Social Science Research 57 (2016) 99–115

Contents lists available at ScienceDirect

Social Science Research

journal homepage: www.elsevier.com/locate/ssresearch

The differential impact of discrimination on health among Black and White women

H. Shellae Versey [a, *], Nicola Curtin [b]

[a] Wesleyan University, Department of Psychology, 207 High Street, Middletown, CT 06459-0408, USA
[b] Clark University, Hiatt School of Psychology, 950 Main Street, Worcester, MA 01610, USA

ARTICLE INFO

Article history:
Received 30 April 2014
Received in revised form 23 November 2015
Accepted 31 December 2015
Available online 14 January 2016

Keywords:
Perceived discrimination
Health
Self-esteem
Structural awareness
Mediation

ABSTRACT

Despite a large body of research examining the impact of discrimination on health, the ways in which perceived discrimination may lead to disparate health outcomes through a sense of self and system consciousness is less understood. The current paper is concerned with both mental and physical health consequences of discrimination, as well as mediating pathways among African American and White women. Indirect effects analyses examine mediating paths from discrimination to health outcomes via structural awareness and self-esteem, using data from the Women's Life Path Study (N = 237). Our findings suggest that discrimination is both directly and indirectly associated with health outcomes for both Black and White women, mediated by individual (self-esteem) and group-level (structural awareness) processes. Evidence from this study indicates that discrimination is associated with heightened structural awareness, as well as lower self-esteem – both of which are related to poorer health. Discrimination negatively affected health across three domains, although the mechanisms varied somewhat for Black and White women. Broad implications of this research for interdisciplinary scholarship on the effects of discrimination on health and health disparities are discussed.

In a contemporary climate where the effects of violence and racism claim front-page headlines across the nation, the question of whether racism and sexism makes us sick seems to hold an obvious answer (Silverstein, 2013). Valenti (2015) notes a body of evidence - both experimental and observational - that concludes that even the threat of racism is sufficient to "trigger a stress response."

Indeed, research spanning three decades supports the notion that systems of oppression (e.g., racism, sexism) and differential treatment (discrimination) create an added burden that leads to poorer health for marginalized populations and individuals (Williams and Mohammed, 2009). While an extensive review of this literature is beyond the scope of this paper, our intent is to situate the current study within this research tradition by expanding the focus on mental health outcomes as well as mediating processes.

A multilevel framework positions fundamental causes of racism as being rooted in an organized system that separates racial groups into ranked categories by which members of lower-ranked groups are devalued, disempowered and generally regarded as inferior. Resulting pathways indicate that race and other social status groups, such as age, gender and SES, are linked to health through a variety of intervening mechanisms (Williams et al., 1997). One means by which perceived

* Corresponding author.
E-mail addresses: sversey@wesleyan.edu (H.S. Versey), ncurtin@clarku.edu (N. Curtin).

http://dx.doi.org/10.1016/j.ssresearch.2015.12.012
0049-089X/

discrimination negatively affects health is through psychological and stress responses that affect self-esteem and group identity. Specifically, we draw on social psychological theory to argue that discrimination threatens two "basic" psychological needs that shape how individuals relate to the social world: communion and agency (Bakan, 1966; Swann and Bosson, 2010). The need for communion is strongly tied to self-esteem, and the need for agency is tied to the belief that one can achieve personal goals. We propose that discrimination threatens both needs, and ultimately compromises health. Because communion and agentic orientations have been related to several psychological processes, including social status evaluations and self-concept, we use this theoretical framing to explore the effects of discrimination on health as mediated by threats to one's self and group identity. As we argue below, one way to understand the deleterious effect of discrimination is to consider how it threatens aspects of the self, as well as one's group identity. We test two paths from discrimination to negative health outcomes. Further, given the lack of research on older women, and an increasing interest in intersectional approaches to thinking about important social and psychological issues, we examine how these pathways may be similar or different for older middle-aged Black and White women.

1. Perceived discrimination and health

We define discrimination as part of a manifestation of racism, sexism and other types of oppression that can be experienced both systemically (e.g., through organizations, institutions, geography, policies and practices) and interpersonally (e.g., personal and social interactions). Or put simply, the expression and institutionalization of social relationships through dominance and oppression (Krieger, 2000). Perceived discrimination refers to the perceived negative attitudes or treatment resulting from this expression based upon group membership (Williams et al., 1999). While the measurement of the construct has been subject to some debate (Williams and Mohammed, 2009), we maintain, as have others, that experiences of perceived discrimination constitute a form of stress (Clark et al., 1999; Mays and Cochran, 2001; Pascoe and Smart Richman, 2009; Smedley, 2012). We also note that distinctions can be made regarding terminology – perceived discrimination, self-reported discrimination and discrimination. However, because we believe that these terms collectively refer to a general underlying process, they will be used interchangeably throughout.

The negative impact of discrimination on health has been documented extensively (Banks et al., 2006; Klonoff et al., 2000; Mays et al., 2007; Pascoe and Smart Richman, 2009; Williams and Mohammed, 2009). Generally, perceived discrimination is considered a stressor that compromises both mental and physical health through psychological and biophysical arousal of the stress-response system (Barnes et al., 2004; Pascoe and Smart Richman, 2009). Such responses can contribute to acute and long-term consequences including chronic hyperactivity of emotional regulation systems and allostatic load. Reviews of the literature find that chronic exposure to everyday discrimination activates a stress-arousal pathway that may facilitate adverse cardiovascular outcomes as indicated by clinical biomarker research (Paradies et al., 2015). In an early study of this effect among middle-aged African American women, Lewis and colleagues (2006) find that chronic exposure to discrimination is significantly associated with the presence of coronary artery calcification and other cardiovascular risk factors. This and other research suggest a likelihood that chronic stress related to discrimination may involve inflammation processes, thereby promoting metabolic, immune and cardiovascular dysfunction (Lewis et al., 2010).

Although reviews emphasize the importance of identifying specific pathways by which discrimination is likely to contribute to health, almost no attention is given to specific processes that might clarify how the process unfolds. After considerable research, the extent to which exposure to perceived discrimination differentially triggers attributions that may result in stressful reactions is unknown. It is this process that the current paper aims to understand better by examining self and group-based identity mediators between self-reported discrimination and health outcomes.

Because perceived discrimination is a potential stressor, emotional responses to discriminatory treatment are partially a function of the cognitive appraisal of such events as a stressful experience (Lazarus, 1999; King, 2005). Lazarus and Folkman (1984) define a stressor as an event in which the "relationship between the individual and the environment is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (p. 19). While the majority of health research focuses on proximal biophysiological stress responses that result from discrimination, there may be considerable variability in the degree to which discriminatory stressors are perceived and subsequently appraised (Folkman, Lazarus, Gruen and DeLongis, 1986). Cognitive appraisal describes the process that determines whether an event or transaction is stressful (Lazarus and Folkman, 1984). In many ways, how perceived discrimination relates to feelings of self-worth, in-group/out-group and between-group attitudes is at the core of the mechanism that links discrimination to a negative cascade of biological sequelae (Major et al., 2002; Soto et al., 2012). According to some researchers, this point of analysis is critical to understanding discrimination-mediated stress (Harrell, 2000). Therefore, the present study builds upon this prior work and provides a mediational framework whereby discriminatory experiences may reshape views of one's self, sense of self-worth and heighten sensitivities about larger group-differences and system inequalities (Gurin, 1985; Major et al., 2007; Lazarus and Folkman, 1984; Taylor, 1983). We examined the impact of perceived discrimination on self-esteem and intergroup attitudes, as well as on three indicators of health – depression, emotional functioning and physical functioning.

1.1. Discrimination, self-esteem, and structural awareness

We argue that the relationship between discrimination and health may be better understood by considering the mediating role of beliefs both about the self and one's social group. The literature suggests several different mediating processes (Harrell