discrimination as a stressor is related to weight-related measures within and across racial groups; notably, however, it does not appear to explain racial inequalities in these measures (Cunningham et al., 2013; Hunte, 2011; Hunte and Williams, 2009; Lewis et al., 2010).

The paucity of empirical literature may be due to the use of stress measures that are not racially-salient and biologically-meaningful. We examine discrimination and vigilant coping style within a cultural racism framework to clarify the ways in which these psychosocial stressors are related to racial inequalities in weight-related outcomes. As we discuss below, cultural racism, through the specific processes of racialization and stigmatization, results in racially-divergent meanings of discrimination and racism for Black and White adults. While a culturally-racialized social environment may present increased exposures to interpersonal discrimination for Blacks compared to Whites, we propose that the overall burden stigmatization of blackness results in chronic vigilance for potential prejudice, discrimination, and racism – and that this vigilance is particularly salient for the health of Blacks.

Furthermore, consistent with the literature on discrimination and health across racial group (Hunte, 2011; Hunte and Williams, 2009; Lewis et al., 2009), we propose that discrimination remains salient for the health of Whites. This salience may be due to the implicit understanding of White privilege and American sense of fairness. Because Whites do not carry the burden of the racial group membership, they perceive unfair treatment as individuals rather than representatives of their group (DiAngelo, 2011; Feagin, 2013; Grillo and Wildman, 1991; Wildman and David, 1994). By placing discrimination and vigilance within the context of cultural racism, we operationalize existing survey measures and develop statistical models that clarify the equivocal nature of the literature on discrimination and inequalities in weight-related measures and provide clues as to the root causes of the overall racial inequalities in obesity.

In the paper, we begin with a discussion of the psychology and sociology literature on cultural racism. We weave together scholarship not regularly applied to public health literature to suggest that cultural processes – girded by racial inequities in power – result in a racialized social environment in which Black (and other non-White ethnorracial) group members are routinely stigmatized (Fleming et al., 2012; Lamont et al., 2014; Link and Phelan, 2014). The process of racialization results in a shared understanding of the social meanings of race and racial categories within a society (Lamont et al., 2014). Stigmatization results in the natural psychological and emotional vigilance by marginalized group members (Fleming et al., 2012; Goffman, 1974; Lamont and Mizrachi, 2012; Link and Phelan, 2014). We then discuss the concept of racism-related vigilance, developed from the qualitative literature on the burden of racism, capturing anticipatory and ruminative stress (Essed, 1991; Feagin, 1991). Previous work suggests that vigilance, unlike other types of psychosocial stressors and strain, explains racial inequalities in health including hypertension prevalence (Hicken et al., 2014) and sleep difficulty (Hicken et al., 2013a).

Using a probability-based sample of Chicago that includes non-Hispanic White, non-Hispanic Black and Hispanic adults aged 18 years and older, we examine the role of discrimination and vigilance in the racial inequalities in two weight-related measures, BMI and WC. We show that vigilance, as a reflection of the psychological

burden of cultural racism, is related to WC for Black but not White women. Furthermore, we show that discrimination, which may reflect the strength of contemporary racialization processes in which Whites are able to view themselves as raceless individuals within a society that promotes equality and fairness, is related to WC for White but not Black women.

## 1.1. Background

### 1.1.1. Cultural racism in the United States

Racism, defined as:

[a] system of dominance, power, and privilege based on racial group designations ... where members of the dominant group create or accept their societal privilege by maintaining structures, ideology, values, and behavior that have the intent or effect of leaving nondominant-group members relatively excluded from power, esteem, status and/or equal access to societal resources. (Harrell, 2000, p.43, emphasis added)

is considered by many a bedrock of historical and contemporary American society (Bobo et al., 1997; Bonilla-Silva, 1997, 2010). Racism does not require explicit intent or personal dislike on the part of its dominant actors. Rather, it is woven into our social structure and institutions, allowing for unequal life experiences and chances based on the socially-constructed racial group membership categories.

This working definition includes both the interwoven structural and cultural aspects of racism (Jones, 1997). We focus on the cultural racism which places focus on the socially accepted “ideology, values, and behavior,” ultimately set by the dominant power group. Cultural racism is a particularly insidious form of racism as it operates on the level of our shared social subconscious (Carter, 2007; Jones, 1997; Sue, 2003). The processes that comprise cultural racism are invisible to many, but the result is a reified set of ideologies, values, and behaviors that are defined by the dominant racial group, which in the US is the White, Christian, middle-class, male group. Moreover, while the cultural processes that result in the America racial hierarchy are invisible to many, the fact that cultural racism is infused through our institutions (e.g., education, labor) means that there are visible social, political, and economic consequences (Jones, 1997; Lamont et al., 2014). And, with the invisibility of the processes, our institutions appear neutral and rational, with the visible racially unequal consequences apparently arising only from poor ideology, values, and behavior on the part of non-dominant racial groups (Bobo et al., 1997; Bonilla-Silva, 2010; Lamont et al., 2014).

Cultural racism is developed and maintained through multi-level processes. At the micro (individual) level, psychologists have shown that humans use cognitive processes, categorizing and classifying the world around us, in an effort make sense of large amounts of information (Allport, 1979; Macrae et al., 1994). This alone does not drive cultural racism – it is our classification schema as well as the meanings assigned to these categories, that is problematic (Hatzenbuehler et al., 2013; Link and Phelan, 2001). At the macro (societal) level, sociologists discuss notions of symbolic power or the imposition of the dominant class's traditions, behaviors, and values as the standard (Bourdieu, 1984). These symbolic and cultural power inequalities are arguably as strong as the economic and material inequalities more often discussed in sociology (Lamont et al., 2014).

At the meso-level are the processes that link the doxa to the individuals as they navigate the social world. Specifically, two classes of processes – identification and rationalization – are thought to drive racial inequalities in social, economic, and political

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