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## Justice for All? Beliefs About Justice for Self and Others and Telomere Length in African Americans

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Running Title: Justice and Telomere Length

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### Abstract

**Objective:** Believing in justice can protect health. Among marginalized racial minorities however, both endorsing and rejecting beliefs about justice may be critical. The current research examined links between African Americans' beliefs about justice for self and for others and telomere length (TL) – an indicator of biological aging that is increasingly implicated in racial health disparities, with shorter telomeres indicating poorer health. **Methods:** Healthy African Americans ( $N=118$ ; 30% male;  $M$  age=31.63 years) completed individual differences measures of justice beliefs for self and others, and then provided dried blood spot samples that were assayed for TL. **Results:** We expected that a belief in justice for self would be positively associated with TL, whereas a belief in justice for others would be negatively associated. A significant three-way interaction with chronological age confirmed this hypothesis - among older African Americans, TL was positively associated with believing in justice for self, but only when this belief was accompanied by a weak endorsement of the belief in justice for others. **Conclusion:** Findings underscore that for racial minorities, health may be best protected when justice beliefs are both endorsed and rebuffed.

Key Words: Justice, telomere length, health disparities, African Americans

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Psychosocial factors contribute to numerous racial and ethnic health disparities including cardiovascular disease, metabolic illness, and cancer (Major, Mendes, & Dovidio, 2013; Penner, Albrecht, Orom, Coleman, & Underwood III, 2010; Williams & Jackson, 2005). This influence persists even after accounting for structural and economic differences, such as exposure to harmful environments and access to health care (Smedley, Stith, & Nelson, 2003). Among behavioral scholars, a key area of interest concerns identifying the ways in which psychosocial factors “get under the skin” to affect racial health disparities. This scholarly focus encompasses understanding how individual differences affect health and well-being, including through moderating the effects of social context on biological processes.

The current research examined whether believing in justice is linked to a biological process that may fundamentally contribute to racial health disparities. Specifically, we examined links between African Americans’ beliefs about justice for self and for others and telomere length (TL) – an indicator of biological aging that is increasingly implicated in racial health disparities through indicating susceptibility to age-related illnesses. A pervasive view in psychological and public health literatures is that believing in justice promotes health and well-being by affording protection against illness (Jackson, Kubzansky, & Wright, 2006; Kivimäki et al., 2005). Yet, the potential for believing in justice to uniquely impact racial minorities has only recently begun to receive attention. Our research was conducted with an eye towards an emerging literature that highlights a potential for justice beliefs to both prevent and promote wellness among racial minorities, depending on how such beliefs are contextualized (e.g., Major & Townsend, 2012). Furthermore, we consider that relationships between justice beliefs and TL

may be evident in older African Americans, given that biological weathering processes gain momentum as individuals age, including telomere shortening (Clark, Anderson, Clark, & Williams, 1999; Geronimus, 1992; Jackson, Knight, & Rafferty, 2010).

### **Justice Beliefs and Illness Protection**

Positive associations between perceptions of justice and health are largely attributed to the capacity of believing in justice to afford protection against illness (Elovainio, Kivimäki, & Vahtera, 2002; Jackson et al., 2006). Most evident are links between perceived fairness and better mental health, including indices of negative emotion such as depression (for review, Lucas & Wendorf, 2012). Justice perceptions may also protect physical health, as noted in a prospective association between perceived fairness and reduced incidence of cardiovascular illness (De Vogli, Ferrie, Chandola, Kivimäki, & Marmot, 2007; Kivimäki et al., 2005). Protective connections further include links to insomnia and metabolic risk (Greenberg, 2006; Levine, Basu, & Chen, 2016), as well as pain tolerance (McParland & Eccleston, 2013). Believing in justice may also aid in recovery from health-related misfortune, such as spinal cord injury (Monden, Trost, Scott, Bogart, & Driver, 2016).

Mechanistically, protective effects of believing in justice are thought to be transmitted through links to stress. Stress connections are empirically supported through studies linking perceived fairness to stress reactivity, including activation of the sympathetic adrenal-medullary axis (Tomaka & Blascovich, 1994; Vermunt & Steensma, 2003), the hypothalamic-pituitary-adrenal axis (Lucas et al., 2016; Vermunt, Peeters, & Berggren, 2007), and the inflammatory stress response system (Lucas et al., 2016). Stress connections are also intertwined with health behavior, which may comprise an additional pathway linking justice beliefs to health and illness (Lucas, Alexander, Firestone, & Lebreton, 2008). Accompanying theory holds that evaluations

of justice affect stress appraisal by directing individuals to consider both the threat value of an unfair event, and whether personal resources are adequate to cope with unfairness (Vermunt & Steensma, 2005).

### **Inconsistency, Individual Differences, and Implications for Racial Minority Health**

Although believing in justice can protect health, the potential for racial differences in this relationship has only recently begun to receive attention (e.g., Major & Townsend, 2012). In turn, recent studies reveal a potential for cultural differences in connections between justice perceptions and health and well-being (e.g., Lucas, Kamble, Wu, Zhdanova, & Wendorf, 2015). A better understanding of cultural nuance may be critical to explicating how justice perceptions affect health disparities, especially to the extent that justice-related thoughts and emotions may be particularly salient among marginalized minorities. This includes African Americans, for whom justice-related evaluations may be prominent and reflective of both historical and ongoing experiences with social injustice (e.g., Hall, Hall, & Perry, 2016; Smedley, Stith, & Nelson, 2002). Justice evaluations are also intertwined with other known psychosocial predictors of health among African Americans, notably including perceived racism (Lucas, Hayman, Blessman, Asabigi, & Novak, 2016; Lucas et al., 2016).

Presently, we consider a hitherto largely overlooked possibility suggested by recent literature that may be paramount to explicating the role of justice beliefs in racial health disparities – in addition to protective health effects of believing in justice, rejecting some forms of this belief might simultaneously confer salutogenic benefits for marginalized individuals, such as African Americans. Support for this parallel and seemingly paradoxical association can be gleaned from two literatures. First, inconsistency frameworks have gained momentum in highlighting that well-being is principally governed by the extent to which individual-level social

expectations are concordant with actual social experience (Major & Townsend, 2012; Proulx, Inzlicht, & Harmon-Jones, 2012). With respect to justice, such models hold that concordance between one's justice beliefs and justice-related experiences, rather than a rote endorsement of justice, fundamentally determines physical and mental health. Inconsistency frameworks hold that among individuals who have experienced a high degree of hardship, concordance may be hindered by endorsing some beliefs that reflect justice. That is, although there may be broad health benefits from believing in some forms of justice, individuals whose lived experience reflects marginalization or hardship might also reap benefits from simultaneously rejecting some forms of this belief. That justice beliefs may be uniquely associated with health among African Americans is further buttressed by the weathering hypothesis (Geronimus et al., 1992), which holds that racial differences in chronic disease result from the qualitatively different life experiences, exposure to stressors, and access to coping resources. It follows that justice beliefs may portend cultural differences in compensatory coping strategies that reflect variation in lived experiences. In further support, recent research suggests that health effects of internalizing or repressing injustice-related emotions may indeed differ between African Americans and White Americans (Assari, 2016; Assari & Lankarani, 2016).

A second area of theoretical support is provided by studies of individual differences, which highlight that justice beliefs are multidimensional (for reviews, Dalbert, 2009; Hafer & Sutton, 2016), and that simultaneously-held justice beliefs may both positively and negatively affect health and wellness. One particularly important distinction separates one's general belief in justice (i.e., *justice for others*) from the belief that one personally gets what one deserves (i.e., *justice for self*). Beliefs about justice for self and others are conceptually and empirically distinguished in part by unique relationships with health and social attitudes; whereas personal

justice beliefs are related to indices of health and well-being, general justice beliefs better predict measures of social callousness (e.g., Bègue & Bastounis, 2003; Lipkus, Dalbert, & Siegler, 1996; Sutton & Douglas, 2005; Sutton et al., 2008). However, recent studies show that general and personal justice beliefs may also simultaneously and divergently predict some forms of wellness. For example, whereas believing in justice for oneself is positively associated with forgiveness and recovery from interpersonal transgression, believing in justice for others is negatively associated (Lucas, Young, Zhdanova, & Alexander, 2010; Strelan & Sutton, 2011).

Justice beliefs may also be partitioned by distinguishing between distributive and procedural justice. Distributive justice refers to the perceived fairness of outcomes or resource allocations (Adams, 1965), whereas procedural justice refers to the perceived fairness of decision processes used to determine outcomes (Lind & Tyler, 1988; Thibaut & Walker, 1975). Similar to self-other differences, justice theory holds that distributive and procedural justice beliefs might also connect to health in well-being in unique ways, and for unique reasons. With respect to distributive justice, equity theory has shown that perceiving outcomes to be unfair may be associated with tension and resentment towards others (Adams, 1965). Over time, a prolonged sense of resentment may be experienced as chronic stress, which can deleteriously influence health (Tepper, 2001; Vermunt & Steensma, 2005). Alternatively, procedural justice beliefs may be associated with health because of the *relational function* of procedural justice – believing in fair processes is important to individuals because fair treatment communicates that one is seen as a valued and respected member of the larger society, which can reduce stress (for a recent review, Lucas, in press). Procedural justice beliefs might also play a prominent role in linking justice evaluations to health disparities, especially to the extent that evaluations of procedural justice become highly important when resource allocations are inequitable (Lind & Tyler, 1988).



Furthermore, available literature supports that procedural justice beliefs might play a more prominent role in stress-related health disparities than distributive justice through associations with lower perceived stress and better health behavior (Lucas, Alexander, Firestone, & LeBreton, 2008), reduced negative affect (Lucas, 2009; Weiss, Suckow, & Cropanzano, 1999), and receptivity to preventative health messages (Lucas, Alexander, Firestone, & LeBreton, 2009). Of current interest, a growing literature suggests that the general-personal and distributive-procedural justice distinctions can be concurrently specified to describe four unique justice tendencies (i.e., beliefs about distributive and procedural justice for oneself and others). Doing so can be used to enhance the precision with which justice beliefs are linked to indices health and well-being, and also consider the simultaneous or relative importance of specific justice beliefs to health and wellness (Lucas et al., 2011; Lucas & Wendorf, 2012).

Similar to inconsistency theoretical frameworks, individual differences research highlights that justice beliefs might be both positively and negatively associated with health and wellness, and that cultural differences in links between justice beliefs and health may be observed by considering multiple individual differences tendencies (Lucas et al., 2015). One specific possibility is that for marginalized minorities, such as African Americans, beliefs about justice for self may be positively associated with health and wellness whereas beliefs about justice for others might be negatively associated, especially when these beliefs are operationalized as beliefs about procedural justice for self and others. In tandem to an empirical literature that suggests personal justice beliefs are generally health enhancing, just world theory suggests that believing that the world is fair to oneself provides a universal coping resource by reassuring individuals that the world is orderly and predictable (Lerner, 1980). The belief in a personally just world may be similarly helpful to racial minorities, who are also likely to reap

some benefit from a sense of personal control that seeing the world as fair to oneself can provide. However, marginalized individuals may also benefit from not endorsing a general belief that the world, especially to the extent that rejecting this belief may more accurately reflect a lived experience of social marginalization. Empirical support for divergent links from personal and general justice beliefs to wellness can be gleaned from studies that show racial minorities more readily acknowledge social mistreatment for others than for self (e.g., Taylor, Wright, Moghaddam, & Lalonde, 1990), suggesting that African Americans may be more apt to deflect personal than general instances of injustice. Among African Americans, believing in justice for others may also be associated with a psychological attempt to deny rather than acknowledge personal discrimination, or with augmented feelings of group-level discrimination (Taylor et al., 1990), both of which may negatively impact health (for review, Brondolo, Ver Halen, Pencille, Beatty & Contrada, 2009). Finally, some coping strategies that are particularly salient among African Americans suggest that justice may be both accepted and refuted. Of note, John Henryism (James, Keenan, Strogatz, Browning, & Garrett, 1992) is a culturally enshrined coping strategy that encourages grit and personal accountability (i.e., a belief in justice for self) to overcome unfair life obstacles and hardship (i.e., belief in general injustice).

### **Telomere Length as an Indicator of Disease and Disparity**

Although several physiological pathways have been established in the racial health disparities literature (McEwen, 2012; Smedley et al., 2003), one biological marker that has been increasingly attended to is telomere length (TL). Telomeres are repetitive sequences of DNA at the ends of chromosomes that protect against degradation during transcription. Telomeres lose base pairs (shorten) with cell division until chromosomes are functionally impaired and become genetically unstable, resulting in cell death or senescence (Blackburn, Greider, & Szostak, 2006).

TL thus serves as a useful marker of health by indicating biological aging. The most important determinant of TL is chronological age – telomeres invariably shorten as individuals age (for recent review, Blackburn, Epel & Lin, 2015). However, numerous studies now document that TL is also impacted by chronic stress, such that rates of telomere shortening may differ between individuals depending in part on exposure to psychological and environmental stressors (e.g., Epel et al., 2004, 2006; Kotrschal, Ilmonen, & Penn, 2007). Evaluating TL as a health outcome in psychosocial research thus reveals a vital pathway through which adversity get under the skin to contribute to illness (Epel et al., 2004). Furthermore, TL may provide a useful means of observing how psychosocial stress affects health across the lifespan, including both protective and detrimental psychosocial influences.

Of present interest, there is the potential for race differences in TL (Diez Roux, 2009; Geronimus et al., 2015), and racial stressors are also implicated in telomere shortening (Chae et al., 2016; Chae et al., 2014; Liu & Kawachi, 2017). Moreover, shorter telomeres are associated with an increased risk of stress-related illnesses that occur disproportionately in racial minorities (D'Mello et al., 2015; Epel et al., 2004; Wentzensen, Mirabello, Pfeiffer, & Savage, 2011; Zhao, Miao, Wang, Ding, & Wang, 2013). To better understand stress-related health disparities, it appears critical to decipher how psychosocial factors influence TL among minority individuals. This includes identifying individual differences associated with deleterious telomere shortening, as well as those that afford protection.

### **The Present Study**

The current study examined associations between believing in justice and TL in a community sample of healthy African Americans. Based on the inconsistency framework and individual differences literatures, we hypothesized that believing in justice would be both

positively and negatively associated with TL among African Americans, depending on how these beliefs are operationalized. To test this hypothesis, we distinguished between beliefs about justice for self and others using a recently available individual differences theoretical framework and measure (Lucas, Alexander, Firestone, & LeBreton, 2007; Lucas, Zhdanova, & Alexander, 2011). This framework also permitted further distinguishing general and personal justice beliefs according to distributive justice content – the perceived fairness of outcomes or resource allocations – and procedural justice content - fair rules and respectful interpersonal treatment. Of secondary interest, we also explored whether distinguishing between the distributive and procedural justice aspects of beliefs about justice for self and others could further clarify predicted connections to TL. Finally, chronological age was evaluated not only because it is an essential covariate of TL, but also to illuminate the potential for differences in associations of justice beliefs and TL across the lifespan.

We hypothesized that associations between chronological age and TL would be moderated by beliefs about justice for self and for others. Specifically, we expected that among older African Americans, TL would be longest when beliefs about justice for self were strongly endorsed and beliefs about justice for others were weakly endorsed. We further expected that among older African Americans, TL would be shortest when beliefs about justice for self were weakly endorsed and beliefs about justice for others were strongly endorsed. Finally, and based on prior literature that has shown procedural justice can play a prominent role in stress and negative affect, we expected that these effects would be clearest when justice beliefs for self and others were specified as procedural justice beliefs.

## Method

### Participants

Participants were recruited from metropolitan Detroit via posted and online advertisements. A sample of 118 healthy African Americans (82 women, 36 men; aged 18 to 63,  $M = 31.63$ ;  $SD = 13.82$ ) provided informed consent and enrolled in an ancillary laboratory study concerning social stress (Lucas et al., 2016). All participants received modest financial compensation for attending a single face-to-face session. Table 1 reports sample sociodemographic characteristics.

### Measures

Table 2 present means and standard deviations of study measures, as well as their bivariate correlations and reliability coefficients.

*Trait justice beliefs.* Individual differences in beliefs about justice for self and others were measured during an online prescreen that took place approximately 1 week prior to the laboratory session. Both justice tendencies were measured using an expanded version of the Procedural and Distributive Justice Beliefs scale (Lucas et al., 2011). In its original form, this measure captures tendencies to see rules and treatment (procedural justice beliefs) and outcomes and allocations (distributive justice beliefs) as deserved (Lucas et al., 2007). Beliefs about justice for self and others are measured as higher-order constructs by expanding the original measure to include four lower-order subscales, each indicated by four items. Procedural justice beliefs for self (PJ-self) and others (PJ-others) assess beliefs about the deservedness of rules, processes, and treatment towards oneself or towards others (e.g., "I am/Others are generally subjected to processes that are fair"). Similarly, Distributive justice beliefs for self (DJ-self) and others (DJ-others) assess beliefs about the deservedness of outcomes or allocations for self and others (e.g.,

"I/Others usually receive outcomes that I/they deserve"). All items were rated from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores indicating a stronger belief in justice. Higher-order subscales for beliefs about justice for self and others were created by averaging items representing the two appropriate lower-order subscales.

*Positive and negative trait affectivity.* Dispositional tendencies towards experiencing positive and negative affect (i.e., affectivity) were also collected during prescreening, in order to consider whether links to justice beliefs and TL could instead be explained by positive and negative emotion. We measured affectivity using the Positive and Negative Affect Scale Expanded Form (PANAS-X; Watson & Clark, 1994). Participants were asked to indicate how often they generally experienced seven positively-valenced (excited, enthusiastic, proud, strong, alert, attentive, and determined) and eight negatively-valenced feelings (afraid, scared, nervous, jittery, hostile, irritable, guilty, and ashamed). Response options ranged from 1 (*Very slightly or not at all*) to 5 (*Extremely*). Separate PA and NA scores were calculated by averaging scale items, with higher scores indicating greater PA and NA tendencies.

*Telomere length.* Telomere length was measured through a dried bloodspot sample that was collected in the laboratory after a brief rest period, and before participating in the social stress study (Lucas et al., 2016). Following a recommended research protocol (McDade, 2014), finger pricks entailed wiping the middle finger of the participant's non-dominant hand with an alcohol wipe, pricking the finger with a lancet, wiping away the first drop of blood, then collecting 3 to 5 blood spots dropped onto filter paper. The blood spot collection cards were allowed to dry before being stored at -80 C until they were shipped frozen by overnight delivery to the Blackburn Lab (San Francisco, CA). Total genomic DNA was purified using QIAamp® DNA Investigator kit (QIAGEN, Cat#56504) from dry blood spots and quantified by measuring OD260. The telomere

length assay is adapted from the published original method (Cawthon, 2002). Details of the adapted method can be found in Lin et al. (2010). Values were expressed as telomere abundance to single copy gene (T/S) ratio. The average coefficient of variation for this study was 2.9%.

### **Statistical analyses**

Prior to evaluating the hypothesized effects, and after establishing that the distribution of T/S ratio was acceptable with respect to skew and kurtosis, we considered the extent to which discrepancies between beliefs about justice for self and others were present in our sample, and whether sociodemographic characteristics presented in Table 1 would vary as a function of them. Using a recommended descriptive approach (Fleenor, McCauley & Brutus, 1996; see also, Zhdanova & Lucas, 2016), we calculated standardized scores for beliefs about justice for self and others. A participant was categorized as possessing *self-ascendant* justice beliefs if these beliefs exceeded their belief about justice for others by 0.5 SD or greater. Likewise, a participant was categorized as possessing *other-ascendant* justice beliefs if these beliefs exceeded their belief about justice for self by 0.5 SD or greater. Participants whose justice beliefs did not differ by more than 0.5 SD were classified as possessing *equilibrium* justice beliefs. Socioeconomic differences across categories were evaluated using one-way analyses of variance (ANOVAs).

We assessed main and interactive effects by performing three-step hierarchical multiple regressions. Significance was assessed using R-squared change and individual regression weights of predictors newly entered at each step. To assess main effects, individual difference subscales and age were mean centered and entered at the first step. The 2-way interactions of justice beliefs with age were entered and assessed at the second step, as was the 2-way interaction between beliefs about justice for self and others. The hypothesized 3-way interaction of age with beliefs about justice for self and others was assessed on the third and final step.

Significant interactions were probed separately for individuals 1 SD above and below the mean on justice-beliefs (Aiken, West, & Reno, 1991). We also conducted a regions of significance probe of significant interactions using the Johnson-Neyman approach, in order to consider the age at which self and other justice beliefs affected TL (Hayes & Montoya, 2017). Prior to conducting multiple regressions, we considered the potential to include socioeconomic variables presented in Table 1 and affectivity measures as covariates in multiple regression models by first examining associations with TL. These associations were considered using partial correlations, which covaried for the effect of chronological age on both TL and each socioeconomic variable. We also evaluated possible multicollinearity between beliefs about justice for self and others before conducting multiple regressions, which was not evident (variance inflation factor = 1.315).

## Results

### Preliminary Analyses of Sociodemographic Characteristics and Affectivity

Table 1 also presents sociodemographic characteristics according to justice ascendancy and equilibrium categories. Twenty-four participants (20.34%) possessed self-ascendant justice beliefs, whereas 27 participants (22.88%) possessed other-ascendant justice beliefs. The remaining 67 participants (56.78%) possessed equilibrium justice beliefs. Educational attainment was highest in the self-ascendant group ( $M_{self-ascendant} = 4.375$ ,  $SD_{self-ascendant} = 1.974$  vs.  $M_{other-ascendant} = 3.593$ ,  $SD_{other-ascendant} = 1.782$  vs.  $M_{equilibrium} = 3.746$ ,  $SD_{equilibrium} = 1.933$ ), though education differences were not significant;  $F(2, 114) = 1.251$ ,  $p = .290$ ). Household income was also highest in the self-ascendant group ( $M_{self-ascendant} = 3.958$ ,  $SD_{self-ascendant} = 2.100$  vs.  $M_{other-ascendant} = 2.889$ ,  $SD_{other-ascendant} = 1.783$  vs.  $M_{equilibrium} = 3.621$ ,  $SD_{equilibrium} = 2.095$ ), though income differences were also not significant;  $F(2, 114) = 1.854$ ,  $p = .161$ ). Finally, age was lowest in the



self-ascendent group ( $M_{self-ascendant} = 30.458$ ,  $SD_{self-ascendant} = 13.994$  vs.  $M_{other-ascendant} = 32.692$ ,  $SD_{other-ascendant} = 13.859$  vs.  $M_{equilibrium} = 32.149$ ,  $SD_{equilibrium} = 14.128$ ), though age differences were not significant;  $F(2, 114) = 0.178$ ,  $p = .837$ ).

Partial correlations revealed that controlling for age, TL was not associated with educational attainment ( $r = -.073$ ,  $p = .436$ ), or household income ( $r = .008$ ,  $p = .928$ ). Moreover, an analysis of covariance (ANCOVA) that controlled for age suggested no gender differences in TL, ( $M_{male} = 1.249$ .,  $SD_{male} = 0.240$  vs.  $M_{female} = 1.336$ .,  $SD_{female} = 0.215$ ;  $F(1, 114) = 2.127$ ,  $p = .147$ ). Controlling for age, TL was also not significantly associated with positive affectivity ( $r = .003$ ,  $p = .973$ ), or negative affectivity ( $r = .010$ ,  $p = .918$ ). Thus, the multiple regression models presented subsequently were conducted without including any socioeconomic variables or affectivity measures as covariates other than age.

### **Higher-order justice beliefs for self and others in the prediction of TL**

As seen in Table 3, there was a significant main effect of age on TL. As expected, age was strongly negatively associated with TL ( $\beta = -.50$ ,  $p < .001$ ). Main effects of believing in justice on TL were not significant for beliefs about justice for self ( $\beta = -.10$ ,  $p = .429$ ), or beliefs about justice for others ( $\beta = .03$ ,  $p = .821$ ). On the second step, only the interaction between age and self-justice beliefs was significant ( $\beta = .30$ ,  $p = .030$ ). An analysis of simple slopes revealed that age had a non-significant, near zero association with TL for African Americans who endorsed a high belief in justice for self ( $b = -.004$ ,  $SE = .003$ ,  $p = .115$ , 95% CI [-.01, .001]). However, among participants with a low belief in justice for self, there was a significant negative association between age and TL ( $b = -.01$ ,  $SE = .003$ ,  $p < .001$ , 95% CI [-.02, -.01]). Thus, the two-way interaction suggested a buffering effect of self-justice beliefs against the effects of age on TL.

Of primary interest, the hypothesized three-way interaction was significant, suggesting that the interactive effect of age and beliefs about justice for self on TL was further moderated by beliefs about justice for others ( $\beta = -.24, p = .038$ ). Specifically, the interaction between age and self-justice was significant when participants also weakly endorsed a belief in justice for others ( $b = .005, SE = .002, p = .007, 95\% CI [.001, .01]$ ), but not when participants strongly endorsed a belief in justice for others ( $b = .002, SE = .002, p = .444, 95\% CI [-.002, .01]$ ). Thus, the buffering effect self-justice beliefs against effects of age on telomere shortening was evident only when individuals simultaneously had a relatively low belief in justice for others. The regions of significance probe showed that the self x other justice interaction was positive and significant when age was 35.89 years or younger but not significant above this age.

Because the hypothesized associations with justice beliefs were expected for older African Americans, we also plotted predicted TL values separately for younger ( $-1 SD; \leq 21$  years) vs. older ( $+1 SD; \geq 47$  years) African Americans as a function of strong and weak endorsement of beliefs about justice for self and others. As seen in Figure 1, the hypothesis for older African Americans was supported. Specifically, TL was highest among older African Americans who strongly endorsed a belief in justice for self but weakly endorsed a belief in justice for others. Moreover, TL was lowest among older African Americans who weakly endorsed a beliefs in justice for self but strongly endorsed a belief in justice for others. Somewhat unexpectedly, a notable difference in TL among younger African Americans was also evident; in contrast to older African Americans, TL was shorter among younger African Americans who strongly endorsed a belief in justice for self but weakly endorsed a belief in justice for others.

### **Low-order distributive and procedural justice beliefs for self and others**

The analysis of higher-order beliefs about justice for self and others was repeated using lower-order distinctions between distributive vs. procedural justice for self and others.

Specifically, we considered whether interactive associations with TL could be parsimoniously accounted for by distinguishing beliefs about procedural justice for self and others from beliefs about distributive justice for self and others. For clarity, we considered distributive and procedural justice beliefs separately by performing two hierarchical multiple regressions.

As seen in Table 3, the hypothesized three-way interaction was not significant for distributive justice ( $\beta = -.04, p = .781$ ). However, this interaction was significant for procedural justice ( $\Delta R^2 = .060; F(7,109) = 9.71, p = .002; \beta = -.37$ ). Consistent with the higher-order pattern, the interaction between age and procedural justice for self was significant when the belief in procedural justice for others was low ( $b = .004, SE = .001, p = .006, 95\% \text{ CI } [.001, .01]$ ) but not when this belief was high ( $b = -.001, SE = .002, p = .610, 95\% \text{ CI } [-.004, .003]$ ). Thus, beliefs about fair rules and treatment for self and others, rather than beliefs about fair outcomes for self and others, accounted for the interactive effect of self and other justice beliefs on TL. A regions of significance probe showed that the self x other interaction for procedural justice beliefs was positive and significant below 36.08 years and not above this point.

### **Discussion**

Emerging theoretical and empirical work increasingly suggests that justice-related thoughts may be uniquely associated with health and well-being among racial minorities (e.g., Lucas et al., 2016; Major & Townsend, 2012). Guided by this literature, we examined whether TL would be predicted by beliefs about justice for self and for others in a community sample of healthy African Americans. We expected that among older African Americans, TL

would be longest when beliefs about justice for self were strongly endorsed and beliefs about justice for others were weakly endorsed. We further expected that among older African Americans, TL would be shortest when beliefs about justice for self were weakly endorsed and beliefs about justice for others were strongly endorsed. Our findings were consistent with these predictions, suggesting that simultaneously strong and weak endorsement of justice beliefs may be associated with more resilient biological aging among older African Americans.

Exploring lower-order formulations of justice individual differences provided additional precision – the interactive association of age with justice beliefs was observed when assessed as procedural justice beliefs for self and others, but not when assessed as distributive justice beliefs for self and others. Such findings are consistent with available literature that suggests procedural justice beliefs may be more strongly connected to indices of stress and negative affect than distributive justice beliefs (e.g., Lucas et al., 2008). This perhaps suggest that relational rather than equity concerns may be paramount to the effects of justice on healthy aging. Namely, justice theory suggests that procedural justice may be psychologically important to individuals to the extent that fair rules and treatment play a central role in communicating social belonging and respect (e.g., Lind & Tyler, 1988), which may be health enhancing (Contrada & Ashmore, 1999). One important direction for future study is to further consider underlying procedural vs. distributive justice content in linking beliefs about justice for self and others to TL. In doing so, future research may explicate whether social belonging communicated by the absence or presence of procedural justice plays a significant role in biological aging processes that contribute to racial health disparities. To our knowledge, almost no available studies have considered whether cross-cultural differences in relational functions of justice beliefs exist and are intertwined with racial health disparities.

Somewhat unexpected, our findings also revealed effects of believing in justice on TL among younger African Americans. Whereas strongly endorsing beliefs about justice for self but not for others was associated with longer TL among older African Americans, this pattern was associated with shorter TL among younger African Americans. One possibility is that associations between justice beliefs and TL change as African Americans age – a potentially novel contribution to justice literature, which has largely suggested static connections between individual differences and health outcomes across the lifespan. Considering the life course trajectory of associations between justice beliefs and indicators of health and wellness such as TL comprises a highly important future direction. For example, the combination of believing in justice for self but not for others might suggest the use of effortful coping strategies. Early in life, a vociferous use of effortful coping may increase psychological and physical stress, as younger African American individuals exert personal will to overcome life obstacles. Although effortful coping may be psychologically and physically demanding early on, these costs are perhaps recouped later in life through social advancement and other successes that later protect against harmful effects of stress. Indeed, some literature suggests that overcoming hardship through personal will is a culturally enshrined coping approach among African Americans, and that such coping may both positively and negatively affect health and well-being (Bonham, Sellers, & Neighbors, 2004; Neighbors, Hudson, & Bullard, 2012). Importantly, however, this and other possible interpretations are limited by the cross-sectional nature of the present research. Future research utilizing prospective designs is needed.

### **Limitations**

Several limitations suggest both a cautious interpretation and other future directions. First, only African Americans were studied. This group has experienced generally intense and

long-lasting injustice in the U.S., such that focusing on African Americans was sensible for initially considering links between justice beliefs and TL. Nonetheless, future research must consider whether justice beliefs similarly affect TL in other marginalized groups. Second, compared to large-scale epidemiological and individual difference studies, this study is characterized by a relatively small sample size. Although we are reassured to some extent by robust statistical significance and effect sizes that were comparable to previous individual differences research on TL, our findings should nonetheless be interpreted cautiously. Related, classifying African Americans as older vs. younger for the purpose of probing interactions was largely sample dependent, and there were more younger than older individuals in our sample. Future studies that recruit broader age ranges may reveal additional strength or nuance in interactions between age and justice beliefs. Larger studies could also consider a broader range of covariates that might impact associations between justice beliefs and TL, as well as cohort effects that could encompass these relationships. Related, larger studies could better examine the potential for gender differences in links to justice beliefs, which have been reported for TL (for review, Gardner et al., 2014). A third limitation is that we measured a non-specific belief in justice for others. This conceptual approach is consistent with the individual differences literature; however, it is possible to measure perceptions of justice for specific others (Sutton et al., 2008), which could reveal important nuance in health disparities contexts. Most crucially, links to TL could depend on beliefs about justice for other African Americans, but not on beliefs about justice for other Americans more generally, or vice versa. Finally, although this study used a previously validated structure and instrument for measuring individual differences in justice beliefs, alternative conceptualizations of justice are available and could provide additional insight (for a review, Hafer & Sutton, 2016). For example, inconsistency frameworks have

suggested that the influence of justice individual differences on well-being may be moderated by contextual features of justice, which were not presently evaluated.

### **Implications for Public Health and Psychology**

Our findings are consistent with available psychological and public health literatures, and suggest that believing in justice for oneself may be health-enhancing for racial minority individuals. However, and somewhat contrary to this literature, our findings also suggest that personal justice may be beneficial to health and well-being only when a belief in justice for others is weakly endorsed. In illuminating the double-edged nature of believing in justice for African Americans, the present study carries important implications for advancing psychological and public health consideration of racial health disparities. Notably, the current research aligns with a burgeoning perspective that suggests the convergence of justice beliefs with one's justice-related life experience, rather than a rote endorsement of justice, may determine health and wellness. Future theoretical and empirical work on associations between justice beliefs and indices of health and wellness must attend to potential cultural differences not only to advance justice theory, but also to better explicate an important psychosocial cause of racial health disparities.

With an eye towards reducing health disparities, our findings also carry implications for considering psychosocial interventions. Some literature has suggested that perceived fairness might comprise the basis of a formal health intervention – a possibility that is buoyed in part by the relative ease with which justice cognitions can be deliberately activated (e.g., Lucas, Rudolph, Zhdanova, Barkho, & Weidner, 2014; Lucas, Strelan, Karremans, & Sutton, in press). The present study suggests that developing effective justice interventions for use with racial minorities may require attending to injustice-related thoughts and cognitions, as well as those

related to justice. Indeed, some research has shown that acknowledging injustices may be an effective vehicle for promoting health and social wellness in underserved communities (e.g., Kwate, 2014). Importantly, our findings also suggest caution in developing and deploying health interventions that strive only to augment justice cognitions for use with African Americans, and perhaps other racial minorities. Caution is warranted not only because such an approach may be ineffective, but also because imprecisely altering justice cognitions may produce ironic, unintended, and potentially harmful consequences, (e.g., Lucas, Alexander, Firestone, & Lebreton, 2009).

### **Conclusion**

Our findings align with an emerging body of evidence that suggests thoughts about justice can both protect and detract from health and well-being of racial minority individuals. Crucially, this study also provides new insight in revealing that biological aging, as defined by TL, may be a vital pathway through which thoughts about justice “get under the skin” to affect health and illness. The double-edged effect of believing in justice on health and well-being arises when beliefs about justice for oneself are parsed from a belief that the world in general is fair, and may be especially evident among racial minority groups such as African Americans, whose experiences with social justice may forge unique and culture-specific wellness-promoting connections. Better understanding how justice-related thoughts and emotions connect to health and well-being among minority groups and individuals may be critical to advancing psychological theory and to developing social policy that can effectively address racial and ethnic health disparities.



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Table 1

*Sample Characteristics and Beliefs About Justice for Self and Others.*

	<u>Justice for Self</u> <u>Ascendant</u>	<u>Justice</u> <u>Equilibrium</u>	<u>Justice for Others</u> <u>Ascendant</u>	<u>Total</u>
	<i>N</i> = 24	<i>N</i> = 67	<i>N</i> = 27	<i>N</i> = 118
<b>Gender</b>				
Male	7 (29.17)	22 (32.84)	7 (25.93)	36 (30.51)
Female	17 (70.83)	45 (67.16)	20 (74.07)	82 (69.49)
<b>Age</b>				
18-20	6 (25.00)	15 (22.39)	7 (25.93)	28 (23.73)
21-30	10 (41.67)	27 (40.30)	7 (25.93)	44 (37.29)
31-40	4 (16.67)	5 (7.46)	5 (18.52)	14 (11.86)
41-50	0 (0.00)	7 (10.45)	2 (7.41)	9 (7.63)
51-60	3 (12.50)	13 (19.40)	5 (18.52)	21 (17.80)
Over 60	1 (4.17)	0 (0.00)	0 (0.00)	1 (0.85)
Missing	0 (0.00)	0 (0.00)	1 (3.70)	1 (0.85)
<b>Income</b>				
Less than \$15,000	6 (25.00)	24 (35.82)	13 (19.40)	43 (36.44)
\$15,000-\$24,999	4 (16.67)	12 (17.91)	5 (18.52)	21 (17.80)
\$25,000-\$34,999	3 (12.50)	7 (10.45)	4 (14.81)	14 (11.86)
\$35,000-\$49,999	6 (25.00)	5 (7.46)	2 (7.41)	13 (11.02)
\$50,000-\$74,999	2 (8.33)	10 (14.93)	2 (4.41)	14 (11.86)
\$75,000-\$99,999	2 (8.33)	6 (8.96)	1 (3.70)	9 (7.63)
\$100,000 and above	1 (4.17)	2 (2.99)	0 (0.00)	3 (2.54)
Missing	0 (0.00)	1 (1.49)	0 (0.00)	1 (0.85)
<b>Education</b>				
Less than High School	0 (0.00)	0 (0.00)	1 (3.70)	1 (0.85)
High School/GED	9 (37.50)	33 (49.25)	12 (44.44)	54 (45.76)
Some College or Trade School	6 (25.00)	17 (25.37)	10 (37.04)	33 (27.97)
College Graduate	6 (25.00)	10 (14.93)	3 (11.11)	19 (16.10)
Professional/Advanced Degree	3 (12.50)	7 (10.45)	1 (3.70)	11 (9.32)

*Notes.* Ascendancy indicates .5 or greater SD difference between beliefs about justice for self and others. Percentages in parentheses may add to less than 100 due to rounding.

Table 2

*Means, Standard Deviations, Intercorrelations, and Reliability Coefficients of Study Variables*

	Mean	SD	<u>1.</u>	<u>2.</u>	<u>3.</u>	<u>4.</u>	<u>5.</u>	<u>6.</u>	<u>7.</u>	<u>8.</u>	<u>9.</u>
1. Justice for Self	5.037	1.220	<b>.919</b>								
2. Justice for Others	4.427	1.161	.762***	<b>.894</b>							
3. DJ-Self	5.102	1.327	.890***	.706***	<b>.886</b>						
4. DJ-Other	4.655	1.304	.639***	.832***	.716***	<b>.910</b>					
5. PJ-Self	4.973	1.398	.901***	.662***	.605***	.436***	<b>.886</b>				
6. PJ-Others	4.199	1.432	.654***	.863***	.491***	.439***	.676***	<b>.936</b>			
7. Positive Affectivity	4.054	0.652	.187*	.163 <sup>†</sup>	.180*	.136	.156 <sup>†</sup>	.141	<b>.870</b>		
8. Negative Affectivity	1.657	0.742	-.043	-.045	-.011	-.020	-.065	-.055	-.334***	<b>.830</b>	
9. Telomere Length	1.307	0.225	.050	.023	-.031	.006	.118	.031	.046	.089	<b>2.9</b>

*Notes.* Internal consistencies presented on diagonal (Cronbach's alpha for measures and coefficient of variation for telomere length).

DJ = Distributive Justice, PJ = Procedural Justice.

<sup>†</sup>p<.10. \*p<.05. \*\*\*p<.001

Table 3

*Chronological Age and Justice Beliefs Predicting Telomere Length (N=117)*

Variable	Model 1			Model 2			Model 3		
	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$
<b>Higher Order: Justice for Self and Others</b>									
Age	-.01***	.001	-.50***	-.01***	.001	-.52***	-.01***	.002	-.43***
Self	-.02	.02	-.10	-.02	.03	-.13	-.02	.03	-.10
Others	.01	.03	.03	.01	.02	.05	.00	.02	.001
Age x Self				.004*	.002	.31*	.003 <sup>†</sup>	.002	.26 <sup>†</sup>
Age x Others				-.002	.002	-.18	-.003	.002	-.22
Self x Others				.02 <sup>†</sup>	.01	.17 <sup>†</sup>	.02*	.01	.24*
Age x Self x Others							-.001*	.001	-.24*
<i>Total R</i> <sup>2</sup>		.23***			.29***		.31***		
$\Delta R^2$		.23***			.06*		.03*		
<b>Lower-Order: Distributive Justice for Self and Others</b>									
Age	-.01***	.001	-.51***	-.01***	.001	-.51***	-.01***	.002	-.50***
DJ-Self	-.03	.02	-.19	-.04 <sup>†</sup>	.02	-.23 <sup>†</sup>	-.04 <sup>†</sup>	.02	-.23 <sup>†</sup>
DJ-Others	.01	.02	.06	.02	.02	.13	.02	.02	.13
Age x DJ-Self				.002 <sup>†</sup>	.001	.22 <sup>†</sup>	.002 <sup>†</sup>	.001	.21 <sup>†</sup>
Age x DJ-Others				-.001	.001	-.10	-.001	.002	-.11
DJ-Self x DJ-Others				.01	.01	.15	.01	.01	.15
Age x DJ-Self x DJ-Others							-.002	.003	-.04
<i>Total R</i> <sup>2</sup>		.25***			.28***		.28***		
$\Delta R^2$		.25***			.04		.001		
<b>Lower-Order: Procedural Justice for Self and Others</b>									
Age	-.01***	.001	-.47***	-.01***	.001	-.49***	-.01*	.002	-.35*
PJ-Self	.002	.02	.02	.01	.02	.06	.01	.02	.06
PJ-Others	-.004	.02	-.02	-.02	.02	-.09	-.02	.02	-.14
Age x PJ-Self				.003*	.001	.28*	.002	.001	.14
Age x PJ-Others				-.002	.002	-.21	-.002	.002	-.13
PJ-Self x PJ-Others				.01	.01	.12	.02*	.01	.27*
Age x PJ-Self x PJ-Others							-.02*	.01	-.37*
<i>Total R</i> <sup>2</sup>		.23***			.26***		.32***		
$\Delta R^2$		.23***			.04		.06*		

Notes. DJ = Distributive Justice, PJ = Procedural Justice.

Model 2 includes 2-way interactions. Model 3 includes 3-way interaction.

<sup>†</sup>p<.10. \*p<.05. \*\*\*p<.01

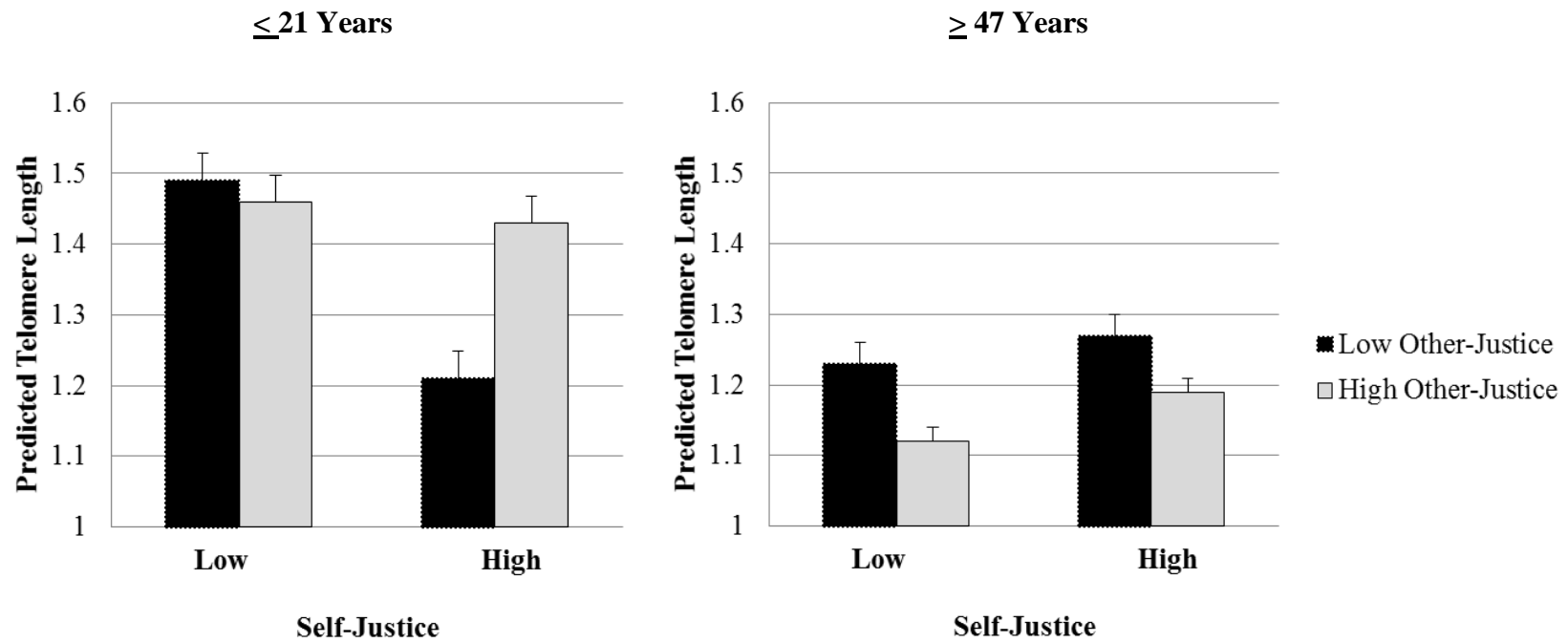


Figure 1. Predicted telomere length (T/S ratio) as a function of chronological age and beliefs about justice for self and others.