
Ethnic Minority Clients' Perceptions of Racism-Related Stress in Presenting Problems

Ruth Chao, Ph.D.
Assistant Professor
Department of Psychology
Tennessee State University

Ethnic minority clients' racism-related stress has been a major focus in mental health profession. Counselors are often urged to develop sensitivity on the relationship between racism and psychological distress, for clients' mental health issues may be associated with discrimination and oppression (e.g., ethnocentrism, racism). Racism involves the beliefs, attitudes, institutional arrangements, and acts that unfairly classify individuals or groups because of their phenotypic or ethnic affiliation; it also involves an

undesirable relationship between members of oppressed groups (e.g., Asian Americans) and non-oppressed groups (e.g., White) (Clark, Anderson, Clark, & Williams, 1999).

Racism permeates the lives and experiences of people of color to make an adverse impact on their mental health in diverse ways. Researchers indicate that racist discrimination, hostility, and prejudice are stress stimuli, experienced by racial/ethnic minority, leading to low self-esteem, helplessness, depression, anxiety, and physical health problems such as hypertension (Clark, et al., 1999). Cultural racism and ethnic identity correlate with the lower quality of life among ethnic minorities such as Blacks, Asian Americans, and Latino Americans (Utsey et al., 2002). Most researches on racism-related stress focus on African Americans, yet other ethnic minorities do also experience such stress (Clark et al. 1999; Harrell, 2000). Being Latino, single, under highly perceived stress, and feelings of hopelessness, correlated with severe depression (Myers and his colleagues, 2002).

There is no objective way to predict psychological stress (e.g., racism-related stress) (Lazarus and Folkman, 1984); it needs to be understood according to individual appraisals or evaluations of person-environment

relationship. Racism-related stress is also negatively related to ethnic minority students' academic work (Grieger & Tiliver, 2001). Nora and Gabrera (1996) compared 831 college students' (50.4% White and 49.6% non-White) the impact of their perceptions of prejudice on their adjustment to college environments, and found that only ethnic minority college students perceived prejudice on campus, and their perceptions negatively influenced their adjustment to academic work, injured cognitive learning, and adversely affected personal development.

Thus researchers have amply demonstrated the existence of a close correlation between racism-related stress and physical symptoms, depression, low self-esteem, anxiety, academic life, and financial problems. Unfortunately, so far most researches on racism-related stress are conducted on non-clinical samples among college students, not on clinical ones. Inevitably some limitations will accrue when results of college students are generalized to cover clinical clients. Constantine (2002) reported that research on student participants yielded results different from results yielded by research on client-participants. College students and counseling center clients displayed different means of total scores on *Outcome Questionnaire* (OQ, Lambert et al., 1996), that is, 48.87 for college students and 70.41 for counseling clients (Vermeersch, 2004). Such

differences among different sorts of participants' distresses make it clear that it is urgently necessary to conduct researches on counseling *clients'* perceptions of racism-related stress. It is the present research's purpose to explore the relationship between racism-related stress and presenting problems among the counseling clients.

In view of the urgency to investigate (a) the prevalence of racism-related stress among ethnic minority clients and (b) the relationship between racism-related stress and presenting problems, this research seeks answers to the following two questions. Research question 1 is this. Among ethnic minority clients in general, what is the percentage of reporting racism-related stress, as compared with White clients? The second research question is this. Among ethnic minority clients, what are the factors that differentiate those who reported racism-related stress from those who did not?

Methods

Participants

The participants were 865 ethnic minority clients and 301 White clients from 3 major public university counseling centers in the Midwest United

States who requested services at university counseling centers between 2002 and 2004. Each university has an average annual enrollment of 25,000 or more students. Specifically, participants consisted of 678 females and 488 males, with undergraduate students as of the largest proportion (14% freshmen, 16% sophomore, 23% junior, 27% senior, and 20% graduate school), and 77% at or under 25 years of age. Among these 865 ethnic minority clients, ethnic identities were 15% African American, 22% Asian American, 34% Chicano/Latino, 6% Native American, and 23% international students. Thirty-three percent of the participants indicated that they had previously received “counseling,” and 5% indicated a current use of “prescribed medication for mental health concerns.” The participants reported a grade point average of 2.92.

Measures

Outcome Questionnaire (OQ; Lambert, 1996). The OQ is a self-report instrument for repeated measurement of client changes throughout the course of mental health treatments. The OQ instructions direct respondents to answer the items based on how they have felt over the past week. The instrument consists of 45 items, all on a 5-point Likert scale, with values of 0 (*never*), 1 (*rarely*), 2 (*sometimes*), 3 (*frequently*), and 4 (*almost always*).

To decrease the possibility of biased responses arising from response sets, the OQ was constructed to correspond increasing scores with increasing psychopathological levels on 36 items (e.g., “I feel weak”), and decreasing scores to correspond with decreasing psychopathological levels on 9 items (e.g., “I like myself”). In the process of scoring, the scores obtained on each of these 9 items are reversed.

The OQ has three subscales: Symptom Distress, Interpersonal Relations, and Social Role. Each subscale aims at a specific domain of functioning. The Symptom Distress subscale has 25 items on psychological symptoms (e.g., mood disorders, anxiety disorders). The Interpersonal Relations subscale consists of 11 items to assess an individual's level of interpersonal relations. The Social Role subscale consists of 9 items that assess an individual's level of social performance. Research indicated that the OQ is a psychometrically sound instrument, with an adequate 3-week test-retest reliability (.84) and excellent coefficients of internal consistency reliability of .93 (Lambert et al., 1996).

Demographic information. A questionnaire was used to gather data on the students' age, year in school, gender, ethnicity, cumulative grade point average, and major field of study, and also previous counseling experience

and use of prescription medication for mental health concerns. Clients were asked to self-assign racism-related stress, “0” as “occasionally, rarely, or almost never perceived racism” and “1” as “often, frequently, or almost always perceived racism” in their daily life.

Procedure

Participants were recruited from clients who requested services at 3 university counseling centers. Each participant was given a packet with introduction to the study purpose, consent form, and how to complete OQ and demographic information.

Statistical Analysis

This study applied frequency analysis for question 1 to examine the prevalence of racism-related stress among ethnic minority and White clients. For question 2, this study conducted a t-test analysis to examine the differences between ethnic minority clients who perceived racism-related stress and those who did not perceive such stress.

Results

Analyses of Results in Response to Research Questions

Research Question 1. This question sought the prevalence of racism-related stress among White and ethnic minority clients. Forty-one percent ($n = 355$) of ethnic minority clients, when requesting counseling help, reported that they had experienced racism-related stress, as compared with 2% of White clients who reported racism-related stress. In other words, ethnic minority clients reported racism-related stress almost 20 times higher than the White clients did. Broken according to ethnicity, 42% African American clients, 28% Asian American clients, 30% Latino clients, 30% Native American clients, and 33% international students reported racism-related stress. At least one out of three ethnic minority clients who came to counseling center reported racism as one of their presenting problems.

Research Question 2. This question identifies variables that distinguish ethnic minority clients with racism-related stress from those without such stress. Table 1 indicates that ethnic minority clients with racism-related stress have significantly higher mean scores on 37 items of OQ than those without perceiving such stress. The means at Table 1 reveals that ethnic minority clients with racism-related stress reported more distress in each of these 37 presenting problems. For example, ethnic minority clients with racism-related stress have scores ($M = 2.97$, $SD = 1.00$) significantly higher

than those who without racism-related stress ($M = 2.72$, $SD = 1.10$) on the item “I feel stressed at school/work”, with $t = 3.31$, $p < .01$. Similarly, ethnic minority clients with racism-related stress have scores ($M = 2.73$, $SD = 1.01$) significantly higher than those who without racism-related stress ($M = 2.46$, $SD = 1.13$) on the item “I blame myself for things”, with $t = 3.50$, $p < .001$. Table 1 shows that ethnic minority clients have scores on 37 items significantly higher than those who did not report racism-related stress.

Among these 37 items presenting significant differences between the two groups of ethnic minority clients, 5 items are in Symptom Distress subscale, 2 in Interpersonal Relations subscale, and 1 in Social Role subscale. Because each subscale targets on respective dimension of the client's functioning, the researcher further examined the differences between the clients who did perceive racism-related stress and those who did not. Ethnic minority clients who reported racism-related stress have scores ($M = 46.23$, $SD = 16.94$) in Symptom Distress subscale, significantly higher than those who did not report racism-related stress ($M = 40.19$, $SD = 16.15$), with $t = 5.17$, $p < .001$. In terms of Interpersonal Relations subscale, ethnic minority clients who reported racism-related stress have scores ($M = 18.89$, $SD = 6.81$) in Interpersonal Relations

subscale, significantly higher than other clients not reporting racism-related stress ($M = 15.90$, $SD = 6.95$), with $t = 6.13$, $p < .001$. On Social Role subscale, ethnic minority clients who reported racism-related stress have scores ($M = 16.21$, $SD = 4.99$) in Social Role subscale, significantly higher than those not reporting racism-related stress ($M = 13.88$, $SD = 4.98$), with $t = 6.67$, $p < .001$.

Discussion

This study explored the prevalence of racism-related stress and its role on ethnic minority clients' presenting problems. The results of research question 1 indicated that racism-related stress is a shared perception among all five ethnic groups (African Americans, Asian Americans, Chicanos, Native Americans, and international students), especially as compared with 2% of White clients who reported such stress. Compared with previous literature on racism only on African Americans, our results indicated a shared experience of racism among all ethnic minority clients. This has two implications for counselors. One, counselors need to extend their sensitivity on racism-related stress to ethnic minority clients besides African Americans. Two, since 41% ethnic minority clients reported racism-related stress, counselors must be sensitive to within-group

differences on perceptions of racism, partly due to the ethnic minority's levels of racial identity (Helms, 1990).

In addition to the high percentage of incidence of racism as a presenting problem, the research results in response to Research Question 2 reveal that the clients with racism-related stress have several characteristics that those without such stress have not. First, in terms of specific items, ethnic minority clients with stress related to racism have higher scores on 37 items than others without such stress. Second, ethnic minority clients perceived racism also have higher scores on all three subscales -- Symptom Distress, Interpersonal Relations, and Social Roles -- than others who did not report racism-related stress. This suggests that racism-related stress may adversely influence clients' three dimensions of functioning: psychological disorders, interpersonal relationships, and social roles such working hard on study/work. This thus suggest that clients' perception of racism makes a broad comprehensive impact on their mental health. Counselors working with clients with racism-related stress need to attend to how racism-related stress influences clients' psychological problems, interpersonal issues, and learning/education.

In sum, the present research explored the frequency of racism-related stress

among clients and the relation between racism and presenting problems. Such exploration is a crucial first step toward understanding racism-related stress especially among ethnic minorities, thereby paves the way toward designing and implementing racism-sensitive multicultural awareness and flexible techniques among counselors in our multicultural world today.

References

- 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*, 805-816.
- Constantine, M. G. (2002). Predictors of satisfaction with counseling: Racial and ethnic minority clients' attitudes toward counseling and ratings of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology, 49*, 255–263.
- Grieger, I., & Toliver, S. (2001). Multiculturalism on predominantly White campuses: Multiple roles and functions for the counselor. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed.) (pp. 825-848). Thousand Oaks, CA: Sage.

Harrell, S. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, 70, 42-57.

Helms, J. E. (1990). *Black and White racial identity: Theory, research, and practice*. New York: Greenwood.

Lambert, M. J., Burlingame, G. M., Umpress, V., Hansen, N. B., Vermeersch, D. A., Clouse, G. C., & Yanchar, S. C. (1996). The reliability and validity of the Outcome Questionnaire. *Clinical Psychology and Psychotherapy*, 3, 249-258.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, coping*. New York: Springer.

Myers, H. F., Lesser, I. Rodriguez, N., Mira, C. B., Hwang, W. C., Camp, C., et al. (2002). Ethnic differences in clinical presentation of depression in adult women. *Cultural Diversity & Ethnic Minority Psychology*, 8, 138-156.

Nora, A., & Cabrera, A. F. (1996). The role of perceptions of prejudice and discrimination on the adjustment of minority students to college. *Journal*

Sue, D. W., & Sue, D. (2003). *Counseling the culturally different: Theory and practice* (4th ed.). New York: Wiley.

Utsey, S. O., Chae, M. H., Brown, C. F., & Kelly, D. (2002). Effects of ethnic group membership on ethnic identity, race-related stress and quality of life. *Cultural Diversity & Ethnic Minority Psychology*, 8, 366-377.

Vermeersch, D. A., Whipple, J. L., Lambert, M. J., Hawkins, E. J., Burchfield, C. M., & Okiishi, J. C. (2004). Outcome Questionnaire: Is it sensitive to changes to counseling center clients? *Journal of Counseling Psychology*, 51, 38-49.

Table 1		
Means, Standard Deviations, and t Values among Ethnic Minority Clients With and Without Distress Related to Racism		
		Clients
with distress	Clients without distress	
		related
to racism	related to racism	
		(240 ≤ n ≤

276) (545 ≤ n ≤ 583)

Presenting problem

<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	
4. I feel stressed at school/work. ^c					
2.97	1.00	2.72	1.10	3.31**	
5. I blame myself for things. ^a					
2.73	1.01	2.46	1.13	3.50***	
37. I feel my love relationships are full and complete. ^b					2.68
1.26	2.36	1.31	3.56***		
22. I have difficulty concentrating. ^a					
2.63	1.16	2.34	1.18	3.18**	
18. I feel lonely. ^b					
2.61	1.18	2.27	1.26	4.11***	
6. I feel irritated. ^a					
2.54	.99	2.26	1.09	3.91***	
38. I feel that I am not doing well at work/school. ^c					2.54
1.28	2.26	1.30	3.06**		
2. I tire quickly. ^a					
2.45	1.90	2.19	1.08	3.48**	
42. I feel blue. ^a					
2.41	1.17	2.18	1.22	2.72**	
28. I am not working/studying as well as I used to. ^c					2.34
1.40	2.02	1.39	3.27**		
31. I am satisfied with myself. ^a					
2.33	1.06	2.06	1.06	3.58***	
12. I find my work/school satisfying. ^c					
2.22	1.04	1.88	1.04	4.71***	

16. I am concerned about my family troubles. ^b	2.20	1.41	1.76	1.40	4.56***	
3. I feel no interest in things. ^a	2.12	1.12	1.85	1.18	3.32**	
25. Disturbing thoughts come to my mind that I cannot get rid of. ^a	1.29	1.85	1.29	2.45*		2.07
9. I feel weak. ^a	2.05	1.19	1.68	1.26	4.47***	
13. I am a happy person. ^a	2.02	1.00	1.81	.99	3.36**	
36. I feel nervous. ^a	2.02	1.22	1.92	1.19	1.18	
10. I feel fearful. ^a	1.98	1.21	1.71	1.29	3.19**	
43. I am satisfied with my relationships with others. ^b	1.02	1.79	1.07	2.45*		1.97
21. I enjoy my spare time. ^c	1.97	1.17	1.74	1.13	2.85**	
40. I feel something is wrong with my head. ^a	1.29	1.71	1.36	2.64*		1.95
23. I feel hopeless about the future. ^a	1.28	1.60	1.19	3.98***		1.94
20. I feel loved and wanted. ^b	1.93	1.12	1.63	1.10	3.96***	
41. I have trouble falling asleep or staying asleep. ^a	1.39	1.69	1.40	2.50*		1.93

33. I feel that something bad is going to happen. ^a					1.90
1.26	1.59	1.21	3.66***		
15. I feel worthless. ^a					
1.80	1.21	1.49	1.22	3.61***	
14. I work/study too much. ^c					
1.75	1.18	1.59	1.12	1.99*	
24. I like myself. ^a					
1.74	1.16	1.56	1.10	2.35*	
45. I have headaches. ^a					
1.72	1.16	1.56	1.23	1.86	
19. I have frequent arguments. ^b					
1.61	1.17	1.32	1.21	3.58***	
7. I feel unhappy in my marriage/significant relationship. ^b					1.60
1.47	1.42	1.46	1.73		
17. I have an unfulfilling sex life. ^b					
1.59	1.49	1.32	1.43	2.66**	
27. I have an upset stomach. ^a					
1.44	1.27	1.31	1.19	1.49	
34. I have sore muscles. ^a					
1.40	1.17	1.25	1.18	1.91	
30. I have trouble getting along with friends and close acquaintances. ^b					1.30
1.09	1.00	1.02	4.07***		
29. My heart pounds too much. ^a					
1.20	1.17	1.05	1.19	1.78	
39. I have too many disagreements at work/school. ^c					1.15
1.10	.79	.95	5.32***		
44. I am angry enough at work/school to do something I might regret. ^c					1.07

1.17 .72 1.03 4.69***

1. I get along well with others.^b

.98 .99 .80 .90 2.87**

8. I have thoughts of ending my life.^a

.96 1.10 .58 .94 5.51***

35. I feel afraid of open spaces, driving, being on buses, subways, & so forth.^a .61

1.03 .33 .80 4.75***

26. I feel annoyed by people who criticize my drinking (or drug use).^b

.85 .27 .74 1.52 .36

11. After heavy drinking, I need a drink to get going the next morning.^a

.65 .15 .44 3.67*** .27

32. I have trouble at work/school because of drinking or drug use.^c

.64 .16 .58 1.60 .23

Note. The order of presenting problems was ranked by the mean scores of ethnic minority clients having distress related to racism. ^a Symptom Distress subscale. ^b Interpersonal Relations subscale. ^c Social Role subscale.

* $p < .05$. ** $p < .01$. *** $p < .001$.