FROM THE DESK OF THE EDITOR

The Use of “Race” in Research

Each of the three lead articles in this issue of The American Journal of Occupational Therapy (AJOT) in one way or another incorporates the concept of “race” into its research question or study purpose. The first article is a literature review that examines the representation of race and social class in AJOT; the second is a historical examination of the profession’s stance on multiculturalism and diversity; and the third reports a study on functional outcomes and patterns of participation in daily life activities of African American elders after hospitalization.

The three articles represent the respective authors’ approaches to the use of race as a variable in occupational therapy research. In the larger scholarly community of the world, a conversation currently is taking place about the meaning of “race” and its use as a research variable and an epidemiological entity. As Editor of AJOT, I believe that bringing this conversation to readers’ awareness and to potential authors is important. In this editorial, I address the following: a brief history of the concept of race in the Western world; a discussion of the differences among the concepts of race, racism, and race-associated differences; and an overview of the current use of race in health care research. I conclude with my thoughts at this time about the inclusion of race as a variable in occupational therapy research.

Since the 1600s, classifications of human beings into races in the Western world have been successively based on one or more of the following: geography, physical appearance, hierarchies of worth and perceived beauty, physiological characteristics, notions of inferiority and superiority, and “color” (Moody-Ayers, 2001). The concept of four races put forward by botanist Carolus Linnaeus in the mid-1700s was a combination of geography and color: Homo europaeus, Europaeus albus; Homo asiaticus, Asiaticus fuscus; Homo afer, Africanus niger; and Homo americanus, Americanus rubescens. The four-race system persisted for more than two centuries, with attempts at modification arising from time to time (e.g., the addition of a fifth race—Malay—in the late 1700s; the concept of human beings as comprising multiple species in the mid-1800s; the concept of innate inferiority associated with race theory [derived from the Biblical story of Noah and his three sons, each son siring a different race]).

Underlying all of these various classification systems for race has been an assumption—explicit or implicit—that race is a construct that is biologically based (Fish, 2000; Kaufman & Cooper, 2001). This assumption, that race is a biological category, or even that it has a biological component, has been the focus of debate and opposing argument for decades (e.g., see Montagu, 1942, 1964). Very recently, the American Anthropological Association (AAA) issued a statement on race, clearly articulating its position that race is a sociocultural rather than a biological construct (Davis, 1999). In conjunction with this statement, AAA recommended phasing out racial categories on federal surveys and substituting more useful descriptors of human diversity, using terms such as ethnic origins. The Human Genome Project has provided further evidence that race does not exist genetically or biologically, stating that the genetic code does not appear to contain any sequences that distinguish one race from another (Angier, 2000; Kaufman & Cooper, 2001).

Perhaps as a nod in the direction of the recommendations of the AAA, the U.S. Office of Management and Budget modified the race categories on the 2000 Census form. The 2000 form contained five categories of race (American Indian or Alaska Native, White, Black or African American, Native Hawaiian or other Pacific Islander, Asian) plus an Other category. For the first
time, U.S. residents could choose more than one category to indicate their multiracial identities. In addition, respondents were asked to declare whether they were Hispanic or Latino. The number of possible combinations of races and ethnicity is a whopping 126 (clearly creating problems for attempts to make census comparisons across decades, one of the main reasons given for not making changes).

One can see that the concept of race commonly has been understood to represent phenotypic traits, such as skin color and facial features, that can be used to separate people into meaningful genetic categories (Kaufman & Cooper, 2001). Alternatively, the concept of race has also been described as a combination of social class, culture, and genes (Lin & Kelsey, 2000). Eliminating the genetic component altogether, Jones (2001) stated, “Race is a social construct, a social classification based on phenotype, that governs the distribution of risks and opportunities in our race-conscious society” (p. 300). Given the wide variation in the definitions of race, we might ask the question, “Is racial classification useful at all?” (Cohen, 2000).

If we move from a focus on race to the consideration of racism and race-associated differences, we can quickly see that racial classifications may, indeed, be useful under some circumstances. Racism occurs at three levels: institutional, personal, or internalized (Jones, 2001). Institutional racism is defined as differential access to education, housing, services, appropriate medical facilities, gainful employment, and so forth by race. Personally mediated racism manifests itself in prejudices and discrimination based on “differential assumptions about the abilities, motives, and intents of others by race” (Jones, 2001, p. 300). Internalized racism reveals itself in the internalized acceptance by members of the socially defined races of negative messages about their own abilities and worth in society. Race-associated differences are those in various domains of life and social opportunity, such as differences in access to health care, that result from racism at all levels. Racial classifications may be useful in helping us to recognize and define racism and its many contributors. If the biological basis of race is removed as a viable concept, then racism becomes the ideology that demands research and race-associated differences become the focus of our hypotheses and new understandings.

Differences in health related to race are often cited as evidence of a biological basis for the concept of race. Yet, as Jones (2001) stated:

The race that an investigator notes or a study subject has learned to self-report is an excellent measure of exposure to racism. Perhaps it is this aspect of race that profoundly impacts health and results in race-associated differences in health outcomes that are large in magnitude, occur across the life span, and involve many different organ systems. (p. 300)

In other words, scholars such as Jones are arguing for psychosocial explanations for health inequalities. The argument is that race is a social classification of people that conditions most aspects of our daily life and that “results in profound differences in life chances” (Jones, 2001, p. 300). It follows, then, that we may discover new explanations and understandings of racism if we collect data by race in our research; “when we collect data by race, our findings most often reveal significant race-associated differences in health outcomes. This is important information” (Jones, 2001, p. 302).

So what is the problem? The problem is that many researchers likely make several assumptions about the collection of data by race, assumptions such as the following (adapted from Jones, 2001, pp. 301–302):

- Data are routinely stratified by race in the United States, yet our research purpose and research questions may not actually be directed toward race-associated issues. Textbooks and research literature teach us to do this.
- Race is thought to be easy to define and measure. In fact, researchers are rarely trained in how to ascertain race, and guidelines are rarely given to research participants who are asked to self-identify race.
- Race is thought to be stable over time, yet discordance between legal documents (birth certificates vs. death certificates), medical records, and so forth has been well documented. Socially, the same person may be perceived as White in one social situation and perceived as Black in another.

Because of these widely held assumptions, researchers often stratify by race but do not vigorously investigate the race-associated differences that are part of the research results. Thus, we have research that documents race-associated differences, but no further inquiry into understanding those differences is carried out. Race, in such situations, is a stand-in for other as yet uninvestigated factors that are related to the outcomes; thus, race is merely a proxy for the cultural and environmental variables and inequities that have contributed to the results (Jones, LaVeist, & Lillie-Blanton, 1991). Alternatively, the researcher may “control” for race, but such a strategy treats race-associated differences as confounding variables or nuisances rather than as important findings to be studied further. A researcher may elect to restrict subsequent studies to a single racial group in disregard for the causes of the differences that have been observed. Obviously, the opposite strategies—vigorous exploration of the factors that contribute to differences, designing race into the research as a test for race-associated differences—affirm the importance of race-associated differences and allow for the investigation of their basis (Jones, 2001).

What are the implications of this discussion for research in occupational therapy and occupational science? As Editor of AJOT, I make the following recommendations:

- That researchers explain and provide justification for including race or specific ethnicities as a component or variable of their research and avoid use of race as a proxy for other sociocultural variables
- That researchers describe how race is defined in their study and how racial classifications are ascertained and that the diversity within racial groups be acknowledged
- That investigation of race-associated differences reported in the study be pursued and interpretations provided; if not pursued in the reported study, then explicitly outlined for future research
- That researchers acknowledge the ongoing conversation about race as a
social construct rather than as a biological characteristic of an individual.

I thank the authors of the three articles in this issue of *AJOT* for raising my awareness of the complexities of the topic of race as a research variable. Articles such as these help us to clarify the scope of race-related issues and challenge us to examine our own views and positions regarding the use of race in research.

Cronbach (1982) summarized the need for consideration of the surrounding circumstances of all research phenomena as follows:

The sooner all social scientists are aware that data never speak for themselves, that without a carefully framed statement of boundary conditions generalizations are misleading or trivially vague...the sooner will social science be consistently a source of enlightenment. (p. 71) ▲

References


