

Perceived Racism and Affective Responses to Ambiguous Interpersonal Interactions Among African American Men

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The current study examined affective responses to ambiguous interpersonal interactions containing both ambiguous and overtly racist content. Participants included 74 African American males (ages 18-47), half of whom heard a depiction of a negative social interaction with blatantly racist content (BRC). The remaining participants heard a similar scenario containing no racist content (NRC). Negative affect scores were higher for those in the BRC group, yet individuals in the ambiguous (NRC) condition who reported perceptions of racism in the scenario showed greater negative affect reactivity than those who saw no racism in the scenario. Among those in the NRC group, self-reported past experiences with racial discrimination moderated the effect of perceived racism on negative affect. The authors conclude that the perception of racial discrimination, in particular when evaluating ambiguous situations, may have profound affective consequences for Black men.

Keywords: *racism; discrimination; emotions; stress; ethnicity*

In the past decade, the issue of racial profiling has gained increasing attention, as anecdotal reports of profiling by police departments, storekeepers, and others have been substantiated by legal judgments and increasing media attention. The growing awareness of racial profiling has spurred legislative activity ostensibly designed to minimize its affect on African Americans, a group that is disproportionately affected by the issue. To illustrate, in 2000, 65% of police traffic stops and search activities in Oakland, California, occurred among African

Americans residents, despite that the group makes up only 36% of the city's population.

What remains to be determined however, is the degree to which chronic interaction with these often-ambiguous racial situations affects the emotional health of its victims. Over the past decade, researchers have increasingly recognized the role of racism and discrimination as determinants of negative health outcomes among ethnic minorities, particularly African Americans (Clark, Anderson, Clark, & Williams, 1999). A growing number of studies have linked experiences with racism and discrimination with adverse physiological and emotional outcomes, including increased blood pressure (Guyll, Matthews, & Bromberger, 2001; Harrell, 2000; Krieger & Sidney, 1996), somatic complaints (James, 1994; James, Lovato, & Khoo, 1994) and elevated hostility levels (Branscombe, Schmitt, & Harvey, 1999). However, these studies have primarily investigated acts of overt racism, not the subtly discriminatory behaviors that are presently experienced by many in ethnic minority groups (Dovidio, 2001).

Empirical evidence supports the anecdotal notion (Cose, 1995) that ambiguous interpersonal interactions that are perceived as being racially motivated may confer more profound emotional and physical health consequences (when compared to overtly racist situations). Guyll's group (Guyll et al., 2001) found elevated cardiovascular reactions among African American women who were exposed to subtle interpersonal mistreatment. These elevations did not exist among women in a blatant harassment condition. Similarly, Fang and Myers (2001) asked Black and White men to view both racist and nonracist film clips and found increased cardiovascular responses to both vignettes, independent of condition. These data suggest that the objectivity of such discriminatory stimuli matters less than the perception and interpretation of their content. Surprisingly however, very few investigations have examined the affective consequences of exposure stimuli depicting racial discrimination.

The current study was designed to investigate affective responses to laboratory stimuli depicting both overt and subtly racist harassment. We were further interested in whether previous experiences with racial discrimination would moderate emotional reactions to interpersonal situations among African American men. We are unaware of any other published studies that have systematically examined these variables, either singly or in their association. We posited the following hypotheses to address our primary aims:

1. Negative affect reactivity scores will increase during speech preparation, presentation, and anger recall.
2. Type of stressor condition will not be associated with negative affect reactivity scores.
3. Perceived racism in the shopping scenario (PRsc) will be associated with negative affect reactivity scores. Among those who receive the NRC, higher levels of PRsc will be linked with higher negative affect reactivity scores. Appraisal should play a crucial role in emotional responses to racism stress.

4. Past experience with racial discrimination (RD) for those in the NRC group will be associated with negative affect reactivity scores. Among those in the NRC group, higher levels of RD will be linked with higher negative affect reactivity scores. Real-life experiences with racism will modulate emotional responses to unfair treatment in hypothetical interpersonal interactions.
- 4b. PRsc and RD scores for those in the NRC group will be associated with negative affect reactivity scores. Among those who receive the NRC, higher levels of PRsc and RD will be linked with even higher negative affect reactivity scores. PRsc will not be associated with negative affect reactivity scores at low levels of RD.

METHOD

SAMPLE

Participants were 74 healthy Black males aged 18 to 47 (Mean = 31.5, *SD* = 9.5 years). Most participants were employed, whereas about one third were college students. Recruitment strategies included announcements by a local radio station, notices posted at local businesses, colleges, organizations, and word of mouth. All laboratory sessions were performed in a psychophysiology laboratory at Duke University Medical Center between the hours of 9:30 a.m. to 7:00 p.m.

PROCEDURE

Screening

Prospective participants provided information related to their sociodemographic, psychosocial, health behavior, physical health status, and medical histories. Exclusionary criteria included racial group membership other than African American/Black American, diagnoses of any major chronic medical conditions, and present or past use of antihypertensive medications. Enrollment was limited to Black men in an effort to further investigate the health sequelae of racially charged stimuli in African American men. Future research will investigate the role of exposure to racial provocation on affective and cardiovascular responses in Black and White men and women.

Laboratory Visit

The 90-minute lab visit consisted of the following procedures. First, participants read and signed an Institutional Review Board–approved informed consent followed by a battery of questionnaires related to social and psychological factors. Participants then participated in three mental tasks interspersed equally with four resting periods, during which participants were asked to “rest” for five

minutes. Participants were asked to read a short neutral passage aloud to facilitate their acclimation to the testing setting, equipment, and to allow for the collection of baseline measures of heart rate and blood pressure. Immediately following the reading task, participants were again asked to rest (3 minutes).

The second mental task was a 10-minute active speech task that included a two-minute audiotaped, blatantly racist or a “nonracist” scenario (participants assigned randomly). The nonracist stressor (NRC) described unfair treatment in a shopping scenario that was not explicitly rooted in racial discrimination, whereas the blatantly racist stressor (BRC) described unfair treatment in the same shopping scenario, but was explicitly rooted in racial discrimination (see Appendix A). Before listening to the scenario, the experimenter asked the participant to listen to the tape and to take 5 minutes to prepare a 5-minute presentation comprising his thoughts, feelings, and hypothetical response to the situation if he were the target of the unfair treatment. During the presentation, the experimenter asked a set of standardized questions about preferred emotional and behavioral coping responses to the scenario. Following this task, participants rested for 10 minutes.

The final mental stressor was a 5-minute anger recall task, during which participants were asked to recall and discuss a previous experience that made him angry. The experimenter provided prompts about the aspect of the experience that induced the most anger and queried preferred coping responses. Following the anger recall task, participants rested for 3 minutes. Finally, the experimenter provided a debriefing to participants along with \$30 for participation. Only affective outcomes are presented in this report. A future article will discuss cardiovascular reactivity parameters.

ASSESSMENT OF NEGATIVE AFFECT

Participants completed a momentary mood scale immediately before the protocol, after each task, and after the postspeech recovery period. The mood scale asked participants to rate the presence of each of the following moods: depressed, content, happy, tense, annoyed, and angry. The mood scale is rated on a 5-point scale (0 to 4 points) with response options ranging from *not at all* to *very much*.

To examine negative affective responses to the stress tasks, scores for the four negative moods (depressed, tense, annoyed, and angry) were summed for each participant and task. The resulting negative affect scores ranged from 0 to 16, with higher scores representing higher levels of negative affect. In addition, negative affect reactivity scores were constructed for speech preparation, presentation, postspeech recovery, and anger recall. We adopted a conservative approach to calculating negative affect reactivity scores (Task - Baseline) and used values from the reading task for the baseline. This method provided the best indication of how negative affect changed immediately prior to and following the active speech condition.

MANIPULATION CHECK

Immediately following the presentation, participants completed a one-item index that asked whether they perceived that racism motivated the unfair treatment in the shopping scenario. Specifically, the item read, "How much of a role did you think racism played in the unfair treatment of the first customer in the shopping scenario?" The response options ranged from 0 to 4 (*none to an extreme amount*).

MEASUREMENT OF PAST EXPOSURE TO RACISM

To further discern the context and experiences that participants had with racism prior to participating in the current study, past experiences with racial discrimination were examined. The Perceived Racism Scale (PRS) is a multidimensional assessment of experiences with and coping responses to racial discrimination (McNeilly et al., 1996). The PRS has shown predictive validity and internal consistency in previous studies. Summing responses to all 51 items in the PRS derives an overall score (RD) that provides a general index of an individual's perceived, in-vivo experience with racial discrimination.

PLAN FOR STATISTICAL ANALYSES

The present study utilized the SPSS-PC software package to conduct correlational analyses and repeated-measures ANOVA to investigate the effects of racial stress on affect reactivity. All omnibus tests were corrected for violations of sphericity. The Greenhouse-Geisser correction test was used as criterion for significant omnibus effects, whereas the Huynh-Feldt correction test was incorporated as a secondary significance test (Vasey & Thayer, 1987). Pairwise tests (based on unequal variances) were used to find the location of significant omnibus tests based on a priori expectations of particular cell means for PRSc and/or PRS.

For the repeated measures ANOVAs, PRSc was dichotomized (none versus perceived racism). RD was measured as a dichotomous variable by means of median split.

RESULTS

As can be seen in Figure 1, individuals in the BRC group failed to endorse the "none" (or no racism option) while those in the NRC group showed a wider range of responses. Thus, only data from the NRC will be exposed to group level analyses. There was a significant period effect for negative affect reactivity scores, $F(3, 99) = 4.18, p = .01$, with post-hoc tests showing that negative affect

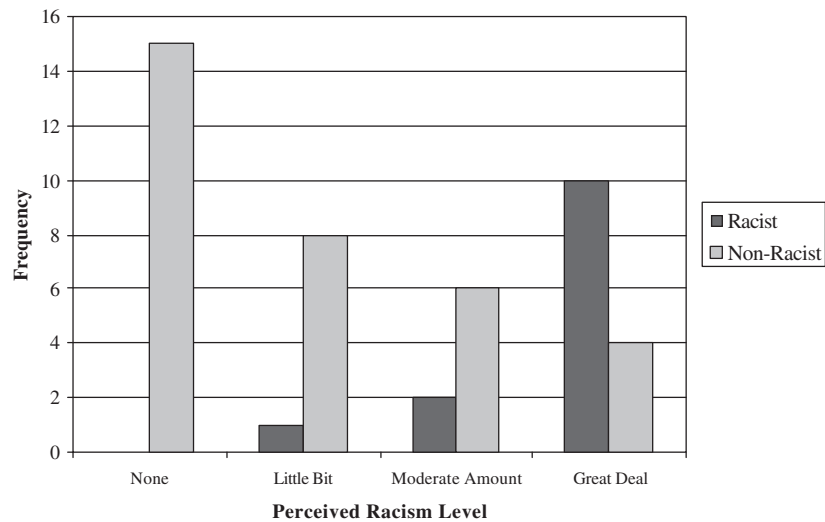


Figure 1: Frequency of Perceived Racism in Shopping Scenario by Stressor Condition

reactivity for anger recall were significantly higher than for speech preparation, presentation, and recovery, respectively.

SHOPPING STRESSOR EFFECTS

The NRC and BRC groups showed marginally different patterns of negative affect across the various tasks, $F(3, 169) = 2.60, p = .06$. Negative affect reactivity scores were higher for the BRC group as compared to the NRC group during speech preparation, $t(66.15) = -2.83, p = .003$, and presentation, $t(71) = -2.16, p = .02$ (see Figure 2).

EFFECTS OF PERCEIVED RACISM IN SCENARIO

Means and standard deviations for PRsc and RD (and their interactive effects) on negative affect reactivity scores for the NRC group are shown in Table 1. The period by PRsc effect on negative affect reactivity was not significant, $F(3, 213) = 1.71, p = .17$. Among individuals in the NRC group the overall F-test for the period by PRsc effect was not significant, $F(3, 99) = 1.51, p = .22$. However, preplanned comparisons indicated that participants who reported high compared to low PRsc levels had higher negative affect reactivity scores after speech preparation, $t(35) = -2.55, p = .005$; presentation, $t(35) = -1.78, p = .04$; and postspeech recovery, $t(35) = -1.78, p = .04$ (see Table 1 and Figure 3). It

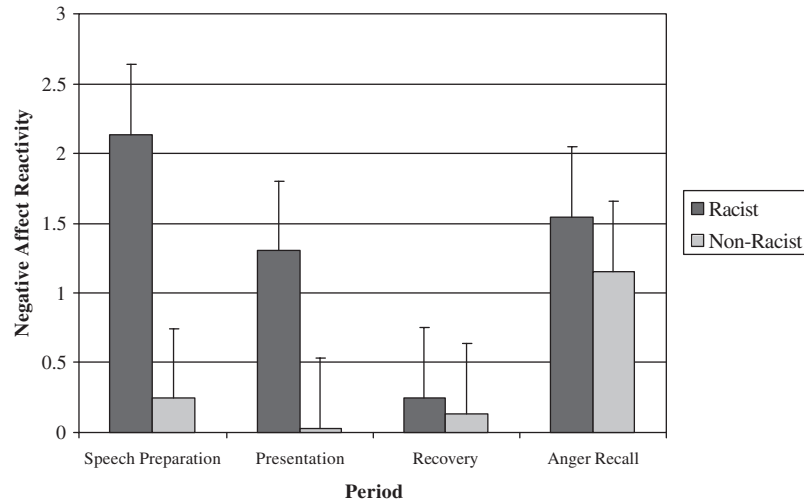


Figure 2: Period by Stressor Effects on Negative Affect Reactivity Scores

should be noted that correlations testing the association of PRsc with negative affect reactivity scores among individuals in the NRC group only showed stronger patterns, notably after speech preparation ($r = 0.54, p = .001$), speech ($r = 0.36, p = .02$), and postspeech recovery ($r = 0.36, p = .03$).

EFFECTS OF PAST EXPERIENCES WITH RACIAL DISCRIMINATION

The overall F -test was significant for period by RD effects among those in the NRC group, $F(3, 99) = 3.40, p = .03$. At low RD levels, negative affect reactivity scores fell from speech preparation to presentation and leveled off during postspeech recovery and anger recall (see Table 1). Conversely, at high RD levels, negative affect reactivity scores were flat from speech preparation to postspeech recovery but increased notably during anger recall. Among those in the NRC group, there were no interactive effects between perceptions of racism in the scenario and past experiences with racial discrimination on negative affect, $F(3, 99) = 0.27, p = .78$. However, as shown in Table 1, the period by RD effects were complex among those in the NRC group who had high PRsc scores, $F(4, 17) = 2.70, p = .06$. Although NAR scores decreased from speech preparation to anger recall for the low RD group, NAR scores increased at high RD levels. At speech preparation, NAR scores were significantly higher among those in the low RD group, $t(8, 20) = 1.97, p = .04$.

TABLE 1: Means (+/- SD) for Perceived Racism in Scenario (PRsc) and Perceived Racism–Total (PRS-T) Effects on Negative Affect Reactivity (NAR) Scores for Nonracist Stimulus Group

	<i>NAR Speech Preparation</i>	<i>NAR Presentation</i>	<i>NAR Recovery</i>	<i>NAR Anger Recall</i>
PRsc				
No	–0.93 (2.25)	–0.73 (2.63)	–0.60 (2.72)	0.67 (4.08)
Yes	1.05 (2.36)	0.54 (1.74)	0.64 (1.50)	1.50 (2.39)
PRS-T				
Low	0.88 (2.87)	–0.13 (2.0)	0.19 (1.94)	0.63 (2.33)
High	–0.24 (2.10)	0.14 (2.39)	0.00 (2.32)	1.57 (3.67)
PRsc × PRS-T				
Low/low	–0.75 (1.39)	–1.0 (1.77)	–0.75 (1.83)	–0.25 (2.05)
Low/high	–1.14 (3.08)	–0.43 (3.51)	–0.43 (3.65)	1.71 (5.62)
High/low	2.50 (3.12)	0.75 (1.91)	0.36 (1.39)	1.50 (2.39)
High/high	0.21 (1.31)	0.43 (1.70)	0.64 (1.50)	1.50 (2.47)

DISCUSSION

The current study, using novel methodology, explored the influence of perceived racist provocation on negative affect reactivity among African American males. Interestingly and somewhat counter intuitively, we found that participants who were exposed to an ambiguous scenario and who also perceived high levels of racism in the stimulus were the most affectively reactive. It is noteworthy that this negative affect carried over into the postspeech recovery period, which may suggest the presence of underlying ruminative processes. This finding is especially unusual given that a similar, but blatantly racist stressor initially produced higher negative affect. Self-reported prior experience with racism was linked with affective responses among those in the nonracist group who also perceived racism in the scenario. Thus, it appears that secondary appraisal of ambiguous stressors as racially motivated may play a role in the development of negative affect. Prior experience with discrimination may be moderator of this association. Although there are not previous models in the literature that directly assist in explaining these findings, we hope to propose an argument that is comprehensive enough to explain these results and serve as the basis for future studies.

Ambiguous compared to overt racist stimuli can be viewed as more chronic (having a more durable effect) stressors that may promote extended periods of cognitive processing and affective arousal. For example, in the current project, it is reasonable to suspect that participants in the NRC group analyzed their experience more intensely compared to those participants in the BRC condition. If we assume that participants in both conditions are attempting to derive meaning

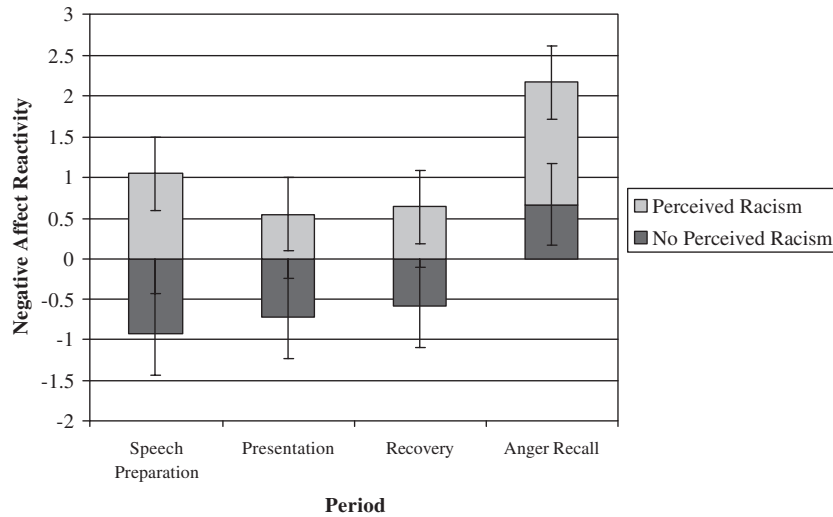


Figure 3: Period by Perceived Racism in Scenario Effects on Negative Affect Reactivity Scores for Nonracist Scenario

from, and attribute an underlying cause to the events in the shopping scenario, it is conceivable that this endeavor may have been more complicated for those in the NRC group.

Consistent with this interpretation, conceptual models of stress and coping have long suggested that provocative stressors (including racial discrimination) cannot themselves, elicit affective or physiological responses. Rather, one's perception and appraisal of a given stimulus may be the most proximate factor associated with affective outcomes (Lazarus & Folkman, 1984). The same principle can be applied to cognitive and physiological reactions to racist provocation. It can be argued that provocation itself is insufficient to elicit a response. Rather, the historical, cultural, and experiential set through which a stimulus is filtered may ultimately determine the nature of an individual's reaction. The NRC then represents a blank slate onto which participants ascribed meaning based on their previous experiences with racism, cultural beliefs, and expectations. The results pertaining to prior experiences with racial discrimination support this interpretation. Those persons who saw racism in the ambiguous scenario and who also reported high levels of RD demonstrated augmented levels of NAR, whereas those with lower RD levels actually showed reduced negative affect across the tasks.

Using this model, overt racism may be expected to elicit an immediately heightened cognitive, physiological, and affective response. However, over time, less cognitive processing is necessary to derive meaning from the overtly

racist interaction. Put another way, overt racism may be initially more offensive, but the clear intentionality makes it easier to understand and ignore (Crocker, Voelkl, Testa, & Major, 2000; Dovidio, Major, & Crocker, 2000). The current study suggests that ambiguous stimuli may be more problematic for cognitive and affective processing (and potentially physiological disposition) than overt racism among African American men. This argument has many societal implications, particularly in relation to the issue of racial profiling. For example, “driving while Black” has recently become a reference for the unfounded and repeated harassment by law enforcement officers of Black men driving on interstate and local highways and in certain neighborhoods. It must be questioned then, based on the current data, whether these multiple groundless stops by police also have deleterious health outcomes for the victims. More overtly racist stops (i.e., those including racist language and references) may be less likely to promote negative affect (assuming that violence is not present). However, when more ambiguous interactions occur, higher levels of negative affect reactivity and increased physiological reactivity may be experienced, particularly among men with a history of racist encounters.

We recognize that many may suggest, based on the arguments presented, that the well established cultural and societal ills associated with race in America are no longer worth scientific or social attention, and/or that we should now focus our attention on the coping strategies of African American men. We also understand that some will interpret our results and subsequent arguments to suggest that African American men who have experiences with racism may be unduly biased or overly predisposed to interpreting innocuous or ambiguous stimuli as racist. We would like to take this opportunity to suggest that neither contention has validity in our model.

First, we believe the reactions of African American men who have experiences with racism are valid and legitimate and that these men are responding to real inequities and disparities in their environments. Historically, the inequities were more prominent (i.e., overt racism, unequal access to education), but today disparities are arguably more problematic (i.e., ambiguous racism, glass ceiling effects, continued ethnic disparities in health). Thus, we frame the issue of racial profiling not only as a legal or policy concern, but also as a potential public health issue. That is, a growing of literature has identified experiences with racial discrimination as a primary social determinant of ethnic disparities in health outcomes. Our data provide preliminary evidence that subtle forms of racist interactions (e.g., racial profiling) may be the primary means by which interaction with racial discrimination promotes its negative influence. Though addressing the interpretive and coping strategies of African American men is necessary to assist the group in better managing their reactions to racial discrimination, we also argue for a primary prevention approach.

Secondly, we believe our decision to focus exclusively on African American men in the current project serves several important functions, including but not limited to filling a substantial gap in the scientific literature related to this

understudied population. We believe the more we understand the complex causal factors and relationships that affect the health status of African American men, the more able we are to buffer these effects with education, advocacy, and by encouraging additional scientific exploration. We further believe that investigations that highlight issues such as those explored in the current study have value in terms of raising the awareness of patients, health care providers, and the general public and promoting social change.

Finally, we cannot stress more forcefully the importance of beginning to understand health outcomes in terms of traditional group differences but also in terms of individual differences. By discerning those factors that mediate and moderate the relations between race and health outcomes, we will contribute data that can more effectively guide the development of intervention and prevention efforts. To understand health outcomes in any other context is to misunderstand the complex relationship between sociocultural factors and human existence.

APPENDIX A

Scripts for Audiotaped Presentation of Shopping Scenarios

RACIST SHOPPING STRESSOR

A White store clerk racially insults you after making a \$20 mistake in counting your change. She says, "Get off of my case, you Black idiot!" (This menacing and insensitive statement will be uttered by a White female with a projected voice.) You decide to make a complaint to the store manager. You are told that the store manager is dealing with the complaints of two other customers and will not be available for 15 to 20 minutes. You decide to wait anyway. So you walk off to the side, sit, and watch the store manager, who is White, talk to each customer. You notice that each customer is mad as they walk away from the store manager. As one customer walks away, he says, "I don't like the way that you treat your Black customers! It's a disgrace!" (This upset and frustrated statement will be uttered by a Black male with a deep projected voice.) Clearly, their complaints were not taken care of. The store manager looks over in your direction with an angry look on his face and then hurries into his office. He returns 5 minutes later with some boxes and begins to place them on shelves. At this point, you walk to the store manager to complain about the poor service by the store clerk. Before you can say a word he asks you, "What the hell do you want?!" (This menacing and insensitive statement will be uttered by a White male with a deep projected voice.)

NONRACIST SHOPPING STRESSOR

A store clerk insults you after making a \$20 mistake in counting your change. She says, "Get off of my case, you idiot!" (This menacing and insensitive statement will be ut-

tered by a White female with a projected voice.) You decide to make a complaint to the store manager. You are told that the store manager is dealing with the complaints of two other customers and will not be available for 15 to 20 minutes. You decide to wait anyway. So you walk off to the side, sit, and watch the store manager talk to each customer. You notice that each customer is mad as they walk away from the store manager. As one customer walks away, he says, "I don't like the way that you treat your customers! It's a disgrace!" (This upset and irritated statement will be uttered by a White male with a soft projected voice.) Clearly, their complaints were not taken care of. The store manager looks over in your direction with an angry look on his face and then hurries into his office. He returns 5 minutes later with some boxes and begins to place them on shelves. At this point, you walk to the store manager to complain about the poor service by the store clerk. Before you can say a word he asks you, "What the hell do you want?!" (This menacing and insensitive statement will be uttered by a White male with a deep projected voice.)

APPENDIX B

Rating of Mood and Experimental Tasks

Please rate your current emotional level.

	<i>Not at All</i>				<i>Very Much</i>
Depressed	0	1	2	3	4
Content	0	1	2	3	4
Happy	0	1	2	3	4
Tense	0	1	2	3	4
Annoyed	0	1	2	3	4
Angry	0	1	2	3	4

How much did you see yourself as the first customer in the shopping scenario?

- [0] Very little
- [1] A moderate amount
- [2] A great deal
- [3] An extreme amount

How much of a role did you think racism played in the unfair treatment of the first customer in the shopping scenario?

- [0] None
- [1] Very little
- [2] A moderate amount
- [3] A great deal
- [4] An extreme amount

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