Race and Racism

Until the lion has his or her own storyteller, the hunter will always have the best part of the story.

—Beninese proverb

Learning Objectives

- To understand how race is conceptualized
- To understand the different forms of racism
- To become familiar with discrimination and racial disparities in the criminal justice system, in health, in housing, and on physical and psychological well-being
- To become familiar with ways of coping with racism
- To become familiar with the concept of colorism
- To become familiar with measures of racism and race-related stress
- To understand different approaches for reducing prejudice and racism

Introduction, Definitions, and Historical Overview

Racism has been the subject of extensive discussion and research in psychology, especially social psychology. As the news story above indicates, some are fighting back and announcing to the world that racism is alive and well. The need to understand and reduce prejudice and racism was one of the reasons the first author of this text decided to enter the field of psychology. On the other hand, research and writings on race have most often been carried out in other social and biological sciences, including anthropology and genetics.
Race, racism, and race relations affect everyone in this country, especially African Americans, but also other ethnic minorities and Whites. As discussed in the previous chapter, the extent to which one identifies with being African American or of African ancestry affects one’s self-worth, identity, and several other psychological attributes. Racism and discrimination have long-standing and pervasive effects on African Americans across almost every life domain (i.e., education, health, housing, politics, and physical and psychological well-being).

The first section of this chapter provides definitions and conceptualizations of race followed by definitions and conceptualizations of racism. This is followed by sections on types of racism, consequences of racism, and psychological perspectives on coping with racism. The next sections address methodological and research issues, and then focus on empirically based approaches for reducing racism. A critical analysis is provided, and the chapter ends with a summary and conclusion.

**DEFINITION AND CONCEPTUALIZATION OF RACE**

There are many definitions of race. *Merriam-Webster’s Collegiate Dictionary* (Merriam-Webster, 2003) defines race as a “family, tribe, people, or nation belonging to the same stock; a class or kind of people unified by shared interests, habits, or characteristics; a category of humankind that shares certain distinctive physical traits” (p. 1024). The most commonly used human racial categories are based on visible characteristics such as skin color, facial features, and hair texture; other categories include self-identification.

The distinction is often made between race and ethnicity. Ethnicity refers to clusters of people who have common cultural traits that they distinguish from those of other people. People who share a common language, geographic locale or place of origin, religion, sense of history, traditions, values, beliefs, food habits, and other social behaviors are perceived, and view themselves, as constituting an ethnic group (A. Smedley & Smedley, 2005).

**Race and African Americans**

The U.S. Census Bureau (2010b) defines a person’s race based on that person’s self-identification of the race or races with which he or she most closely identifies. According to the U.S. Census, racial categories are sociopolitical constructs and should not be interpreted as scientific or anthropological in nature. The Census Bureau defines “Black or African American” as, “a person having origins in any of the Black racial groups of Africa.” It includes people who indicate their race as “Black, African American, or Negro,” or provide written entries such as “African American, Afro-American, Kenyan, Nigerian, or Haitian” (Census Bureau, 2010c). Individuals can also self-identify as having two or more races by providing multiple write-in responses, or by some combination of check boxes and write-in responses.
African American is the term currently preferred by most people of African ancestry in this country. However, many people of African ancestry do not self-identify as African American, but use terms such as African, Afro-Caribbean, Afro-Latino, etc., to describe their ancestry. Mazuri (1986) commented on the use of the term Black American by stating that Black Americans are almost the only subgroup of Americans whose official name is racially based. All other ethnic groups of the United States carry names that are based on either their geographical origins or cultural ancestry. These include, for example, Irish Americans, Italian Americans, Latinos, Mexican Americans, and so on. The increasing usage of the term African American over the past 20 years rather than Black or Black American counters this point because this term is based on geographical and cultural ancestry.

Historical Perspective on Racial Groups

Historically, racial differences have been used as an indication of biological differences. Banton (1987) locates the first use of the term “race” in early 1500s Europe. Between the 16th and the 18th centuries, race was used as a general categorizing term, similar to and interchangeable with such terms as type, kind, sort, and breed (A. Smedley, 1999). Toward the end of the 17th century, race had begun to be used as a term that referred to populations in North America—European, Africans, and Native Americans (or Indians) (A. Smedley). In the early 18th century, the use of race as a term increased in the written record, and became standardized and uniform (Poliakov, 1982).

Beginning in the 19th century, races were viewed as subdivisions of the human species that differ from one another by phenotype, or by the physical expression of genes (A. Smedley, 1999). The genetic notion of race surfaced in the mid-20th century, and this idea persists today among many Americans. However, as discussed below, most anthropologists believe that there are no neutral conceptualizations of race in science, nor have any of the definitions ever satisfactorily fully explained the phenomenon of race. When geneticists emphasized the similarities among races (e.g., humans are 99.9% genetically alike), the small amount of real genetic differences between defined racial groups (0.1%), and the difficulties of recognizing the racial identity of individuals through their genes, doubts about the biological reality of race appeared (A. Littlefield, Lieberman, & Reynolds, 1982).

Thus, in the 20th century two conceptions of race existed: one that focused on human biogenetic variation exclusively, and the other, a more popular conception, that merged together both physical features and aspects of social and cultural behavior. Skin color, hair texture, nose width, and lip thickness have remained primary markers of racial identity in the United States (A. Smedley, 2002).

As discussed in Chapter 1, African Americans have been historically viewed as “inferior” across all attributes. As noted in Guthrie’s (1976/1998) seminal book Even the Rat Was White, much of the study of Blacks and African Americans in early psychology was done to confirm the inferiority of Black people.
SECTION I. INTRODUCTION AND HISTORICAL FOUNDATION

Conceptualizing Race

Helms, a psychologist, defines race based on a definition provided by Casas (1984, cited in Helms, 1990): “Race is defined as a sub-group of people possessing definite combination of physical characters, of genetic origin, the combination of which to varying degrees distinguishes this sub-group from others” (p. 3). Although this definition is biological, she notes that there are no psychological, behavioral, or social implications arising from a person’s race.

Geneticists and anthropologists agree that race is not a meaningful biological category. The position of the American Anthropological Association is that the concept of race is a social and cultural construction. This position asserts, “it has become clear that human populations are not unambiguous, clearly demarcated, biologically distinct groups” (American Anthropological Association, 1998). Evidence from the analysis of genetics (e.g., DNA) indicates that most physical variation, about 94%, lies within so-called racial groups. Conventional geographic “racial” groupings differ from one another only in about 6% of their genes. This means that there is greater variation within “racial” groups than there is between them (American Anthropological Association).

The American Association of Physical Anthropologists (Hagen, 2009) similarly makes these points concerning race: (a) All humans living today belong to a single species, Homo sapiens, and share a common descent. (b) Biological differences between human beings reflect both hereditary factors and the influence of natural and social environments. (c) There is great genetic diversity within all human populations. Pure races, in the sense of genetically homogeneous populations, do not exist in the human species today, nor is there any evidence that they have ever existed in the past. (d) There are physical differences between populations living in different geographic areas of the world. Some of these differences are strongly inherited, and others, such as body size and shape, are strongly influenced by nutrition, way of life, and other aspects of the environment. (e) Physical, cultural, and social environments influence the behavioral differences among individuals in society.

In spite of consensus regarding the sociopolitical construction of race, it remains problematic as a concept. Several reasons have been offered for why race is problematic as a concept. A first reason is because there may be inconsistency between official and legal designations and how individuals define themselves. In an interesting case from the early 1980s, Ms. Susie Phipps, raised White, was surprised to find out that her birth certificate identified her as colored (Jaynes, 1982). The reason was a 1970 Louisiana law that required anyone with more than 1/32nd Black blood to be classified as Black. Ms. Phipps learned that her great-great-great-great grandmother had been a Black slave. Ms. Phipps sued the state of Louisiana to change her racial designation to reflect the way she self-identified, “White.” She lost the case as the State Supreme Court denied her motion and the U.S. Supreme Court refused to review the case.

A second reason is that many individuals are biracial or multiracial and want to identify with all of the racial designations of all of the racial groups to
which they belong. Most notable is Tiger Woods, who has refused to be pigeonholed as being either African American or Asian and has referred to himself as a “Cablinasian,” a Caucasian-Black-Indian-Asian. The Census allows for the self-identification of two or more ethnic groups, but other documents may only request one racial and ethnic designation.

A third reason for the problematic nature of the concept of race is that it is often treated as a valid construct, and used as a general explanatory factor (Fairchild, Yee, Wyatt, & Weizmann, 1995). We see this use of race in psychological studies where race is treated as an independent variable, most often without specifying or conceptualizing whether race is being viewed as a biological, cultural, or sociopolitical factor. Relationships are tested between race and psychological and personality constructs such as intelligence, emotional stability, help-seeking attitudes, depression and anxiety, and locus of control, with the assumption that race is a meaningful grouping variable to use. But there is a great deal of variability in identification with one’s racial group even when one primarily identifies with this group. Our discussion in the previous chapter on racial and ethnic identity highlights this point. For example, one may check off African American as the racial group to which one belongs but not identify with the cultural values and norms associated with African Americans.

Helms, Jernigan, and Mascher (2005) also argue that racial categories should not be used to explain psychological phenomena because the categories have no conceptual meaning. Assignment of research participants to a racial category reveals something about the researchers’ beliefs about race but nothing about the behaviors or attributes of the research participants. Nor does such assignment mean that persons in one category have more or less racial attributes than those in another category.

But should we throw out the baby with the bathwater? Recognition of race as a sociopolitical and not a biological construct should not prevent us from using race as a way to identify and hopefully improve life opportunities and outcomes for African Americans. Krieger (2000) argues that it is not whether race is biologically determined, but how we use societal categories of race and ethnicity to help us understand determinants of racial or ethnic disparities in health and in other arenas (e.g., education, income, housing, etc.). With this in mind, a good reason for measuring racial status is to be able to monitor progress in reducing disparities, especially in the health arenas.

Diversity Among African Americans

No discussion of African Americans as a racial group would be complete without acknowledging the heterogeneity and diversity among African Americans. These include Blacks living in this country from all over the world. Between 2000 and 2005, 353,000 African and 281,000 Caribbean and Latin American Blacks immigrated to this country, with Black West Indians comprising the largest cultural group of Black immigrants living in this country (Kent, 2007). They
include Black immigrants from the English-speaking Caribbean basin countries (e.g., Bahamas, Antigua, and Jamaica).

An African American born and raised in the Midwest, a Trinidadian raised in Washington, DC, and a Haitian raised in Miami are all Black but are likely to differ in terms of cultural beliefs, social behaviors, and health outcomes. For example, Read and Emerson (2005) found differences in health statuses among U.S.-born African Americans and Black immigrants. They found that among Black immigrants, those from Africa fared the best, followed by Blacks from South America, and then West Indians, with European Blacks having the poorest health. We might also anticipate differences among African Americans from the Southern United States and the Midwest, differences among African Americans from rural and urban areas, and differences among African Americans who are of high versus low socioeconomic class. Any discussion of African Americans as a racial group should always recognize within-group diversity.

**Are There Racial Genetic Markers for Certain Diseases for African Americans?**

The Human Genome Project has addressed the issue of genetic differences within racial groups. The Human Genome Project is a federal and private initiative that mapped the human genes (International Human Genome Sequencing Consortium, 2001). N. Anderson and Nickerson (2005) note that genetic discoveries have the potential to decrease health disparities by improving understanding of mental and physical health among different racial and ethnic groups. At the same time, there are many ethical, social, legal, and psychological issues that have to be addressed when conducting this research.

Research on racial genetic differences has been controversial because studies of genetic differences have been used to support racial inferiority of one group over another. Frank (2007) describes several genetic studies of populations that have identified genetic differences among people from different continents that often coincide with racial definitions, although within any population, there remains a great deal of genetic variation. Researchers advocating for biological determinants of race argue that a racialized understanding of population genetic structure can be used to identify medically important genotypes that vary in frequency across populations. These researchers believe that these genotypes may help to explain racial disparities in health (Risch, 2006).

This research has involved inferring geographic ancestries of individuals from predetermined genetic markers, often referred to as ancestry informative markers, or AIMs (Shriver & Kittles, 2004). Another type of research focuses on distinguishing population groups on the basis of individual genotypes—that is, clustering individuals by genotype until a certain number of genetically distinct groups have been defined. Researchers are also trying to understand the genetic basis of disease to discern whether group differences in disease are genetic in origin and, in some cases, to develop race-specific medicines.
We do know that there are a few genetic and physical attributes that are likely to be found among members of certain broadly defined racial groups. For example, there are some genetically determined propensities for certain diseases for African Americans. Sickle cell disease is usually found among people of African or Mediterranean descent. Cystic fibrosis is more common among people of European descent. Other diseases such as hypertension and diabetes are more prevalent among African Americans. However, we are still unclear of the extent to which the higher prevalence of these metabolic disorders is due to genetics, lifestyle and culture, or a combination of the two.

Geneticists have also looked at physical features as an indicator of a person's racial group. Skin color, hair texture, and facial and physical physique have some correlations with race. However, by no means is this correlation perfect. In summary, race as a construct in psychology has less biological meaning and more social and political construction.

**DEFINITION AND CONCEPTUALIZATION OF RACISM**

**Definition of Racism and Related Constructs**

Racism involves negative beliefs, actions, and emotions based on race. African Americans face racism individually and within many institutions. African Americans have faced racism in the education, housing, employment, political, social, criminal justice, and health arenas.

Racism has been defined in several ways. One working definition is that racism includes the beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation (R. Clark, Anderson, Clark, & Williams, 1999). J. Jones (1997) defines racism as the transformation of race prejudice through the exercise of power against a racial group perceived as inferior. This exercise of power can be expressed by both individuals and institutions and can be either intentional or unintentional. Other definitions of racism also capture the systematic privilege of one group over another, along with the power of one group over another. In this country, Whites have privilege because they have control over many of the economic, political, and social systems in operation. As will be discussed, Whites also hold advantages over African Americans in just about every life domain (e.g., more income, better health, better housing, less criminal justice involvement, and so on). Because of this privilege, Whites, as a group, hold power that is not possessed by African Americans. When power and privilege are used to define racism, the assumption is that African Americans (and other ethnic minorities) cannot be racist because they lack power, specifically on a global scale. Some disagree with this definition and ascribe to the view that anyone who has negative feelings, behaviors, and actions toward a racial group can be racist.

Racism at the individual level comes about because of stereotypes and prejudice: that is, beliefs about the characteristics of groups of individuals.
Stereotypes are generalizations that people make about the characteristics of all members of a group, based on an image (often faulty) about what people in that group are like. These characteristics are cognitively associated with a social category label in long-term, semantic memory (Stangor & Lange, 1994). Gordon Allport (1988) defined prejudice as an aversive or hostile attitude toward a person who belongs to a group, simply because that person belongs to that group, and is therefore presumed to have the objectionable qualities ascribed to that group.

Experiencing Racism

Although there has been recent discussion of a postracial American, it would be difficult to find an African American in the United States who has not experienced racism at some point in life. The recipient of racial discrimination may not even be aware of such racism, as racism occurs collectively, unconsciously, and in very subtle and pervasive ways within institutions. Moreover, the degree and severity of racist experiences are not universal, as exposure is modulated by socioeconomic status and other factors. For example, although racism affects all African Americans, it may have less of an impact among African Americans of higher socioeconomic status because they have resources to buffer against some of the negative effects of racism. As will be discussed later in this chapter, experiences of racism are also affected by how an individual perceives and copes with racism. Subtle and covert forms of institutional racism affect almost all African Americans, and more direct, obvious forms of racism may less frequently affect those African Americans who have access to wealth, power, and influence.

Contemporary Issues: Do We Live in a Postracial America?

The election of Barack Obama brought with it a strong notion of a postracial America, a sense that Blacks were no longer discriminated against because of their skin color, and that Blacks had as much of an opportunity to reach their dreams as any other ethnic or racial group. A postracial America is the belief that race is no longer a problem in the United States and that Blacks can succeed if they work hard and take advantage of opportunities. This topic has been extensively discussed and debated, especially since the election of Obama in 2008, and several books have been written on the topic (G. Parks & Hughey, 2011; T. Wise, 2010). The concept of equal opportunity for Blacks is not new. Tim Wise (2012) comments on this in an opinion essay for CNN titled, “What is post-racial? Reflections on denial and reality.” According to Wise, postracial is “little more than a nonsense term devised by people (mostly while, frankly), who would simply rather not deal with the ever-present reality of racism and ongoing
As an example of current racism, consider the pervasive experience of racism on college campuses. College students might be viewed as more or less immune from racism, given the sociopolitical and relatively liberal and tolerant environment of most college campuses. However, this is not the case. Harwood, Huntt, Mendenhall, and Lewis (2012) interviewed students about racial microaggressions they experienced in residence halls at predominantly White universities. (Microaggressions are subtle and sometimes automatic exchanges, behaviors, and processes in which African Americans and other ethnic minorities are stereotyped and put down by others [Pierce, 1978]). The authors conducted 11 focus groups with 85 students of color including African Americans, Asian Americans, and Latinos, focusing on both individual-level racial microaggressions and environmental racial microaggressions. Participants reported several racial microaggressions at an individual level, including racial jokes. Racial jokes that came from a roommate or friend were especially challenging for the students because of their relationship. Nevertheless, these jokes highlighted the student's minority status and made him or her feel like an outsider. Students also reported encountering racial slurs in shared spaces and feeling sometimes that responses (from administrators) to these racial slurs were not as quick as they should be. Students also reported racial microaggressions at an environmental level, believing that their living space was segregated and unequal. They believed that students of color were placed in dorms that were inferior. Interestingly, these types of racist events are not only encountered by students, but also by resident advisors: in a study conducted by S. Harper et al. (2011), African American resident advisors reported similar subtle types of racism.
Swim, Hyers, and Cohen (2003) conducted a study on African American students’ experiences of everyday racism at a predominantly White college. African American students used a daily diary format to record their experiences. Students in this study reported several different types of perceived racist incidents that ranged from verbal expressions of prejudice and bad service to being stared or glared at and, to some extent, awkwardness in interpersonal racial communications. Students reported experiences with interpersonal racism and prejudice as common, and reported that these experiences often occurred with friends and in intimate situations. Importantly, these experiences had a significant emotional impact on students’ level of comfort and feelings of threat during the interaction.

Swim and colleagues also found that many students perceived racism within the class setting. This racism constituted not only negative, but also positive compliments. For example, when someone compliments an African American college student or professional by saying he or she is articulate (as Joe Biden said about fellow presidential candidate Barack Obama in 2007), it assumes that the person expressing this sentiment has the expectation that being articulate is not normative among African Americans. A similar type of well-meaning racist comment was made by Bill O’Reilly on his cable news talk show. The talk show host was complimenting Sylvia’s, a well-known Black restaurant in Harlem, New York. Apparently her restaurant did not fit his expectation for what an African American restaurant would be like. He commented, “And I couldn’t get over the fact that there was no difference between Sylvia’s restaurant and any other restaurant in New York City. I mean, it was—it was exactly the same, even though it’s run by Blacks, primarily Black patronship; it was the same” (O’Reilly, 2007).

These insidious forms of racism on college campuses and elsewhere are linked to distress and emotional, interpersonal, and academic difficulties (K. Banks, 2010; Chao, Mallinckrodt, & Wei, 2012). Chao et al. conducted a study of 1,555 African American clients seen at counseling centers at seven predominantly White Midwestern universities. They found that perceived racial discrimination was associated with a large range of other problems including academic problems (e.g., performance anxiety), interpersonal problems (e.g., dating concerns), and emotional problems (e.g., depression).

Other more-divisive types of racism are experienced when words that degrade and insult are used to describe African Americans. This type of racism is reflected in the comments made on the April 4, 2007, edition of MSNBC’s Imus in the Morning show. Host Don Imus referred to the Rutgers University women’s basketball team, which was comprised of eight African American and two White players, as “nappy-headed hos.” This statement was made immediately after the show’s executive producer, Bernard McGuirk, called the team “hard-core hos” (Chiachiere, 2007).

Although there was an outpouring of outrage following the comments of Don Imus, most racism is not of this variety but is just as insidious and harmful. Regardless of the expression of racism, experiences of racism, real and perceived, are likely to elicit anger, frustration, and sometimes helplessness. In the
Swim et al. (2003) study, anger was the most frequently reported emotional reaction to perceived racist events. In the case of these students, many were not passive but responded either directly or indirectly to the incidents. On the other hand, we also see attitudes and behaviors of resiliency and accomplishments in the face of racism and racist events.

### Types of Racism

There are several ways of conceptualizing and measuring racism. We discuss two different topologies for understanding different types of racism next. The first one makes the distinction between racism at individual, institutional, and cultural levels. The second one distinguishes between obvious and subtler forms of racism.

#### INDIVIDUAL, INSTITUTIONAL, AND CULTURAL RACISM

Jones identified three types of racism: individual, institutional, and cultural (J. Jones, 1997). Individual-level racism is synonymous with racial prejudice. This type of racism assumes the superiority of one's own racial group, and rationalizes the dominance and power generally of Whites over African Americans. This racism would be targeted at an individual, although a person holding race prejudice beliefs can also engage in institutional or cultural racism. An example of this type of racism might be a comment made by a teacher about the intellectual capability of an African American student.

Institutional racism is revealed by policies and practices within organizations and institutions that contribute to discrimination for a group of people. In this context, one does not have to be an individual racist in order for racism to occur in institutions. An example of this type of racism might be the criteria used for placement tests that lead to African American youth being underrepresented in gifted and talented programs within a school system.

Nowhere do we see greater evidence of institutional racism than when considering the health outcomes of African Americans. Studies show health disparities for almost every health outcome and indicator when African Americans are compared to Whites, even when income, education, and other socio-economic factors are controlled. These health disparities are due to differential access to health care, utilization of health services, attitudes and practices of health providers, and institutional policies. More on health disparities is included in Chapter 12.

Cultural racism is seen in the assumed superiority of a language or dialect, values, beliefs, worldviews, and cultural artifacts dominant in a society. This racism is perhaps the most insidious of all in terms of identification and change because culture by its nature is institutionalized with pervasive effects on all
aspects of life. An example of cultural racism might be the assumed superiority of classical music to hip-hop.

Understanding whether racism is at an individual, institutional, or cultural level has implications for how racism can be reduced. For example, individual-level race prejudice may focus on changing beliefs about members of a racial group through increased contact and education. Changing institutional racism would require changes in policies and procedures within organizations and within larger societal institutions that result in discrimination against African Americans. This might require, for example, educating more African American health-care professionals. Affirmative action policies are another example of an institutional strategy used to reduce institutional racism. Changing cultural racism is most difficult because cultural beliefs and attributes are embedded in the fabric of everyday life. We will return to what the research says about effective ways of changing racism later in this chapter.

**SYMBOLIC AND AVERSIVE RACISM VS. OLD-FASHIONED RACISM**

Other scholars have made the distinction between old-fashioned (e.g., overt) racism and modern-day, subtler forms of racism that has been called aversive racism, and symbolic racism or modern-day racism (Henry & Sears, 2002). Symbolic racism is reflected in beliefs among Whites that racial discrimination is no longer a problem in this society and that African Americans have not obtained success because they simply have not worked hard enough for it. The term “symbolic” is relevant because it highlights the fact that these beliefs are symbolic of an abstract system of learned moral values and ideals. Later in this text, we discuss a method for measuring symbolic racism. This type of racism has also been called modern racism (McConahay, 1982).

A similar type of racism is known as aversive racism (Dovidio & Gaertner, 1991). Aversive racism is seen in subtle ways that allow racist individuals to hold views of themselves as equalitarian and fair. Gaertner and Dovidio (2000) use the term “aversive racism” to describe the type of racial attitudes that they believe characterizes many White Americans who possess strong equalitarian values. Aversive racists are likely to endorse the statement, “When I see people, I don’t see color.” When statements such as this are made, it may be a way for Whites to avoid thinking that they are also a member of a racial or ethnic group, something they typically do not have to think about. Fundamental to understanding aversive racism is the assumption that individuals in the United States hold norms that are egalitarian regarding the treatment of people. At the same time, some White Americans hold deeply ingrained biases against African Americans. These biases are socially and historically grounded but also can be linked to the basic social cognitive process of categorization. Physical appearance is especially salient in categorizing African Americans because physical
appearance is readily apparent. Simply, the process of categorization leads to in-group favoritism relative to the out-group (Stangor, 2000). In the case of White categorization, Whites are the in-group and African Americans are the out-group.

Aversive racism assumes that Whites will treat African Americans poorly when it is ambiguous or unclear about what type of evaluation is the norm (Dovidio & Gaertner, 1991). Subsequently, to understand aversive racism, one must distinguish between equalitarian and ambiguous contexts. An equalitarian context is one wherein norms and expectations promote equal treatment. Ambiguous situations are those in which it is not clear what sort of behavior or evaluation is normative. For example, studies have shown that when a highly qualified African American job candidate is evaluated, and equalitarian evaluation is normative, African American job candidates are rated comparably, in fact sometimes slightly higher than White applicants. If, on the other hand, it is not clear whether an applicant is qualified, African Americans are more likely to be rated less favorably than Whites. Aversive racists endorse equalitarian values and deny negative and discriminatory attitudes toward African Americans. They do not discriminate openly. However, they will discriminate when discrimination is justifiable and based on factors other than race (Dovidio & Gaertner, 2000). Several studies have shown that aversive racism occurs within the domain of helping behavior (D. Frey & Gaertner, 1986) and evaluating job applications (Dovidio & Gaertner, 2000). When norms are ambiguous, African Americans are helped less and also evaluated less favorably than are Whites.

Aberson and Ettlin (2004) conducted a meta-analysis looking at aversive racism and responses favoring African Americans. They analyzed studies to determine the conditions that promoted favoritism for White and African American targets. This was done under conditions in which normative behaviors or expressions of attitude clearly favored egalitarian responses and when evaluative criteria were ambiguous. The meta-analysis was conducted on 31 studies and included more than 5,000 participants. Aberson and Ettlin concluded that when norms were ambiguous African Americans received worse treatment than Whites, supporting the presence of aversive racism. However, under situations where African Americans are clearly positive, White individuals correct for their prejudice and inflate their ratings of African American targets so that African American targets are rated even higher than White targets. The authors, however, caution against inflated evaluations, noting that they may ultimately hurt African Americans. These inflated evaluations may not provide realistic feedback on performance and may ultimately deprive African Americans of opportunities and equal performance expectations.

Understanding the underlying motives for racism and modern-day expressions of racism is important in addressing racism and its effects. Theories of aversive and symbolic racism assume that most Whites will not engage in overt racist behavior, but when such behavior can be attributed to a reason other than racism, Whites are more likely to engage in such behavior.
Consequences of Racism

As noted previously, the effects of racism are direct and subtle, pervasive and institutional, and evidenced in all of our institutions, including housing, political, educational, health, judicial, and transportation. In the next section we discuss the effects of racism within four major domains: (a) criminal justice, (b) health, (c) housing, and (d) psychological and physical well-being. Racism has long-term deleterious effects on almost all indicators of life quality.

CRIMINAL JUSTICE

African Americans, especially males, are disproportionately represented in the criminal justice system; this over-representation is most likely due to institutional racism. More African American males are involved in the criminal justice system than in college, and a discussion of racism would be remiss without commenting on the link between education (or lack of education) and criminal justice involvement. Three examples of racism within the criminal justice system are especially relevant—the Jena 6 case, “driving while Black,” and incarceration.

The Jena 6

During the summer and fall of 2007, the Jena 6 case, as it came to be known, became a national call for civil rights for African Americans within the criminal justice system. Mychal Bell, who was 16 years old, and five other Black students were facing the potential of up to 100 years in prison if convicted of attempted murder, conspiracy, and other charges for the beating of a White student, who was knocked unconscious but not hospitalized. The incident capped months of escalating racial tensions at the high school that began after several White youths hung nooses from a tree in the school courtyard in a taunt aimed at Blacks (Witt, 2007). The case against the Jena 6 received national attention, including a civil rights march in the town of Jena, Louisiana. As jury selection was about to begin in Bell's case, the district attorney reduced the charges to aggravated second-degree battery and conspiracy to commit aggravated second-degree battery, which together carry a maximum of 22 years in prison. Walters, who was prosecuting Bell as an adult, also offered the teenager a plea agreement, including a suspended sentence, which was rejected. Bell was eventually sentenced to 18 months in a juvenile facility for simple battery.

Driving While Black

Research on race and vehicle stops by police show that African American drivers are disproportionately stopped by police for traffic law violations (Kowalski & Lundman, 2007). The disproportionate number of African
Americans, especially males, who are stopped by police have become known as
the “driving while Black” phenomenon. This is also known as racial profiling,
which refers to the practice of targeting or stopping an individual primarily
because of his or her race rather than because of a specific suspicion (Weitzer
& Tuch, 2002). Racial profiling during automobile stops by officers shows
racial and ethnic differences in whether the officer initiates a stop, whether
the officer applies formal sanctions or coercion, and whether the officer
searches drivers (Fallik & Novak, 2012). Research shows that Blacks and
Hispanics are stopped at higher rates than their representation within the
community (Roh & Robinson, 2009). Roh and Robinson looked at 333,760
traffic stops in 121 beats in which the driver’s ethnicity was White, Black, or
Hispanic. They found that Black drivers were stopped more than White or His-
panic drivers. Black drivers were also more likely than White or Hispanic
drivers to be stopped for both nonmoving traffic reasons (13.9% more) and
moving traffic reasons (7.6% more). Regarding the decision to search, research
suggests that Blacks are more likely than Whites to be searched by officers
(Durose, Smith, & Langan, 2007; Tillyer, Klahm, & Engel, 2012). Durose et al.
found that 9.5% of Black and 8.8% of Latino drivers reported being searched
during traffic stops, compared to 3.6% of White drivers.

**Incarceration**

There are large racial disparities in incarceration and related detainments for
African Americans. African Americans are more likely to be under the supervi-
sion of the Department of Corrections than any other racial or ethnic group.
The correctional population includes persons incarcerated, either in prison, jail,
or supervised in the community (probation or parole) (H. West, Sabol, &
Greenman, 2010).

Some notable racial or ethnic disparities are pointed out by the Sentencing
Project (Nellis, Green, & Mauer, 2008). African American youth account for
17% of youth, but account for 46% of juvenile arrests and 31% of referrals to
juvenile court. The probability of a black male born in 2001 is 32% for spending
time in prison at some time in his life, compared to a 17% probability for a His-
panic male and a 6% probability for a White male. Ten percent of Black men in
their 30s are in prison or jail. Although the number of African American men
and women in state and federal prison declined slightly from 2000 to 2006, in
2009 African Americans still made up the majority of prisoners (H. West et al.,
2010). In fact, Black non-Hispanic males had an imprisonment rate (3,119 per
100,000 U.S. residents) that was more than six times higher than White non-
Hispanic males (487 per 100,000), and almost three times higher than Hispanic
males (1,193 per 100,000) (West et al.).

The disproportionate number of African American prisoners is partly attribu-
table to changes in drug policies and sentencing for drug use, producing a
510% increase in the number of incarcerated drug offenders during the period
flexibility in their use of sentencing guidelines articulated by the Sentencing Commission that had previously supported substantial differences between sentencing for crack cocaine and powdered cocaine. Future sentencing recommendations are expected to be less severe for African Americans who typically are sentenced for a crack-related charge. Still, there remain clear racial differences in arrest rates, incarceration rates, and length of sentences between African Americans and Whites.

Most of the research investigating racial or ethnic disparities has attended to the role of the jury in sentencing recommendations. However, most cases do not go to trial. Instead, a vast majority of convictions are determined through plea agreements. Edkins (2011) studied the extent to which race plays a role in the plea agreement process. Participants were 101 mostly White (91%) practicing defense attorneys. Participants were asked to respond to a case summary of a crime, suspect, and evidence. The race of the defendant was either African American or White. Findings revealed significant racial differences in the recommended plea bargain sentences. On average, the defense attorneys recommended longer prison terms for the African American defendants than the White defendants. Defense attorneys reported that they would recommend an average of 2.88 years for the African American client and 2.22 years for the White client.

Evidence of Racism From Experimental Studies

There have been several experimental studies that provide evidence that African Americans (compared to Whites) are more likely to be perceived as threatening, to be perceived as criminals, and to be shot (Greenwald, Oakes, & Hoffman, 2003; Sadler, Correll, Park, & Judd, 2012). Donders, Correll, and Wittenbrink (2008) showed that Black faces captured attention longer than White faces due to the perception of White participants about the threat of Blacks: that is, Whites’ beliefs in the stereotypes that African Americans were dangerous.

Sadler et al. (2012) studied implicit racial bias among both college students and police officers in the decision to shoot males of different ethnic groups in a first-person shooter (FPS) task. This task is named FPS because participants have to take the first-person perspective of a police officer who must make rapid judgments about whether to shoot target suspects who appear on the screen holding either a gun or a nonthreatening object, such as a wallet or cell phone (Correll, Park, Judd, & Wittenbrink, 2002). In the first study, participants were college students attending a university in the Midwest. Stimulus materials were presented via a video game in which target suspects were holding or not holding a gun. The authors found that participants were especially likely to favor the “shoot” response over the “don’t shoot” response when the target was Black than when the target was any other race (e.g., White, Latino, and Asian). Furthermore, it took less time for the participant to shoot when the target was Black. The authors found that participants were significantly faster to correctly “shoot” a Black armed target than a White, Latino, or Asian armed target, but slower to
correctly “not shoot” a Black unarmed target than a White, Latino, or Asian unarmed target.

The second study involved police officers recruited form the Southeast, Southwest, and Northwest. The authors found evidence of racial bias in response time among this sample consistent with the college students. They found that police officers correctly responded more quickly to guns but more slowly to nonguns held by Black targets than to those held by targets of any other race.

**HEALTH**

Health disparities are also created by racism. African Americans have the highest rates of morbidity and mortality for almost all diseases, the highest disability rates, shortest life expectancies, and the least access to health care of all major racial and ethnic groups (Feagin & McKinney, 2003; Miniño, Murphy, Xu, and Kochanek, 2011). Although the health of the general population has improved over the past century, the gap between African Americans and Whites has remained the same and for some conditions become greater (D. Williams, 2000). Steven Woolf, Johnson, Fryer, Rust, and Satcher (2008) highlighted the role of racial disparities in mortality in a paper titled, “The Health Impact of Resolving Racial Disparities: An Analysis of US Mortality Data.” In this paper, the authors argue that the U.S. health system spends much less money on achieving equity in health care than on the technology of care (e.g., use of medical devices, drugs). Using mortality data from the National Center for Health Statistics (NCHS), they estimated the number of deaths that did not occur by improving technology of care and the number of avoidable deaths among African Americans that would not had occurred if they were White. Analyses revealed that medical advances prevented 176,633 deaths, but had the mortality rates of Whites and African Americans been equal, 886,202 deaths would have been prevented. Miniño et al. (2011) similarly found that the average risk of death for the Black population is 26% higher than for the White population.

A. Smedley and Smedley (2005) summarize some areas of health disparities for African Americans and other ethnic groups:

1. African Americans and Hispanics receive lower quality health care across a range of diseases (including cancer, cardiovascular disease, HIV/AIDS, diabetes, mental health, and other chronic and infectious diseases) and clinical services.

2. Disparities are found even when clinical factors, such as stage of disease, presentation, comorbidities, age, and severity of disease are taken into account.

3. Disparities are found across a range of clinical settings, including public and private hospitals and teaching and nonteaching hospitals.
4. Disparities in care are associated with higher mortality among minorities who do not receive the same services as Whites.

5. There are significant racial differences in the receipt of appropriate screening and diagnosis services, (e.g., cancer diagnostic tests, HIV tests).

6. Racial and ethnic disparities also are seen in access to and treatment of mental health illness.

Socioeconomic status alone does not explain the racial gap in health disparities. African Americans have worse health than Whites even when factors such as education and income are taken into consideration (B. Smedley, Stith, & Nelson, 2003). Racism is a prime factor in these disparities, existing not just at the individual level, but also at institutional levels in ways that impact health for African Americans (B. Smedley, 2012). For example, racism limits access to socioeconomic resources through housing segregation, which in turn determines access to education and employment opportunities. Discrimination in medical treatment triggers stress, which affects both physical and mental well-being (Read & Emerson, 2005). Health disparities are discussed in greater detail in Chapter 12.

**HOUSING**

In 1968, the federal government enacted the Fair Housing Act, which prohibits discrimination by direct providers of housing, such as landlords and real estate companies. The Fair Housing Act also prohibits discrimination by banks or other lending institutions and homeowners’ insurance companies. Discriminatory practices that make housing unavailable to persons because of race or color, religion, sex, national origin, familial status, or disability is illegal. In spite of this federal law, housing discrimination continues to occur.

The Housing Discrimination Study 2000 (HDS 2000) is the largest study that assessed the extent of housing discrimination in the United States against persons because of their race or color (Turner et al., 2002). Some of the findings showed that African Americans across the nation were less likely to be told that an advertised unit was available than similarly qualified Whites. African Americans were more likely to be quoted higher rents than similarly qualified Whites for the same unit, and African Americans were less likely to be able to inspect the advertised unit compared to Whites. The results in this report were based on 4,600 paired tests in 23 metropolitan areas nationwide. The report shows some modest decreases between 1989 and 2000 in the level of discrimination experienced by African Americans seeking to buy or rent a home.

Another indicator of racism in the housing industry is the disproportionate rates of foreclosures among African Americans following the massive housing crisis that started in 2008. Rugh and Massey (2010) used data obtained from RealtyTrac, the nation’s largest provider of foreclosure listings, to study ethnic or
racial differences in foreclosures. They compiled the number of properties with foreclosures in the nation’s largest metropolitan areas and looked at the impact of several variables on these foreclosures. They found that segregation of African Americans increased the number and rate of foreclosure. The impact of segregation on foreclosures was greater than other variables such as home buildings and house price booms. Foreclosures tended to occur in metropolitan areas where neighborhoods were largely segregated. They wrote, “Segregation therefore racialized and intensified the consequence of the American housing bubble. Hispanic and black home owners, not to mention entire Hispanic and black neighborhoods, bore the brunt of the foreclosure crisis” (p. 645).

**PSYCHOLOGICAL AND PHYSICAL WELL-BEING**

Research shows racism to have both long- and short-term effects on psychological and physical health. These effects contribute to health disparities (Chao et al., 2012; Chou, Asnaani, & Hofmann, 2012). Much of the research in this area has been conducted on stress and cardiovascular diseases such as hypertension. Research has also examined the impact of daily stressors within the work environment and their effect on health outcomes.

Harrell, Hall, and Taliaferro (2003) summarized the literature on psychological responses to racism and discrimination. They considered studies that used both correlational and experimental designs. The findings from the experimental studies showed that exposure to racially based stimuli increased arousal and hypertension. The findings from correlational studies also consistently showed an association between negative health outcomes and reports of racism or racist events.

An example of a correlational study is one conducted by Mwendwa et al. (2011) in which they examined the extent to which coping with perceived racism and perceived daily stress impacted lipid levels among 122 African American adults. Lipid levels are a major contributor to cardiovascular disease. The authors found greater coping responses to perceived stress to be linked to higher low-density lipoprotein (LDL) levels. L. Hill, Kobayashi, & Hughes (2007) similarly found among African American students a correlation between perceived racism in academic settings and higher diastolic blood pressure.

Din-Dzietham, Nembhard, and Collins (2004) examined whether blood pressure was related to stressful racism toward African Americans from non–African Americans, as well as race-based discrimination at work from other African Americans. The sample included 356 African American men and women, ages 21 and older, who resided in metropolitan Atlanta, Georgia, between 1999 and 2001. Of these, 197 participants reported perceived stress for racism from non–African Americans, and 95 participants reported race-based discrimination at work from other African Americans. Sitting systolic and diastolic blood pressure was taken. Hypertension significantly increased with higher levels of perceived stress following racism from non–African Americans,
but not from perceived stress from other African Americans. This study is important because the findings show that racial stress differs from other types of stress in how it affects physiological indicators such as blood pressure.

Racist events also affect mental health and psychological well-being. Pieterse, Todd, Neville, & Carter (2012) conducted a meta-analysis of 66 studies that examined the association between racism and mental health among Black Americans. The sample size across these studies totaled 18,140. The authors found that the greater the perceived racism, the greater the likelihood of mental distress, including depression and anxiety. In fact, the authors noted that negative psychological responses to racism seemed to have some of the same reactions as responses to trauma.

Chao et al. (2012) found that African American students’ perceptions of racism precipitated secondary emotional, interpersonal, and academic problems that led to the students being seen at a university counseling center. Using data collected from students at seven predominantly White Midwestern universities, the authors found that perceived racial discrimination was related to several co-occurring social and emotional problems. For men, perceived racism was most strongly related to increased irritability and anger. Pittman (2011) also found among African Americans that when anger was used to cope with racial discrimination, it impacted well-being and mental health.

Given the effects of race-related stress on psychological distress, Utsey and Hook (2007) were interested in examining physiological factors that might moderate or buffer this relationship. Higher heart rate variability (HRV) has been shown to be associated with good health outcomes. The authors investigated whether HRV might buffer African Americans against race-related stress with regard to psychological distress. Participants were 215 African American college students. Utsey and Hook found support for their study for males but not for females. They found that resting HRV moderated the relationship between race-related stressors and psychological distress. Men who had higher HRV reported less psychological distress even while reporting race-related stressors.

Racism affects the psychological well-being of children as well as of adults. Nyborg and Curry (2003) examined the relations among perceived racism and externalizing symptoms (e.g., fighting, aggression), internalizing symptoms, hopelessness, and self-concept using a sample of African American boys. The authors found that experiences of racism were related to externalizing symptoms reported by the boys and their parents. Personal experiences of racism were also correlated with self-reported internalizing symptoms, lower self-concept, and higher levels of hopelessness.

In overview, studies show that racism has deleterious effects on physical and psychological well-being, distress, disease, and other health indicators. Although racism has many adverse effects on health, many African Americans cope and do not show negative effects from racism. More recent research has focused on the moderators or factors that reduce the negative impact of racism on health and well-being. Coping with racism is discussed next.
Coping With Racism

African Americans use various coping strategies to deal with racism stressors. These strategies are both general (i.e., support from family and friends) and culturally specific (i.e., racial socialization, spirituality, and so on). Culturespecific coping is the means by which ethnic minority individuals use knowledge of their culture to interpret and assign meaning to a stressful event in order to identify resources for dealing with the stressor (L. Slavin, Rainer, McCreary, & Gowda, 1991).

Utsey, Adams, and Bolden (2000) define Africultural coping “as an effort to maintain a sense of harmony and balance within the physical, metaphysical, collective/communal, and the spiritual/psychological realms of existence” (p. 197). We next discuss methods that African Americans use to cope with stressors, including Africultural coping styles, racial socialization, and other strategies for coping with racism.

AFRICULTURAL COPING

Africultural coping has four primary components (Utsey et al., 2000): (a) cognitive or emotional debriefing, (b) spiritual-centered coping, (c) collective coping, and (d) ritual-centered coping. Cognitive or emotional debriefing is an adaptive reaction by African Americans to manage perceived environmental stressors. It might involve having a discussion with a supervisor about a coworker who is contributing to racial stress.

Spiritual-centered coping is a coping behavior based on a sense of connection with spiritual elements in the universe, and with the Creator. It could involve connecting to one's higher power and praying as a way of dealing with racial stress. Getting together with other African Americans and discussing and planning an activity would be an example of collective coping. These coping behaviors rely on group-centered activities. Ritual-centered coping is the use of rituals to manage a stressful situation. It might involve rituals such as playing certain types of music and lighting candles to deal with stress.

Utsey et al. (2000) developed the Africultural Coping Systems Inventory to measure the multidimensional nature of Africultural coping. The four subscales correspond to the four components of Africultural coping and include items such as, “Went to church or other religious meeting to get help from the group” and “We spent more time than usual doing things with family and friends.”

African Americans may use different types of coping methods to deal with different types of racism stressors. Lewis-Coles and Constantine (2006) examined whether a particular Africultural coping style was used to cope with a specific type of racism stress. The race-related stress involved stress arising from individual racism (such as a racist remark), stress arising from institutional discrimination in the employment or housing market, and stress arising from
cultural racism such as a negative portrayal of African Americans. The researchers were also interested in whether there were differences between men's and women's methods of coping with different stressors.

The authors found that men and women differed in the relationships between race-related stressors and Africultural coping styles. African American women, who perceived greater institutional racism-related stress, reported higher levels of cognitive or emotional debriefing; spiritual-centered coping; collective coping strategies; and lower levels of self-directing, religious problem-solving. The authors note that women with institutional racism stressors may be less likely to use their own personal control for addressing stress and rely on collective and spiritual resources (such as talking to each other). On the other hand, higher levels of cultural racism-related stress among African American men were associated with greater use of collective coping strategies, and not the other cultural coping styles.

RACIAL SOCIALIZATION

Racial socialization is another strategy specifically used by parents to cope with racism. Racial socialization is a set of behaviors, communications, and interactions parents use to socialize their children about their racial status and how to cope with being African American in this society (Stevenson, Cameron, Herrero-Taylor, & Davis, 2002).

African American parents play an important role in teaching their children about society, institutions, and the psychological implications of race as a stratification status. To raise physically and emotionally healthy African American children, parents must buffer their children by providing them with information about race (C. Murray, Stokes, & Peacock, 1999). African American parents must provide their children with messages about (a) Black culture and how to interact with other Blacks, (b) interacting with and getting along with other racial groups, and (c) learning how to cope with their status as an oppressed minority (Boykin & Toms, 1985).

Racial socialization messages have been associated with positive outcomes, notably higher levels of academic achievement, and also positive psychological well-being (D. Brown, 2008). Bynum, Burton, and Best (2007) examined whether parental racial socialization messages reduced the impact of racism on psychological well-being in a sample of African American college freshmen. The authors found that students who reported more experiences with racism also had higher levels of psychological stress and psychological distress. However, parental messages emphasizing the use of African American cultural resources to cope with racism reduced the impact of racism on psychological stress.

OTHER STRATEGIES FOR COPING WITH RACISM

Other forms of coping with racism range from both active and passive coping strategies such as confrontation to withdrawal (R. Clark, 2004; Feagin, 1991;
Landrine & Klonoff, 1996b; Plummer & Slane, 1996). Franklin (1999) describes a type of coping mechanism used by African American males called the “invisibility syndrome.” Drawing from the earlier writing of Ralph Ellison in *The Invisible Man*, Franklin notes that some African American males may try to become invisible to cope with the adverse consequences of being noticed. However, Franklin notes that being invisible is not without its own aversive consequences. Invisibility in fact, negates one’s sense of identity and being, which creates other psychosocial problems.

In summary, African Americans cope with racism in several ways. Afro-cultural coping strategies involve using African-centered ways of coping. Parents may also racially socialize their children to cope with racism. Other coping strategies such as being invisible may have negative consequences.

**COLORISM**

Up to now, this chapter has focused on racism from the perspective of African Americans being the recipients of racism. However, assumed superiority based on skin color also exists within the African American community as well as outside the African American community. Colorism is inequality based on skin color, hair texture, and facial features and an overall preference for Eurocentric physical attributes over African physical attributes (Wilder, 2010). Colorism is not unique to African Americans but is found throughout the world in most African, Asian, and Latin American countries. Colorism in effect supports the cultural assumption that White is superior to Black. Research on colorism is relatively limited as a scholarly body on work. One of the earliest studies on colorism was conducted by Keith and Herring (1991), who found that African Americans with very light skin had on average more than two years of education than did African Americans with dark skin.

Colorism operates within society at several levels, and like racism is reflected in differentials and disparities among African Americans based on skin color (R. E. Hall, 2005). At a cultural level, colorism is reflected in African Americans with dark skin, especially African American women, being seen as less attractive and desirable than women with lighter skin tones. Light-skin preferences are especially highlighted in the media, which are channels for cultural values. Watch any popular music video, and you will see that the African American women are likely to have light skin with long straight hair; rarely are women with dark skin and short hair featured.

At the institutional level, colorism is seen in disparities across several domains including income, education, and incarceration. M. Hunter (2002) examined the relationship between skin tone and education among a national sample of African American women. She found that skin tone was a significant predictor of education. In this study, skin tone was measured using a 5-point scale where “1” was darkest and “5” was lightest. Hunter found for every additional gradation of lightness, educational level increased by one-third of a year,
so that the African American woman with the lightest skin had one additional year of education than a woman of a similar background with darker skin. In this same study, skin color was found to be significant predictor of African American women’s annual income.

Returning to the perceptions of Whites, Blair, Judd, and Chapleau (2004) found that Afrocentric features predicted longer prison sentences. This was true even when factors such as seriousness of crime and prior offenses were accounted for.

Research on skin color shows biases within and outside the African American community. And while this field of research is growing, further research is needed to assess how these biases not only affect socioeconomic status variables such as income and education, but also aspects of the self including self-worth and competence. Colorism is also discussed in Chapter 8.

Methodological and Research Issues

Although there are several methodological and research topics to consider when discussing race and racism, we focus on the assessment and measurement of racism and reactions to racism. Measurement of racism has had a long history in psychology. This includes both direct and indirect ways of measuring racism, including recent studies on brain imaging.

MEASURES OF RACISM

Racism has been assessed using both direct and indirect strategies. Direct measures ask respondents about their attitudes and reactions toward a racial or ethnic group. Indirect measures assume that participants are not always motivated to be honest about racial bias and use other indicators for assessing race reactions. Several methods assume that automatic processes are better ways to assess racism than more-thoughtful and more-controlled processes. Priming and reaction time studies use these types of methods. Field studies include those that use paradigms such as the one described previously by Dovidio and Gaertner (1991), which showed that subjects are more reluctant to help Blacks relative to Whites. Physiological measures assume that subtle changes in one’s physiological reactions are indicators of racial bias. Brain imaging is a more recent technique to assess reactions to different racial groups.

Paper-and-Pencil Surveys

Many paper-and-pencil surveys directly ask participants about their attitudes, beliefs, and behaviors toward a racial group. One example is Katz and Hass’s (1988) pro-Black and anti-Black scales. Katz and Hass developed these scales based on the notion that Whites held conflicting attitudes toward Blacks,
with feelings of friendliness and rejection toward Black people often existing side by side. A pro-Black statement from the scale is, “Blacks do not have the same employment opportunities as Whites.” An anti-Black scale item is, “On the whole, Blacks do not stress education or training.”

Implicit paper-and-pencil measures are more subtle and do not directly ask questions about race but rather present stimuli and ask for responses that allow one to infer whether there is racial bias. For example, the Racial Argument Scale (Saucier & Miller, 2003) measures racial attitudes indirectly by measuring how much respondents believe that arguments support positive and negative conclusions related to Blacks. Participants do not indicate whether they agree with these arguments but whether the arguments support the conclusion. Participants are presented with a paragraph description of an argument on a contemporary topic relevant to Blacks. Arguments advocate positions that are either positive or negative toward Blacks (e.g., African American studies in college, lack of Black actors, apology toward slavery, IQ scores, and so on). A conclusion statement follows each paragraph. Participants are asked to read each argument and then to rate how well the argument supported the conclusion. The measure assumes that since the items do not ask for the participant’s own level of agreement, they would not be inclined to inhibit racist responses. If they indicate that they support an argument for a position that is against Blacks, there is some level of racial bias.

The Symbolic Racism Scale is a scale that measures aversive and symbolic racism described earlier. Henry and Sears (2002) describe symbolic racism as a form of racism that represents prejudice toward Blacks with four themes: (a) the sense that Blacks’ failure to progress is due to their unwillingness to work hard enough, (b) the sense that Blacks are demanding too much, (c) a denial that racial discrimination exists today, and (d) the sense that Blacks have gotten more than they deserve.

The Symbolic Racism Scale has been primarily used to measure political attitudes. Some of the items in this scale are, “It’s really a matter of some people not trying hard enough: If Blacks would only try harder, they could be just as well off as Whites,” and “How much discrimination against Blacks do you feel there is in the United States today, limiting their chances to get ahead?” According to Henry and Sears, the attitudes measured by these items justify (or do not justify) the status quo for Whites.

**Primming and Reaction Time Measures**

Priming and reaction time studies are other indirect ways of measuring prejudice and racism. These studies assume that automatic responses are better indicators of racial bias than are more controlled conscious responses. In reaction time studies, priming is often used whereby White subjects respond to a Black stimulus that is presented via computer in milliseconds of a second. These studies reduce the problems of self-report and social desirability bias.

A substantial amount of research has shown that White participants react differently to Black stimuli than they do to White stimuli. An example of this study is the
classic study conducted by Dovidio, Evans, and Tyler (1986). College students were presented with category labels “Black” and “White” on a computer screen, followed by trait descriptors known to be stereotypical of the groups (ambitious, musical). Descriptors that were nontypical were also presented (i.e., drafty). The participant’s task was to indicate as quickly as possible on the computer screen whether this characteristic could ever be true of the individual. For example, could musical ever be true of Blacks? The racial category activated the associated stereotypes, and participants were significantly faster in responding “yes” to stereotypical traits than they were to saying “yes” to nonstereotypical traits. Variations of this paradigm have been used in many studies (Lepore & Brown, 2000).

The Implicit Association Test (IAT) is also based on the assumption that people do not always know or speak their honest opinion. The IAT provides a method by which to assess conscious and unconscious preferences for several topics ranging from pets to political issues, ethnic groups to sports teams, and entertainers to styles of music. The IAT assesses reaction time when African American or Black and White are paired with both good and bad terms and concepts. Different versions of this test assess not only implicit Black and White race attitudes, but also attitudes toward weight, skin tone, age, sexuality, and so on. The test can be self-administered over the internet by going to https://implicit.harvard.edu/implicit/demo/selectatest.html

Physiological Indicators and Measures

Physiological indicators can provide continuous, covert measures of psychological states during racial interactions (Cacioppo & Tassinary, 1990). These methods capture subtle physiological information such as changes in cardiovascular reactivity, facial movement, and startle eye blinks to assess racial bias. Research has shown that when Whites are exposed to Black targets, there are several physiological responses, including increased heart rate (Blascovich, Mendes, Hunter, Lickel, & Kowai-Bell, 2001) and contraction of facial muscles and eye blinking (Amodio, Harmon-Jones, & Devine, 2003). The results from physiological measures of White participants show reactions to African Americans that differ from when racial attitudes are directly assessed.

Vanman, Paul, Ito, and Miller (1997) had White participants simply imagine an interaction with a Black partner. Physiological change was noted relative to imagining an interaction with a White partner. On facial electromyography indicators, Whites showed more responses known to show negative affect, such as increased brow activity and decreased cheek activity. However, in the same study, on a self-report measure, Whites reported more-favorable ratings of Black than of White partners. The findings from this study show that physiological responses are not always consistent with self-report responses.

The tool of neuroscience has more recently been used to examine racial responses. Eberhardt (2005) reviewed several studies that showed differences in brain imaging when participants (mostly Whites) were exposed to Blacks. These studies focus on the effects of race on the amygdala, an area of the brain that has
been implicated in learned emotional responses. An earlier study on brain imaging exposed Black and White participants to the faces of Black and White people with neutral facial expressions while recording neural activity in the amygdala (Hart et al., 2000). The researchers found that during the early presentation of these racial stimuli, there was no difference in amygdala activation between in-group and out-group faces. However, during later presentations, amygdala activation declined more for in-group faces than for out-group faces. This was seen as an indicator of heightened habituation toward in-group faces.

In summary, there are many ways of measuring racism. Measures that are indirect will most likely provide more-valid responses. These include reaction time studies, physiological measures, and, more recently, brain imaging.

**Measures of Reactions to Racism**

Most measures have been developed to assess racism toward ethnic minority populations. There are a few measures that assess reactions to racism. Utsey & Ponterotto (1996) developed the Index of Race-Related Stress (IRRS) to assess the stress experienced by African Americans in their daily experiences with racism and discrimination. The IRRS is a 46-item scale that consists of four subscales: the Cultural Racism subscale, which measures the experience of racism due to one’s culture being denigrated; the Institutional Racism subscale, which taps into how institutional policies can lead to stress; the Collective Racism subscale that assesses racism due to organized efforts to harm or restrict the rights of African Americans; and the Individual Racism subscale that assesses racism that is interpersonally based.

The Schedule of Racist Events (SRE; Landrine & Klonoff, 1996b) is another scale that was developed to assess exposure to race-related stress. This scale contains 18 items that ask respondents to indicate whether they have experienced a racist event over the past year or their lifetime, and whether this event was stressful. Participants indicate “not at all” (“1”) to “extremely” (“6”) to items such as “How many times have you been treated unfairly by strangers because you are Black?” Reaction to racism scales have been used in studies of college student and community and medical samples (D. Brown & Tylka, 2011; Neblett & Carter, 2012).

**Evidenced-Based Practices for Reducing Racism**

Most empirical studies in psychology have targeted the individual in programs to decrease prejudice and racism. A large amount of this research comes from social psychology. Research on interracial attitudes has been conducted in labs under controlled experimental conditions as well as in the field, most often in school settings. The majority of these studies do not make the distinction between prejudice and racism, and in general have targeted the reduction of prejudice and/or improvement of intergroup relations.
School is an ideal place in which to change intergroup attitudes. The vast majority of youth attend school, and changes in race attitudes or preventing negative racial attitudes early on are likely to have long-lasting effects. J. Banks (2006) reviewed several intergroup relations and prejudice reduction strategies conducted in school over the past 60 years. School-based interventions include using multicultural textbooks and materials, role-playing, and other kinds of simulated experiences. This research indicates that the use of multicultural textbooks, other teaching materials, and cooperative teaching strategies that enable students from different racial and ethnic groups to interact positively is effective in helping children to develop more-positive racial attitudes. These kinds of materials and teaching strategies also lead to students choosing more friends from outside their racial, ethnic, and cultural groups.

Ponterotto, Utsey, and Pedersen (2006) in their book Preventing Prejudice offer several research-based practices for ways in which teachers, counselors, and parents can improve race attitudes among elementary, middle, high school, and college students. Based on the contact hypothesis (discussed next), they recommend that teachers develop learning tasks that encourage interdependence whereby each student's contribution is equally important to the success of the task. Another activity might be to have students spend time interacting with individuals from a different ethnic and cultural group. A curriculum of inclusion would involve exposing students to multicultural materials that reflect the diversity of all experiences.

CONTACT HYPOTHESIS

Much of the work done in school settings on reducing prejudice and racism has been derived from the contact hypothesis (Allport, 1954). This research emphasizes the importance of increasing contact between different racial groups. Increased contact is believed to lead to more-positive racial attitudes and less prejudice and racism when four conditions are met: (a) Members of both groups have common goals. (b) There is intergroup cooperation. (c) There is equal status. (d) There is support from the larger social environment. C. Ellison and Powers (1994) and Sigelman, Bledsoe, Welch, and Combs (1996) found that interracial contact, especially if it occurs early in life and in school, leads to a greater likelihood that racially different groups will have close interracial friendships as adults. Multiracial relationships incorporate not only the ties between the individuals, but also the ties of each person's social network. Thus, multiracial social networks can promote cooperation, generate reciprocity norms, reduce segregation, and increase life opportunities (Emerson, Kimbro, & Yancey, 2002). J. Dixon, Durrheim, and Tredoux (2007) found similar support for the contact hypothesis in a study of almost 2,000 Black and White South Africans. The authors found that White contact with Blacks was associated with practices aimed at achieving racial justice.
SUPERORDINATE GROUP MEMBERSHIPS

Superordinate groups for African Americans, Whites, and other ethnic groups would be those in which all groups work together for a common goal. When superordinate group membership is salient, differences on other attributes (e.g., race, class) are less relevant (Stephan, 1999). Superordinate groups promote team activities, bonding, and reduce stereotypes and potential conflicts. Examples of superordinate groups include sports teams, study groups, and social organizations.

Research shows that when students from diverse cultural, ethnic, and language groups have a superordinate identity in common, cultural differences diminish. Students are able to form positive relationships and friendships with others who are culturally different (Stephan & Stephan, 2004).

SOCIETAL APPROACHES TO DECREASING RACISM

Societal approaches to decreasing racism have been studied in the field of sociology more so than psychology. These approaches focus on changing norms, laws, and policies that support racism. Societal ways of changing racism would involve changes at an institutional or societal level. For example, racism in health disparities could potentially be reduced if there were uniform health coverage for all. Improvements in community infrastructure such as community and police policies that support the reduction of crime and increases in employment opportunities would reduce racism within the criminal justice system. An example of a recent policy change regarding disparities in the criminal justice system are changes in the recommended sentencing guidelines for crack cocaine and powdered cocaine. These recent guidelines give judges more discretion for sentencing of crack and powdered cocaine convictions. Previously, the differentials in sentencing favored powdered over crack cocaine.

Critical Analysis

In spite of the volumes of literature and research on race and racism, there are some remaining gaps in the literature and areas in which more research and efforts are needed. In this section, we identify some of these gaps and point to some promising frameworks for understanding race and racism.

First, we acknowledge that the use of the concept of race remains problematic in psychology. Race is still often used as an independent variable with little recognition given to the context in which it is used. Is race being used to clarify associations or relationships relevant to the sociopolitical, cultural, or biological bases of this construct? Continuing arguments on the importance of race as a construct are not likely to be resolved. However, if race can be used to identify
and ameliorate health and other disparities among African Americans, then some good can come out of its use. It is most likely that the increased utility of the construct will be linked with greater thoughtfulness and specificity in the measurement and conceptualization of race.

Throughout the literature, and indeed in this chapter, we have tended to focus on the negative consequences of racism. We have paid less attention to resiliency and how African Americans have survived and even thrived historically and contemporarily. Research on coping with racial stress provides additional information on how African Americans have managed their lives and how resiliency is evident. We hope to see more research on positive ways of coping with racism.

The study of racism in psychology has mostly been the study of White racism and White individuals’ reactions to African Americans and other ethnic minorities. Research has also focused on changing attitudes and behaviors of Whites toward African Americans, and not vice versa. Understanding the attitudes and beliefs African Americans hold toward Whites and other ethnic groups is also important in terms of intergroup relations. Similarly, less research has been devoted to the negative consequences of racism for Whites (J. Ponterotto et al., 2006).

We applaud the work that has begun to examine the variability within African Americans in their experience of racism. It is also important to consider the United States and its construction of race and racism in a broader global context and in historical perspective. Potential regional variations in racism and the salience of race must be acknowledged and considered when studying racism. Also, the increasing relevance of biracial and multietnic individuals and historical changes in our sociopolitical construction of race are important considerations in ongoing empirical work focusing on race and racism.

Summary

Racism is pervasive and affects everyone in this country. The concept of race remains problematic, although race is still frequently used in psychology. According to the U.S. Census Bureau (2010d), a Black or African American is “a person having origins in any of the Black racial groups of Africa.”

Common to all definitions of racism is the assumption of implicit or explicit superiority of one group over another. Almost all African Americans have experienced racism—if not directly, then through institutions that systematically discriminate. J. Jones (1997) identified three major types of racism as individual, institutional, and cultural. Other scholars point to differences between old-fashioned racism and newer, subtler forms of racism such as aversive or symbolic racism.
The effects of racism are both direct and subtle and are pervasive, seen in all of our institutions, including housing, political, educational, health, judicial, and transportation. Racism has an especially powerful and deleterious impact on African Americans in the criminal justice system, on health disparities, in housing, and on physical and psychological health outcomes. African Americans use Africultural coping styles to deal with racist events.

Racism has been measured both directly and indirectly. Indirect measures include priming and reaction time studies, field studies, and physiological indicators such as electrocardiograms and facial movements. More-recent brain imaging studies show differences in brain activation when Black and White stimuli are presented. Ways of reducing racism include individual level approaches such as increasing interracial contact and societal approaches such as changing institutional practices.