Emerging Into Adulthood in the Face of Racial Discrimination: Physiological, Psychological, and Sociopolitical Consequences for African American Youth

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Emerging adulthood is a critical developmental period that bridges adolescence and adulthood and is distinguished by identity exploration through education, vocation, relationships, and culture. However, the transition to adulthood is disrupted for African Americans, because they experience interpersonal and institutional discrimination in everyday settings including school, employment, and housing. In this article, we provide a summary of the current literature and explore the psychological, physiological, and sociopolitical consequences of racial discrimination for African American emerging adults. Extant research underscores the stress that discrimination places on African American emerging adults and the deleterious effects that discrimination has on mental and physical health. Equally, scholarship highlights the significance of discrimination in shaping African American emerging adult sociopolitical development. Finally, we recommend applications of the current literature toward the well-being and development of African American emerging adults and their communities in terms of clinical care, socialization, and civic engagement.

Keywords: emerging adulthood, racial discrimination, African Americans, mental health, sociopolitical development

Racial discrimination, actions executed by members of a dominant racial group that have negative or differential effects on members of nondominant racial groups (Williams, Neighbors, & Jackson, 2003), is a persistent barrier that impacts the health and well-being of African Americans. Research has found that a majority of African Americans have experienced racial discrimination (Kessler, Mickelson, & Williams, 1999), with many experiences occurring during emerging adulthood (Pieterse, Todd, Neville, & Carter, 2012; Sellers & Shelton, 2003).

Emerging adulthood, ages 18 to 29, is a developmental period marked by extended identity exploration (Arnett, 2000; Syed & Mitchell, 2013). Emerging adulthood consists of "turning points" such as education, employment, parenthood, and marriage (Rumbaut, 2005; Syed & Mitchell, 2013). African American emerging adults experience these turning points in the context of institutional racial discrimination (e.g., residential segregation, aggressive policing), which systematically disadvantage African Americans (Bonilla-Silva, 2001; Feagin, 2006; Wilkes & Iceland, 2004). African American emerging adults also experience interpersonal

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racial discrimination in the form of racial hassles and microaggressions (e.g., receiving poor service, being avoided; Solórzano, Ceja, & Yosso, 2000). African American emerging adults are burdened with, in addition to normative developmental tasks, the negative sequel of institutional and interpersonal racial discrimination (Harrell, 2000; Kroneman, Loeber, & Hipwell, 2004).

The phenomenological variant of ecological systems theory (PVEST; Spencer, 1995, 2006) provides a framework to examine the consequences of racial discrimination for African American emerging adults. PVEST considers individual cognition-based perceptions of normative developmental tasks as they occur within ecological systems and during salient times of identity formation, including the transition between adolescence and adulthood (Spencer, 2006). PVEST posits that discrimination increases risks faced by African Americans, thereby increasing their net level of vulnerability in relation to normative developmental tasks. Youth develop reactive coping strategies (which can be adaptive or maladaptive) to counteract the stress that results from such vulnerability (Spencer, 2006).

In the following sections, we detail the consequences of racial discrimination and protective factors that mitigate negative ramifications in relation to physiological, psychological, and sociopolitical well-being for African American emerging adults. We then offer recommendations for future research directions and research applications to support African Americans' emergence into adulthood in the face of racial discrimination. As we begin, there are three considerations to keep in mind. First, although many scholars have argued that race and ethnicity are meaningfully distinct, race and ethnicity are not easily disentangled with regard to African American group identity and experiences (Scottham, Cooke, Sellers, & Ford, 2010). As such, we consider research that examines African Americans and Black Americans with respect to racial or ethnic discrimination and use the term *African American* except when the original researchers used *Black*. Second, although literature on racial discrimination and emerging adults emphasizes college students (e.g., Biasco, Goodwin, & Vitale, 2001; Sellers & Shelton, 2003), we recognize that emerging adulthood is not limited to the college setting. Finally, we acknowledge the intersec-

tionality of social identity (Cole, 2009). We focus on race-based experiences, with a caveat that racial discrimination does not occur in a vacuum separate from other identities.

Physiological and Physical Health Effects of Racial Discrimination

Racial discrimination takes a serious biological toll on the bodies of African Americans (Williams & Mohammed, 2009). For African Americans ages 16 to 18, racial discrimination over the past year was positively associated with allostatic load,[1] the wear and tear of the biological systems, at age 20 (Brody et al., 2014). Not coincidentally, racial differences in allostatic load begin to quickly widen during young adulthood and through middle age (Geronimus, Hicken, Keene, & Bound, 2006). Scholars have noted that interpersonal and institutional forms of racial discrimination may underlie these health disparities and contribute to early deterioration in physical health (Geronimus, 1992; Williams & Mohammed, 2009). Cumulative and chronic experiences of racial discrimination are associated with a number of negative biological and health outcomes, including elevated blood pressure (Brondolo et al., 2008), increased heart rate and risk for cardiovascular diseases (Borrell, Kiefe, Williams, Diez-Roux, & Gordon-Larsen, 2006), cellular aging (Chae et al., 2014), and dysregulation of the hypothalamic pituitary-adrenal (HPA) axis (see Pascoe & Smart Richman, 2009, for a review).

Exaggerated "fight or flight" processes are initiated when African Americans perceive an event as racially discriminatory (Clark, Anderson, Clark, & Williams, 1999). African American college women who attributed an imagined shoplifting accusation to racial discrimination experienced greater blood pressure reactivity than did African American college women who did not make such an attribution (Lepore et al., 2006). Fight–or-flight responses to racial discrimination are not merely momentary; they may linger long after the onset of a racial discrimination event (Utsey et al., 2013). Hoggard,

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[1] Allostatic load was operationalized as the sum of standardized scores of seven indicators: overnight cortisol, epinephrine, norepinephrine, resting diastolic and systolic blood pressure, C-reactive protein, and body mass index.

Hill, Gray, and Sellers (2015) found that mistreatment involving a White perpetrator versus an African American perpetrator led to lower heart rate variability (reduced parasympathetic nervous system functioning) for African American college women on the same day the unfair treatment occurred. The researchers also found that the mistreatment involving the White perpetrator versus the African American perpetrator led to marginally lower heart rate variability and marginally higher heart rate 24 hr after the mistreatment occurred. These findings are noteworthy because prolonged, not momentary, fight-or-flight responses to stressful events lead to disease and premature death (Brosschot, Gerin, & Thayer, 2006). Others have noted that greater exposure to racial discrimination exacerbates cardiovascular reactivity and recovery responses to anger recall tasks (Richman, Bennett, Pek, Siegler, & Williams, 2007). Thus, racial discrimination may "get under the skin" by (a) activating chronic fight-or-flight responses that contribute to dysregulation (i.e., heightened cardiovascular activity) and (b) contributing to more-acute cardiovascular responses to subsequent stressful situations, both racial and nonracial.

Vigilance against the threat of racial discrimination and anticipation of future racial discrimination may be as predictive of physiological functioning and health as previous experiences of discrimination (Williams & Mohammed, 2009). Worry, rumination, and anticipatory stress may contribute to chronic cognitive representations of psychosocial stressors that prolong an individual's physiological stress responses, which, in turn, make the individual susceptible to multiple disease conditions (Brosschot et al., 2006; Williams & Mohammed, 2009). Several researchers have posited that African Americans' elevated nocturnal blood pressure levels and poorer sleep quality— compared to Whites'—may be manifestations of chronically heightened vigilance about the constant threat of discrimination (Lewis et al., 2013; Williams & Mohammed, 2009). Further, Hicken, Lee, Ailshire, Burgard, and Williams (2013) found that racism-related vigilance was associated with more sleep difficulty for Black adults than White adults and that the Black–White disparity in sleep quality was completely attenuated after adjusting for racism-related vigilance. As such, racism-related vigilance and

anticipation may be another important pathway by which racial discrimination gets under the skin and contributes to health disparities.

Fortunately, not all African Americans experience severe racial discrimination–related consequences. Brody et al. (2014) found no association between racial discrimination and allostatic load for African American emerging adults who received high levels of parental and peer emotional support, suggesting that emotional support may buffer the negative effects of racial discrimination. Neblett and Roberts (2013) found that African American college students who endorsed that outgroup members view African Americans relatively unfavorably (low public regard) or favorably (high public regard) exhibited reduced parasympathetic nervous system functioning while listening to and imagining racism vignettes. One possibility is that relatively low levels of public regard increases vulnerability because these individuals may expect racial discrimination to occur and therefore navigate their lives in a state of vigilance that taxes the physiological systems. High levels of public regard may also be a vulnerability factor because high-public-regard individuals may be surprised when racial discrimination occurs, may be less prepared to cope with these experiences, and are more vulnerable to the physiological effects of racial discrimination. Conversely, African Americans who endorsed moderate levels of public regard did not exhibit reduced parasympathetic functioning (Neblett & Roberts, 2013), suggesting that a moderate level of public regard may be protective of physiological functioning.

Psychological Effects of Racial Discrimination

Empirical research has suggested racial discrimination is related to greater symptom levels of mental health outcomes such as depression, suicide, violence, stress disorders, and maladaptive coping strategies like substance use among African Americans (Brown et al., 2000; Carter, 2007; Greene, Way, & Pahl, 2006; Polanco-Roman & Miranda, 2013; Sellers & Shelton, 2003). Some literature has shown an additive effect of racial discrimination on mental health such that negative psychological outcomes are worsened as perceptions of discrimination increase (Pascoe & Smart Richman, 2009) and

that psychological risk is exacerbated through cumulative exposure to daily discrimination (Kessler et al., 1999). In their review, Lewis, Cogburn, and Williams (2015) found associations between discrimination and mental health disorders (e.g., mood, anxiety, and substance use disorders) such that more reported discrimination is related to greater levels of psychiatric illness consistent with the *Diagnostic and Statistical Manual of Mental Disorders*. In another review, Williams and Mohammed (2013a) suggested that institutional and cultural racism are linked to increased mental health risks such as depression and anxiety.

Further, there is consensus among scholars that suicidal ideation and suicidal behavior are linked to racial discrimination (Cheng et al., 2010; Gomez, Miranda, & Polanco, 2011; Polanco-Roman & Miranda, 2013). Perceived discrimination increases the risk for a suicide attempt by decreasing the individual's feelings of efficacy or mastery of their context (Polanco-Roman & Miranda, 2013), forcing social isolation (Cheng et al., 2010), reducing social support and other positive coping strategies (Sellers & Shelton, 2003). The psychological stress of racial discrimination places African American emerging adults at an increased risk for attempting suicide. Polanco-Roman and Miranda (2013) also found relationships among racial discrimination, acculturative stress, depression, suicidal ideation, and hopelessness in a study conducted with a sample of 143 ethnically diverse emerging adults, including African Americans. Although the researchers found no direct association between racial discrimination and suicidal ideation, they determined discrimination experiences are related to hopelessness and that hopelessness serves as an indirect path for the association between discrimination and depression (Polanco-Roman & Miranda, 2013).

Racial discrimination is also associated with violent behavior. Both suicide and physical violence (self- and other-directed) may be construed as coping mechanisms in response to a stressful, traumatic experience. Emerging adults who experience or perceive racial discrimination may cope with this stressful experience by acting out in defensively violent ways (Caldwell, Kohn-Wood, Schmeelk-Cone, Chavous, & Zimmerman, 2004). In fact, a more-recent study supported a positive association between internalized racism and physical vi-

olence and delinquent behavior among adolescents (Bryant, 2011). A study of 236 African Americans ages 18 to 59 found direct and indirect associations between perceived discrimination and suicidal ideation (Walker, Salami, Carter, & Flowers, 2014). They also pointed to depression and low extrinsic religiosity as mediators of these paths. These findings indicate the need to better understand how discrimination is related to suicide and self-harm behaviors as younger African Americans maneuver challenging developmental periods. Identifying paths of coping and resilience are particularly interesting because perceptions of discrimination are also related to coping strategies such as substance use and other avoidant and problem-focused behaviors that increase the risk for poor mental and physical health outcomes (Pascoe & Smart Richman, 2009; Thomas, Powell, & Kohn-Wood, 2015).

However, racial identity attitudes may protect against the deleterious effects of racial discrimination. Caldwell and colleagues (2004) reported that with regard to racial discrimination, racial centrality was associated with reduced engagement in violence for African American males. In a study of 194 African American college-going emerging adults, more-frequent experiences of racial discrimination were related to more-depressive symptoms (Banks & Kohn-Wood, 2007). Moreover, students whose identity was characterized by a desire to assimilate into the mainstream and who ascribed less significance to race as a central component of their identity evidenced the strongest association between discrimination and depressive symptoms (Banks & Kohn-Wood, 2007). This finding emphasizes the protective potential of a racial identity that values race as a core component of self, reinforces the value of African Americans as a group, and does not privilege the cultural assimilation of African Americans as a response to race-based discrimination.

Sociopolitical Effects of Racial Discrimination

Institutional and interpersonal racial discrimination impact the sociopolitical lives of African American emerging adults. Sociopolitical development (SPD) is the process of understanding how political, social, and economic systems function to maintain and intensify op-

pression and injustice to the disadvantage of one or more groups of people (see Watts & Guessous, 2006). SPD is based in a critical consciousness framework, which suggests that in order to correct systematic inequities, marginalized groups must understand institutional mechanisms, such as discrimination, that establish and maintain social hierarchy (Freire, 1970; Watts, Diemer, & Voight, 2011). Further, the legacy of racialized oppression in the United States informs how African Americans interpret the sociopolitical milieu. As African American emerging adults establish their ideological values and belief system, development of sociopolitical consciousness and behavior is informed and altered by experiences of discrimination. Sánchez-Jankowski (2002) contended that civic subcultures exist on the basis of a *history of racial exclusion* where participation in politics was illegal at worst and discouraged at best for African Americans. This political history shapes how African Americans engage as citizens and how contemporary experiences of discrimination reinforce historical racial exclusion that further alienates African Americans from traditional sociopolitical processes.

For African American emerging adults, sociopolitical beliefs and resulting civic engagement function as an adaptive coping strategy and active form of resistance to counteract the stressful experiences of racial discrimination, reduce net level vulnerability, and promote positive development of self and community (Hope & Spencer, in press). In this way, civic engagement is a revolutionary act that provides an avenue for African American emerging adults to actively change the sociopolitical conditions (e.g., racial discrimination) that increase their net vulnerability and stress. Civic engagement in this sense is a broad range of civic and political action, including prosocial behaviors, volunteerism, social action, activism, and traditional political participation. Through civic engagement, these young adults disrupt a system of discrimination and work to reduce the stress and vulnerability of the broader African American community (Hope & Spencer, in press).

Experiences of racial discrimination help shape how African American emerging adults engage as citizens within a polity that generally devalues their humanity, and thus citizenship, on the basis of racial difference. In a study of African American college students, White-

Johnson (2012) considered the relationship between interpersonal discrimination and within-racial group civic attitudes and behavior. She found that more-frequent experiences of racial discrimination (e.g., not given service in a store) are related to more-frequent civic engagement within the African American community (e.g., tutoring Black youth) and greater endorsement of prosocial attitudes within the African American community. Perceptions of institutional discrimination are also related to civic engagement. In a study of African American youth ages 15 to 25, a stronger endorsement of institutional discrimination against Black people in America (e.g., Black youth receive a poorer education than do White youth) is related to a greater breadth of civic engagement, including campaigning, boycotting, and volunteer community work (Hope & Jagers, 2014). Although in its infancy, this empirical evidence establishes a positive, and potentially protective, relationship between civic engagement and racial discrimination, particularly in the case of *critical civic engagement* that emphasizes improving the social conditions for members of one's own racial group. For African American emerging adults, interpersonal discrimination is related to civic engagement within the African American community, and understanding systematic forms of institutionalized discrimination is related to civic engagement broadly.

Research Applications: Promoting Well-Being and Preventing Harm

It is clear that African Americans continue to experience racial discrimination, and these experiences have physical (e.g., Pascoe & Smart Richman, 2009; Williams & Mohammed, 2009), psychological (e.g., Polanco-Roman & Miranda, 2013), and sociopolitical (e.g., White-Johnson, 2012) consequences. In light of these consequences we present several recommendations to attenuate the negative effects of discrimination and promote positive development for African Americans during this transition from adolescence to adulthood. First, it may be important for African American parents and caregivers to transmit racial socialization messages to youth that emphasize the importance of race and racial pride and that do not privilege the cultural assimilation of African Americans as a response to race-based discrimination. In

the Strong African American Families program, parents receive a 7-week curriculum wherein they learn adaptive racial socialization strategies: teaching children about the realities of racial oppression while emphasizing the possibility of achieving success in the face of these obstacles (Brody et al., 2004). Moreover, preparation for bias messages may be protective for physiological functioning when transmitted *in moderation,* because Neblett and Roberts (2013) found that a relatively moderate level of public regard was protective with regard to parasympathetic nervous system functioning. This finding is noteworthy because the extant literature has primarily delineated that low public regard is protective with regard to psychological outcomes.

Second, researchers should develop coping-based interventions that can help African American emerging adults combat the short- and long-term psychological and physical effects of racial discrimination. One promising intervention may be values-based and self-affirmation psychological interventions, wherein individuals write about their most important value and why it is important to them. The exercises enhance individuals' psychological resilience and mitigate the negative impact of stressors via the enhancement of self-efficacy and self-worth (e.g., Sherman, Bunyan, Creswell, & Jaremka, 2009; Williams & Mohammed, 2013b). Preliminary but promising evidence also reveals that values-based and self-affirmation interventions can also reduce HPA axis and sympathetic nervous system reactivity to stress (Creswell et al., 2005; Sherman et al., 2009). Finally, high levels of valued living—attending to and making choices on the basis of one's values—mitigate the impact of racial discrimination on anxiety and depression among African American undergraduate and graduate students (Graham, West, & Roemer, 2015).

Third, it may be vital for many African Americans to consult with health professionals, given that racial discrimination is a traumatic, and often chronic, experience that relates to psychological distress, suicide, violence, elevated blood pressure, and risk for cardiovascular diseases (Borrell et al., 2006; Caldwell et al., 2004; Polanco-Roman & Miranda, 2013). When African Americans seek mental health services, it may be important for mental health professionals to carefully probe African Americans for racial discrimination experiences and provide culturally sensitive assessment and treatment. According to Harrell (2000), "mental health practitioners have had little systematic guidance in exploring the multiple ways that racism may influence their clients' well-being" (p. 42). It is possible that the use of values-based and self-affirmation psychological interventions may be useful in a mental health service context as well. Further, health professionals should consider the role of racial discrimination when treating African American patients who present with cardiovascular complications. Indeed, the physical manifestation of stress on the physiological systems can linger in anticipation of future discrimination and as a result of rumination over past discrimination (Brosschot et al., 2006; Hoggard et al., 2015; Williams & Mohammed, 2009).

Finally, civic engagement along with analysis of systematic injustice may be an impactful avenue for addressing institutionalized racial discrimination among African American emerging adults (Freire, 1970; Hope & Spencer, in press). Interventions that engage young people in discussions about structural and interpersonal discrimination in preparation for action to dismantle such systems (e.g., Youth Participatory Action Research [YPAR]) promote positive youth development (Berg, Coman, & Schensul, 2009). Participation in YPAR is related to positive development outcomes including reduced drug and sex risks, increased positive attitudes toward education, increased critical analysis and problem-solving skills, and increased sense of self and positive identity formation (Berg et al., 2009; Morrell, 2007; Morsillo & Prilleltensky, 2007). This growing body of research highlights the utility of civic engagement as a tool for combating structurally based marginalization in communities of color and promoting positive life skills and development for minority youth. Although many of these interventions have been focused on adolescents, the prevalence of identity and vocational exploration during emerging adulthood provides a fertile opportunity to explore participatory action research as an adaptive coping strategy to combat the negative effects of racial discrimination.

Although promising, racial discrimination intervention research is a new and burgeoning area. And although it has become evident that

parental support is an important protective factor (Brody et al., 2014), future research is needed to further elucidate the *kinds* of racial socialization messages that may be protective of psychological, physiological/physical health, and sociopolitical functioning and *for whom* these messages are most protective. Moreover, it is important to further assess the effectiveness of values-based and self-affirmation psychological interventions and whether these interventions actually lead to high levels of valued living. Similarly, scholars must further assess the effectiveness of civic engagement-based evidence interventions for psychological and physiological/physical health. Further, it is vital that clinicians develop effective and culturally sensitive approaches to assess their patients' experiences with racial discrimination events and their concerns about experiencing racial discrimination in the future. Finally, it is important for future research to focus on African American emerging adults who are not enrolled in college, because African Americans are disproportionately less likely to attend and graduate from college (Aud et al., 2012).

Interpersonal and institutional racial discrimination are substantial barriers to the health and well-being of African Americans. For African American youth, the already challenging transition through emerging adulthood is fraught with even more difficulty as they interact with racially biased systems. Attempts to address this inequity must first deeply consider how African American emerging adults' experiences with racial discrimination influence psychological, physiological, and sociopolitical health. Although not exhaustive, this article contributes to the understanding of racial discrimination and recommends distinct applications of the research toward the positive development of African American emerging adults.

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