

## **Race-Related Stress, Quality of Life Indicators, and Life Satisfaction Among Elderly African Americans**

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*This article examined the relationships among race-related stress, quality of life indicators, and life satisfaction among elderly African Americans. A sample of 127 elderly African Americans, consisting of 87 women and 26 men (and 14 missing values), were administered the Index of Race-Related Stress, the Satisfaction With Life Scale, and the 36-item Short-Form Health Survey. Results indicated that elderly African American men and women differed significantly with regard to institutional and collective racism-related stress. In addition, the authors found that institutional racism-related stress was a significant predictor of psychological health in this sample of elderly African Americans.*

• racism and health • African American elderly • quality of life indicators

Several researchers have documented the stark disparities between African Americans and other racial groups with regard to quality of life indicators (Chatters, Taylor, & Neighbors, 1989; Ortega, Crutchfield, & Rushing, 1983). Quality of life indicators include, but are not limited to, psychological and physical health status, socioeconomic

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status, and life satisfaction (Coke & Twaite, 1995). For African Americans, racism, poverty, and poor health have been found to significantly infringe on the quality of life experienced (Williams & Chung, 1997). Despite the plethora of research examining the impact of health status, poverty, and other demographic variables (e.g., age, gender, and marital status) on the life satisfaction and subjective well-being of African Americans in general, no studies have examined the deleterious effects of racism on elderly African Americans.

According to Thoits (1991), African Americans not only experience greater exposure to everyday stressors and chronic strains but must also endure those stressors unique to their race group membership. Pearlin (1989) noted that in U.S. society, resources, opportunities (social, economic, and educational), and self-regard are unequally distributed and members of lower status groups are likely to experience their devalued social status as a source of chronic stress. In the context of U.S. society, elderly African Americans are consistently confronted with negative attitudes toward the old, insidious forms of racism, and severe economic deprivation (Coke & Twaite, 1995). Dowd and Bengtson (1978) used the term *double jeopardy* to characterize the experience of elderly African Americans with regard to their simultaneous membership in several devalued social groups (e.g., old and Black). Given the multiple threats posed by being old, poor, and Black, there is a need to empirically examine the impact of racism and other demographic variables (i.e., age, income, sex, and education) on the psychological and somatic health of elderly African Americans.

A few researchers have noted a relationship between chronic exposure to racism and poorer indexes of psychological and somatic health among African Americans (Broman, 1997; Krieger & Sidney, 1996; Outlaw, 1993; Utsey & Payne, 2000). Specifically, racism has been implicated in the onset of several stress-related diseases, including hypertension, coronary heart disease,

cancer, lung ailments, accidental injuries, and cirrhosis of the liver (McCord & Freeman, 1990; Outlaw, 1993). Psychologically, chronic exposure to racism has been associated with increased levels of depression (Simpson & Yinger, 1985), lowered life satisfaction and self-esteem (Broman, 1997; Fernando, 1984), and feelings of trauma, loss, and helplessness (Murray, Khatib, & Jackson, 1989). Given the insidious nature of racism and its deleterious effects on the psychological and somatic health of African Americans, more research is needed that examines the impact of this chronic stressor across the developmental life span.

Elderly Americans in general tend to occupy a lower economic status than other adult populations in society. This results from a change in status correlated with aging and associated with retirement, declining health, or death of a spouse (Taylor & Chatters, 1986). However, based on a review of the available data on socioeconomic status, Taylor and Chatters concluded that African Americans were far worse off than their White counterparts on a variety of indicators. For example, elderly African Americans were found to have less income, lower levels of educational attainment, and lower occupational status compared with Whites. According to statistics compiled by the New York City Department for the Aging (1985) from the 1980 census data, 26% of elderly African Americans in New York City lived below the poverty level. With regard to education, census data indicated that only 33% of African Americans over age 65 completed high school, compared with 63% for Whites (U.S. Bureau of the Census, 1994).

Predictably, researchers have found that low levels of income and education were associated with poor psychological and physical health status (Neighbors, 1986; Schoenbaum & Waidmann, 1997). In addition to income and education as factors contributing to the poor health status among the African American elderly, institutional racism has also been linked to suboptimal physical health in this population (Coke & Twaite, 1995). Institutional racism has been impli-

cated in the lack of preventive health services in the African American community, a lack of quality health care in close proximity to the community, poor delivery of health services, and the lack of insurance coverage or adequate monies to pay for proper health services.

Several studies found that the poor health status among elderly African Americans is related to increased psychological distress and lower levels of life satisfaction (Broman, 1997; Tran, Wright, & Chatters, 1991). Not surprisingly, higher levels of income and greater educational attainment have been found to correlate with greater life satisfaction in African American elderly (Broman, 1997).

It has been well established that African Americans experience a diminished quality of life because of their chronic exposure to invidious racism and discrimination (Essed, 1990; Feagin & Sikes, 1994; Jones, 1997; Outlaw, 1993; Utsey, 1997). In fact, a study by Broman (1997) found that the life satisfaction of African Americans was negatively affected by their experiences with racial discrimination. Additional evidence regarding the negative impact of racial discrimination on the life satisfaction of African Americans is available in an analysis of data from the National Study of Black Americans (Williams & Chung, 1997). In this study, the authors found that individuals who reported experiencing racial discrimination had higher levels of chronic health problems, increased psychological distress, and lower levels of happiness and life satisfaction. No studies, however, have examined the impact of racism on the quality of life and life satisfaction of elderly African Americans. Given the negative impact of racism on the quality of life for African Americans in general, there is a need for research that examines the relationship between these and related variables in elderly African Americans.

The overarching goal of the present study was to examine how racism affects the quality of life and life satisfaction experienced by elderly African Americans. To this end, we examined the relationship among

racism, quality of life indicators (i.e., psychological and physical health status), and life satisfaction in a sample of elderly African Americans. Because prior research is equivocal with regard to the role of demographic factors in predicting quality of life, we included age, sex, income, and education in all of our analysis. Although this study was largely exploratory, we were operating with the tentative hypothesis that race-related stress, exclusive of demographic background variables, would significantly predict quality of life in the present sample of elderly African Americans.

## Method

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### *Participants*

A total of 127 elderly African Americans were solicited for participation in the present study. Participants were recruited from several senior citizens programs in two large urban centers in the northeastern United States. Of the 127 participants, 87 were women (68.5%) and 26 were men (20.5%). There were 14 missing values for sex (11%). The participants in this study ranged in age from 55 to 93 years with a mean age of 71.62 and a standard deviation of 9.33 (median age = 74 years). The median income for participants was \$18,500. The mean educational level was 11.49 years with a standard deviation of 2.93. The marital status for participants in this study included 15 who were single (12%), 21 married (17%), 7 separated (6%), 13 divorced (10%), and 58 widowed (46%). There were 13 missing values (10%) for marital status.

### *Instruments*

**INDEX OF RACE-RELATED STRESS.** The Index of Race-Related Stress (IRRS; Utsey & Ponterotto, 1996) is a 46-item measure of the stress experienced by African Americans as a result of their chronic exposure to racism. The IRRS is a multidimensional measure of

racism and consists of the following four subscales and a Global Racism measure: Cultural Racism, Institutional Racism, Individual Racism, and Collective Racism. The IRRS requires respondents to indicate whether they have ever experienced a given racism-related event and to what degree the event was stressful (0 = *event never happen*, 1 = *event happened but not upset*, 2 = *event happened and I was slightly upset*, 3 = *event happened and I was upset*, and 4 = *event happened and I was extremely upset*). Summing the items for each IRRS subscale produces a total score for each category of race-related stress. Higher scores on the IRRS subscales reflect higher levels of race-related stress in each racism domain. Because we were interested in determining the role of specific types of racism (i.e., cultural, institutional, individual, and collective) on the quality of life and life satisfaction of individuals in the present sample, data analysis was conducted with the four subscales of the IRRS. To avoid the potential for redundancy of variables in the equation, we did not use the Global Racism measure in the present study's data analyses.

Indexes of internal consistency (Cronbach's alpha) for the IRRS subscales reported from a study by Utsey and Ponterotto (1996) were as follows: Cultural Racism = .87, Institutional Racism = .85, Individual Racism = .84, and Collective Racism = .79. In addition, test-retest reliability coefficients for the IRRS subscales ranged from .61 to .79 for a college sample (3-week interval) and .54 to .75 for an adult education program sample (2-week interval). In the same study, the IRRS subscales were significantly and positively correlated with the Racism and Life Events Scale (Harrell, 1995), a conceptually similar measure of racism, thus supporting the measure's concurrent validity. The criterion-related validity of the IRRS subscales was determined by its ability to discriminate between a subsample of Blacks and non-Blacks (Utsey & Ponterotto, 1996). For the present study, tests of internal consistency produced Cronbach's alphas of .94 for Cultural Racism, .87 for Institutional

Racism, .88 for Individual Racism, and .77 for Collective Racism.

**THE SATISFACTION WITH LIFE SCALE.** The Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) is a five-item Likert-type scale intended to evaluate a person's judgment about their overall satisfaction with life. In completing the SWLS, participants indicate their degree of agreement or disagreement with each item using a 7-point Likert scale (1 = *strongly disagree* to 7 = *strongly agree*). Scores on the SWLS range from 5 to 35, with higher scores indicating greater life satisfaction.

The SWLS was factor analytically derived from a pool of 48 items (Diener et al., 1985). Diener et al. reported a 2-month test-retest correlation coefficient of .82 and a coefficient alpha of .87. Validity data from two undergraduate samples in the same development study found the SWLS to be positively and significantly correlated to other measures of subjective well-being and negatively and significantly correlated with personality measures of psychopathology and poor adjustment. The SWLS was found to be free from the influences of social desirability. In the present study, a test of internal consistency for the SWLS produced a Cronbach's alpha of .72.

**THE 36-ITEM SHORT-FORM HEALTH SURVEY (SF-36).** The SF-36 Health Survey (Ware & Sherbourne, 1992) is a 36-item generic measure of health-related quality of life. The SF-36 scales represent the following dimensions of physical and psychological functioning: (a) Physical Functioning, (b) Role-Physical, (c) Bodily Pain, (d) General Health, (e) Vitality, (f) Social Functioning, (g) Role-Emotional, and (h) Mental Health. See Ware and Sherbourne (1992) for a complete description of the SF-36 subscales. In completing the SF-36, respondents are asked to record their answers to questions regarding their physical or psychological functioning using either a 3-, 5-, or 6-point Likert scale or a yes/no response key. By summing the standardized scores (*z* scores)

of the eight SF-36 scales, two distinct higher ordered component summary scales are produced—Physical Component Summary (PCS) and the Mental Component Summary (MCS; Ware, Kosinski, & Keller, 1994). Higher scores on the SF-36 scales, including the PCS and MCS, reflect better psychological and somatic health functioning. Because of the moderate sample size of the present study and the concern for adequate power, we selected to use only the component summary scores (i.e., PCS and MCS) for the purposes of data analyses.

With regard to reliability, the SF-36 PCS and MCS measures demonstrated adequate internal consistency and test–retest reliability from data collected in the Medical Outcomes Study (MOS; Ware et al., 1994). The internal consistency and test–retest reliability index for the PCS and MCS measures in the MOS ranged from .89 to .94 and .84 and .91, respectively. With regard to validity, the SF-36 was subjected to factor-analytic studies, correlational studies, and clinical studies with patient groups. Factor analysis of the SF-36 resulted in the physical and mental dimensions of the instrument, accounting for a total of 82.4% of the scale's reliable variance (Ware et al., 1994). Moreover, Ware and colleagues found that the SF-36 was correlated with similar measures of mental and physical health, producing correlation coefficients that ranged from .10 to .82.

#### *Procedure*

We solicited individuals to participate in the present study by addressing large groups of elderly African Americans attending various programs (free meals, social activities, arts and crafts, etc.) at several senior citizens centers. During the group presentation, individuals were informed of the study's purpose and were invited to participate. They were made aware that their participation would be anonymous and their responses (to the survey questionnaires) kept confidential. During this time, we answered questions regarding the study. There was no direct compensation for participation in the

study, but juice and snacks were made available during the survey administration.

Individuals who agreed to participate in the study were given survey packets containing the IRRS (Utsey & Ponterotto, 1996), the SF-36 (Ware et al., 1994), the SWLS (Diener et al., 1985), and a demographic data questionnaire. Because the IRRS had been found to be emotionally provocative, it was always placed last among the questionnaires. The remaining instruments were counterbalanced to control for instrumentation effects. Members of the research team were on hand to assist (e.g., read questions, record responses) those elderly participants who, owing to failing health or low levels of literacy, required individual help to complete the questionnaire packets. Although some individuals required up to 1 hr to complete the questionnaires, most participants completed them in 30 min or less.

#### *Data Analyses*

Preliminary data analyses included computing means and standard deviations. Pearson's product–moment correlation coefficients were computed to examine bivariate associations between the study's dependent and independent variables (see Table 1). See Table 2 for a summary of the descriptive statistics computed for the present sample. Prior to conducting the primary statistical analyses, we used exploratory techniques to check the data for a normal distribution, homogeneity of variance, input errors, outliers, or other unusual occurrences in the data.

For the first phase of the primary data analyses, we conducted two separate GLM multivariate analyses of variance (MANOVAs) to determine whether gender differences existed with regard to levels of race-related stress and quality of life indicators (SF-36 PCS, SF-36 MCS, and SWLS). Following this procedure, we computed three separate stepwise multiple regressions to test the hypothesis that race-related stress, exclusive of demographic variables, would significantly predict scores on the quality of life indicators (PCS, MCS, and the SWLS) in the

**TABLE 1 Pearson’s Correlation for the IRRS Subscales, SF-36 PCS and MCS Scales, and the SWLS (N = 127)**

Variable	1	2	3	4	5	6	7
1. Cultural racism	—	.64*	.73*	.46*	-.10	-.02	.01
2. Institutional racism		—	.67*	.67*	-.14	-.09	-.16
3. Individual racism			—	.60*	-.01	-.10	-.08
4. Collective racism				—	-.15	-.16	-.03
5. PCS					—	.09	.13
6. MCS						—	.27*
7. SWLS							—

Note. IRRS = Index of Race-Related Stress; SF-36 = 36-item Short-Form Health Survey; PCS = Physical Component Summary; MCS = Mental Component Summary; SWLS = Satisfaction With Life Scale.

\**p* < .01.

present sample of elderly African Americans. For each of the three stepwise regressions, the demographic variables of age, sex (male and female were coded 0 and 1, respectively), income, and education were included in the analysis as independent variables, along with the Individual Racism, Institutional Racism, Cultural Racism, and Collective Racism subscales of the IRRS; the MCS, PCS, and SWLS measures were dependent variables. In the stepwise regression procedure, the data analysis computer software selects the variables to be entered and removed from the equation according to a

predetermined criteria (SPSS default for entry = .05; removal = .10).

### Results

Results from the first MANOVA indicated that there was an overall statistically significant result for gender,  $F(1, 111) = 7.14, p < .001$ . Follow-up, univariate tests indicated that statistically significant differences existed between elderly African American men and women with regard to institutional race-

**TABLE 2. Means and Standard Deviations of Sample Demographics, IRRS Subscales, SF-36, PCS and MCS, and the SWLS for Men, Women, and the Total Sample**

Variable	Men		Women		Total	
	M	SD	M	SD	M	SD
Age (years)	69.00	8.45	72.31	9.47	71.62	9.33
Income (\$)	23,936	13,591	23,858	11,443	23,592	11,930
Education (years)	12.00	2.94	11.47	2.65	11.58	2.75
IRRS						
Cultural	39.57	16.80	37.08	17.98	36.61	18.06
Institutional	20.84	12.38	12.29	10.23	13.86	11.17
Individual	18.07	12.28	16.72	10.72	17.00	11.23
Collective	11.23	8.48	5.65	5.45	6.85	6.56
SWLS	19.12	6.99	22.15	7.61	21.51	7.40
PCS	39.13	10.86	41.89	9.05	41.49	9.45
MCS	47.43	9.40	49.68	10.14	49.30	9.96

Note. IRRS = Index of Race-Related Stress; SF-36 = 36-item Short Form Health Survey; PCS = Physical Component Summary; MCS = Mental Component Summary; SWLS = Satisfaction With Life Scale.

related stress,  $F(1, 111) = 12.63, p < .01$  and collective race-related stress,  $F(1, 111) = 15.86, p < .001$ . An examination of the IRRS subscale mean scores by gender (see Table 1) indicated that men scored significantly higher than women on both the Institutional Racism and Collective Racism subscales. These results are consistent with prior research that found African American men to be at increased risk from the stressful effects of racism (Elligan & Utsey, 1999; McCord & Freeman, 1990; Utsey, 1997). For the second MANOVA, in which we examined gender differences for the PCS, MCS, and SWLS, the result was statistically nonsignificant.

Of the three stepwise multiple regression analyses computed, only one produced a statistically significant result. When age, sex, income, and education were regressed, along with the subscales of the IRRS (Individual, Institutional, Cultural, and Collective) on the MCS, the Institutional Racism subscale was found to be the only statistically significant predictor of MCS scores,  $F(1, 20) = 4.46, p < .05$ . The IRRS Institutional Racism subscale alone accounted for 18.2% of the total variance in the MCS measure. It should be noted that the standardized beta coefficient for the IRRS Institutional Racism subscale was negative ( $\beta = -.43$ ). This result reflects an inverse relationship between the mental health status of individuals in the present sample and the race-related stress experienced as a result of institutional racism. These findings suggest that institutional racism had a negative impact on the mental health functioning of individuals in our sample or that those individuals (in the present sample) with poorer mental health functioning experienced more stress related to institutional racism.

### Discussion

The purpose of the present study was to examine the impact of racism on the quality of life of elderly African Americans. Quality of

life indicators included mental and physical health functioning and self-reported life satisfaction. Prior research has consistently found that elderly African Americans have poorer indexes of physical and mental health functioning than their White counterparts (Coke & Twaite, 1995). Although researchers have given much attention to studying the psychological and physical health of elderly African Americans, their subjective well-being, and life satisfaction, no research has examined the impact of racism on these and other variables. Understanding racism's impact on the quality of life of elderly African Americans has implications for counseling interventions with this population.

Our findings indicated that with regard to institutional and collective racism, elderly African American men had significantly higher levels of race-related stress than elderly African American women. This result was not surprising given that African American men have traditionally had harsher experiences with societal racism and oppression (Elligan & Utsey, 1999; Utsey, 1997). In fact, several authors have linked the higher incidences of stress-related diseases (e.g., hypertension, coronary heart disease, and cancer) pandemic among African American men to their chronic exposure to racism and discrimination (Broman, 1997; McCord & Freeman, 1990; Outlaw, 1993). Franklin (1999) posited that African American men, because of the constant onslaught of racism and oppression, experience a sense of invisibility. Overall, these findings support the contention that African American men are particularly vulnerable to the stressful effects of racism and oppression.

The study's results also indicated that institutional racism alone (independent of age, sex, income, education, and the other IRRS subscales) was a significant predictor of the MCS for the present sample of elderly African Americans. The MCS is a composite summary measure of one's vitality, social functioning, emotional well-being, and mental health (Ware et al., 1994). One plausible explanation as to why institutional rac-

ism alone (i.e., exclusive of individual, cultural, and collective racism) was a significant predictor of mental health functioning for individuals in the present sample is the historical reality of Jim Crow segregation in the South and de facto segregation in the North. Most of the study's participants, though currently living in the Northeast, were originally from geographic locations in the southern United States (J. Smith, personal communication, February 15, 1999). As such, many had direct encounters with rigid racial segregation, both de facto and de jour.

For the participants in this study, as with other African Americans in the same age cohort, government-sanctioned discrimination in housing, education, employment, health care, and public policy was a chronic source of race-related stress during their early and middle developmental years. The deleterious effects of racism on the psychological well-being of African Americans have been well documented. As was noted earlier, chronic exposure to racism has been linked to anxiety, depression, substance abuse (Burke, 1984; Utsey & Payne, 2000), lowered life satisfaction and self-esteem (Broman, 1997), and feelings of trauma, loss, and helplessness (Fernando, 1984). Although our findings are consistent with a number of studies linking racism to the mental health functioning of African Americans, as was indicated earlier, a unique feature of the present study was the identification of a relationship among racism, quality of life (physical and mental health functioning), and the life satisfaction of elderly African Americans in the present sample.

The relationship between race-related stress and the psychological and physical functioning in this sample has implications for the overall quality of life experienced by African Americans in later life. Given the invidious nature of racism and its omnipresence in society, it is necessary for social scientists, policymakers, and mental health practitioners to understand the long-term, deleterious effects of this chronic stressor on its victims. It is noted, however, that other

factors (factors not examined in the present study), such as coping strategies and resources, differential exposure to stress, and socialization, are potential mediators of and may explain some of the variance in race-related stress (Utsey, Ponterotto, Reynolds, & Cancelli, 2000).

Although the present study provides some evidence of the impact of racism on the quality of life for elderly African Americans, some mention must be given to the study's limitations. One limitation was the unequal number of men and women solicited for the study. Such a disproportionate representation of men and women is likely due to the differential in life expectancy between the sexes (McCord & Freeman, 1990). In fact, the center director at one location where data were collected indicated that not only are there fewer men enrolled in the program, but there tends to be underutilization by the men who are enrolled (J. Smith, personal communication, February 15, 1999). Second, the age of the study's participants may have affected their ability to accurately recall information necessary to complete the survey questionnaires. A fatigue factor was noted during the administration of the survey questionnaires, and several participants needed more than 1 hr to complete all of the survey forms. Furthermore, we did not use any formal procedure to assess the visual acuity or literacy levels of the study's participants. Finally, it should also be noted that the generalizability of the study's results are limited in that elderly African Americans attending senior citizens centers may differ in some important ways (e.g., income, education, personality variables, and social support) from those in the general population of elderly African Americans who may not attend such centers.

Future research in this area might attempt to oversample men for participation in the study. Furthermore, when available and appropriate, researchers should use short-form questionnaires because of the fatigability factor for elderly populations. It might also be useful to develop procedures to formally assess the visual acuity and lit-

eracy levels of elderly research participants. Additional areas of future exploration should include the mediating role of coping, social support, culture, and racial identity on race-related stress. In addition, researchers should endeavor to understand how differential exposure to general stress affects levels of race-related stress experienced by elderly African Americans. It is anticipated that continued research in this area will lead to greater understanding of the impact of racism across the life span of African Americans. On the basis of this line of research, helpful prescriptions to ameliorate the stressful effects of racism can be developed.

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