Further Reflections

aps ASSOCIATION FOR PSYCHOLOGICAL SCIENCE

Racism, Relationship Quality, and Health: Further Reflections on Ong et al. (2022)

Psychological Science
1–3

DOI: 10.1177/09567976221105214
www.psychologicalscience.org/PS
SAGE

Enrique W. Neblett, Jr.
Department of Health Behavior and Health Education, School of Public Health, University of Michigan

This Further Reflections piece was invited by the Editors of the journal to provide additional consideration of some of the significant issues under study in "The Relational Wear and Tear of Everyday Racism Among African American Couples" (Ong et al., 2022) available online at https://doi.org/10.1177/09567976221077041 and on pages XXX–XXX of this issue. Further Reflections are not commentaries on a particular article, though they are inspired by one. Rather, they provide broader perspectives on issues considered in Research Articles, beyond those that authors are able to provide in the Introduction and Discussion sections of their articles. The Editors' objective with Further Reflections is that they will raise the level of conversation around psychological issues of societal importance. Further Reflections are by invitation only.

Received 5/11/22; Accepted 5/18/22

The evidence is clear: Racism is a risk factor for poor health and disease and a contributor to racial disparities in health (Paradies et al., 2015; Williams et al., 2019). Until now, however, the primary focus of racism and health research in psychological science has been at the individual level, and few studies have examined the *interpersonal* impacts of racism and discrimination on health. The study by Ong et al. (2022), which examined the day-to-day unfolding of racial discrimination within couples and how racial discrimination impacts interpersonal flourishing, prompts us to consider how *partners'* racism experiences can shape individual perceptions of relationship quality. In this reflection, I will use the study as a platform to consider (a) possible mechanisms by which daily discrimination impacts stress and relationship quality, (b) how daily-discrimination stress might relate to health disparities, and (c) future research. In doing so, I hope to plant seeds that might expand discourse on conceptual models of racism and health and on the multipronged impact of racism on health.

Daily Discrimination and Relationship Quality: Potential Mechanisms

Theoretical formulations of racism and health (Clark et al., 1999; Williams & Mohammed, 2009, 2013) suggest several mechanisms by which racism might influence relationship quality. First, racial discrimination experienced by one's partner might lead to increased negative affect and psychological distress. Partner negative emotionality and distress—which at its worst might manifest as depression, anxiety, psychopathology, or decreased well-being—could, in turn, spill over into interpersonal interactions between actor and partner, exacerbate relationship conflict and tension, and decrease relationship quality. Second, and as Ong et al. suggest, racism-related stress might lead to negative health or coping behaviors (e.g., drinking) that exacerbate negative and conflictual actor–partner interactions and worsen relationship quality. Racism-related stress might also compromise important health activities such as sleep (Fuller-Rowell et al., 2017), further compromising the partner's coping and ability to manage stress, with implications for relationship quality. Third, the stress associated with discrimination might interfere with physiological systems that are key to the partner's self-regulatory capacity (Berger & Sarnyai, 2015) and thus lead to decrements in relationship quality. In addition to

Corresponding Author:
Enrique W. Neblett, Jr., University of Michigan, School of Public Health, Department of Health Behavior and Health Education
Email: eneblett@umich.edu

these mechanisms, one could imagine that to the extent that racial-discrimination experiences are associated with poor health and that a partner's poor health confers additional relationship strain (e.g., increased caretaking responsibilities), poor partner health could be a mediating mechanism between partner racial-discrimination reactivity and poor relationship quality. Moreover, poor partner health and the associated stress could adversely impact actor health in a negative mutually reinforcing cascade.

Partner Discrimination Stress and Health Disparities

The findings by Ong et al. also inform a broader conversation about daily discrimination and health disparities. Social and community context, which refers broadly to positive relationships at home, at work, and in the community, is recognized as a key social determinant of health (Office of Disease Prevention and Health Promotion, n.d.). These relationships may be patterned or structured by racism (e.g., workplace discrimination) and have the potential to reduce or exacerbate the negative impacts of other social determinants of health (e.g., unsafe neighborhood, economic instability; Cohen & Wills, 1985; Finch & Vega, 2003). Social cohesion—which refers broadly to the strength of relationships—social capital, and social isolation have all been linked with health and mortality (Berkman, 1995; Holt-Lundstad et al., 2010; Kawachi et al., 1997).

Additionally, social support and networks can positively (or negatively) influence health outcomes through behavioral and psychological pathways (Uchino, 2006). For example, if an individual's partner is obese, smokes, or drinks, the actor's likelihood of being obese or engaging in similar health behaviors increases (Christakis & Fowler, 2007, 2008; Rosenquist et al., 2010). On the other hand, social support might protect against the harmful effects of discrimination (e.g., Finch & Vega, 2003). Preliminary research examining discrimination, social support, and psychological distress in young African American adults suggests that (a) social-support satisfaction buffers the association between racial discrimination and psychological distress and (b) racial-discrimination experiences lead to declines in the number of friends that respondents can count on, which in turn leads to increases in negative mood over an 18-month period (Neblett, 2019b). The findings by Ong et al. suggest that partner affective reactivity to discrimination and its negative impact on relationship quality could undermine a key resilience factor (i.e., social support) against the mental and physical health sequelae of actor racial-discrimination experiences.

Future Research Directions and Conclusion

What future research might extend the findings by Ong et al. or test the aforementioned mechanisms? First, in addition to relationship quality, one might track negative (e.g., drinking, smoking, eating high-fat/salt comfort food) and positive (e.g., sleep, exercise) health behaviors to assess the mediating role these behaviors play between partner effects of discrimination and relationship quality. The former behaviors have been implicated in work suggesting that Black Americans may engage in unhealthy behaviors that act as effective short-term coping techniques to minimize stress but that change the body's physiological response and increase vulnerability to physical health problems (Jackson et al., 2010). Second, future studies might combine behavioral coding and physiological methods to better understand whether actor–partner reactivity to racial discrimination shapes physiological responses (e.g., cortisol, blood pressure, inflammatory response) in the context of dyadic exchanges. Might specific physiological signatures or patterns of responding (e.g., synchrony in heart rate variability; Wilson et al., 2018) during dyadic exchanges, patterned by affective reactivity to discrimination, amplify negative relationship patterns, exacerbate inflammatory responses, and inhibit healing (e.g., Kiecolt-Glaser et al., 2005)? Finally, as the racism literature extends beyond individual discrimination (Neblett, 2019a), it might be interesting to explore how aggregate indicators of structural racism (e.g., N-word Google searches and area-level racial disparities in education, employment, incarceration; see Chae et al., 2015, 2018) interact with affective reactivity to individual discrimination to shape immediate and lagged effects (Hoggard et al., 2015) on physiological reactivity and relationship quality. Collectively, these future directions may lay the foundation to examine how racism, in the context of dyadic and other interactional exchanges, can shape social-biological mechanisms and long-term patterns of disease and health.

Transparency

Action Editor: Patricia J. Bauer
Editor: Patricia J. Bauer
Author Contributions

E. W. Neblett, Jr., is the sole author of this article and is responsible for its content.

Declaration of Conflicting Interests

The author(s) declared that there were no conflicts of interest with respect to the authorship or the publication of this article.

ORCID iD

Enrique W. Neblett, Jr. https://orcid.org/0000-0002-9584-4390

References

Berger, M., & Sarnyai, Z. (2015). "More than skin deep": Stress neurobiology and mental health consequences of racial discrimination. *Stress*, *18*(1), 1–10.

Berkman, L. F. (1995). The role of social relations in health promotion. *Psychosomatic Medicine*, *57*(3), 245–254.

Chae, D. H., Clouston, S., Hatzenbuehler, M. L., Kramer, M. R., Cooper, H. L. F., Wilson, S. M., Stephens-Davidowitz, S. I., Gold, R. S., & Link, B. G. (2015). Association between an internet-based measure of area racism and Black mortality. *PLOS ONE*, *10*(4), Article e0122963. https://doi.org/10.1371/journal.pone.0122963

Chae, D. H., Clouston, S., Martz, C. D., Hatzenbuehler, M. L., Cooper, H. L. F., Turpin, R., Stephens-Davidowitz, S., & Kramer, M. R. (2018). Area racism and birth outcomes among Blacks in the United States. *Social Science & Medicine*, *199*, 49–55. https://doi.org/10.1016/j.socscimed.2017.04.019

Christakis, N. A., & Fowler, J. H. (2007). The spread of obesity in a large social network over 32 years. *New England Journal of Medicine*, *357*(4), 370–379.

Christakis, N. A., & Fowler, J. H. (2008). The collective dynamics of smoking in a large social network. *New England Journal of Medicine*, *358*(21), 2249–2258.

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, *54*(10), 805–816.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, *98*(2), 310–357.

Finch, B. K., & Vega, W. A. (2003). Acculturation stress, social support, and self-rated health among Latinos in California. *Journal of Immigrant Health*, *5*(3), 109–117.

Fuller-Rowell, T. E., Curtis, D. S., El-Sheikh, M., Duke, A. M., Ryff, C. D., & Zgierska, A. E. (2017). Racial discrimination mediates race differences in sleep problems: A longitudinal analysis. *Cultural Diversity and Ethnic Minority Psychology*, *23*(2), 165–173.

Hoggard, L. S., Byrd, C. M., & Sellers, R. M. (2015). The lagged effects of racial discrimination on depressive symptomology and interactions with racial identity. *Journal of Counseling Psychology*, *62*(2), 216–225.

Holt-Lundstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLOS Medicine*, *7*(7), Article e1000316. https://doi.org/10.1371/journal.pmed.1000316

Jackson, J. S., Knight, K. M., & Rafferty, J. A. (2010). Race and unhealthy behaviors: chronic stress, the HPA axis, and physical and mental health disparities over the life course. *American Journal of Public Health*, *100*(5), 933–939.

Kawachi, I., Kennedy, B. P., Lochner, K., & Prothrow-Stith, D. (1997). Social capital, income inequality, and mortality. *American Journal of Public Health*, *87*(9), 1491–1498.

Kiecolt-Glaser, J. K., Loving, T. J., Stowell, J. R., Malarkey, W. B., Lemeshow, S., Dickinson, S. L., & Glaser, R. (2005). Hostile marital interactions, proinflammatory cytokine production, and wound healing. *Archives of General Psychiatry*, *62*(12), 1377–1384.

Neblett, E. W., Jr. (2019a). Racism and health: Challenges and future directions in behavioral and psychological research. *Cultural Diversity and Ethnic Minority Psychology*, *25*(1), 12–20.

Neblett, E. W., Jr. (2019b). [Unpublished raw data on relations between discrimination, social support, mood, and psychological distress in African American young adults]. University of North Carolina at Chapel Hill.

Office of Disease Prevention and Health Promotion. (n.d.). *Diabetes. Healthy people 2030*. U.S. Department of Health and Human Services. https://health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes

Ong, A. D., Urganci, B., Burrow, A. L., & DeHart, T. (2022). The relational wear and tear of everyday racism among African American couples. *Psychological Science*, *33*(X), XXX–XXX. https://doi.org/10.1177/09567976221077041

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., et al. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLOS ONE*, *10*(9), Article e0138511. https://doi.org/10.1371/journal.pone.0138511

Rosenquist, J. N., Murabito, J., Fowler, J. H., & Christakis, N. A. (2010). The spread of alcohol consumption behavior in a large social network. *Annals of Internal Medicine*, *152*(7), 426–433.

Uchino, B. N. (2006). Social support and health: A review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine*, *29*(4), 377–387.

Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health*, *40*, 105–125.

Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: Evidence and needed research. *Journal of Behavioral Medicine*, *32*(1), 20–47.

Williams, D. R., & Mohammed, S. A. (2013). Racism and health I: Pathways and scientific evidence. *American Behavioral Scientist*, *57*(8), 1152–1173.

Wilson, S. J., Bailey, B. E., Jaremka, L. M., Fagundes, C. P., Andridge, R., Malarkey, W. B., Gates, K. M., & Kiecolt-Glaser, J. K. (2018). When couples' hearts beat together: Synchrony in heart rate variability during conflict predicts heightened inflammation throughout the day. *Psychoneuroendocrinology*, *93*, 107–116.