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Skin Color vis-à-vis Minority Self-Hate: Implications of Leukocyte Telomere Length (LTL) for Lifespan Longevity

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Abstract

A review of social science literature attests to a minimal reference to “skin color” in deference to the mainstream traditions of race and not withstanding skin color’s salience among minority clientele. A cursory review of the Social Work literature and in particular health care further attests to the relative absence of skin color in deference to race. Race at most is a proxy for skin color. Skin color is the critical deciding attribute in the lifespan longevity of minority health care clientele. After years of denigration self-hate has manifested physiologically among minority clientele little known by Social Workers and evident as health risk by decreased Leukocyte Telomere Length (LTL) in Black men. To educate Social Work providers of health care will require an official acknowledgement of self-hate relative to skin color by the academy and the various activist organizational structures involved.

Keywords: Leukocyte Telomere Length; Skin color; Psychology; Homogeneity; Self-hate skin color; Telomere minority

Introduction

Here to fore health care priorities in Social Work have historically been the domain of racial homogeneity whereby practice, curriculum content and peer-reviewed publications conformed to traditional models of discourse. The globalization trends brought by technological advances both at home and abroad require diversity not only in rhetoric but diversity in the scope and significance of presenting problems brought by a diversity of health care clientele [1]. That skin color is conspicuously absent from Social Work discourse incapacitates the profession and increasingly renders homogeneous treatment methodologies ineffective per increasingly heterogeneous clientele. A subsequent review of available Social Work literature provides an objective assessment of the prevailing racially homogeneous status quo.

References to skin color are all but absent not only from Social Work but the mainstream of social science literature. A review of that literature attests to a minimal reference to “skin color” in deference to the homogeneous mainstream traditions of race notwithstanding skin color’s salience among minority clientele. Upon examination of selected databases Proquest: Interdisciplinary Research Library contained 179 peer-reviewed sources of literature under “skin color.” The same database contained 24,428 under “race” as “race” is the preferred albeit less relevant model of traditional human category discourse. Similarly First Search: PsychInfo contained 598 scholarly sources under “skin color” compared to 21,973 under “race.” What’s more said database stores scholarly documentation published since 1887. Subsequently although skin color is critical to quality of life for minority clientele “skin color” represents less than 1% of the peer-reviewed documents which are dominated by race. No two databases represent the entirety of such documentation but are indicative of a consistent pattern no less apparent in text books. Among those most recently published are: Psychology and Life [2] Psychology [3] Psychology: An introduction [4] and The World of Psychology [5]. In each the issue of skin color as pertains to minority clientele is omitted from the table of contents which compromises the worth of “skin color” as a significant issue. The fact that the literature is less diverse than the population it addresses has escaped recognition. While they may be cognizant of the generic issues pertaining to minority clientele, authors of books and peer-reviewed papers determine the priority of what reaches publication. The knowledge disseminated then regulates the direction and accuracy of the knowledge base consulted. Critical issues omitted otherwise cease to exist.

A cursory review of the Social Work and in particular health care literature further attests to the relative absence of skin color, notwithstanding it’s obvious significance among minority clientele. According to the Social Work Abstracts database 1977-2001, twelve articles have been published on skin color in a quarter century. In leading Social Work journals, skin color has been totally ignored in that time period, accommodating its trivialization. In leading Social Work textbooks such as Human Behaviour in the Social Environment by Zastrow and Kirst-Ashman [6], the issue of skin color as pertains to minority

clientele is omitted from the index and the 300-plus pages of lexis that comprise the text in toto. The fact that both authors are products of Social Work homogeneity cannot be dismissed as irrelevant to their homogeneous perspective. While they may be cognizant of the critical issues, similar to Psychology Social Work authors determine the priority of what reaches publication. The information omitted via publication then determines the priorities of Social Work health care at-large.

Herein is the suggestion that race at most is only a proxy for skin color. Skin color is the critical deciding attribute in the lifespan longevity of minority health care clientele. Given the dramatic shifts in globalization, immigration, and migration, addressing the issue of skin color in a therapeutic context is of significant importance that will be conveyed in this paper via presentation of the following:

- (1) The historical implications of skin color for minority clientele;
- (2) Vestiges of minority self-hate;
- (3) Black longevity as per Leukocyte Telomere Length (LTL); and
- (4) Skin color and the health care of minority clientele.

The Historical Implications of Skin Color for Minority Clientele

Cherokee Indians were not the historical savages they had been made out to be. They maintained a National Council that was controlled by educated, light-skinned tribesmen, many of whom adhered to the value system of antebellum slave trading Whites [7]. They set up schools which were modelled after the same where White values could be passed on to Indian youth. In many instances it was the darker-skinned full-blood Cherokee who were in the minority within such groups. The primary interest of both was the "refinement" of their daughters so that they might serve as dutiful wives in the Cherokee Nation. Another reason was the assimilation of the poor, darker-skinned full-blood girls, but apparently this idea did not come about until 1871, after the council was pressured by disgruntled tribesmen to establish a department to provide education free of charge to poorer darker-skinned full-bloods [8].

Certain Cherokee students and teachers took pride in their light skin. Students frequently taunted those girls who had less White blood and darker skin. A few of the full-bloods also put down those who had limited skill in White ways. It was generally assumed among the mixed-blood students that the full-blood girls were "a little bit backward," and that the dark-skinned full-bloods were well aware of their inferior status [8]. The sentiment of superiority on the basis of light skin learned from the White man had gained momentum.

Even wealthy mixed-blood Cherokee girls who were dark-skinned faced discrimination. One five sixteenths Cherokee student was told by a lighter-skinned classmate that she could not participate in a class play because: "[a]ngels are fair haired and you are too dark for an angel." The Cherokee were

obviously defensive about skin color. In an 1855 issue of *A Wreath of Cherokee Rose Buds*, girls complained in an editorial about the Townsend, Massachusetts female seminary's paper, the *Lesbian Wreath*, which referred to the Cherokee girls as their "dusky sisters." The Cherokee girls responded with anecdotes and stories in which appearance, particularly blue eyes, was a prominent factor. For example, one story tells of the consequences that young "Kate" faced after plagiarizing a poem for one of her classes: "Fun and abundance," student Lurette writes, "peeped from her blue eyes... and the crimson blush stole upon her cheeks." In the same issue, author Inez speculates about what her schoolmates might be doing in four years. One student is described as a "fair, gay, blue eyed girl," and another is a "fairylike creature with auburn hair." Still another story by a student, entitled *Two Companions*, pairs Hope ("the very personification of loveliness") with a "tiny, blue eyed child" named Faith. It is likely that to the Cherokee students, those blue eyes, so foreign to their population, were assumed the essence of beauty and poise [8].

In an editorial of the *Crisis*, an Atlanta University/NAACP journal, W.E.B. DuBois, a light-skinned African-American, labelled Marcus Garvey "fat, black, and ugly," implying that dark features were unattractive [9]. This was not a singular incident. A high-ranking official of the National Association for the Advancement of Colored People (NAACP) used similar language, referring to Garvey as a "Jamaican Negro of unmixed stock," implying that pronounced African features were not the least complimentary [10].

The acceptance of light skin as preferred meant that it became a vehicle for status in the Black community, even though light skin among African-Americans was less common than the relative dark [11]. Value-laden terms evolved that reflected the fact, such as high-yellow, ginger, cream-colored, and bronze [12]. Similar norms were associated with other features, such as hair, which was designated "bad" if it was the kinky African type and "good" if it was the straight Caucasian type. When the term "black" was used, it more often inferred something derogatory [13].

Shortly after Negro Suffrage and the Garvey era, overt verbal hostilities regarding skin color largely subsided. The preference for light skin, however, remained intact and actually became more accepted over time [14]. On the college campus prior to the 1960s, it was almost impossible for a dark-skinned student to join a sorority or fraternity. Various social events--such as school dances--required the "brown-paper-bag test" as a condition of their admission. Those darker than a brown paper bag were assessed a fee before they could be admitted; those lighter-skinned were admitted free of charge [13].

Similar to African-Americans, skin color for Latino-Americans is an especially sensitive and divisive topic well documented in U.S. litigation. One of the first cases brought by Latinos was that of the dark-skinned Felix-plaintiff-versus the lighter-skinned Marquez-defendant. It was litigated in 1981 by the U.S. District Court of the District of Columbia. Both plaintiff and defendant were Latino-American employees of the Office of the Commonwealth of Puerto Rico in Washington, D.C.

(OCPRW). The plaintiff having dark skin alleges that the defendant did not promote her on the basis of skin color discrimination. At trial, the plaintiff introduced the personnel cards of 28 of her former fellow employees. She testified that among them, only two were as dark as or darker in skin color than she. All of the other employees in the office, according to the plaintiff, were light-skinned. Other highly credible evidence presented to the court suggested, however, that she might have been in error.

As per conclusion of the trial the court found that the plaintiff was not entitled to a promotion in grade by virtue of her position, her qualifications, her seniority, and/or her length of service. The evidence showed that her employer awarded promotions in grade based upon criteria that were neutral with respect to skin color. Employees whose color was as dark, or darker than the plaintiffs were given promotions in grade, while many other employees who were lighter-skinned than same were given infrequent promotions, or no promotions at all. Similar neutrality with respect to skin color was evident in the promotions in grade among employees throughout the entire agency. Based upon the rules of legal proceeding, the OCPRW did not discriminate against the plaintiff on account of her color in failing to recommend her for a promotion in grade. Thus, the court decided that the plaintiff was not promoted in grade for legitimate business reasons having nothing whatsoever to do with her skin color [15]. However the significance of skin color among Latinos does not require it rise to the level of successful civil litigation to validate its existence. The mere filing of complaints is a product of the historical dispositions among Latinos to idealize light skin and to denigrate dark.

Historically dominated migrants from India, Pakistan, Bangladesh and Sri Lanka once settled in the United States constantly seek ways to prove themselves "white" [16]. In the process vehement forms of skin color discrimination are acted out, particularly against African-Americans. The phenomenon is further dramatized by Asian-Americans who arrive from India bringing with them strict cultural rankings of people on the basis of skin color [17]. As a group notorious for endogamy, Indian Asians who marry out in the U.S. do so almost exclusively to whites [18,19]. The same is true to a lesser extent of Latino- and Native-Americans dependent upon their colonization experience and upon how light or dark their skin [20].

Perhaps the most dramatic manifestation of skin color among the aforementioned as potential minority clientele is referred to as "brown racism." According to Washington (1990) [21], brown racism is perpetrated by Mestizos, Chinese, Filipinos, and South Asians against dark-skinned Americans of African descent. It is considered a variation of White racism that probably occurred as a result of European conquest. The behaviors are quite obvious and frequently reflected in social interactions. After years of such behaviors self-hate vis-à-vis Native-, African-, Latino- and Asian-Americans has manifested among the darkest-skinned members who operate as Social Work minority clientele dramatically displayed via historical social interactions.

Vestiges of Minority Self-Hate

The health status of African-Americans as potential minority Social Work clientele encounter a tenacious social denigration of their dark skin descended from the antebellum. Subsequently in the 1960s a locally fashioned brand of Black pride was embraced by the masses of Black folk in America and "black is beautiful" was their traditional motto. Such activism encouraged large numbers of African-Americans to cease the practice of straightening their hair, bleaching their skin and other self-hate behaviors. Their preference for the natural state of African hair called "Afros" made the point for such minority clientele that their native identity was in fact ideal and in deed a source of pride. Unfortunately such activist idealism manifested in Black pride expired with passing of the times. "Jeri Curls" and other hair straightening styles eventually returned as the fashion rage. According to Frazier [22] the process of post-Civil Rights assimilation had a negative impact on the Black psyche and hence the termination of progress made in the 1960s. Subsequently engaging in self-hate today is not uncommon among those African-Americans who manage to succeed in life despite the continuing ravishes of their denigration by dark skin. In particular for Black folk this is a formidable problem because according to Steele they are "the most despised race in the human community of races" [23]. The psychological problems Blacks face border on what some have described as perceptual genocide. The American media has been identified as one of the major institutions that help in the perpetuation of this perceptual distortion. As McAdoo [24] points out, the media does not portray Blacks as ordinary citizens but tends to portray them in attention grabbing circumstances or personalities such as athletes and criminals. McAdoo [24] additionally points out how readily criminal and illegal drug activities of Black males get heavily featured. McAdoo's assertions are confirmed by a recently cited study by the National Rainbow Coalition Commission on Fairness in Media which found that Black Americans appear on the news as criminals twice as often as do members of other racial groups [25]. In response to such racial bias in media Blacks succumb to a host of psychological disorders not exclusive of the ultimate self-hate similar to Native-, Latino-, and Asian-American clientele. Minority women as clientele then account for some of the most dramatic displays of self-hate, not only in America, but countless nations abroad as well.

Black Longevity as per Leukocyte Telomere Length (LTL)

In 2014 Chae et al. [26], published an investigation of Black American male lifespan longevity. Their findings substantiate in a rigorous scientific context the little known health pathology by skin color Black Americans suffer as a consequence of their experiences with self-hate. Despite groundless accusations of "playing the race card" indicative of Whites and their self-hating Black counterparts Black men encounter decreased lifespan longevity otherwise unnecessary.

The crux of Chae et al. [26] study pertains to Leukocyte Telomere Length (LTL). Telomeres extend from DNA and exist at the ends of chromosomes [27]. Combined with certain proteins telomeres discourage the breakdown of coding regions of DNA. LTL when considered in length is a general indicator of health relative to the ageing process: shorter LTL is commensurate with chronic ailments and early mortality. Data suggests that self-hate via discrimination and denigration of dark skin is associated with an accelerated biological ageing process among African-American Ss. Researchers suggest that by isolating factors pertaining to shorter LTL among Black American males may reveal the causation of racial disparities in minority American health care. Doing so was to determine whether or not the combination of persistent complaints about racial discrimination and a simultaneous Black self-hate bias is associated with a pathologically shorter LTL.

The Black American males who took part in the study included a community sample of 92 participants between the ages of 30 and 50 years old. They were recruited during February 2010 to May 2010. For statistical measures ordinary least squares regressions were utilized. This allowed for the examination of LTL in kilobase pairs as per racial discrimination and self-hate via implicit racial bias. The investigation was completed in July of 2013. By controlling for age in years and SES and characteristics associated with health the results indicated that the interaction between racial discrimination and self-hate (implicit racial bias) was statistically significant for measures of LTL ($b = -0.10$, $SE = 0.04$, $p = 0.02$). Participants who displayed a self-hate bias commensurate with higher levels of discrimination pertaining to race as proxy for dark skin had the shortest LTL. Household income-to-poverty threshold ratio was additionally commensurate with LTL ($b = 0.05$, $SE = 0.02$, $p = 0.01$). Thus the investigators concluded that multiple levels of racism, not irrelevant to interpersonal experiences with racial discrimination coupled with the internalization of self-hate by dark skin, is a joint process which accelerates biological aging in the deterioration of health [26]. In the aftermath a reversal may require Black pride as antidote to the premature LTL aging of Black people and/or minorities in America.

The scientific conclusions of [26] establish the fact the minorities in America (including women) confront unique psychosocial stressors which negatively impact their LTL longevity. Common complaints such as legally sanctioned forms of discrimination including "stop-and-frisk," racial profiling and a host of judicial transgressions over time nourish and sustain the problems [26]. Other investigators substantiate the fact that dark-skinned minority populations suffer self-hating denigration in such tasks as obtaining employment and mortgages despite the fact that it is prohibited by law [28]. Additionally minority clientele encounter daily social insults and aggressions acted out in an interpersonal context. After years of such treatment, physiologic tolls occur which extend from self-hate and ultimately accelerate end of life occurrences. Alternatively and also unknown to Social Work providers of health care those minority clientele who display pride in their dark skin

understand its significance and subsequent psychological buffer to disease [29].

Skin Color and the Health Care of Minority Clientele

Suggested solutions for reducing disparities in LTL and health care between White and non-White minority clientele must necessarily begin with acknowledgement of the characteristic warning signs and symptoms associated with self-hate. No citizen or member of a denigrated group regardless of their gender, nationality or other demographic status should submit themselves to being demeaned as a consequence of having dark skin. When the warning signs of self-hate become apparent to Social Workers or significant others of victims, victims must be encouraged to take measures to address the shortcomings of their self-concepts.

As per the aforementioned, the circumstances of minority Social Work clientele who suffer decreased LTL length is a pathology which merits immediate attention because it is an obstacle to lifespan longevity unnecessarily. This is so, particularly as pertains to those minority clientele who navigate a work and social environment where they are regarded by dark skin as inferior. Unfortunately inspired by polite social discourse Social Workers in health care or those employed in other social service agencies are reluctant to address matters of self-hate in fear of personal implications or discomfort. Subsequently they contribute to the standardization of the status quo and reduced length of minority LTL. The fact that Social Work priorities are less diverse than the population Social Workers serve has escaped recognition. While those who publish the Social Work literature may be cognizant of and sensitive to the issues pertaining to minority clientele, they must also be amenable to acknowledging the urgency of pathologies beyond their cultural preferences and/or familiarity [30]. They must proceed from the conclusions of scientific data whether or not it is commensurate with cultural preferences. To do otherwise limits the direction and operation of the Social Work institution. What is culturally over-looked otherwise ceases to exist as per the influences of standard traditions.

If Social Workers are to enable more conducive health status and increased LTL for minority clientele, it is imperative that they consider the extent of trauma associated with those having dark skin. Their self-hate behaviors must be assessed absent political and/or subjective perspectives. By adhering to traditions of polite discourse, Social Workers are forced to view minority clientele in need from a generic perspective [31]. This facilitates the marginalization of issues significant to non-White populations' presenting problems and their overall healthy well-being. Under such circumstances the continuation of a homogeneous view of the human health universe is reinforced. The most research grounded realities pertaining to needy minority clientele is then overlooked accordingly. To reverse this trend and enable more encompassing social services relative to minority clientele it will be helpful to:

- Determine the class, social and familial circumstances of the client.
- Be sensitive to the possibility that minority clientele who are in crisis or who are experiencing powerful emotions may have issues with the skin color of the Social Worker as representative of a heretofore perceived hostile institution.
- Seek relevant support systems if such action seems appropriate.
- Review the literature pertaining to the history and traditions associated with social status implied by skin color.

Conclusion

As per dark skin the aforementioned universal self-hate denigration of minority clientele represents a serious health problem in the quest for equality in America [32]. Despite rhetorical references to Civil Rights and equal justice, White supremacy remains the most challenging social justice issue confronting Social Workers/America in toto and to the extent of its influence the world today. In fact minority self-hate is more likely a subset of White supremacy suggesting that an end to self-hate is intimately associated with an end to White supremacy. Yet minority Americans who self-hate today have not been as willing to address White supremacy despite LTL pathology and its devastation in any context of American life that has compromised the liberation efforts of oppressed people. While those who engage in self-hate are distinct from the extremes of racist organizations the outcome of their actions/inactions is no less conducive to nefarious ends. Furthermore in their enthusiasm for Conservative politics those Americans afflicted by Black self-hate are all but absent from the political efforts which precipitated their success [33]. Subsequently, Civil Rights, and other activist objections to injustice has been fully compromised in its ability to accurately account for minority LTL longevity.

By investigation of skin color i.e., self-hate as a contributing factor in the reduced LTL longevity of minorities will further expose the reasons for racial disparities in both aging and health status. It will challenge and in deed disqualify "race card" accusations for all but the most jaded and disingenuous among observers. In application of the necessary pride as antidote promises a fresh potential for addressing the shorter LTLs disproportionately confronted by minority clientele including Black Americans unnecessarily.

The need for ethnic pride simultaneous to the existence of self-hate among minority Americans should leave no doubt as to the aftermath of serious health pathology. In the Social Work academy and in the organizational structures of society it is obvious that Americans by skin color afflicted with self-hate are influenced by destructive forces introducing an apathetic mindset as pertains to the sustained oppression of people [34]. Whatever the axis of oppression in America, be it race, gender, or class democracy is rendered less affective.

To educate Social Work providers of health care will require an official acknowledgement of self-hate relative to skin color by the academy and the various activist organizational

structures. Among such organizations self-hate as pertains to minority clientele has up to the present been overlooked on the basis of racial or political myopia and maintaining polite discourse. Some of the neglected issues include the assumed political commonality between harbingers of minority self-hate and an oppressive power structure. By encouraging such alliances in fact helps sustain the difficulty minority clientele encounter with respect to Social Work health care providers [35].

Lastly a more accurate prioritizing of skin color pertaining to health and health care is a necessity in a nation fast becoming not only racially diverse but ethnically and culturally diverse as well. The subsequent diversity has facilitated assertions on the part of minority populations to validate their concerns linked to prestige of American social activism. Thus issues of skin color via self-hate can no longer be assigned to "special" or "minority" concerns because they do not contain enough "White" relevancy to merit attention. Ultimately adherence to unadulterated social justice will compromise the self-hate vestiges of LTL and rescue those afflicted from their exploitation as vehicle of their own demise. They are then better able to function and ultimately overcome an otherwise pathological social environment by refusing to view dark skin as a personal deficiency precipitating self-hate as pathological risk factor to LTL lifespan longevity [29].

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