Exploring How the Terms "Black" and "African American" May Shape Health Communication Research:

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Abstract

Several distinct terms are used to identify descendants of the African diaspora (DADs) as fellow members of a racialized population. However, "Black" and "African American" are the two labels most commonly used. Given the recent calls for examining institutionalized racism in the United States, health scholars must contemplate the problems that may arise when these two terms are used interchangeably, namely the extent to which mislabeling may reify already significant health disparities. This essay examines the histories and meanings of "Black" and "African American" as identity labels and explores their importance in relationship to the effective recruitment of DADs to health research and clinical trials. In this paper, we employ the communication theory of identity and critical race theory as lenses to call attention to the discursive challenges associated with recruitment of DADs in health research. We also encourage health communication scholars to explore and extend the scope of this research. We do this by first describing the unintended consequences in health research through disregard of DADs' chosen identity labels. We then use the various terms to describe DADs to illuminate existing tensions between "Black" and "African American." We describe how each moniker is used and perceived, broadly and in health contexts. Finally, we call for more research into the effects of mislabeling and propose a plan for researchers' next steps.

Keywords: Black or Black American, African American, labels, identity, health barriers/disparities

Exploring How the Terms Black and African American May Shape Health

Communication Research

Every semester at least a few of my journalism students at Howard University

objected when I told them the letter "b" should be lowercase in their news articles

about black people. My students pushed back against the lowercase "b" because

they recognize the media's power to shape society's views — not just how we see

the world around us but also how we see ourselves. Capitalization denotes

importance, a subtle recognition of a larger truth." (Carswell, 2020, paragraph 1)

The above passage was recently written in *The Washington Post* by Howard University

journalism instructor Shirley Carswell, as part of an article addressing a long-standing debate. In

June 2020, the Associated Press (AP) announced that it would update their style guide to

capitalize the "B" in Black when referring to descendants of the African Diaspora (DADs) to

validate it as an identity rather than a color (AP News, 2020). *The New York Times*, widely

considered the newspaper of record in the United States, quickly followed suit (Baquet &

Corbett, 2020). This had already been a practice of the National Association of Black Journalists

(NABJ) for several years (NABJ, 2020). In light of these decisions, likely informed in part by the

#BlackLivesMatter movement, we find ourselves in a cultural moment that makes issues of

naming and identity important, particularly for DADs. Preferences among DADs exist about

what they would prefer to be called (Brock, 2019). These issues are more pronounced for

individuals such as Afro-Caribbeans, Haitians, etc., who do not consider either of the labels to be

appropriate or fitting (Brock, 2019). The purpose of this essay is to examine the histories and

meanings of these identity labels, to scrutinize the power imbalance and sometimes colonial

approach to naming that has existed (and continues to exist) in the academic sector, and to

explore their importance in relationship to the effective recruitment of DADs to health research and clinical trials.

Descendants of the African Diaspora experience a greater disproportion of health disparities than other racial or ethnic populations in the United States (Dutta & Kreps, 2013). According to Kurt et al. (2017), in addition to the differences between minority group members and Whites[1], there are also significant variances among minority groups themselves. Because of these health disparities, clinical health researchers must seek out marginalized individuals for participation in studies.

Broadly, the field of public health has sought to address healthcare access for minoritized individuals; for example, Dutta (2018) has discussed that this issue is systemic and constructed through discourse. Extant research in public health has addressed this issue of cultural adaptation (Jongen et al., 2017); however, given the current context in which labeling is being discussed outside of public health, and the clear indications that there is still a paucity of DADs participating in clinical trials, we believe there is work yet to be done. Few topics are more thoroughly researched than the depth and scope of the existing barriers to clinical research experienced by DADs (Salman et al., 2016). However, none of the research suggests that a disagreement in naming could be a barrier in and of itself. In fact, clear evidence exists that DADs do indeed care about what they are called (McCloud, 2020; Zilber & Niven, 1995); by not paying attention to this or dismissing the idea out of hand, researchers are, themselves, reifying barriers to clinical research participation for marginalized individuals. There are several different labels attached to DADs. Evidence in both the academic and popular press indicates that,

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[1] In compliance with the Publication Manual of the American Psychological Association, 7th ed., which normally governs the writing style of the communication discipline, "White", when used to denote race in this essay, will be capitalized throughout (APA Style Manual, 7th ed. section 5.7, p.142).

because DADs are from many different cultural heritages, naming and identity label preferences

exist among the group (Brock, 2019).

Interestingly, a robust discussion of labels for DADs has taken place in the popular press,

with less attention paid in the academic literature. This could be attributed, in part, to the fact that

a majority of academics refer to formal style guides presented by the American Medical

Association (AMA), American Psychological Association (APA), Modern Language Association

(MLA), etc. These guides demonstrate a disconnect when specifying the labelling of DADs. For

example, currently, the APA allows the researcher the choice of "Black" or "African American"

(APA, 2019). However, within the healthcare context, the AMA does not, mandating the use of

the term "African American" when referring to DADs (AMA, 2020). In both examples,

academic associations, often overwhelmingly led by White people, are decision-makers for

entire groups of people who have clearly declared that they have preferences of how they want to

be addressed.

By reviewing and synthesizing both the popular press and academic literature, we seek to

understand why news outlets have seemed to adapt more quickly to this phenomenon. Given the

challenges faced by researchers in recruiting marginalized individuals to participate in health and

medical research, closely examining this issue is critical to ensuring health research accurately

depicts the experiences of all individuals. Researchers whose work focuses on fighting

disparities through clinical trial recruitment of the underserved are uniquely situated to contribute

to the literature on identity label choices of racial and ethnic minorities. As scholars of health

communication, we can help researchers avoid some of the unconscious bias inherent in ignoring

the stated identity preferences of these groups, ultimately redefining research to make it safer and

more attractive for all members of racial and ethnic minority groups to participate.

These complex problems resist simple solutions. Ever-present implicit bias, even in the research process, illustrates that researchers must reflect upon how they view participants and consider the possible harmful effects of their biases on participants and the research process. With this in mind, researchers must also recognize that these problems do not stem from issues of biology, as race has been repeatedly revealed as a social rather than a biological construct (Delgado & Stefancic, 2017). Hoffmann-Longtin and Hayden (2019) posit that conversations between researchers and patients can improve biomedical research by offering space for questioning colonial ways of knowing inherent in the research process. Despite the inevitably resulting dialectical tensions, researchers who acknowledge that patients have expertise on the subject of their own health can positively inform their participation and the quality of research (Hoffmann-Longtin & Hayden, 2019). Therefore, when proposing solutions, it is important to understand and focus on the ways in which discourse, especially through the narratives of DADs themselves, shapes how we think about health and disease, patients, and research processes.

In this paper, we employ the communication theory of identity (CTI) and critical race theory (CRT) as lenses to call attention to the discursive challenges associated with recruitment of DADs in health research (for example, increasing recruitment of DADs to clinical trials). We also encourage health communication scholars to explore and extend the scope of this research. We do this by, first, explaining how disregarding DADs' identity label preferences may lead to unintended consequences in the research process. Next, we use the various terms to describe DADs to illuminate existing tensions between "Black" and "African American." We explore which subgroups typically prefer which label and their reasons behind the decision. Then, we describe how each moniker is perceived by White people and examine how each is portrayed in the popular media and academic contexts, particularly about health. Finally, we conclude with a

call for more research into the effects of mislabeling and propose a plan for researchers' next steps.

Theoretical Frameworks

CTI focuses on mutual influences of identity and communication and conceptualizes communication as an element of identity (Jung & Hecht, 2004). The theory employs a comprehensive approach to explaining identity as experienced at multiple levels or layers located in the individual, considering factors such as communities, communication, and social relationships, among others (Jung & Hecht, 2004). Researchers studying CTI argue that, rather than identity influencing communication, which then influences communication satisfaction, identity and communication issues interdependently affect outcomes. The outcomes (e.g., powerlessness, stereotyping, and acceptance) are important to individuality. In other words, communication is not separate from identity; it is a *representation* of identity.

Communication theory of identity envisions identity as being communicated both verbally and behaviorally, in differing ways, over periods of time, and experienced at four complex and active levels (or layers) that influence each other: personal, enacted, relational, and communal. The theory conceptualizes that these layers do not exist separately; identity is a shared, group quality, like a language or a belief system (Jung & Hecht, 2004). These interdependent layers enable the integrative application of CTI as a framework for studying health communication, including health behavior and message design (Hecht & Lu, 2014). It is easy to see how the layers can be interdependent. For example, race can be both a personal identity ("I am Black"), and a communal one ("I am a member of the Black race"). When racial groups have communal identities, tensions can occur. For example, when Vice-President Joseph Biden announced Senator Kamala Harris (who is of South Asian and Afro Caribbean parentage)

as his presidential running mate, DADs immediately shared opinions about whether or not she was "Black enough" (Givhan, 2019). These interpenetrations are called "identity gaps," defined by Jung and Hecht (2004) as "discrepancies between or among the four [layers] of identity" (p. 268). These identity gaps can cause discrimination, which in turn causes stress, and therefore can create health risks for some group members. Although CTI was originally developed to help examine racial and ethnic differences in communication, adding an additional lens of critical race theory helps us to further illuminate the inherent power imbalances when assigning identity in the research process.

CRT was developed in the mid-1970s as a response to subtle and structural forms of racism in the United States (Bell, 1976). The theory breaks down into four principles: racialization (the categorization of racial and ethnic groups), non-racial factors, social location (placement of an individual or group in a determined social hierarchy), and aspiration to inequity elimination. Applied in communication, CRT can help us uncover systemic and discursive factors shaping health disparities not be fully revealed by CTI.

Both CTI and CRT have been effectively applied in health communication, suggesting a number of theoretical and practical health implications. For example, Jung and Hecht (2008) employed CTI to introduce identity gaps as a theoretical construct and to examine their effects on levels of depression experienced by Korean immigrants. In another study, CTI was used to evaluate cancer decision aids dedicated to helping DAD cancer survivors cope with diagnosis and treatment (Upshaw, 2019).

Dutta and de Souza (2008) promote the importance of the critical-cultural approach in health communication research because of the need to encourage reflexivity when approaching health communication theory and practice. In particular, critical-cultural approaches, such as

CRT, apply this reflexivity to examine cultural significance and the influence structural conditions can impart upon practice. When considering self-assigned cultural identity and its impact on health, this process of reflexivity is continuous, often causing (a usually unintended) disconnection between a cultural group and the healthcare system. According to Vardeman-Winter (2017), "[f]indings suggest that communicators face difficulties in developing meaningful messaging for publics because of disjunctures between medical and community frames," (p. 629) namely, the system does not acknowledge multiple ways of knowing, particularly from DAD patients. In the following section, we discuss how identity labels have changed over time and within the larger context health research.

Nomenclature Timeline

As DADs started to form communities after the Civil War and the abolition of slavery, they began to adopt racial labels to delineate themselves as a people. In the 1950s, "Negro" was firmly in place as the principal label for DADs and was also the moniker of choice for use by both Black and White media. However, during the Civil Rights movement, young, influential, radical group leaders denounced "Negro" as a label the White man forced on Black society and urged that it be abandoned and replaced by "Black" (Martin, 1991).

"Black" represented strength and power and was expressed in slogans such as "Black is Beautiful" and "Black pride." The term predominated throughout the 1970s and most of the 80s. Nevertheless, late in 1988, at a meeting of "Black" leaders, civil rights activist and Baptist preacher Jesse Jackson suggested label change to "African American" (Larkey et al., 1993) to assign a cultural identity to DADs and connect them to the original home of their ancestors. However, "African American" was criticized because it divided loyalties (Smith, 1992). Many felt forced to accept the term, and most DADs felt a connection with/to Africa. In addition, use

of the label encouraged White racists to suggest that DADs "go back" to Africa (Martin, 1991).

Over the years, DADs have changed their preferred label to benefit pursuit of racial equity and equality (Larkey et al., 1993). Academic and popular press editors quickly recognized "African American" to be used as often as "Black," and some exclusively used African American (Smith, 1992). This is also true of social/behavioral and clinical researchers, even though the practice can create new obstacles to research participation recruitment.

The DAD Identity in the United States

Collier & Thomas (1988) posited that identity is constructed discursively; in other words, when DADs choose to be called Black over African American, or vice versa, they are *communicating something* about who they are. This sociolinguistic perception derives from assumptions that individuals navigate several identities through discourse, and it is through this discursive processing of cultural identities that communication becomes intercultural (Collier & Thomas, 1988).

While discussing why he developed his Introduction to Black American Studies class at Harvard University, Henry Louis Gates Jr. stated that in America "there are 42 million African Americans, and 42 million ways to be Black" (Gates Jr., 2018). Gates' well-taken point is that DADs in and of themselves comprise a diverse group. The transatlantic slave trade, occurring from the 16th to 19th centuries, transported between 10 and 12 million enslaved Africans to the Americas. This clearly resulted in the establishments of the largest communities of DADs in the United States (Rawley & Behrendt, 2005). Additionally, the United States received significant numbers of economic migrants and political refugees from Africa and the Caribbean, South and Central America, and other parts of the world (Libya, Haiti, Liberia, etc.). The United States also hosts "twice migrants" from European and other countries, people who have learned to easily

integrate into new environments or who choose to seek further opportunities after their first

migration (Bhachu, 2015).

Larkey et al. (1993) defines ethnic identity as, "identification with a group that has a

historically transmitted system of symbols, meanings, and norms and is dependent on group

involvement, meaning exchange, and perceived membership" (p. 303). We have described how,

over the past 170 years, DADs have (or have been) identified with several labels. Sigelman et al.

(2005) posited that "African American" would eventually become the preferred term. That

prediction was not accurate. "African American" certainly held its own, but "Black" has had a

very strong base of supporters.

Although we could find no further academic studies focusing particularly on DADs'

identity choices, the topic is well covered in the popular press. Since 1991, Gallup has polled

DADs on their preferred label. Although there was a slight uptick in the preference toward

"African American" in 2003, most respondents said it didn't matter (Saad, 2020). Some voices

are raised against the use of "Black" to describe DADs in the popular press. For example, Brown

(2019) highlights several situations wherein calling people "Black" is problematic. Most have to

do with casting too large a net, applying the term to Africans, Caribbeans, and Haitians.

According to Brown (2019), many Africans in North America who were born and raised in

Africa do not like being called "Black." Everyone is "Black" where they come from, so they do

not consider it to be an appropriate label of differentiation. Some are of the opinion that using

"Black" as a label for all DADs does a disservice because it only identifies skin color without

assigning cultural connections (Larkey et al., 1993). Others feel they benefit from having a

language, education, religion, and customs built around their historical experience, ideas feeding

the major beliefs in the push to be called "Black" (Smith, 1992). Although there is undeniable

evidence of resistance against being called "Black," seemingly louder voices rally against the

moniker "African American". McWhorter (2004) argues for "Black," contending that the term

celebrates what DADs have accomplished since slavery was abolished: thriving DAD business

districts, American-born DAD heroes, and the civil rights revolution. The author believes the

label "Black" evokes the hope, and pride contained in "African American," without implying that

Black people would rather be elsewhere. This sentiment is echoed by McCloud (2012) who

posits that "African American" is a misnomer for native-born DADs and people (including the

media and many DADs) should stop using the term.

The strength, passion, and investment inherent in these opposing opinions provide

support for the relationship between ethnic identity, self-concept, and self-acceptance (Larkey et

al., 1993). The terms "Black" and "African American" were not conceived in a vacuum, and

according to Brown (2019), despite dictionary definitions, no term fully describes people who

were taken from Africa and forced into slavery. However, the significant communication

question here is, are these terms assigned with deep, a priori meaning existent in the very

structure of the word, or are we (over time and through context) applying and/or assigning the

meaning to the words?

Regardless of the answer to that question, the particular meanings assigned to these

words render them non-interchangeable. These terms share meanings of pride in heritage,

culture, and ancestry. The movement toward the use of African American exemplified taking an

active stance of bi-cultural ownership (Larkey et al., 1993). Those who choose or prefer to be

called "Black" do so from a sense of cultural identity emanating from a position of strength, as

well as a need to diminish their previous defensive stance and take on the mantle of ownership.

Shifting Gaze in Popular Press and Academic Contexts

The overdue reckoning around racial inequality in the United States in 2020 has renewed attention to language describing people of color, specifically DADs. As we have already demonstrated, the use of "Black" or "African American" as identity labels is contested. The popular press has discussed these monikers extensively, whereas the academic literature seems to simply assume that "African American" is the appropriate terminology.

When Jesse Jackson started promoting the use of "African American" to describe all DADs, the White media heartily embraced the term. Within a year, several organizations in the publishing industry used it almost exclusively (Smith, 1992). This, however, was not the case for the label "Black", which did not receive the same attention or respect (Bhopal, 2006; Ibrahim, 2017). Although the National Association of Black Journalists and DAD influencers had been calling for the change for years (Tharps, 2014), it was not until 2020, when the resurgence of the #BlackLivesMatter (BLM) movement returned the identity labeling debate firmly to the center of the nation's attention (Holt & Sweitzer, 2020), that media outlets began to consider capitalizing the word "Black" when referring to DADs' identities. The BLM protests led to an increase in conversations about race in several different contexts, including calls for the publishing industry to employ the capitalization of "Black" (McCloud, 2012). Slowly, media outlets throughout the United States began to capitalize "Black," following the lead of Black media outlets such as *Essence* magazine and t*The Grio*. Finally, White media outlets, led by *The New York Times*, acknowledged that the label "Black" had become much more than a color (Baquet & Corbett, 2020). Once *The New York Times* described the term as an ethnic designation that describes people, culture, art, and communities, other media outlets were quick to join.

Although publications on this subject were abundant in the popular press, we could find no literature aside from the APA and the AMA style guides to illustrate academic researchers'

outlook on the assignation of the "Black" and "African American" identity labels. In the past, these style guides have perpetuated an inaccurate view that the terms are interchangeable, while portraying "African American" specifically as the more favorable term (NABJ, 2020). However, in 2020, the APA seventh edition style guide addressed the idea that the two terms may be separate and refer to different groups of people. To demonstrate respect for the identities and labels that individuals and groups call themselves, this new edition mandates capitalization of "Black" when discussing a racial/ethnic group. Similarly, the AMA also announced in mid-year of 2020 an update to their style guide to mandate the capitalization of "Black."

Although these shifts could be seen as merely updates, congruent with CRT, applying Hooks' (1992) work on the Black or "oppositional" gaze (p. 116) is helpful to understand how naming has shaped the way DADs have been marginalized in academic publications and clinical trial literature, specifically.

According to Hooks (1992), a White gaze is an approach to observing structures and systems in society, where Whiteness equates to power and control. Alternatively, building on the work of Foucault, Hooks (1992) argues that Black people can use their awareness of these systems of domination to hold up a metaphorical mirror to those in positions of power. However, Hooks (1992) argues that the mirror is not enough. Rather, a new system must be envisioned where anti-colonial ideology is the basis for creating the new system, since identity is created and reified through the structures of society. It is within this context that we critique the existing norm that the term "African-American" is preferred in academic contexts. In other words, if health researchers want to better practice or promote inclusion, they must start applying a Black gaze as a way of signaling the value of DADs in clinical trials.

Mislabeling as a Possible Barrier to Minority Recruitment in Health Research

In addition to low numbers of studies focused on racial identity self-labeling and its relationship to health behavior, scant attention has been paid to exploring the additional barriers to desired health behaviors that may also result from this lack of care. However, a growing body of evidence exists demonstrating that individuals' ethnic or racial identity may affect their health behaviors (Kreuter et al., 2005). Nevertheless, currently there is a paucity of literature exploring whether those larger racial identity groups, such as DADs, would benefit from processes to determine whether their identity subgroups may also influence health behaviors. Through the lenses of CTI and CRT, researchers can better understand that these issues may be located in the cultural racialization of minority groups. Subsequently, we may receive further insight into what can be done to help improve them. Segmenting the audience into subgroups may be helpful if applied here to target the DAD subgroups and learn more about their chosen racial or ethnic self-identity labels, along with what those labels are communicating. Through robust employment of experiments, surveys, focus groups, and interviews yielding important data to study, health researchers may be better able to understand the racially situated barriers to successful recruitment communication, and to comprehend why identity mislabeling could be another of those barriers.

Social Construction of Race and Health Disparities in Medical Research

The U.S. Department of Health and Human Services' Health Disparities Report uses the U.S. Census categories to report variance across racial groups. These census categories are undefined and somewhat coarse, yet they are widely used in many fields and disciplines. We must therefore consider the scientific information likely being lost in these health disparities reports because of these ill-constructed categories. This essay is concerned with the ways particular labels and categories may both restrict and prevent DADs from participating in

medical research and/or clinical trials because potential participants do not recognize or identify with the particular category being used. This concern may also be vital to the science of health disparities reporting, as data nuances, for example, are unquestionably lost if recent immigrants from Kenya, Nigeria, Somalia, and South Africa, are placed in the same category with U.S.-born DADs. While anti-Black racism at structural and interpersonal levels affects the health and wellbeing of all DAD communities, it is important to account for the diversity of the DAD community itself. Furthermore, extant literature indicates that historical trauma greatly affects the physical and mental health of enslaved and abused communities (Dutta & Kreps, 2013). As such, merging DADs into one group erases the significance of historical factors and may have implications for health disparities data. In summary, we argue that appropriate use of these labels is vital, not only for encouraging the participation of DADs, but also for the cultivation of dependable, sound data production. If we are to address health disparities, then we must place marginalized voices in the foreground and pay attention when they say that they have labeling preferences.

Theoretical Implications

This case study significantly helps us rethink CRT, which was developed as a way of understanding how racism in America has shaped public policy. By engaging in conversations about labeling and communication we are able to uncover some of the hidden power differences that exist in the health communication system. Clearly, an association between policy and power exists in academic sectors that is unfavorable to DADs. In the dominant academic narrative, certain types of people are seen as "other" and left out, and when they are included, it is a foil or alternative to whiteness and patriarchy (Dutta & Pal, 2010). We therefore posit that application of CRT can be helpful to understanding how racism in America has shaped academic, as well as

public, policy.

At the same time as we are furthering CRT, this particular case study can also help us thing differently about CTI. Self-naming provides DADs a sense of agency in the research process, troubling existing power structures, and enhancing and supporting DADs' experienced, layered identities. Through highlighting the rich history of the naming and labelling of this population, it is easy to see the verbal and behavioral communication efforts DADs have employed to stake a claim in their own identity. So, this essay is not just about "who wants to be called what from which group"; rather, we seek to ask, "who gets to make the decision?" In asking the question, we encourage healthcare researchers to envision this conversation as about power, not just logistics.

Call to Action

The history and meanings behind these terms are important. A great number of DADs view these terms as separate and even disparate, and many choose to identify as one more than, or rather than, the other. Ignoring or rejecting these findings could lead to creating research recruitment procedures and materials that mislabel DADs, alienate or offend prospective participants, and/or lessen or quash the intentions of members of this group to participate in medical research and clinical trials. We therefore suggest that more research on this subject is needed, and present the following suggestions:

1. To successfully reflect the preferences of the DAD population in the area or region in which recruitment is taking place, researchers should conduct rigorous, targeted, formative research that includes the points we have made regarding DAD identity before creating campaign messaging. For example, if possible, ask an open-ended question about identity such as "what term do you prefer to use to identify your race?"

2. If recruiting in densely diverse populations and using open-ended demographic questions is not feasible, researchers should make efforts to include as many groups as possible by offering several, separate and non-interchangeable choices (e.g. Black, African American, Black American, African, Haitian, Afro-Caribbean, etc.) Show separation of the labels in a survey by offering several racial and/or ethnic options rather than using terminology or symbols that imply interchangeability, such as slash marks.

3. When desiring to recruit DADs as participants in research studies, consider the application of racially informed theoretical frameworks, and other factors discussed in this essay, *before and during* literature collection and data gathering, so that the theory can help guide your research in total, from the very beginning of the process.

As health communication researchers, we must amplify the voices of our participants. We should always be asking ourselves how to put their needs at the forefront of our scholarship. Health disparities researchers possess expertise in understanding how people access care and the different ways barriers can interfere. These individuals are well-equipped to help addresses our concern that the mislabeling of DADs could result in their increased apprehension about participating in medical research. We urge health communication scholars and health researchers to consider viewing their potential DAD participants as co-creators of knowledge and experts within their groups. We believe this approach would generate a sense of agency within DADs who choose to take part in the research process and may encourage them, in turn, to reflect and express the needs and views of their communities. When working to recruit members of racial and ethnic minority groups to participate in health research, if possible, researchers should (a) perform formative research focused on acquiring knowledge of, and applying, the identity labels preferred by their targeted recruitment audience, and (b) ensure that consent and recruitment

forms offer a narrowed variety of distinct options/choices regarding race.

Conclusion

In this essay, we have demonstrated the existence of a disconnect between academic researchers and DADs' perceptions of the labels "Black" and "African American." We have illuminated how communication and clinical researchers alike assume the terms to be interchangeable and consider "African American" to be the more formal, proper, better choice. We have shown that through its Black gaze, the popular press has better acknowledged the significance of these identities more than has been considered or allowed by the White gaze of academic publications and researchers.

More theory-driven research is needed to determine if mislabeling may indeed deter DADs from participating in clinical trials and medical research. Systematic studies guided by theory shape our thoughts concerning DADs' experiences in research. Along with health services researchers, concerned with making healthcare more accessible to underserved populations, health communication scholars are well-suited to perform this work, since they specialize in understanding discursive construction of identity and health. Health communication, as a discipline, may be best equipped to determine whether DADs recognize themselves as the targeted audience when their self-identified labels are not used in recruitment language, and how the mislabeling of DADs could affect their willingness to become involved in research.

References

American Medical Association. (2020). *AMA Manual of Style*. Oxford University Press.

   Retrieved August 17 from https://www.amamanualofstyle.com/

American Psychological Association. (2019). *Publication manual of the American Psychological*

   Association (7th ed.). American Psychological Association.

Associated Press. (2020, June 19). *AP changes writing style to capitalize "b" in Black*. AP

   News. https://apnews.com/71386b46dbff8190e71493a763e8f45a

Baquet, D., & Corbett, P. (2020, June 30). Uppercasing 'Black'. *The New York Times*.

   https://www.nytco.com/press/uppercasing-black/

Bell, D. A. (1976). Serving two masters: Integration ideals and client interests in school

   desegregation litigation. *The Yale Law Journal, 85*(4), 470-516.

   https://doi.org/10.2307/795339

Bhachu, P. (2015). Twice migrants and multiple migrants. In *The Wiley Blackwell Encyclopedia*

   of Race, Ethnicity, and Nationalism (pp. 1-4).

Bhopal, R. (2006). Race and ethnicity: responsible use from epidemiological and public health

   perspectives. *The Journal of Law, Medicine & Ethics*, *34*(3), 500-507.

   http://dx.doi.org/10.1111/j.1748-720X.2006.00062.x

Brock, B. D. (2019). *Beyond Black: Exploring Racial Label Preferences of African Americans*

   and Afro-Caribbeans in the Unites States. University of California, Merced.

Brown, S. M. (2019, June 3). "Black" or "African American?". *AFRO News*.

   https://www.afro.com/commentary-black-or-african-american/

Carswell, S. (2020, June 30). Why news organizations' move to capitalize 'Black' is a win. *The*

   Washington Post. https://www.washingtonpost.com/opinions/2020/06/30/why-news-

organizations-move-capitalize-black-is-win/

Collier, M. J., & Thomas, M. (1988). Cultural identity: An interpretive perspective. In Y. Y. Kim

  & W. Gudykunst (Eds.), Theories in intercultural communication (pp. 99- 120). Sage.

Delgado, R., & Stefancic, J. (2017). *Critical race theory: An introduction* (Vol. 20). NYU Press.

Dutta, M. J., & de Souza, R. (2008). The past, present, and future of health development

  campaigns: reflexivity and the critical-cultural approach. *Health Communication*, *23*(4),

  326-339. https://doi.org/10.1080/10410230802229704

Dutta, M., & Pal, M. (2010). Dialog theory in marginalized settings: A subaltern studies

  approach. *Communication Theory, 20*(4), 363-386. https://doi.org/10.1111/j.1468-

  2885.2010.01367.x

Dutta, M. J., & Kreps, G. L. (2013). *Reducing Health Disparities: Communication Interventions*

  (Vol. 6). Peter Lang Publishing.

Dutta, M. J. (2018). Culture-centered approach in addressing health disparities: Communication

  infrastructures for subaltern voices. *Communication Methods and Measures, 12*(4), 239-

  259. https://doi.org/10.1080/19312458.2018.1453057

Gates Jr, H. L. (2018, April 2). *42 million ways to be Black [Video]*. YouTube.

  https://www.youtube.com/watch?v=MoM4WiRDPy0

Givhan, R. (2019, September 16). Kamala Harris grew up in a mostly white world. Then she

  went to a black university in a black city. *The Washington Post*.

  https://www.washingtonpost.com/politics/2019/09/16/kamala-harris-grew-up-mostly-

  white-world-then-she-went-black-university-black-city/?arc404=true

Hecht, M. L., & Lu, Y. (2014). Communication Theory of Identity. In T. L. Thompson (Ed.),

  Encyclopedia of Health Communication (pp. 225-227). Sage.

https://doi.org/10.4135/9781483346427.n85

Holt, L. F., & Sweitzer, M. D. (2020). More than a black and white issue: Ethnic identity, social

dominance orientation, and support for the black lives matter movement. *Self and

Identity*, *19*(1), 16-31. https://doi.org/10.1080/15298868.2018.1524788

Hoffmann-Longtin, K., & Hayden, A. (2019). From stories to discoveries. In P. M. Kellett (Ed.),

*Narrating patienthood: Engaging diverse voices on health, communication, and the

patient experience* (pp. 17-33). Lexington Books.

Hooks, B. (1992). *Representing whiteness in the black imagination*. Routledge.

https://doi.org/10.1215/970822382270-006

Ibrahim, A. (2017). Don't Call Me Black! Rhizomatic Analysis of Blackness, Immigration, and

the Politics of Race Without Guarantees. *Educational Studies*, *53*(5), 511-521.

https://doi.org/10.1080/00131946.2017.1303496

Jongen, C. S., McCalman, J., & Bainbridge, R. G. (2017). The implementation and evaluation of

health promotion services and programs to improve cultural competency: A systematic

scoping review. *Frontiers in Public Health*, *5*(24), 1-14.

https://doi.org/10.3389/fpubh.2017.00024

Jung, E., & Hecht, M. L. (2004). Elaborating the communication theory of identity: Identity gaps

and communication outcomes. *Communication Quarterly*, *52*(3), 265-283.

https://doi.org/10.1080/01463370409370197

Jung, E., & Hecht, M. L. (2008). Identity gaps and level of depression among Korean

immigrants. *Health Communication*, *23*(4), 313-325.

https://doi.org/10.1080/10410230802229688

Kreuter, M. W., Sugg-Skinner, C., Holt, C. L., Clark, E. M., Haire-Joshu, D., Fu, Q., Booker, A.

C., Steger-May, K., & Bucholtz, D. (2005). Cultural tailoring for mammography and fruit

and vegetable intake among low-income African-American women in urban public health

centers. *Preventive Medicine*, *41*(1), 53-62. https://doi.org/10.1016/j.ypmed.2004.10.013

Kurt, A., Semler, L., Jacoby, J. L., Johnson, M. B., Careyva, B. A., Stello, B., Friel, T., Knouse,

M. C., Kincaid, H., & Smulian, J. C. (2017). Racial differences among factors associated

with participation in clinical research trials. *Journal of Racial and Ethnic Health

Disparities*, *4*(5), 827-836. https://doi.org/10.1007/s40615-016-0285-1

Larkey, L. K., Hecht, M. L., & Martin, J. (1993). What's in a name? African American ethnic

identity terms and self-determination. *Journal of Language and Social Psychology*, *12*(4),

302-317. https://doi.org/10.1177/0261927X93124003

Martin, B. L. (1991). From Negro to Black to African American: The power of names and

naming. *Political Science Quarterly*, *106*(1), 83-107.

https://www.jstor.org/stable/2152175

McCloud, M. T. (2020, June 10). I am NOT an "African-American"! Stop Calling Me That.

PsychCentral. https://blogs.psychcentral.com/all-things/2020/06/i-am-not-an-african-

american-stop-calling-me-that/

McWhorter, J. (2004, September 8). Why I'm Black, Not African American. *Los Angeles Times*.

https://www.latimes.com/archives/la-xpm-2004-sep-08-0e-mcwhorter8-story.html

National Association of Black Journalists (NABJ). (2020). *NABJ Style Guide*.

https://www.nabj.org/page/styleguide

Rawley, J. A., & Behrendt, S. D. (2005). *The transatlantic slave trade: A history*. University of

Nebraska Press.

Saad, L. (2020. July 13). Black Americans' Preferred Racial Label. *Gallup*.

https://news.gallup.com/vault/315566/gallup-vault-black-americans-preferred-racial-label.aspx

Salman, A., Nguyen, C., Lee, Y.-H., & Cooksey-James, T. (2016). A review of barriers to minorities' participation in cancer clinical trials: implications for future cancer research. *Journal of Immigrant and Minority Health*, *18*(2), 447-453. https://doi.org/10.1007/s10903-015-0198-9

Sigelman, L., Tuch, S. A., & Martin, J. K. (2005). What's in a name? Preference for "Black" versus "African-American" among Americans of African descent. *Public Opinion Quarterly*, *69*(3), 429-438. https://doi.org/10.1093/poq/nfi026

Smith, T. W. (1992). Changing racial labels: From "colored" to "negro" to "Black" to "African American". *Public Opinion Quarterly*, *56*(4), 496-514. https://doi.org/10.1086/269339

Tharps, L. L. (2014, November 18). The case for Black with a capital B. *The New York Times.* https://nyti.ms/11hVgKH

Upshaw, S. J. (2019). Using communication theory of identity to evaluate decision aids: Focus group research with african american prostate cancer survivors. *Health Communication*, 1-11. https://doi.org/10.1080/10410236.2019.1700437

Vardeman-Winter, J. (2017). The framing of women and health disparities: A critical look at race, gender, and class from the perspectives of grassroots health communicators. *Health Communication*, *32*(5), 629-638. https://doi.org/10.1080/10410236.2016.1160318

Zilber, J., & Niven, D. (1995). Black versus African American: Are Whites political attitudes influenced by the choice of racial labels? *Social Science Quarterly, 76*(3),655-664. https://www.jstor.org/stable/44072657