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“A Legacy of Loss: Race Differences in Timing and Exposure to Death of Family Members in the US”

How can we understand racial disadvantage and specifically, the impact of loss on health, from a life course perspective?

In order to better understand disadvantage and loss along social lines, we must begin from relationships. The quality of relationships greatly affect health outcomes over time.

Moreover, the quality of one’s relationships is never simply a matter of choice, but rather, is determined by structure.

By starting from relationships, we can closely unpack how they mediate the unequal distribution of SES resources. Starting early in life, we all have differential access to resources, which dictate the degree of our exposure to stresses. Accumulating over time, stress ultimately has a negative effect on our health.

Conversely, as relationships affect stress levels, stress will also impact the quality of relationships, creating reinforcing feedback loops. In other words, exposure to high levels of stress from childhood to adulthood will weaken relationships. As a result, the support system is more fragile and less stable.

How does cumulative disadvantage differ by race and gender?

Under the life course perspective, we trace chains of disadvantage from childhood. It is important to contextualize race and gender

differences from that starting point as well. Childhood adversity is associated with poor health. Research has shown that black children face more childhood adversity, accumulate more stress, and have more strained and less supportive relationships than white children do.

In terms of gender, men and women respond to stress in different ways. Compared to women, men are more likely to become confrontational and agitated. In particular, these effects are exaggerated for black men because the racial gap in stress is greater among men than among women. By examining disadvantage cumulatively, we can better understand distal causes of poor health.

How does childhood loss of family members impact black children? What are some findings from this study?

Dr. Umberson’s research project on racial differences in loss began with qualitative analysis of childhood adversity and later relationships. From 60 in-depth interviews, she found that while black respondents and white respondents spoke about grief similarly, black respondents encountered loss more often. The stress of childhood adversity leads to isolation and withdrawal. Some respondents wanted close relationships and eventually turned to risky health behaviors to cope. By engaging in drug use as self-medication, these men were never able to have the lasting close relationships they craved. As a result, coping with stress with drug use enfeebled their social support system.

Some important findings from this study are that experiences during early childhood will have a lasting impact on later relationships and

health and that relationship loss forms a unique dimension of childhood adversity for black Americans. Finally, bereavement is a unique stressor that has very substantive effects on mental and physical health. Dr. Umberson significantly contributes to the bereavement literature by considering racial differences as well as multiple losses of family members over time. It is particularly important to examine racial differences not only because of police violence against African-Americans but also because of racial disparities across health outcomes.

By shifting the focus to surviving family members, what are some findings from Dr. Umberson's quantitative analysis?

Discoveries from Dr. Umberson's qualitative analysis of childhood adversity became the basis of her quantitative analysis on exposure to loss. Using a life course perspective as well as incorporating prior research on bereavement as a unique stressor, Dr. Umberson analyzes the impact of loss on black families as an overlooked source of racial disadvantage. Specifically, she examines the cumulative exposure to the losses of parents, siblings, children, and spouses with particular attention to the life course timing of the loss. Using the National Longitudinal Survey of Youth- 1997 (NLSY97) and the Health and Retirement Study (HRS), she finds that loss not only severely harms physiological and psychological health but also influences interconnected life outcomes. In other words, black deaths matter because they mean that black people have a higher risk of losing family members than whites and that those losses will have lifelong consequences across multiple life stages and outcomes.

How far beyond the nuclear family do losses continue to impact life outcomes of black Americans?

There is a gross underestimation of the extent of loss because extended family and community loss are not taken into account.

Communal and collective loss will compound the effects of personal losses. Furthermore, the data is limited by lack of information on the loss of grandparents.

As a result of mass incarceration as well as other social inequalities, many black children grow up without their parents. How does this ambiguous loss compare to loss through death?

Currently, Dr. Umberson's research focuses strictly on death of immediate family members, but ambiguous loss is a category that has been well-researched. Imprisonment of parents is particularly difficult for children to contend with but should not be conflated with death of parents. Furthermore, many children experiencing loss through death also simultaneously experience ambiguous loss.

Can we better understand bereavement by types of death as opposed to the number of losses that individuals experience? As black Americans suffer more loss than white Americans, how do communities play a role in the impact of death?

A copious amount of research on bereavement suggests that survivors have more difficulty coping with violent than non-violent deaths. Moreover, losses that occur earlier are easier to recover from than those that occur later as shown by the increased health risks associated with widowhood.

As certain forms of grief and coping have been ritualized and thus, institutionalized, further research on the number of people affected by a single death should be pursued. As a result of these consistent losses with no resolution, coping has become institutionalized, which normalizes loss for black communities. Thus, the structural disadvantage that creates these racial disparities must be explored in-depth.