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Experiencing, Appraising and Coping with Race-related Stress: Black Women Living in New York City

by

HOLLIE L. JONES

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment for the degree of Doctor of Philosophy, The City University of New York

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Colette Daiute

Darlene Defour

Anderson J. Franklin

Martin Ruck

Supervisory Committee

Abstract

Experiencing, Appraising and Coping with Race-related Stress: Black Women Living in New York City

by

Hollie L. Jones

Advisor: Professor William Cross

The study represents an exploration of the relationship between race-related stress, Black identity, mental health and coping. Three hundred ten Black women attending three urban colleges completed a self-report survey instrument measuring race-related stress, Black identity attitudes, mental health, and coping. No connection was found between frequency of racist events and self-esteem, but a significant positive relationship between frequency of racist events and depression was recorded. There was also a significant, positive association between appraisal of racist events (ARE) and depression and a small, but significant association between ARE and self-esteem. This suggests that mentally healthy Black people can be made vulnerable to depression in the face of frequent encounters with racism and that appraisals may help distinguish those whose self-esteem is more vulnerable to race-related stress. Participants holding Racial-Self-Hatred, Anti-White and Afrocentric identity attitudes reported higher frequency of racist events in their lives, while those holding Assimilation attitudes reported a lower frequency of racist events. Appraising racist events as stressful was significantly and positively associated with Racial-Self-Hatred, Afrocentric, and Anti-White identity attitudes, and negatively associated with Assimilation attitudes. Regression analyses showed that Racial-Self-Hatred and Assimilation moderated the relationship between race-related stress and self-

esteem, while Multiculturalism moderated the relationship between race-related stress and depression. In terms of coping, women used significantly more strategies when coping with a general, as compared to a race-related stressor. Similarly, women who reported a high level of negative emotion during a stressful event used significantly more coping strategies than women who reported low-negative emotion across all categories of coping. The primary conclusion to be drawn from the above findings is that experiencing a significant number of racist events can put Blacks at greater risk for depression but not low self-esteem, but experiencing racist events, which in turn are appraised as stressful, can make one even more vulnerable to depression and lower self-esteem. Furthermore, Black identity attitudes moderate the relationship between race-related stress and mental health, but only under certain conditions. Implications for mental health practitioners and future mental research are discussed.

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This dissertation is dedicated to the memory of my mother Barbara Jones who never doubted I could and would go this far. To my father, brothers and close friends, I cannot thank you enough for all of your love, support and encouragement on this long road. Your love and encouragement helped me persevere. Finally, I would like to thank the women who agreed to be a part of this work and share their experiences and stories. Without their voices, this work would have not been possible.

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Introduction

As we move into the 21st century, one crucial social problem that must be addressed is ethnic minority mental and physical health disparities. Ethnic minorities are disproportionately represented among those suffering from health problems such as cardiovascular disease, cancer, asthma, stroke, adverse consequences of substance abuse and shorter overall life expectancies (DHHS, 2000; NIH, 2000). In a recent report the Surgeon General concluded that "racial and ethnic minorities bear a greater burden from unmet mental health needs"(DHHS, 2001, p.3) and that these disparities stem from historical and present day struggles with racism and discrimination which place minorities at risk for depression and anxiety disorders (DHHS, 2001). There is also an interaction between ethnicity and gender for some disparities. According to data from the National Comorbidity Survey (NCS--Kessler, McGonagle, Zhao, Neson, Hughes et. al, 1994) and the Norfolk Area Health Study (NAHS--Gary et al. 1989) the one-year prevalence of depression for African American women is higher than that of White and African American men (Brown and Keith, 2003). In fact major depression is one of the most commonly occurring mood disorders in the general population and among African American women.

To untangle the web of complex factors that contribute to these disparities, scholars suggest that those conducting research on these issues examine the environmental and social factors that contribute to these disparities. Anderson, Clark and Williams (1999) encourage researchers to examine the ways in which stressors related to racial discrimination directly contribute to psychological distress and physiological changes directly affecting mental health. An important aspect of addressing ethnic

minority health disparities is untangling the nature of the relationship between exposure to race-related stressors and the psychological pathways through which such stressors impact mental health. Anderson, Clark and Williams (1999) also suggest that researchers examine race and ethnicity not simply as categorical variable, as the categorical approach fails to recognize the ethnic diversity that exists within racial groups. This suggestion is based on the fact that racial groups are not ethnically monolithic and our current system of racial classification does not account for ethnic diversity. For example, many studies use "Black" as a monolithic category without taking complexity of this category into account. Those who identify as "Black" may have been born in the U.S. or immigrated to the U.S. from Africa or one of many Caribbean islands.

This dissertation is an attempt to begin addressing the above-mentioned issues by examining the ways that race-related stress impacts the mental health of Black women and the ways that personality factors such as identity moderate this relationship. More specifically, this study examines the relationship between race-related stress and mental health, the moderating effects of Black identity on the race-related stress-mental health relationship, and the ways in which Black women cope with racism. As a prelude to the findings from this study, selected literature related to general and race-related stress, general and racism-related coping, Black identity and the affects of racial discrimination on mental health are reviewed to provide a theoretical framework for the study.

Chapter one examines literature that underscores complex conceptualizations of the psychological aspects of stress and the transactional model of stress (Folkman and Lazarus; 1984; Thoits, 1995; Pearlin, 1989; Mullings and Wali, 2001). The transactional model of stress is emphasized because it moves beyond simple stimulus-response stress

models and emphasizes the agentive nature of human responses to stress. Furthermore, the transactional model of stress recognizes the connection between stressors, the person experiencing the stressor, the context or environment within which a stressor and a person are nested, and the range of coping mechanisms that may be employed. This section also includes a review of the different types of coping, explanations for why perceptions of stress vary among individuals, the negative affect of stress on mental health and the role of identity in the stress process.

Chapter two reviews literature documenting the everyday experience of Blacks with racial discrimination (Feagin, 1991; Jones, 1997; Williams, Yu, Jackson, Anderson, & Williams, 1997), the negative effects of racial discrimination on health, conceptualizations of race-related stress and racism-specific coping, and Black identity. While research related to the negative effects of racial discrimination on physical and mental health is readily being conducted by scholars in health-related fields and, more recently, in health psychology, social psychology has lagged behind. As a result, much of the work referenced in this chapter is from the public health and health psychology literatures. I include studies that approach racial discrimination as a stressor that has harmful health and psychological consequences for those who encounter it.

The third chapter presents the method used in the study, a description of the measures, procedures and study participants. The fourth chapter primarily focuses on the study findings and the fifth, and final, chapter includes a discussion of the results, study limitations and directions for future research.

Chapter 1

General Stress Models

The Transactional Nature of the Stress Process

Stress is typically defined as any social, environmental, or internal demand that requires an individual to change or modify their typical behavioral pattern, while the "stress reaction" refers to the state of physical, psychological or emotional arousal that is brought about by this demand (Thoits, 1995). Stressors are the experiential circumstances that give rise to stress (Pearlin, 1989) or external circumstances that challenge or obstruct (Aneshensel, 1992). A commonality across the many definitions of stress in the literature is that negative stressors "have the potential to evoke damage to the human body and emotional states" (Pearlin, Liberman, Menaghan & Mullan, 1981). This assumption is largely based on psychologists' findings that certain stressors negatively impact psychological well-being and physical health (Evans, 2002; Dougall and Baum, 2001). The voluminous literature on general stress has typically focused on the negative impact of stressors and ignored their potentially positive benefits[1].

The transactional model of stress allows room for people to be agentive and to bring about changes in their lives by eliminating and/or buffering negative stressful experiences. Unlike other stress models (e.g., the stimulus-response and the stimulus-organism-response models), the transactional model links stressors, the person perceiving and experiencing the stressor, the context or environment in which a stressor occurs, and

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[1] It is important to note that not all stressors are negative. Many people experience positive stressors on a daily basis through pleasurable events such as getting married or unexpectedly encountering a dear friend on the street. Similarly, it is important to note that some negative stressful events can serve to relieve ongoing stress (e.g. ending a marriage to an abusive spouse) — not all negative stressful events have damaging consequences (Thoits, 1995, Wheaton, 1982, 1995

the range of coping mechanisms triggered by stress (Lazarus and Folkman; 1984; Thoits, 1995; Pearlin, 1989).

The stress model most often referenced in the psychological literature is Lazurus and Folkman's (1984). Their model emphasizes the transactional nature and process of stress, where psychological stress is defined as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (p.19). The stress process is moderated by several categories of cognitive appraisal, as Folkman and Lazurus distinguish between what they call primary as compared to secondary appraisal (Folkman, Lazarus, Dunkel-Schetter, DeLongis and Gruen, 1986).

The goal of primary appraisal is to address the question "Am I in trouble or being benefited, and in what ways?" During primary appraisal, a person evaluates whether she is being harmed or benefited by a particular encounter. There are three types of primary appraisal: irrelevant, benign-positive and stressful. [1] If a situation has no implications for a person's well–being it is irrelevant; [2] a benign appraisal results when a person construes the outcome of a situation as potentially positive or self-enhancing; and [3] a stressful appraisal results when a person concludes that harm, threat and/or a challenge is involved. If an event is appraised as stressful, harm or loss may not have taken place, but might be anticipated, and a person may experience feelings of fear or anger. A person who senses that she may be about to encounter a stressor may feel threatened by the potentially harmful implications for the self and may mobilize her coping resources. As stressors unfold, a person can be overwhelmed, depending on their view of impending threat and the resources available for handling the threat. When a person is overwhelmed

by such feelings of threat, they risk being vulnerable to the onset of both physical and psychological disorders (Utsey & Ponterotto, Reynolds, & Cancelli, 2000). In comparison, a stressor appraised as challenging allows the person to focus on the potential for growth or gain inherent in the situation and is "characterized by pleasurable emotions such as eagerness, excitement and exhilaration" (Lazarus & Folkman, 1984 p.33). If a person determines that the situation is in fact stressful because it is deemed threatening, potentially harmful or challenging, they move toward secondary appraisal (Lazarus & Folkman, 1984).

At the heart of the secondary appraisal is the determination about what can be done to cope or adjust (Lazurus and Folkman; 1984). Here a person might ask, "What are the risks and benefits of this situation and what can I do about it?" During secondary appraisal a person assesses their resources and decides how to best cope with the situation to reduce stress. In this way, the stress experience is transactional and involves an interaction between person and environmental-level characteristics. For example, the outcome of a stress experience is largely contingent upon one's perceptions of stress that may be present in an environment, and the appraisal of that stress —i.e. if one does not appraise a potential stressor as stressful, one is not likely to be largely impacted by it and coping resources may not be utilized.

Expanding Lazurus and Folkman's Model

Researchers have expanded Lazarus and Folkman's model of the stress process by emphasizing the importance of culturally relevant dimensions such as being a member of a racial or ethnic minority group (Slavin, Rainer, McCreary & Gowda, 1991). Slavin, Rainer, McCreary & Gowda suggest that race and ethnicity influence each stage of Lazarus and

Folkman's stress model during 1) the occurrence of the event, 2) the primary appraisal of the event as benign, irrelevant or stressful, 3) the secondary appraisal process, and 4) the outcome. At the occurrence of an event, racial/ethnic group membership impacts what types of stressful events a person is exposed to. For example, African Americans are a numerical minority in the United States and may often experience stress related to being a minority in a variety of settings (e.g. schools, employment settings, stress etc.), as well as stress stemming from explicit and subtle encounters with racial discrimination.

At the primary appraisal stage of the stress process racial and ethnic minorities draw on cultural meaning to appraise an event as harmful or benign. In addition to deciding whether or not a potential event is harmful or benign, members of racial/ethnic minority groups might also ask, "Is this happening because I'm African American or because I have dark skin?" In certain cases, hyper- vigilance may develop and an event that is actually benign may be appraised as threatening. This appraisal of the event as threatening will lead to increased stress (Slavin, Rainer, McCreary & Gowda, 1991).

Racial/ethnic minority groups may hold beliefs about the usefulness of certain responses to stressors, especially when dealing with institutions (e.g. hospitals, school, government agencies), and these beliefs may influence the secondary appraisal process. The degree to which racial/ethnic minorities have internalized negative stereotypes about their group may impact their sense of efficacy when dealing with a demanding or stressful situation (Slavin, Rainer, McCreary & Gowda, 1991). Race/ethnicity also influences the secondary appraisal process by way of the coping strategies that are viewed as more appropriate or unacceptable. For example, the experiences of other group members might lead an African American person to believe that group protest is more effective than trying

to individually fight an institution. Finally, race/ethnicity may also impact the physical and psychological outcome of stressful events. For example, research has shown that, as compared to Whites, African Americans have higher cardiovascular reactivity to stressful racism-related events (Krieger, 1990). This is one potential explanation for racial/ethnic differences in cardiovascular health.

The Components of the Stress Process: Stress, Perception, Coping and Outcomes

This next section provides a brief overview of stressor sources, perceptions of stress (including appraisals), and how identity may contribute to variation in detection and response to stress. The chapter concludes with a brief discussion of coping and the mental health affects of stress.

Sources of Stressors

In the psychological literature sources of stress fall into several categories: [a] life events, [b] chronic strains/stressors and [c] daily hassles (Pearlin, Liberman, Menaghan & Mullan, 1981). Across the literature there is consensus that stressors often converge or are additive in the stress process. In brief, life event stressors are defined as objective occurrences of sufficient magnitude to change the normal routine and activities of most people. This includes any acute-sudden or expected changes that require a person to make a sudden change in a short period of time (e.g. the death or birth of a child) (Dohrenwend & Dohrenwend, 1984). Daily hassles are small events that one may encounter throughout the day that require minor behavioral adjustments (micro-stressors). On the other hand, chronic strains are demands that are prolonged and persistent over time (e.g. poverty or living with a chronic illness). More specifically, chronic stressors are "persistent or repeated demands

which cause individuals to readjust their daily behaviors" (Thoits, 1994 p. 146). Such stressors can be severe; especially those that reoccur on a daily basis.

Explanations for Why Perceptions of Stress Vary

Group differences in exposure to and perception of stress can be due to any number of factors. Variations in the perception and meaning of stress are due to differences in cognitive appraisal, context, social status and differential vulnerability. This section will explore each of these explanations in further detail.

Variations in the primary appraisal stage of the stress process partially explain variation in perceptions of stress. During primary appraisal a person decides whether or not an event or demand is stressful. Obviously, a person who does not appraise an event as demanding or taxing will not perceive it as stressful.

Variation in perception of stress may also be explained, at least partially, by one's location in the social structure. More specifically, social structure differentially exposes people to different types of stressors and plays a large part in determining what types of stress people are exposed to. Pearlin (1989) suggests that social structure determines the type of stressors people are exposed to and that experiences of ongoing stress and strain are sometimes the result of gender, racial and socioeconomic stratification. For example, although women and men, or African Americans and Whites for that matter, may occupy the same role, women and African Americans may be exposed to differential constraints as a result of racial and gender stratification. Going further, this suggests that groups like women, the elderly, gays and lesbians, and ethnic minority groups may encounter role strains by virtue of belonging to one, some, or all of these groups. Thus, differences in perceptions of stress may well be due to differences in the frequency and intensity of stress

experiences brought about by social hierarchy. Research has shown that people from disadvantaged social groups are more vulnerable to certain stressors and are more likely to perceive themselves to be under the negative effects of stress. More specifically, several studies have shown that women and those from low socioeconomic backgrounds report a higher degree of psychological distress and have higher depression scores than those from other backgrounds (McLeod & Kessler; 1990; Pearlin & Johnson; 1977; Thoits, 1987; Wheaton, 1982).

Much of sociological stress research emphasizes the role of social structure and views differential group power relations as fundamental, as many stressful experiences "can be traced back to surrounding social structures and people's locations within them" (Pearlin, 1989, p.242). Structural contexts include race, gender and socioeconomic status which may influence what stressors a person is exposed to, the effects these stressors may have and the resources that a person can tap to deal with the stressors. Aneshensel (1992) has taken this argument further and posits that stress is a "consequence of location in the social system and a determinant of some outcome, most typically psychological distress (p.18)." In brief, Pearlin and Aneshensel suggest that one's location in the social system and group memberships, will determine, to a great extent, the probability of encountering certain stressors, which in turn, will act to increase the probability of a person or group experiencing psychological or emotional distress and hence, stress.

Economic strains, which are the result of social structure, can further exacerbate strains. Certain social groups encounter a disproportionate amount of economic strain relative to other more economically dominant groups (Franklin, 1991). Unlike economically advantaged groups, the working class and the working poor are unable to mobilize their financial

resources to buffer the impact of certain economic and social stressors. These group differences are referred to as *differential stress vulnerability,* which has been found to be a moderator of stress outcomes (McLeod & Kessler, 1990). Theorists who emphasize the importance of differential vulnerability agree that those who have low financial status have higher psychological distress and are more susceptible to deleterious stress outcomes. Certain groups, such as the poor and working class may suffer more from exposure to certain stressors—this is referred to as *differential exposure* (Kessler, Mickelson, & Williams, 1999). The notion of differential exposure and vulnerability has been supported by empirical research (see McLeod & Kessler, 1990; Kessler & Neighbors, 1986). Work in this area suggests the emotional impact of certain stressful events may be greater among low SES individuals because they have fewer financial coping resources to draw upon and they experience more exposure to certain stressors and as a result, may have more difficulty buffering the negative effects of these stressors (Anderson & Armstead, 1995).

Some groups may experience a double burden by virtue of being members of multiple historically disadvantaged groups. As such, it is important to recognize the importance of the interaction between race and socioeconomic status as a moderator for stress outcomes (Williams & Rucker, 1996). For example, Wilson (1987) found that poor African Americans experienced more adverse living conditions, and the corresponding deleterious effects, than their White counterparts (also see Kessler & Neighbors, 1986). Kessler and Neighbors (1986) found that low income Blacks reported more stress in their lives than low income Whites and upper income Blacks. These studies suggest that belonging to multiple disadvantaged social groups may an additive affect on the amount of stress

experienced and contradict the suggestion that race is purely a proxy for socioeconomic status.

Myer's (1995) concept of minority stress explains how one's social location and experience in "dominant society" contributes to gay men and minority groups' psychological distress. In an interview study Myer investigated the individual and combined effects of internalized homophobia, expectations of discrimination, and actual prejudice events on the mental health of 741 gay men. He hypothesized that these three processes are stressful and require the expenditure of a large amount of psychological energy and resources and as such, affect mental health deleteriously. The results showed that internalized homophobia, expectations of rejection and discrimination and actual discrimination experiences, taken together, predicted psychological distress. What's interesting is that these variables also predicted psychological distress independently. This suggests that singular, as well as multiple stressors related to social location have the capacity to impact mental health negatively. In this way someone who belongs to multiple disadvantaged groups may be more at risk for negative stress-related outcomes.

The context under which a stressful event occurs will also influence it's meaning. These contexts include the macro-social, the micro-social, and the behavioral-psychological (Anderson, 1992). According to Anderson, the macro-social context includes broad population characteristics such as SES, health care availability, residential environment and social group dynamics, and the micro-social context includes factors like family characteristics, employment status, religiosity and cultural practices. For example, Black college students might be exposed to different set of race related stressors than White college students. The behavioral/psychological context refers to factors like perceived stress

and personality factors. For example, a Black woman with low self and ethnic group esteem might be more negatively impacted by a race-related stressor than a Black woman with high self and ethnic-group esteem. When a stressful problem arises, the interaction of the micro-social, macro-social, behavioral and psychological contexts will act to influence the meaning of certain stressors and outcomes.

Differential exposure and minority stress are logical explanations of variations in the perception of stress, as similar stressors do not necessarily lead to similar outcomes among groups. Variations in perception of stress among groups, and also within groups, could be due, at least partially, to any of the above-mentioned factors. This dissertation study combines the structural and minority stress theoretical perspectives by specifically addressing Black women's experience with everyday racism as a specific example of a chronic stressor.

The Role of Secondary Appraisal: General Coping

During secondary appraisal, or coping, a person reacts to the stressful situation. Coping is a major component of the stress process and is defined as successful or unsuccessful behavioral and cognitive attempts to manage, tolerate or master a situation that is appraised as exceeding or taxing one's personal resources (Folkman & Lazarus, 1984; Pearlin, 1989). Coping refers to action taken on one's own behalf and it has two functions: to regulate stress-related emotion and to alter the stressful person-environment relationship, all of which are geared towards minimizing threat and the effects stressors (Aneshensel, 1992; Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986; Pearlin, 1989).

A person employs coping strategies to manage the symptoms of stress. Research conducted by Folkman and her colleagues (1986) showed that variability in coping strategies

was a function of differences in primary and secondary appraisals. In other words, the coping mechanism a person utilizes is determined, at least in part, by whether or not an encounter is appraised as stressful and what, if anything, can be done to minimize the stress. To reduce threat a person may discount or minimize the stressor, or externalize the stressor as a way of minimizing its effect. Other people may pray, attend a religious service or talk to others who are under similar stress with the hope of reducing anxiety.

Coping has been conceptualized among many dimensions including problem-focused, emotion-focused, active and passive. Problem-focused coping is defined as an attempt to manage or control the situation from which a stressor has arisen. However, there are cases when a person does not have the capacity or power to change the situation. In such cases, people may use emotion-focused coping to manage the meaning of the situation and regulate emotions that arise (Lazurus and Folkman, 1984). More specifically, Folkman & Lazurus (1980) found that people tend to use both emotion and problem-focused coping strategies when dealing with a stressful situation. This suggests that coping occurs on two levels: at the level of the situation and at the level of emotion. People may also engage active or passive coping strategies when under stress. Active coping includes problem solving, attempting to relieve or control the stressor, functioning in spite of the problem and seeking social support. Passive coping might include trying to avoid a situation, hoping the problem will go away, engaging in denial, or accepting the problem. Any number of strategies can be classified as emotion-focused, problem-focused, active or passive coping.

The severity of the stressful situation can determine what type of coping mechanisms will be employed. For example, problem-focused coping is probably used

less often than emotion focused coping when dealing with something like the death of a parent. In such cases, people do not have the capacity to change the situation, only to deal with the emotions more or less effectively. If the stressor is structurally ingrained in the social fabric (e.g. institutional discrimination), people are less likely to employ problem-focused coping, at least not on an individual level.

Other researchers have noted that people use coping styles, which are defined as preferences for dealing with problems across situations. For example, people may have a consistent tendency to confront, deny, approach or be passive when dealing with stress (Menaghan, 1983). However, the research cited above supports the notion that the coping strategy used depends on both the nature of and the context of the stressor (Pearlin, Liberman, Menaghan & Mullan, 1981).

Stress and Mental Health: Negative Outcomes

The manifestations of stress are multifaceted and can impact physiological, emotional, and psychological outcomes. Depression, as a psychological manifestation of stress, has been studied most often and numerous studies have consistently documented the association between stress, depression and anxiety (Dressler, 1991, Pearlin & Johnson, 1977; Aranda, Castaneda, Lee & Sobel, 2001). These studies have found that low levels of social support are related to higher levels of depression and that high levels of recent stress predict depressive symptoms (see Gore, Aseltine & Colton, 1992; Handwerker, 1999). Depression and its symptoms include "depressed mood, and/or lack of interest in most activities, accompanied by symptoms such as appetite or sleep disturbance, decreased energy, difficulty concentrating, and feelings of worthlessness and/or suicidal thoughts—all

lasting at least two weeks" (Kessler, McGonagle & Zhao, 1994, p.9). It's clear that the experience of stress can lead to negative mental health outcomes, specifically depression.

Social status characteristics also play a role in the relationship between stress and mental health. Researchers have found that stress related to race/ethnicity and SES can negatively impact mental health. A study by Aranda, Castaneda, Lee and Sobel, (2001) found that high levels of economic and occupational stress predicted depressive symptoms among their sample —these stress variables accounted for over 25 percent of the variance in depressive symptoms. Numerous studies have also shown that unfair and negative treatment based on race/ethnicity adversely affects mental health (Landrine & Klonoff, 1996; Clark, Anderson, Clark & Williams, 1999; Kessler et. al., 1999). The logic here is that race-based discriminatory experience is a form of stress—often referred to as race-related stress. These researchers have found that experiences with racism are significantly associated with poor mental health outcomes among ethnic minorities, including depression and low life satisfaction. However, what remains unclear is how the stress-mental health outcome relationship may be modified or changed when variables such as identity are taken into account.

The Role of Identity in the Stress Process: Identity as a Meaning Making System

Mainstream psychology, especially social identity theory, assumes that group identity develops in response to social action (either for or against a group). In order to preserve the status quo or change the way their group has been treated, group members mobilize or are polarized along a group dimension. This explanation of why group identity forms assumes that group identity exists because of external criteria that help define the group. It also addresses the importance of context in the shaping of identity and the fact

that many use identity as a meaning making system. Here context refers to the historical, structural and social context as well as an individual's local context. Structural contexts, particularly those related to the social status and structure (i.e., race, gender and social class), play a large role in the formation of identity, as they are the experiential backdrops for the formation of group identities.

In addition to this theoretical interpretation of group identity, it is equally important to recognize the role of both external and internal space and within group variation in the formation and maintenance of group identity (Cross, 1997; Helms, 1990). Here the importance of historical and local context in the formation of identity is key and helps explain how one comes to see oneself as belonging to a particular social group and the relationship between that group and the larger society. Identity develops in a variety of contexts; some hostile and some friendly; and the recognition of within group diversity in beliefs and attitudes is essential to the study of identity. In this sense, identity in general, is not a static, immutable entity; instead, it is an ongoing process and a constantly shifting terrain and can be viewed as a meaning making system. For example, the experience of racial discrimination among different racial/ethnic groups has led to different degrees of socialization, sensitivity and different ways of dealing with racial discrimination (Franklin and Boyd-Franklin, 2000). This, in turn, has led to different identity attitudes. In a similar vein, different racial/ethnic groups can be seen as having different meaning making systems with regard to the experience of racial discrimination. A White man being harassed by a White police officer may interpret that harassment much differently than a Black man being harassed by a White police officer. This difference in interpretation may be explained, at least partially, by their differing racial group identities and the historical and

personal meaning attached to them. As such, identity as a meaning making system may play a role in the experience and interpretation of an event as stressful.

One suggestion is that the meaning and significance of a stressor depends, in large part, on the salience of the identity domain in which the stressor occurs (Thoits, 1994). This proposition is based on the rationale that those who experience a stressful event associated with an identity domain that is highly salient might find the event more stressful than those who do not feel the identity domain is highly salient. This proposition has not been the subject of much research. In one study Thoits (1995b) investigated the relationship between identity salience, stressful life events and psychological symptoms hypothesizing that stressful life events associated with highly salient identities increase psychological symptoms more than stressful events associated with less salient identities. The findings from this study did not support this theory — Thoits found that the effects of major life events were not significantly associated with the salience of an identity and that identity salience was "an inadequate predictor of the impact of events in that identity domain (p. 77, 1995b)." However, this work supports the contention that beliefs and identity salience play a major role in the *meaning* of a stressor and hence, variation in perceptions of stress. The *meaning* of a stressor may be influenced by the importance of an identity and identity attitudes. This is an area in which further research is needed.

Identity may also play a role in the coping process. Reinterpretation of identity in relation to a stressor may serve as a form of coping. More specifically, identity may serve as a form of coping in that when a stressor is encountered a person may interpret the stressor in a way that is more beneficial to the self or more in line with their identity. For example, a woman may feel that she encounters racial discrimination on a daily basis—she may

perceive this racial discrimination in many contexts. In response to what may be viewed as an assault to her racial/ethnic group membership she may reframe her racial identity and incorporate an Afrocentric ideology into her identity. These Afrocentric beliefs may buffer the impact of the racial discrimination she experiences by allowing her to attribute a personal racial discrimination experience to something outside of the self—like racism. In this way, her group (racial) esteem could remain high in the face of discrimination. She may also incorporate the expectation of encountering this race-related stress into her racial identity. In this way, identity can be viewed as a place where coping occurs as it can buffer the negative effects of specific forms of stress through the management of belief and ideology. A diagram of this model can be found in Figure 1.

Chapter Conclusion

In conclusion, the first chapter emphasized several points. First, the stress experience is transactional and involves an interaction between person and environmental-level characteristics. The second point is that social structure differentially exposes people to different types of stressors. Third, variation in perceptions and meaning of stressors may be moderated by appraisal and social status differences. The final point is that it is important to examine the role identity plays in the stress process, as it may prove to be a crucial variable in further explaining why perceptions of stress vary within groups and it may be a crucial buffer of the negative impact of stress on mental health.

Chapter 2

Blacks and Race-related Stress: Negative Mental Health Outcomes, Coping and Black Identity

Although explicit or blatant racial discrimination is less common, many African Americans report encounters with racial discrimination in employment, health care, education and consumer settings (Feagin, 1991; Jones, 1997; Essed, 1991). Research also suggests that many African Americans have daily encounters with racism (Feagin, 1991; Krieger, 1990; Landrine and Klonoff; 1996a, 1996b). Krieger (1990) found that Blacks reported experiencing one or more instance of racial discrimination each day with racial discrimination in employment settings being most common. Feagin (1991) has also shown that racial discrimination in public settings is common among middle class African Americans. In a 1991 study, Feagin found that Black middle class participants reported experiencing racial discrimination in public places in a variety of forms including avoidance, poor service, police harassment and verbal epithets.

According to Jones (1997), the experience of racial discrimination is multidimensional and can be classified using a tripartite typology which includes individual, institutional and cultural racism—all of which are distinguished by behavioral, cultural, psychological and structural dynamics. Institutional racism is the extension of individual racist beliefs to the institutional level and the corresponding institutional practices. An example of institutional racism is the use of standardized test scores for college and university entry, which are biased against certain racial/ethnic and socioeconomic groups. Other examples can be found in studies of racial and socioeconomic indicators which show that African Americans are more likely than

Whites to earn less money for the same work and live in substandard housing. Landrine and her colleagues (1995) examined the national census data on the distribution of U.S. salaries by race, gender and age to investigate how discrimination based on group membership is manifested at the institutional level for Latino, Black, and White men and women. Their analysis showed that White men were economically privileged in that on average, Latinos and Blacks' salaries were $16,254 lower than those of White men.

Individual racism refers to those ideas that perpetuate the superiority of one so-called racial group over another and the differential treatment of those groups believed to be inferior. Such ideas then manifest themselves in individual attitudes and behaviors. Cultural racism is a combination of individual and institutional racism and is defined as "the individual and institutional expression of the superiority of one's racial heritage over that of another race" (Jones, 1997 p.14). A profound example of cultural racism is how African Americans' many achievements and rich cultural traditions have been, and continue to be, devalued and interpreted negatively in the U.S. Racist discrimination can occur at many levels and has an impact on the targeted individual or group. Irrespective of the form racial discrimination takes—it can prove stressful for those who experience it. This dissertation focuses on Black women's perception of and experience with racial discrimination in daily interactions with others. More specifically, how do Black women detect, perceive, react and cope with race-related stress, and what effect, if any, does racial/cultural identity have on the dynamics of each component of the stress process?

Conceptualizing Racial Discrimination as a Stressor

The recognition that racial discrimination can negatively affect psychological health is not new, but the conceptualization of race-related stress is fairly recent. Race-

related stress has been conceptualized as directly affecting health by causing psychological and personal suffering (Anderson, 1995b). Drawing directly on Lazarus and Folkman's (1984) transactional model of stress, Harrell (2000) defines race-related stress as "the race-related transactions between individuals or groups and their environment that emerge from the dynamics of racism, and that are perceived to tax or exceed existing individual and collective resources or threaten well-being" (p.44). Similarly, Plummer and Slane (1996) define race related stress as "the psychological discomfort that results from a situation or event that an individual appraises as troubling because of racial discrimination" (p.303). Harrell, Plummer and Slane's notions of race-related stress suggest that, for ethnic minorities, life stress includes experiences related to race.

Harrell distinguishes between six types of race related stress: 1) racism-related life events, 2) vicarious racism experiences, 3) daily racism microstressors, 4) chronic-contextual stress, 5) collective experiences of racism and 6) the transgenerational transmission of group trauma (Harrell, 2000). Racism-related life events include events such as being turned down for a loan or being denied housing. These events occur fairly infrequently and have a clear beginning and end. Vicarious racism experiences are not directly experienced. Instead, these experiences are directly observed or mentioned by friends, family or the media. Chronic-contextual stress is brought about by the impact of social structure and institutional racism on the limited resources and opportunities available to ethnic minorities (Harrell, 2000).

Collective experiences with race-related stress occur at the collective or group level. Examples of collective sources of race-related stress include media stereotypes of

Black women, and lack of political representation for certain racial/ethnic groups (Harrell, 2000). Transgenerational transmission of group trauma is a form of race-related stress that includes events that have occurred within the context of history (e.g. slavery in the U.S.). These experiences are passed down to generations and families through discussion and storytelling (e.g. slave narratives). The final type of race-related stress mentioned by Harrell (2000) is daily racism microstressors. Daily racism microstressors, as defined by Pierce (1995) include "subtle, innocuous, preconscious or unconscious degradations and putdowns" (as cited by Harrell, 2000, p.45). One is likely to experience these microstressors during interpersonal interactions and it is theorized that the accumulation of these experiences overtime causes a stress load. These conceptualizations of race-related stress are extremely useful, but they do not provide any information related to the mechanisms through which race-related stress affects mental health.

Out of the six types of race-related stress discussed by Harrell (2000), this study primarily focuses on the affects of daily racism microstressors. While racism manifests itself at multiple levels including the institutional, collective and sociopolitical contexts, this dissertation examines Black women's experiences of racism in a variety of interpersonal and institutional contexts.

The Negative Affects of Race-related Stress on Blacks' Well-being

Clark, Anderson, Clark and Williams' (1999) biopsychosocial model is the most comprehensive model to date of how racism acts as a stressor for African Americans. Their model states that perceptions of racism cause physiological and psychological stress responses that are mediated and moderated by demographic, psychological, and

behavioral factors and coping resources. Over time, exposure to race-related stress can negatively effect health in that "the combined effects of acute and chronic [racism] perceptions have the potential to contribute to psychological and physiological sequelae that may be *toxic* to African Americans" (p.807). Franklin and Boyd-Franklin's (2000) recent discussion of the "invisibility syndrome" which refers to the process of managing the stress caused by racial discrimination is also a useful concept to consider. They theorize that Blacks experience stress resulting from dealing with daily race-based hassles and persistent feelings of being overlooked and/or mistreated because of racial stereotypes, irrespective of their talents or abilities. The toxicity stemming from such experiences is believed to have negative psychological and health effects.

The connection between stressful experiences with discrimination and health has also been made through a theory referred to as the *weathering hypothesis*. Williams, Yu, Jackson and Anderson (1997), used the weathering hypothesis to explain how racial discrimination can have such a deleterious health effect. The weathering hypothesis states that racial discrimination encounters are chronic and stressful for African Americans and that the effects of such stress are cumulative over time. As such, the more racial discrimination a person experiences over time the higher the risk of negative psychological and health outcomes. It's important to note that a person must perceive racial discrimination in order for it to be considered stressful.

Empirical Research on the Negative Affects of Race-related Stress

The biopsychosocial model and the weathering hypothesis are supported by research that has tied exposure to racial discrimination to negative outcomes such as psychological distress, depression and cigarette smoking (Clark, Anderson, Clark, &

Williams, 1999; Krieger, 1990; Landrine & Klonoff, 1996a; Williams, 1996; Sanders-Thompson, 1996). Research has shown that racial discrimination may be related to certain health-compromising behaviors. A study by Landrine and Klonoff (1996b) examined the relationship between racial discrimination, race-related stress and cigarette smoking. Results showed that racial discrimination was the best predictor of smoking among Blacks. More specifically, smoking rates for Blacks who experienced frequent vs. infrequent racial discrimination were 26.7% and 6.4%, respectively, while smoking rates for those who experienced racial discrimination as extremely vs. mildly stressful were 42.2% and 20.8% respectively. Participants reporting a high level of discrimination were 1.87 times more likely to smoke and experiencing discrimination as stressful significantly increased the odds of smoking. This study suggests that some African Americans may engage in deleterious health behaviors in response to racial discrimination and its corresponding stress.

Race-related stress is also thought to, and in some cases has been found to, impact Blacks' mental health in the form of depression and psychological distress (Jackson, Brown, William & Torres, 1996; Armstead, Lawler, Gordon & Cross, 1989, Williams & Williams, 2000). More specifically, research has shown that the perception of unfair treatment can cause negative emotional reactions, which in turn, lead to psychological distress or depression. The link between racial discrimination experiences and psychological distress is not new and has been documented among several ethnic groups. Ren, Amick and Williams (1999) found that Blacks' reports of racial discrimination experiences were positively related to psychological distress. The correlational studies of Dion and his colleagues have supported the discrimination as stress model. Pak, Dion, and Dion (1991)

studied "visible" minorities in Canada and found that Chinese students who reported encounters with racial discrimination had significantly more psychological symptoms than those students who did not report discrimination. In a study of three hundred eleven Korean children living in Canada, Noh & Kasper (2003) found a significant and moderate association between perceived discrimination and depressive symptoms. Landrine and Klonoff (1996), using the Schedule of Racist Events as a measurement instrument, found that increased frequency of racial discrimination experiences was positively related to psychological distress.

Theorists also suggest that there is a relationship between race-related stress and depression. Fernando (1984) suggests that race-related stress contributes to the onset of depression by acting as a threat to self-esteem and causing feelings of helplessness. McNeilly, Anderson, Robinson et. al. (1996) found that reports of racial discrimination were significantly associated with depressive symptoms among their African American sample, while Thompson (1996) found that psychological symptoms such as depression, nightmares and intrusive thoughts were more pronounced among Blacks who reported experiencing moderate to severe racism within the past 6 months. Although they did not find any racial group differences between Blacks and Whites, Kessler, Mickelson & Williams (1999) found that the joint effects of lifetime major discrimination and day-to-day discrimination had an additive affect and was a significant predictor of major depression and nonspecific psychological distress. Armstead, Lawler, Gordon and Cross (1989) found that their sample of African Americans reported feeling hopeless, frustrated, resentful and fearful, emotions that are believed to contribute to depression, following an experience with racism. Support for the relationship between experiences of discrimination and depression has also been found

by Brown, Keith, Jackson & Gary (2003) in their study of African American women. Using data from the Norfolk Area Health Study (NAHS, Gary, Brown, Milburn, Ahmed et al, 1989), they found that higher degrees of racial hassles were positively associated with depressive symptoms as measured by the CES-D, and that daily racial discrimination significantly predicted psychological distress.

It is important to note that there is a lack of firm consensus across studies regarding the relationship between discriminatory stress and self-esteem. When studying the affects of racial discrimination on Black self-esteem, many scholars relied on a deficit model and theorized that Blacks internalize racial oppression and stigma, which in turn, led to low self-esteem and racial self-hatred (Kardiner and Ovesey, 1951). This is referred to as the *internalization of stigma perspective* (Twenge and Crocker, 2000). Research has consistently shown this to be untrue; in fact research has shown that. Blacks, who often experience more stress stemming from racial discrimination than Whites, have self-esteem that is equal to or higher than that of Whites (Crocker, 1999; Crocker, Luhtanen, Blaine & Broadnax, 1994; Twenge and Crocker, 2000). Further support is offered from a more recent study by Utsey, Ponterotto, Reynolds & Cancelli (2000) who found that there was no association between race-related stress as measured by the Index of Race-related Stress (IRRS) and self-esteem among a sample of African American college students. Several explanations have been offered for Blacks' self-esteem advantage including that Blacks redefine racial negative group qualities into positive characteristics. Racial identity is also an important explanation. Research by Rowley and colleagues has shown that self-esteem is higher among those Blacks for whom racial identity is central and positively evaluated

(Rowley, Sellers, Chavous & Smith, 1998). More studies that examine within group variation in self-esteem and its relation to race-related stress and identity are needed.

The research cited above shows that the experience of race-related stress could have a detrimental impact on the mental health of Blacks. Race-related stress, as a group-specific case of general stress, has the same affects that other stressors have and can be linked to negative mental and physical health outcomes. While these studies provide ample evidence of the relationship between race-related stress and certain indicators of mental health, more research is needed to further clarify the effect of race-related stress on mental health (i.e., depressive symptoms and self-esteem) among Blacks.

Racism Specific Coping

The work of many researchers suggests that Blacks are flexible and use a variety of strategies to cope with racism (Feagin, 1991; Plummer and Slane, 1996; Harrell, 2000). While the general notion of coping with racism is similar to coping with other, more general stressors, *racism-specific coping* may be used when dealing with race-related stress. Racism-specific coping is defined as "cognitions and behaviors used to mitigate the effects (psychological and physiological) of perceived racism" (Clark, Williams, Clark & Williams, 1999 p. 810). Some researchers suggest that racism specific coping differs from the strategies used to cope with other, non-race-related stressors. Others discuss the importance of *racism-related coping styles*, which are "the relatively stable adaptations that evolve in the service of coping with racism" (Harrell, 2000, p. 51). While the notion of coping styles is useful, the literatures suggests Blacks use a variety of coping strategies when coping with racism from one situation to the next. However, people may develop a stable repertoire of coping strategies on which to draw. Irrespective of the coping style or strategy used, the

major functions of coping with racism are to control the symptoms of stress, while simultaneously managing the meaning of the situation in a way that reduces threat and or harm.

Coping with racism has been conceptualized as falling along several dimensions including active/passive, individual/collective, emotion-focused/problem-focused and inner-directed/outer-directed (Harell, 2000). Individual coping includes taking individual action to cope whereas collective coping refers to acts such as mobilizing, joining protests or organizations to fight against racism. Coping strategies that include regulating emotion or thoughts related to a racist experience would be considered inner-directed, while actions taken to impact or change a situation would be considered outer-directed. Active racism-related coping includes problem solving, attempting to relieve or control the stressor and seeking social support. Passive racism-related coping includes avoiding certain situations in which racism might occur, hoping racism will simply disappear or engaging in denial. A primary function of problem-focused coping is to allow a person to feel as though they have some control over the situation which, in turn, may minimize the affect of a stressor. Problem- focused coping strategies may include confronting the person or situation. However, there are cases when a person does not have the capacity or power to change the situation or it may not be physically safe to attempt to make a change. In such cases, the use of emotion-focused coping may be the only reasonable, although more passive, option. When using emotion- focused coping one regulates emotional symptoms stemming from a stressor (e.g. anger, frustration etc.).

In order to cope with race-related stress, Blacks may try to change the situation, remove themselves from the situation, seek out the support of others, or have a drink or

smoke a cigarette to numb their emotions. Others suggest that participating in a spiritual community or embracing a religious faith are central ways that Blacks cope with racist experiences (Bowen-Reid & Harrell, 2002). Blacks draw on multiple personal resources and coping strategies to manage race-related stress and the emotion it generates. These strategies include, but are not limited to, problem-focused, emotion-focused, active, passive, inner-directed, outer-directed, individual, collective and spiritual or religious strategies.

Empirical Race-related Coping Studies

Findings on the strategies Blacks use to cope with race-related stress are mixed. In a study of African Americans and Whites, Plummer and Slane (1996) used a modified version of Folkman and Lazarus' (1988) Ways of Coping Questionnaire to investigate coping with general and racial stress. They found that when encountering stressful racial discrimination experiences, African Americans were more likely than Whites to engage in both emotion-focused and problem-focused coping. The coping strategies Blacks used varied depending on the context; when in racially stressful situations many used passive coping strategies when confrontative coping may have been best. Plummer and Slane also found that Blacks used fewer coping strategies when dealing with race-related stress as compared to general stress.

Feagin (1991) also found that the coping strategies used by the African Americans in his study varied as a function of the context. When the African Americans in his study encountered racial discrimination on the street they reported coping through withdrawal, resigned acceptance or verbal retort. When encountering discrimination in public accommodations they reported responding with resigned acceptance or a verbal counterattack. Utsey, Ponterotto, Reynolds & Cancelli (2000) found that the context in

which race-related stress occurred greatly influenced the types of coping strategies African Americans employed. More specifically they found that African American women used avoidance coping strategies significantly more than seeking social support and problem-solving coping strategies when confronted with individual racism (i.e. as opposed to institutional or cultural racism). All of this work speaks to the importance of examining the context in which coping occurs, as it appears to play a major role.

A recent study by Shorter-Gooden (2004) explored racism and sexism related coping among a sample of 196 African American women and found that Black women used an array of internal and external strategies to cope with racism. The strategies women used most frequently were *role flexing* which included changing behavior or appearance or presentation to fit in with the dominant group; avoiding White people, certain situations and race-related topics, and fighting back verbally and/or through institutional mechanisms (e.g. filing a formal complaint).

Involvement with and participation in the Black church is a cultural buffer, and a form of social support some African Americans may use to cope with race-related and other stressors. One research study found that religious participation minimized the effects of stress among an elderly African American population (Krause and Van Tran, 1989). Mullings and Wali (2001) found that many of the Black women in their study turned to faith institutions and other spiritual resources in times of crisis and used these institutions to mitigate stress. More specifically, they found that churches were places where Black women explicitly discussed personal stressors and received comfort and advice on better ways to cope with stress. In addition to lending emotional and spiritual support, many Black churches provided tangible support in the form of clothing and food

donations and housing resources. Black churches and other spiritual resources are a form of support on which Blacks rely to help cope with race-related and other stresses.

Blacks use a broad array of strategies to cope with race-related stress from one situation to the next; some strategies are active while others are passive -- some may cope with stress by trying to do something about the situation that caused the stress while others may accept the situation as something that cannot be changed. What's more, racial/ethnic group members may rely on their beliefs about the usefulness of certain strategies when deciding what coping strategies to use.

For Better or Worse: Implications of Racism-related Coping Strategies for Mental Health

It is unclear which coping strategies most effectively in mitigate the negative impact of racial discrimination, as there is not much work in this area. A recent study by Noh, Beiser, Kasper, Hou and Rummens (1999) investigated the moderating effects of coping on the relationship between discrimination and depression among a sample of Southeast Asian refugees living in Canada. More specifically, the researchers examined whether confrontative (problem-focused) or passive (emotion-focused) coping attenuated the relationship between discrimination and depression. They found that confrontative coping had no affect on the relationship between depression and racial discrimination. On the other hand, there was a decrease in depression among those who had experienced racial discrimination and used an emotion-focused coping strategy. In this way, emotion-focused coping buffered the negative affects of racial discrimination on mental health.

A series of studies by Krieger and other researchers show that coping is related to certain health outcomes. Krieger (1990) found that Black women who stated that they usually accepted or kept quiet about racial discrimination were significantly more likely

to report hypertension than Black women who said they talked to others about the experience or took some kind action. A recent cross sectional study by Krieger and Sidney (1996) found that lower-class, African American men who reported high levels of racial discrimination had higher systolic and diastolic blood pressure than those who reported moderate levels of discrimination. In addition, Black adults who reported accepting racial discrimination had higher blood pressure than adults who reported challenging racial discrimination. Another study by Krieger (2000) found that when African American women responded passively to racially stressful situations (e.g., using denial or suppressing emotional reactions), they were 4 times more likely to have high blood pressure than women who used active coping styles. Utsey, Ponterotto, Reynolds and Cancelli (2000) found that avoidance coping predicted low levels of life satisfaction and lower self-esteem among Black college students coping with racial discrimination. These studies suggest that, in certain instances, passive and avoidant coping can be detrimental to health.

There are very few studies that examine within-group variation in coping behaviors. Conducting such studies will help shift some of the emphasis from the ways in which people succumb to stress to the ways people cope with it successfully. This dissertation explores coping as it relates to context. More specifically, this study examines the ways in which Black women cope with race-related stress compared to more general forms of stress.

The Protective Factors of Black Identity

The nigrescence experience is a transformative one in which an identity becomes more Afro-focused and centered (Cross, 1995). Cross' (1991) theory of nigrescence is characterized by five stages of Black identity development that have implications for a

person's feelings thought and behavior. The stages one must traverse to have a Black identity are *Pre-encounter*, which depicts the identity to be changed; *Encounter*, which isolates the point at which the person feels compelled to change; *Immersion-Emersion*, which describes the vortex on identity change; and *Internalization* and *Internalization-Commitment*, which describe the habituation and internalization of the new identity (Cross, 1991). All of these stages involve adjusting and dealing with any emotional and psychological dissonance caused by being a member of a particular racial/ethnic group.

More recently Worell, Vandiver & Cross (2000) re-evaluated this theory to reflect the possibility that people may progress through these stages nonlinearly. In this sense racial identity is not a static, immutable entity; instead, it is an ongoing process and a constantly shifting terrain. The most recent and expanded Cross nigrescence theory suggests that there are multiple Black identity types that include multiple attitudes. The expanded model has four stages and proposes multiple identities at each stage. More specifically there are three Pre-encounter identities (Assimilation, Miseducation, and Racial-Self-Hatred); one Immersion-emersion identity (Anti-White); and two Internalization identities (Afrocentricity and Multicultural Inclusive) (Worell, Vandiver & Cross, 2000). These six identity types are thought to capture *some* of the diversity in Black identity attitudes. The recent expansion in the Cross nigrescence theory recognizes that some Blacks may feel that there are other groups that share a similar plight to blacks (e.g. women and Hispanics) —this identity type is referred to as Multicultural Inclusive. With the exception of Cross (2000), most racial identity theorists do not leave room for identification with other oppressed groups who may share a similar plight with Black Americans or emphasize within group variation. The revised Cross model (Worell,

Vandiver & Cross, 2000), with its recognition of multiplicity and complexity, will play an important theoretical role in this examination of race-related stress and identity.

There is still a need to uncover factors that may moderate the relationship between exposure to race-related stress and mental health outcomes. One such factor is racial identity—there are a lack of studies that examine the potential buffering affect of Black identity, as it relates to race-related stress and negative mental health outcomes. It is clear that in some instances racial identity is a way Blacks protect and defend themselves psychologically against perceived racial discrimination. In the same vein, Blacks use their group identity as a way of buffering racial discrimination and the resulting race-related stress. Black identity is a place where Blacks manage their beliefs about race and the significance it plays in their lives—these beliefs can serve as a buffer to race-related stress. For example, a person who is strongly identified with her racial or ethnic group may be more likely than someone who is more assimilated into the dominant culture to recognize racism and view it as a social, rather than a personal, problem.

While many Black identity theories implicitly suggest the existence of protective factors, only a few Black identity theorists have explicitly discussed these factors (Cross, Parham & Helms, 1991; Cross, 1995; Cross, 1998). As a result, I rely on Cross' suggestion that each Black identity type operates with a set of predominant buffering and defensive functions. Black identity may buffer and/or moderate race-related stress, depending on the content of one's racial identity and beliefs about the significance of race for the self. Other theorists also suggest that identifying with one's own group should buffer the stress of discrimination (Dion, 2001; Sellers & Shelton, 2003).

According to Cross, the major function of Black identity is to provide a sense of group affiliation that allows a person to feel comforted in knowing that, in spite of racial discrimination and the corresponding stress that may arise, she has similar group members and organizations that can be relied upon to assist with stress. Black identity helps defend the person from negative psychological stress that results from having to live in a society that is at times very racist through a broad array of behavioral strategies in discriminatory situations. The behavioral strategies "protect a person from psychological insults, and, where possible, warn of impending psychological attacks that stem from having to live in a racist society" (Cross, Helms & Parham, 1991 p.328). In addition, a person with a developed Black identity will be able to protect her self-esteem and maintain a "sense of perspective and personal worth in the face of racism" (Cross, 1995, p. 197). So a person can feel good about herself by focusing on the positive aspects of her group, even in the face of racial discrimination.

Another buffering function of Black identity is to help the person develop or maintain a system-blame orientation. With a system-blame orientation the locus of control is external --one will not blame the self for racial discrimination, but will instead blame something outside of the self--like a racist individual or institution. Keenly developed ego functions can also help buffer race-related stress and help a person employ a broad array of coping strategies. For example, ego functions help a person determine when it is best to walk away from or confront the person or people responsible for inflicting discriminatory actions and to control the anger or depression that may come about as a result of the experience. A religious orientation that prevents the development of a sense of bitterness and the need to stigmatize Whites may also help buffer race-related stress (from p. 196,

Cross, 1998). Through the buffering affects of Black identity, Blacks may modify the risk associated with negative outcomes like hypertension and depression (Clark, Anderson, Clark, & Williams, 1999).

Cross' work also suggests that in order for the buffering functions of Black identity to be employed properly in a potentially stressful situation, a person must have an awareness of the several factors. First, the person must be aware that racism is a major part of living in America. They must also have awareness that the potential of encountering racism on an individual and group level, irrespective of sex, socioeconomic background or education, is a very real possibility. In other words, they should understand that they might very well be a victim of racism, irrespective of their social status.

Empirical Studies

Few studies have examined how racial identity can act as a buffer for race-related stress; there are barely any studies that examine the moderating impact of Black identity on race-related stress and mental health and none that use a multidimensional theoretical or measurement approach.

A recent longitudinal study by Sellers and Shelton (2003) examined whether racial centrality, racial ideology, and racial regard buffered the mental health affects of racial discrimination among African American college students. Several findings from this study are relevant here. There was a positive association between racial centrality and perceived racial discrimination, --the more important being Black was to the self-concept, the more racial discrimination the sample reported experiencing; racial regard and ideology were not related to perceptions of discrimination; and there was a negative relationship between having a humanist ideology and perceived discrimination. Sellers and Shelton also found

that racial ideology and public racial regard moderated the negative relationship between perceived discrimination and psychological distress. More specifically, those who endorsed a nationalist ideology and believed that other groups perceived African Americans negatively (low public regard) were buffered from the psychological distress brought about by perceived discrimination.

Another study by Noh, Beiser, Kasper, Hou and Rummens (1999) examined the moderating affects of ethnic identity on the relationship between racial discrimination and depression among a sample of South Asian refugees. They found that for those with higher levels of ethnic identity, there was a more intense relationship between racial discrimination and depression. However, the ethnic identity measure used was not multidimensional and primarily assessed traditional ethnic values (e.g. issues of language usage and attitudes toward intermarriage). The work of Sellers and Shelton and Noh and colleagues points to the importance of examining the moderating affects of racial and ethnic identity on the racial discrimination-mental health relationship.

The salience of race is a useful way of organizing and/or predicting whether or not racial identity will buffer race-related stress. Cross & Fhagen-Smith (2001) suggest that most Black identity orientations fall into three categories: 1) moderate to high racial salience (HRS), 2) Low race salience (LRS) and, 3) moderate-to-high negative race salience (NRS). High racial salience characterizes those individuals who are Afrocentric or Multiculturalists and who view Black racial content and culture as important. Those with low race salience (LRS) may not give any importance to issues of race and/or Black culture. However, those who fall into this category "are thought to have the same psychological integrity, complexity and dimensionality as those with high race-salience" (Grant, Cross & Ventuneac; 2004). In

contrast those with negative racial salience identity orientations have identities that are characterized by miseducation and racial self-hatred which may be associated with negative mental health.

Cross' *nigrescence* theory suggests that Black identity attitudes have a particular relationship to self-esteem. An important factor in the study of Black identity has been the role of self-hatred and low self-esteem. The theory suggests that the internalization of racist beliefs could exacerbate the effects of racism and decrease self-esteem. The Racial-Self-Hatred dimension of racial identity should be the most related to self-esteem, as it is the only dimension that taps personal identity (i.e. how I feel about myself as a Black person). Studies carried out recently have shown that Black identity does have implications for self-esteem, but only under certain circumstances (Grant, Cross & Ventuneac; 2004). A recent study by Grant, Cross & Ventuneac (2004) on the relationship between the CRIS identity types and mental health found that Racial- Self-Hatred and Afrocentric were significantly correlated with and predicted self-esteem. More specifically, people with higher scores on the self-hatred and Afrocentric subscale scores had lower self-esteem. The researchers also found that Multiculturalism was positively related to self-esteem.

A study by Phelps, Taylor and Gerard (2001) also found that the pre-encounter, immersion/emersion and internalization subscales of the RIAS-B were significantly correlated with self-esteem for their African American students. Most interestingly, the preencounter and immersion/emersion subscales were negatively related to self-esteem while internalization was positively related to self-esteem. The major problem with this study is that the RIAS-B does not differentiate between the different attitudes that encompass the Pre-encounter, Immersion/emersion and Internalization stages of racial

identity. The relationship between racial identity attitudes and self-esteem needs to be investigated further using measures that reflect the diversity of racial identity attitudes.

Social psychologists have also recently begun to address the importance of variation within reference and racial group identity. For example, psychologists and other scholars recognize that Blacks are not a monolithic group and vary ethnically (Phelps, Taylor & Gerard, 2001). Despite this recognition, only a few studies have examined racial identity among ethnically diverse Blacks. Phelps, Taylor and Gerard (2001) found that African American students scored significantly higher than West Indian students on the Encounter and Immersion/emersion subscales of the RIAS-B. They also found that African Americans scored significantly higher than both West Indian and African student on the Internalization subscale of the RIAS-B. While this is an interesting finding the authors do not offer an explanation as to why this difference may exist. More research is needed on how variables such as age, socioeconomic status and immigration status influence racial identity. This dissertation builds on work completed in this area by examining racial identity among an ethnically diverse sample of Black women.

Research Questions and Hypotheses

There is currently a dearth of research on the relationship between race-related stress, identity, coping and mental health outcomes and there are even fewer studies that examine the potential buffering role of Black identity on discriminatory experience. This dissertation makes a link between group identity and race-related stress by exploring how Black identity may be engaged by Black women to buffer themselves from race-related stress and deleterious mental health. More specifically, racial identity, in its various forms is examined as a moderator of the relationship between race-related stress and mental health

outcomes. The specific research questions and related hypotheses explored in this dissertation are:

1. What is the *relationship* between race-related stress (via frequency and appraisal of racist events) and mental health outcomes among Black women (BW)?

Hypothesis 1: Black women in this study may evidence a range of support systems that help buffer their self-esteem, and as a result, more frequent experience with racial discrimination will not be significantly associated with self-esteem, one way or the other. Women who report more frequent experiences with racial discrimination will have the same level of self-esteem as BW who report less frequent experiences with discrimination (Crocker, Luhtanen, Blaine, & Broadnax, 1994).

Hypothesis 2: Previous research suggests a closer link between racist events and depression; consequently, more experiences with racist events will be positively associated with depression. Women who report more frequent experiences with racial discrimination will be more likely to have higher levels of depression (McNeilly, Anderson, Robinson et. al, 1996; Thompson, 1996; Kessler, Mickelson, & Williams 1999).

Hypothesis 3: Appraisal of racist events as stressful will not be significantly associated with self-esteem (Crocker, 1999; Crocker, Luhtanen, Blaine, & Broadnax, 1994).

Hypothesis 4: Appraisals of racist events as stressful will be positively associated with depression (Landrine & Klonoff, 1996; Clark, Anderson, Clark & Williams, 1999).

2) What is the *relationship* between Black identity, race-related stress and mental health among Black women?

Hypothesis 1: Women with high scores on Racial-Self-Hatred are likely to report encounters with racial discrimination and appraise racist events as stressful.

Hypothesis 2: Women with higher scores on Assimilation, a frame of reference that gives low salience to race and black culture, will be less likely to report encounters with racial discrimination and appraise such encounters as stressful, as compared to what is true for women who have higher scores on other Black identity dimensions.

Hypothesis 3: Those with high scores on Afrocentric or Anti-White, frames that are sensitive to the existence of racism in everyday life, will be likely to report encounters with racial discrimination and appraise such encounters as stressful.

Hypothesis 4: Those with higher scores on Multiculturalism (have a high to moderate level of heightened awareness of race) will report moderate-to-low frequency of encounters with racial discrimination and will appraise racial discrimination experiences as stressful, at a very moderate to low level.

Hypothesis 5: While it is predicted Racial-Self-Hatred will be linked to lower self-esteem and greater depression, the other black identity ideologies [Miseducation, Assimilation, Anti-White, Afrocentric, and Multicultural], which are viewed as equally efficacious pathways to positive mental health, will show no particular relationship to either self-esteem or depression.

3.) Do specific Black identity attitudes (Racial-Self-Hatred, Miseducation, Assimilation, Afrocentric, Anti-White and Multicultural) moderate the relationship between race-related stress and mental health outcomes—and if so, what are the specifics of this moderational relationship?

Hypothesis 1: Racial-Self-Hatred, Miseducation, Assimilation, Anti-White, Afrocentric and Multicultural and *frequency of racist events* will evidence distinctive moderator effects for the relationship between race-related stress and *depression.*

Hypothesis 2: Racial-Self-Hatred, Miseducation, Assimilation, Anti-White, Afrocentric and Multicultural and *frequency of racist events* will evidence distinctive moderator effects for the relationship between race-related stress and *self-esteem.*

Hypothesis 3: Racial-Self-Hatred, Miseducation, Assimilation, Anti-White, Afrocentric and Multicultural and *appraisal of racist events as stressful* will evidence distinctive moderator effects for the relationship between race-related stress and *depression.*

Hypothesis 2: Racial-Self-Hatred, Miseducation, Assimilation, Anti-White, Afrocentric and Multicultural and *appraisal of racist events as stressful* will evidence distinctive moderator effects for the relationship between race-related stress and *self-esteem.*

4). Do Black women use a different number of coping strategies when negotiating race-related stressors as compared to general stressors?

Hypothesis 1: The number of strategies used to cope with race-related stress will significantly differ from the number of strategies used to cope with general stress.

Chapter 3

Methods

Participants

Three hundred ten women of African descent attending three urban colleges participated in the study. The majority of participants identified as West Indian or African American (see Table 1). While the original plan was to engage African American women, a large number of West Indian women responded as well. Slightly more than one-third of the sample immigrated to the United States, the majority from English speaking West Indian islands (e.g. Trinidad and Jamaica), followed by Spanish and French speaking West Indian countries (e.g. Haiti, Belize, el Salvador), Africa (Nigeria & Togo) and other countries (e.g. France and Burma). One hundred twelve participants immigrated to the United States with their parents, and another 94 were the offspring of parents who immigrated to the United States from various points in the West Indies. Only 59 participants fell into the indigenous African American category in that both their parents were native to the United States. Given that the parents of more than half of the sample immigrated to the U.S., a large portion of the women were first generation or held 1.5-generation status.

For women who checked "other", "mixed" or "African", participant immigration status and parents' place of birth data was used to determine the nature of their ethnic background. Participants were excluded from further analyses if they indicated they were Latina, mixed with non-African descent groups, or from Central America (e.g. Belize or El Salvador). Six women indicated they were "mixed" and further examination of their background data showed their parents to be of mixed

West Indian ancestry (e.g. father from Trinidad and mother form Jamaica). These women were classified as West Indian. Four participants identified as "African" though their parents were born in the U.S. and these participants were eventually classified as African American. Altogether, data from 262 women were analyzed. Of this group, forty-five percent (N=118) were African American and 55% were West Indian (N=144).

Measures

The data for this dissertation focused on several key constructs and variables. These constructs include Black identity, stress, coping and mental health. A table of the constructs and linking variables can be found below.

Constructs	**Variables**
Black Identity	Black identity subscales: Racial-Self-Hatred, Miseducation, Assimilation, Afrocentric, Anti-White and Multicultural
Race-related Stress	Subscales: Frequency of racist events, Appraisal of racist events
Coping	General stress coping, racial discrimination-related coping
Mental Health	Self-esteem, Depression

Stress Measures

1. Schedule of Racist Events (SRE, Landrine & Klonoff, 1996). The SRE measures the number of racist discrimination events experienced by the respondent in the past year and the extent to which these events were appraised as stressful. The SRE has 3 subscales: a measure of racial discrimination experiences over the lifetime, a measure of racial discrimination experiences over the past year, and a subscale measuring the extent to which

these events were stressful. The lifetime dimension of the measure was excluded, as I was specifically interested in participants' more recent experiences with racist events. The subscale measuring the frequency of racial events consisted of 18 items rated on a 6-point scale [e.g. how many times have you been treated unfairly by strangers because you are Black?] and internal reliability as found in this study was .92. The subscale measuring the appraisal of events as stressful incorporates 17-items [e.g., how stressful was this event for you?] and the reported alpha for the current study was .92.

Identity Measures

1. Cross Racial Identity Scale (CRIS; Worrell, Cross & Vandiver, 2001). The CRIS is a 40-item scale, inclusive of 10 filler items, and employs a 7-point Likert response scale. There are six, five-item subscales that correspond to different Black identity types. Assimilation is subscale that measures pro-American and Assimilationsist attitudes [e.g., I think of myself as an American, and seldom as a member of a racial group] and has good internal reliability [alpha =.76]. The Miseducation subscale taps the degree to which a respondent embraces negative stereotypes about black people as a group [e.g., Blacks place too much importance on racial protest and not enough on hard work and education], and in this study the alpha recorded was .74. Racial-Self-Hatred is a subscale that measures Black self-hatred or anti-Blackness [e.g., When I look into the mirror at my Black image, sometimes I do not feel good about what I see]. The subscale alpha for this study was .84. The Anti-White subscale assesses disdain and hatred for White culture and people [e.g., I have a strong hatred and disdain for all White people] and has good internal reliability [alpha = .87]. Afrocentric is a subscale that that measures a form of Black Nationalism characterized by empowerment and awareness of Black culture [e.g., I see and think about things from an Afrocentric

perspective] and the study alpha for this study was .80. The Multicultural subscale measures the degree to which Blacks accept and connect with others from diverse cultures and worldviews [e.g., As a multiculturalist, I am connected to many groups (Hispanics, Asian-Americans, Whites, Jews, gays & lesbians, etc.)] and has good internal reliability [alpha = .81].

Mental Health Measures

1. Center for Epidemiological Studies-Depression Scale (CES-D, Radloff, 1977). The CES-D Scale is a self-report depression measure consisting of 20 items rated on a 4-point scale (0 = rarely or none of the time to 3 = most or all of the time). It was designed to measure depressive symptomatology in the general population [e.g. during the past week, I thought my life had been a failure]. Higher scores represent higher psychological distress. The reliability and validity of the measure has been demonstrated across a wide variety of demographic characteristics. A score above 22 indicates a person may be suffering from a major depression, a score of 15-21 indicates possible mild to moderate depression and a score below 15 does not indicate depression (Radloff, 1977). The alpha for this scale was .82.

2. Rosenberg Self-Esteem Scale (RSE, Rosenberg, 1965). The RSE is a 10-item scale that measures a person's overall assessment of their self-worth [e.g., I am able to do things as well as most other people]. Respondents rate items on a four- point scale (1= strongly disagree to 4=strongly agree). The RSE is one of the most frequently used self-esteem measures. Higher scores represent higher self-esteem and the alpha for this study was .83.

Coping Measure

1. Coping (Harrell, 1997). Coping was measured using a slightly modified version of Harrell's Racism-Encounter Emotion and Coping Scale (EC). Additional coping items were added to reflect the importance of using religion/spirituality [e.g. lit a candle for strength and guidance in dealing with the problem], drinking and smoking, when under stress. Two variants of coping were incorporated into the study. Some participants completed a general coping version and another group a discrimination version.

General Coping: For the general coping version of the scale, respondents were instructed to recall a *general* stressful event experienced within the past year. They were asked to provide a detailed written description of the event. Participants then completed checklists of emotions experienced at the time, the coping strategies they used and how long they experienced stress due to the event.

Discrimination Coping: For the discrimination version, participants were instructed to recall an event or a situation that was stressful and involved some type of discrimination or unfair treatment. They were then given a list of the forms of discrimination including; racial, gender, racial-gender and another form of discrimination that they specified. In summary, the only difference between one version from the other was the prime of instruction; otherwise the response format and checklist were exactly the same for each variant of the scale.

Procedure

Black women completed a survey-packet containing measures of race-related stress; coping, mental health (depression and self-esteem), and Black identity. Each participant also provided demographic information (age, year in college, immigrant status, parents' place of birth, current and childhood socio-economic status and racial/ethnic identification). Study

participants were primarily recruited through fliers posted on campus. Several women were recruited through an Africana email listserv and referred by friends who had already participated in the study. Participants received $15 for participating in the study. After reading and signing a consent form, study participants completed the survey. All participants were debriefed after completing the survey.

Women took an average of 40 minutes to over an hour to complete the survey packet. After administering the survey to about 90 women, the research team realized that there was a great deal of incomplete data for the coping measure. The coping measure was the last instrument in the survey packet and women indicated that by the time they got to this instrument they were fatigued. To alleviate this problem, the completion of the coping measure was made voluntary—those women who completed the coping measure received an extra $5 compensation. A total of eighty nine women completed the discrimination event form--of these women, forty six wrote about a racial discrimination event. Sixty four women completed the general coping event measure.

Chapter 4

Results

Differences Between West Indian and African American Women

The original design called for participation by African American women, but the final sample incorporated a large number of Black women who immigrated from the West Indies with their parents. Others were of West Indian heritage in that while born and raised in the USA, both their parents were born and immigrated from various West Indian island-countries. Consequently, when the analysis section of this study began to take shape, it was assumed that the similarities and differences between women of African descent who identify as African American and West Indian might be a central outcome. The extant research suggests that African Americans and West Indians differ on key dimensions—particularly SES and ethnic/racial identification (Bryce-Laporte, 1972; Waters, 1994; Kalmijn, 1996; Waters, 1999; Vickerman, 1999). More specifically, West Indian immigrants may have a broader interpretation of race than African Americans (Waters, 1994, 1999, Vickerman, 1999). As such, I was prepared to find differences between West Indians and African American women on levels of ethnic identity and perceptions of racial discrimination and stress.

The two groups were examined to determine if there were any significant group differences on demographic indicators (age, number of children, SES background, length of time in the U.S., marital status, highest education completed by mother and father), measures of identity, racial discrimination and mental health. T-Tests were performed to compare African American and West Indian women on key variables. As Table 2 indicates, the analyses showed the two groups differed significantly on only one outcome

and that was length of time in the U.S. The West Indian women had been in the U.S. for an average of 9.88 years [range of 18-35], while African American women averaged of 22.28 years and a range of 1.5-45 years. Surprisingly, two groups did not differ on any of the other variables.

Previous research has established that 2nd generation Black immigrants share similar attitudes and perceptions as native African Americans and the results suggest that the West Indian women in this sample were more akin to 2nd generation status rather than first generation or 1.5 generation status. This lack of a difference held as well for participants born in the United States to parents born in the West Indies (See Table 3). In order to determine if time in the United States might be acting as a proxy for immigration, two groups were created for the *entire* sample: one group for women who have been in the U.S. for less than ten years (N=51) and another for those who have been in the U.S. for more than ten years (N=204). T-tests revealed significant differences between the 2 groups in that those who have been in the U.S. for more than ten years had higher assimilation scores and appraised racist events as less stressful. These analyses were for the entire sample and did not control for immigration. Next, data was analyzed *only* for those who indicated they were immigrants (N=95). Results showed that there were *no* significant differences between those who have been in the U.S. for less than ten years (N=51) and those who've been in the U.S. for more than 10 years (N=44) on the key variables. Given the lack of group differences, all subsequent analyses were conducted with the total sample of African American and West Indian women, herein referred to as *Black women.*

Racial Discrimination and Stress Appraisals

Racial Discrimination

I examined the frequency with which that Black women reported various types of race-related stress events. As Table 4 indicates, on average, Black women reported experiencing racist events once in a while (less than 10% of the time) over the past year. The events that women experienced most frequently were, "Wanting to tell someone off for being racist but didn't say anything" [m= 2.77]; "Being treated unfairly by people in service jobs (store clerks, waiters, bartenders, bank tellers and others" [m= 2.63]; and "Being treated unfairly by strangers because you are Black" [m= 2.55].

Stress Appraisals

In terms of appraising racial events as stressful, Black women appraised racist events as not very stressful—the mean rating across items was 2.25 on a scale of 1 (not at all stressful) -6 (extremely stressful--see Table 4). The racist events women appraised as most stressful were, "Wanting to tell someone off for being racist but did not say anything" [m= 3.11]; "Being really angry about something racist that was done to you" with a [m= 2.98]; and "Being treated unfairly by people in service jobs (store clerks, waiters, bartenders, bank tellers and others" [m= 2.96].

Frequency of Racist Events, Appraisals and Mental Health

Frequency of Racist Events and Mental Health

Specific hypotheses were examined to explore whether Black women who report more racist events, and appraise these events as stressful, suffer from negative mental health outcomes. It was hypothesized that since Black women evidence a range of support systems that help buffer their self-esteem, more frequent encounters with racist

events would not be significantly associated with self-esteem, one way or the other. I predicted that those who report more frequent experiences with racist events would have the same level of self-esteem as those who report less frequent experiences with racist events. As predicted there was a weak and insignificant correlation between frequency of racist events and self-esteem (R=.08, p=.18).

On the other hand, previous research suggests a closer link between frequency of racist events and depression. Consequently, I predicted that Black women who report more encounters with racist events would be more likely to have higher levels of depression (McNeilly, Anderson, Robinson et. al, 1996; Thompson, 1996; Kessler, Mickelson, & Williams 1999). As predicted there was a moderate significant correlation between frequency of racist events and depression (R=.35, p=.00).

Appraisal of Racist Events and Mental Health

Given the research that has shown that there is not a relationship between racial discrimination and self-esteem, I hypothesized that Black women's appraisals of racist events as stressful would not be significantly associated with self-esteem. While I hypothesized that there would not be a significant relationship between appraisal of racist events as stressful and self-esteem, there was a small, but significant, correlation between these two variables (R= -.15, p=.01). A potential explanation for this finding is that there may be other variables, like racial identity attitudes, contributing to this relationship that a bivariate correlation does not allow one to account for. This relationship is explored further in the next section using regression analyses.

I also hypothesized Black women's appraisals of racist events as stressful would be positively associated with depression (Landrine & Klonoff, 1996; Clark, Anderson, Clark &

Williams, 1999). As hypothesized there was a significant, positive relationship between appraisal of racist events as stressful and depression (R=. 34, p=. 00). This association suggests that one's appraisal of a racist event as stressful, or not stressful, will impact mental health. Those who do not appraise racist events as stressful may be less likely to suffer from depression as a result of the discrimination experience.

Black Identity and Mental Health

Based on Cross' (1991, 1995, 1997) theory, I predicted that black identity typologies including Assimilation, Afrocentric, and Multicultural, which are viewed as equally efficacious pathways to positive mental health, would show no particular relationship to either self-esteem or depression. On the other hand, the same theory suggests that the Racial-Self-Hatred identity frame would have the greatest association with negative mental health, i.e. lower self-esteem and greater depression. As predicted, there was a moderate, positive association between Racial-Self-Hatred and depression and negative association between self-hatred and self-esteem. More specifically, an increase in Racial-Self-Hatred was associated with an increase in depression and a decrease in self-esteem. There was also a small, but significant, positive correlation between the Afrocentric identity and depression. None of the other identities were significantly correlated with self-esteem or depression. This suggests that having attitudes that reflect Racial-Self-Hatred can be deleterious to mental health—as it is moderately associated with an increase in depression and a decrease in self-esteem (see Table 5). This finding further supports Cross' suggestion that Racial Self-Hatred is a negative identity dimension.

Black Identity, Frequency of Racist Events and Appraisals

Correlational analyses revealed a significant association between frequency of racist events and the Racial Self-Hatred, Assimilation, Anti-white, and Afrocentric identities. More specifically, women with higher scores on Racial-Self-Hatred reported more racist events (R=.26, p=.00). The same relationship is true for those with high scores on Afrocentric identity. Women with higher scores on the Afrocentric identity have a more heightened awareness of race and embrace a frame of reference that is sensitive to the existence of racism in everyday life. As such, I hypothesized that an increase in Afrocentric identity would be positively associated with frequency of racist events. This hypothesis was supported as the correlation for Afrocentric identity and frequency of racist events was .34 (p=.00).

I also expected that women with high levels of Assimilation attitudes-- a frame of reference that gives low salience to race and Black culture-- would report less racist events, as compared to what is true for women who have high levels of anti-white or afrocentric identities. Correlational analyses confirmed this to be the case; Assimilation was negatively correlated with frequency of racist events (R=-.17, p<.006). While this correlation was significant—its magnitude was fairly small.

Women with higher scores on Multicultural have a high to moderate awareness of race and, as a result, I expected them to report moderate-to-low frequency of racist events. However, there was almost no association between this identity and frequency of racial events (R=.01, p=.86).

Next, I examined which Black identity typologies were associated with appraising racist events as stressful. All of the identities, with the exception of Assimilation and

Multicultural, were positively associated with appraising racist events as stressful. Higher scores on the Racial-Self-Hatred, Afrocentric, and Anti-White identity subscales were significantly and positively associated with appraising racial events as stressful, while Assimilation was negatively associated with appraising racist events a stressful (see Table 5). Scores on the Multicultural subscale were barely associated with appraisals of racial events as stressful (R=.03, p=.54). This finding is similar to the pattern observed between Multicultural identity and frequency of racist events experienced in the past year.

Black Identity as a Moderator Between Race-related Stress and Mental Health

A series of regression analyses were performed to determine which Black identity attitudes moderated the relationship between race-related stress and mental health. I was specifically interested in whether the Racial-Self-Hatred, Assimilation, Afrocentric, Anti-White and Multicultural identities would evidence distinctive moderator effects for the relationship between race-related stress (appraisals and frequency) and mental health (depression and self-esteem). Cross' (1998) work on the buffering functions of Black identity suggests that the Assimilation, Multicultural and Afrocentric identities should buffer the deleterious effects of racism, whereas Anti-White, Racial-Self-Hatred and Miseducation should not have buffering affects. I was particularly interested in how racial stress and Black identity factors interact to affect depression and self-esteem.

In preliminary regression analyses I controlled for demographic variables such as age, ethnicity, and length in the U.S.[2], along with the key variables of interest to

[2] When the time in the USA was entered into regression equations with other key variables predicting depression, self-esteem, frequency of racist events and appraisals--it was consistently ***not*** significant.

determine if any of these variables significantly predicted mental health. All regression analyses revealed that none of the demographic variables were significant predictors of self-esteem or depression when they were entered into a model alone and with the Black identity and race-related stress variables. As such, the moderational models tested and discussed in this section do not include any of these demographic variables. In order to determine which Black identities moderate the negative affects of race-related stress on mental health, a series of simultaneous and hierarchical ordinary least squares (OLS) regressions were performed to test for *all* possible combinations of Black identity and race-related stress interactions. To examine the nature of significant interactions, I mean-centered the variables of interest and plotted significant interactions between mental health and race-related stress for high (1 standard deviation above the mean) and low levels (1 standard deviation below the mean) of Black identity (Frazier, Tix, & Barron, 2004). Significant results are presented below.

The Affects of Race-related Stress and Black Identity on Self-esteem

A hierarchical (backward) ordinary least squares (OLS) regression was performed to investigate the relationship between Black identity and race-related stress and the interactive affect of these variables on self-esteem. In the initial regression model all key variables were entered as predictors of self-esteem (Including Racial-Self-Hatred, Miseducation, Assimilation, Anti-White, Afrocentric, Multicultural, frequency of racist events and appraisal of racist events as stressful). The overall model as a whole accounted for 18% of the variance in self esteem, $F(8, 224) = 6.546$, $p < .01$. The final model included only Racial-Self-Hatred as a significant predictor of self-esteem, ($B = -1.578$, $p < .01$).

Interactions

I created separate interaction terms for *each* Black identity x frequency of racist events combination (e.g. Racial-Self-Hatred x frequency of racial events, Assimilation x frequency of racist events, Miseducation x frequency of racist events, etc.). I also created separate interaction terms for *each* Black identity x appraisal of racist events combination (e.g. Racial-Self-Hatred x appraisal of racist events, Multicultural x appraisal of racist events, etc.). All possible Black identity x race-related stress interactions were examined in separate regression models as predictors of self-esteem. Racial-Self-Hatred and Assimilation were the *only* identities that significantly interacted with race-related stress to predict self-esteem.

The first significant regression model tested the ability of appraisal of racist events, Racial-Self-Hatred, and the interaction between these two variables to predict self-esteem. This model accounted for 20% of the variance in self-esteem, $F(3, 234) = 20.370$, $p < .01$. The coefficients for Racial-Self-Hatred ($B = -1.735$, $p < .01$) and the interaction of Racial-Self-Hatred x racial stress ($B = .485$, $p < .05$) were significant (see Table 6). To examine the nature of this interaction, the variables were centered and the association between self-esteem and appraisal of racist events was plotted for high and low levels of Racial-Self-Hatred (See Figure 2).

For those with high levels of Racial-Self-Hatred, there was a positive relationship between appraisal of racist events as stressful and self-esteem. In this case, appraising racist events as stressful was associated with an increase in self-esteem. High levels of Racial-Self-Hatred seemed to buffer the negative affects of racial stress on self-esteem for this

sample. For those with lower levels of Racial-Self-Hatred, there was a negative relationship between appraising racist events as stressful and self-esteem --appraising racist events as stressful was associated with decreased levels of self-esteem.

The next significant regression model tested the ability of frequency of racist events, Racial-Self-Hatred, and the interaction between these two variables to predict self-esteem. This model accounted for 19% of the variance in self-esteem, $F(3, 235) = 18.464$, $p < .01$. The coefficient for Racial-Self-Hatred was significant ($B = -1.690$, $p < .01$) and the interaction of Racial-Self-Hatred and racial events was marginally significant ($B = .402$, $p = .07$, see Table 7). To examine the nature of this interaction, the variables were centered and the association between self-esteem and racial events was plotted for high and low levels of Racial-Self-Hatred.

As Figure 3 indicates, the relationship between racial events and self-esteem was positive for those with high levels of Racial-Self-Hatred. For those with high levels of Racial-Self-Hatred, an increase in the frequency of racial events experienced was associated with an increase in self-esteem. An increase in racist events was associated with a decrease in self-esteem for those with low levels of Racial-Self-Hatred. This is opposite of what I expected—I expected self-esteem to decrease as the frequency of racist events increased for those with high levels of self-esteem.

The final regression model tested whether appraisal of racist events, Assimilation, and the interaction between these two variables predicted self-esteem. While significant, this model accounted for only 4% of the variance in self-esteem, $F(3, 231) = 3.609$, $p < .05$. The coefficients for racial appraisals and the interaction of Assimilation and racial appraisals were significant (see Table 8). To examine the nature of this interaction, the variables were

centered and the association between self-esteem and racial appraisals was plotted for high and low levels of Assimilation.

Figure 4 shows the nature of the interaction between these variables. For those with high Assimilation, appraising racist events as stressful was associated with a significant decrease in self-esteem. On the other hand, self-esteem did not decrease a great deal when appraising racist events as stressful for those who have low Assimilation. This finding will be taken up in the discussion section.

The Affect of Race-related Stress and Black Identity on Depression

Hierarchical (backward) ordinary least squares (OLS) regression analyses were performed to investigate the relationship between Black identity and race-related stress and the interaction of these variables on depression. First, all of the key variables were entered as predictors of depression (including Racial-Self-Hatred, Miseducation, Assimilation, Anti-White, Afrocentric, Multicultural, frequency of racist events and appraisal of racist events). The overall model as a whole accounted for 21% of the variance in depression, $F(8, 228) = 7.868$, $p<.01$. The final model consisted of Racial-Self-Hatred ($B=-1.861$, $p<.01$) and frequency of racist events ($B=3.328$, $p<.01$). This suggests that an increase in Racial-Self-Hatred and frequency of racial events leads to an increase in depression.

Interactions

Next, using Cross' theory and the literature on the relationship between depression and race-related stress as a guide, I examined all possible Black identity x race-related stress interactions in separate regression models predicting depression.

Multicultural was the *only* identity that significantly interacted with race-related stress to predict self-esteem.

A test of interactions yielded a significant model testing whether frequency of racist events, Multicultural identity, and the interaction between these two variables predicted depression. While significant, this model accounted for 15% of the variance in self-esteem, $F(3, 241) = 14.71$, $p < .01$. The coefficients for frequency of racist events and the interaction of frequency of racist events x Multicultural identity were significant (see Table 9). To examine the nature of this interaction, the variables were centered and the association between frequency of racist events and depression was plotted for high and low levels of Multiculturalism.

Compared to participants with low Multiculturalism, those high on Multicultural were not as affected by racist events. More specifically, those high on Multicultural were buffered from the impact of racist events on depression. However, the buffering impact of Multicultural was muted, as there was an increase in depression as racist events increased-but not to the same degree as those low on Multiculturalism (see Figure 5).

Race-related Stress and Coping

The final question addressed in this study was how do Black women cope with race-related as compared to more general forms of stress? Forty six women wrote about a racial discrimination event while sixty four women wrote about a general stressful event. Results are presented below after a brief presentation of race-related and general stress exemplars.

General Stress Exemplars

The general stressors women mentioned occurred within the contexts of intimate relationships, school and employment settings. Many women also mentioned being stressed because of conflicts between employment and school responsibilities. Compared to the race-related stress exemplars, women writing about a general stressful event were more likely to mention their emotions and feelings about the event. All of the events mentioned occurred within the past year. Seventy eight percent of the women reported that the event occurred between 1-6 months ago and 22% said the event occurred between 7-12 months ago.

One woman wrote about a break-up with her boyfriend and how she felt about it:

> *My boyfriend that I was going out with at the time didn't call me on Valentine's Day or come to see me. Two weeks later I heard from him and he told me he wanted to break up with me. I was depressed for weeks. He had me thinking something was wrong with me personally. Towards the third week of April I got over him and moved on with my life.*

Another woman wrote about the anxiety she experienced around having to take two exams:

> *I was on my way to school and suddenly all passengers on the train had to get off because they were having problems with the railroad. That day I had two major exams and I desperately wanted to get to school to take them. However, there were no trains scheduled to run any further. So I went out of the train station and tried to take an express bus to school. I found a bus, but the bus traveled to certain routes I did not know. I got on and ended up all the way in the village. Therefore I missed*

both tests, which made me very stressed because I didn't want o take a make-up because it would be harder. I really don't like taking make-up exams so I was very upset.

Several women also wrote about the additive affect of multiple general stressful events:

About 4-6 months ago I broke up with my boyfriend and I failed a class I need for my major as well as lost my job. I felt like no matter how hard I tried to do something it would always come back and kick me in my face. I needed the money not being with my boyfriend. Plus, I messed up in a class I needed for a stupid reason.

Finally, women wrote about the loss or employment and/or income:

I was working at this job and I was doing very well. My boss and my coworkers loved me. Toward the end of November, I called out about twice because of school. Finally, I did it one more time and my boss fired me. She knew that I was a reliable person but she fired me anyway. I was stressed out because I had no personal income coming in.

Some of the above are examples of the types of general stressors we all may experience in our lives, while others are specific to college students.

Race-related Stress Exemplars

The race-related stressors women experienced occurred in the street, in stores, and in employment settings. While participants were the direct targets of what they perceived as racial discrimination, the perpetrators of the discrimination were male and female store

employees, teachers, and random people on the street, and in employment settings. All of the events mentioned occurred within the past year. Fifty five percent of the women reported that the event occurred between 1-6 months ago and 45% said the event occurred between 7-12 months ago.

One woman wrote about experiencing race-related stress in a major NYC department store:

> *I had never felt like a criminal in a store, being followed etc. or maybe I never paid any attention. The first time I ever felt like that was last year in XXXs. I was being watched, followed, the works! I was so mad, as if my money isn't green as everyone else's, whenever things like that happen I just want to buy the whole store, just to have them stop in their tracks, but I have nothing to prove and I am no criminal. That was I think the first time I felt racial discrimination in a dept. store.*

Others wrote about experiencing racial discrimination during interactions with strangers:

> *It happened to me around seven am I the morning on my way to work. I was taking the # 6 train and as soon as I sat down next to a white lady she jumped up out of her seat and moved to another seat because I was a black woman and she didn't like to sit next to black people. A woman at a delicatessen in a white part of town gave me attitude, banged things around and such because I was black. The white girl behind me got a friendly smile.*

Several women wrote about experiencing racial discrimination in public places such as libraries and hospitals:

> *I was in a public library, and there were two white girls sitting next to me and they kept staring at me and laughing. Then another woman of color walked by and they started laughing again. Finally, a piece of paper from their table fell on the ground and had a picture of someone dressed in black face. I just got up and walked away.*

Another woman wrote:

> *I fell down the stairs while in the train station and needed immediate medical care. After waiting for 45 minutes, the ambulance finally came. At the hospital, I again had to wait for 4 hours to finally get through to the doctor, so he could suture my wounds. At the time I arrived, I noticed some white patients but, by the time I was leaving there were only non-white patients left. I felt that the white patients benefited from their skin color. I also felt disappointed by the black workers who didn't feel compelled to stand up for their race.*

Women also wrote about race-based events that occurred in their workplace. One woman wrote about such an experience and how she felt about it:

> *I was at work and a group of white adult gentlemen walked in, I proceeded to help them and all the while they are snickering and saying things under their breath. I felt really uncomfortable. I was the only one in the store at the time. I then heard one guy say something like "nigger" but I wasn't certain. I couldn't*

or rather didn't confront the guy about it but decided for my own safety to let it go.

Another woman wrote about what she perceived as racial discrimination from a manager who did not care for her hairstyle:

I worked for a retail store, and I was scheduled to work at a certain time and I decided to style my hair in a different way. The company requires that all the associates wear their hair neat and clean. I usually wore my hair in short twists or braids. I removed the twist and wore m hair in a short very neat afro. When I checked in to work the manager I reported to made several unpleasant comments about my hair! I guess neat in the proper grooming policy meant straight! The manager was not a person of color!!

In some cases women seemed a bit unsure about whether others would perceive what they'd experienced as racial discrimination:

This was not an overt discrimination and maybe isn't even considered discrimination to some people, but I felt it was only because it happened all the time. It may have to do more with race and class, but I was recently in Bloomingdale's purchasing a dress for my mother on the designer floor and I was made aware that if the purchase was of a certain amount you were eligible for gift cards to be used in the store. I listened to the salesperson explain the entire situation to the Caucasian lady who was ahead of me and then conveniently forget to mention this promotion to me. I felt like he thought maybe I couldn't

afford to keep the dress and so he didn't want to give me the gift cards, but most discrimination that that I come upon lately is usually in big department stores and I felt that I have no other way in order to not feel like a criminal or have people stare.

These exemplars illustrate that women experienced racial discrimination, and its corresponding stress, in a variety of settings and situations. Many indicated that they found these experiences unsettling and upsetting.

Coping with General and Race-related Stress: The Role of Coping Strategies and Emotions

General Stress, Race-related Stress and Coping Strategies

When completing the general stress or discrimination event form, women indicated whether they used any of 47 coping strategies to deal with the event. To determine if there were differences in the types of strategies women used to cope with general vs. race-related stressors, theoretically derived coping subscales were created. These subscales reflect the different types of coping strategies mentioned in the coping literature: Passive, religious, substance-based, emotion-focused, problem-focused, individual, collective, inner-directed and outer-directed coping. The number of strategies used in each category was calculated for each participant. T-tests were used to determine if there was an effect for type of stressful event (general vs. race-related) and if there were significant differences in the number of coping strategies used.

Women used a variety of coping strategies to cope with general and race-related stress. There were significant differences in the number of strategies women used to cope with general compared to race-related stress. With the exception of substance-based and passive coping, women used significantly more coping strategies when dealing with general stress than when dealing with race-related stress (see Table 10). For

example, women used an average of 5.23 inner-directed coping strategies when dealing with a general stressor and an average of 3.48 inner-directed strategies when coping with race-related stress.

General Stress, Race-related Stress and Emotions

The general stress and discrimination event forms contained a 60-item checklist that assessed the emotions women experienced at the time of the event. The emotion checklist consisted of 47 negative and 13 positive emotions. Since the general stress and discrimination event forms did not contain a measure of stress appraisal, the emotion checklist was used as a proxy for stress appraisal. I calculated the total number of negative emotions each woman experienced when encountering a general stressor or a race-related stressor. Total negative emotions experienced ranged from 1-43. Women experienced an average of roughly 18 negative emotions when dealing with a general stressor and 16 negative emotions when dealing with a race-related stressor. There was not a significant difference in the total number of negative emotions experienced for general compared to race-related stress events (See Table 10).

Emotions and Coping

A median-split was used to create a low negative emotions group and a high negative emotions group. The median for negative emotions was 16; women with less than 16 negative emotions were classified as having low negative emotion (=37) and those with more than 16 emotions were classified as having high negative emotion (N=48). Given the small sample size for this part of the study, this was the most parsimonious way of creating these two groups. T-tests were used to determine if there

was an effect of high or low emotions on number of coping strategies used. Results revealed that there were significant differences between the high and low negative emotion groups on the number of coping strategies used (See Table 11). Women in the low-negative emotion group used significantly less coping strategies than women in the high-emotion group.

The Joint Effects of Event Type and Emotion on Coping

A 2 x 2 MANOVA was used to determine if stress type (general vs. race-related) and level of negative emotion experienced (high negative emotion vs. low negative emotion) had an interactive effect on coping. Means and standard deviations were examined (See Table 12) and showed that, on average, the high negative-emotion group used more coping strategies than the low-negative emotion group across general and race-related stress events. Next, intercorrelations between the dependent measures were examined, as a primary assumption of MANOVA is that the dependent variables are conceptually and statistically related. The majority of coping strategy types were positively and significantly correlated with one another (See Table 13). For example, as the frequency of passive coping strategies increased, the frequency of emotion focused coping strategies also increased. The MANOVA analyses showed that there was not a significant joint multivariate effect for stress type (general vs. race-related) x emotion (high vs. low negative emotion) on coping. However, there were significant main effects for event type and emotion on coping (See Table 14). In order to determine the individual effects of stress type and emotion on coping and to help detect Type I errors, Univariate Analyses (ANOVAs) were performed. The results support the previous finding that women who reported a general stressful event used significantly more

religious, emotion-focused, individual, collective, inner-directed and outer-directed coping than women who reported a race-related stressor. Similarly, women in the high-negative emotion group used significantly more coping strategies than women in the low-negative emotion group across all categories of coping.

Chapter 5

Discussion

Black Women's Experience with Racism

The Black women in this study reported occasional as opposed to chronic encounters with racism and the nature of their encounters were more akin to everyday hassles than what might be called critical or earthshaking incidents. That Black women experienced racist events once in a while in the past year and experienced "Wanting to tell someone off for being racist but didn't say anything"; "Being treated unfairly by people in service jobs"; and "Being treated unfairly by strangers because you are Black" is consistent with previous research. Using the Schedule of Racist Events, Bowen-Reid & Harrell (2002) found that these were the most frequently reported incidents among a sample of 155 Black college students. The race-related stress exemplars presented attest to the diversity of settings and contexts in which racism occurs. Feagin's (1991) finding that Blacks frequently experienced racial discrimination in public setting from people in service industries are also in line with current results.

How did racism affect the mental health of Black women in the study? The results support the connection between racial discrimination and mental health but only under certain circumstances. There was not a direct association between frequency of racist events and self-esteem. Previous research has established that Black women evidence a range of support systems that buffer their self-esteem, such that more frequent encounters with racist events in and of itself does not significantly diminish their self-esteem, and my findings are in line with this trend. This finding supports the work of

Crocker, Luhtanen, Blaine, & Broadnax (1994) who argue that racial discrimination does not automatically affect the global self-esteem of Black people.

While not linked to self-esteem, frequency of racist events was related to depression. There was a significant positive relationship between frequency of racist events and depression, meaning that as the frequency of racist encounters increased, the risk for depression elevated. Other research has also found a connection between racial discrimination and depression (Fernando, 1984; McNeilly, Anderson, Robinson et. al, 1996; Thompson, 1996; Kessler, Mickelson & William, 1999). Thus, while the overall self-concept of my participants, as reflected by self-esteem, was seldom linked to frequency of racist events, depression levels were affected, and this suggest that for otherwise mentally healthy Black people, they can be made vulnerable to depression in the face of frequent encounters with racism.

This dissertation expanded previous research on the effects of racism by examining the relationship between the *appraisal of racist events* (ARE) and mental health. The study found a significant, positive relationship between ARE and depression. In addition, there was a small, but significant, association between ARE and decreases in self-esteem. Utsey, Ponterotto, Reynolds & Cancelli (2000) found that there was no association between race-related stress, as measured by the Index of Race-related Stress (IRRS), and self-esteem among a sample of African American college students. I replicated these findings when I focused solely on the mere frequency of racist events. However, when the focus shifts to ARE as was done in the current study, the link between appraisal and both low self-esteem and elevation of depression were recorded. Taking care to independently measure the frequency of racist events and ARE may eventually explain the inconsistent results in the

research literature on the relationship between racism and mental health. Keeping in mind that most modern day studies of racism and mental health focus on the effects of racism as everyday hassles and not critical events, simply examining frequency of racist events may "mask" the fact that an appraisal process must be taken into account to show the link between mental health and racism. Appraisals are an important component and help distinguish those who are more vulnerable to racism and race-related stress.

The primary conclusion to be drawn from the above findings is that the amount of racist events one experiences, as well as the appraisal of those events, play a role in negative mental health outcomes, particularly depression. Experiencing a significant number of racist events can put Blacks at greater risk for depression, but experiencing racist events which in turn are appraised as stressful can make one even more vulnerable to depression and lower one's self-esteem. These findings have implications for mental health practitioners and interventions. Practitioners should be sensitive to the needs of their Black clients and address concerns related to racism that clients might have. Mental health interventions, if they are culturally sensitive, should include components that address race-related stress among Blacks. In addition, since it is unlikely that the problem of racism will disappear anytime in the near future, practitioners and researchers should collaborate in an effort to find effective ways of helping Blacks cope with race-related stress more effectively.

Black Identity and Racist-related Stress

The current study is unique in that I surveyed the relationship between a range of Black identities and race related stress. A significant association was found between frequency of racist events and Racial-Self-Hatred, Assimilation, Anti-white, and Afrocentric identity frames. Participants holding Racial-Self-Hatred, Anti-White and

Afrocentric attitudes reported a higher frequency of racist events in their everyday lives. However the reverse was true for participants embracing an Assimilation frame of reference in that Assimilation and frequency of racist events showed a negative correlation. This was anticipated, as the Assimilation identity is a frame of reference that accords low salience to race and Black culture. On the other hand, there was an expectation that scores on Multicultural would be moderately associated with frequency of racist events, reflecting a vigilance for race that was less sensitive than Racial-Self Hatred or Afrocentricity. However, there was no association between Multicultural and frequency of racial events.

All of the identities, with the exception of Multicultural, Assimilation and Miseducation, were positively associated with appraising racist events as stressful. Scores on the Racial-Self-Hatred, Afrocentric, and Anti-White were significantly and positively associated with appraising racist events as stressful, and each of these identity frames reflects greater race sensitivity and vigilance. Scores on Assimilation were significantly and negatively associated with appraising racist events as stressful. One possible explanation for the lack of connection between Multicultural, frequency of racist events, and ARE is that Multiculturally oriented Black women may give primary importance to other dimensions of their identity like gender or sexual orientation. Having more identity outlets may result in less vigilance and greater buffering capacity when the appraisal process is activated (W. Cross, personal communication, May 5, 2005).

Black Identity as Moderator of the Relationship Between Race-related Stress and Self-esteem

In the course of examining the role of Black identity as a moderator between race-related stress and mental health, some interesting patterns emerged. Racial-Self-Hatred was the only identity that interacted significantly with race-related stress to affect self-esteem. In correlational analyses, there was a significant relationship between Racial-Self-Hatred and self-esteem. Those with higher levels of Racial Self-Hatred were more likely to suffer from low self-esteem. This finding further supports Cross' suggestion that Racial-Self-Hatred is a negative and at-risk identity state and is consistent with the recent research by Grant, Ventuneac & Cross (2004) who also found negative links between self-hatred and poor mental health.

Regression analyses showed that Racial-Self-Hatred, but none of the other Black identity frames, significantly predicted self-esteem. In the test of a model in which all key variables were entered as predictors of self-esteem (i.e., Racial-Self-Hatred, Miseducation, Assimilation, Anti-White, Afrocentric, Multicultural, frequency of racist events and appraisal of racist events as stressful), Racial-Self-Hatred was the only significant predictor of self-esteem. A second model testing the interaction of racial appraisals and Racial-Self-Hatred in the prediction of self-esteem revealed the nuances of this relationship. When those with high levels of Racial-Self-Hatred appraised racist events as stressful, their self-esteem increased. For those with lower levels of Racial-Self-Hatred, appraising racist events as stressful was associated with decreased levels of self-esteem. This was an unexpected and counterintuitive finding, as higher levels of Racial-Self-Hatred seemed to actually buffer the negative affects of racial stress on self-

esteem. However, it is important to note that the self-esteem for people holding Racial-Self-Hatred attitudes never matched the high and positive self-esteem levels found in participants who were not self-hating. It may be that people who already hate themselves for racial reasons are "expecting" or are not surprised by additional negative race-related stress and this expectation may act as a shield or buffer toward further diminution of their already low self-esteem.

Assimilation attitudes moderated the affects of racist events on self-esteem. For those with high levels of Assimilation, appraising racist events as stressful was associated with a significant decrease in self-esteem. On the other hand, self-esteem did not decrease a great deal for those who appraised racist events as stressful and had low levels of Assimilation. Having a high level of Assimilation and appraising racist events as stressful may be a risk factor for low self-esteem. Those embracing an Assimilation stance may view themselves as being "race-less" in society's eyes and may give little importance to their race or ethnicity. In some ways, their world view may make them less "prepared" for encounters with racist events. When they experience racial discrimination they may be more shocked and stressed than those whose racial identities are characterized by more racial salience (W. Cross & A.J. Franklin, May 5, 2005). Those who are low on assimilation may be better prepared to deal with race-related stressors and as a result, their self-esteem is not as impacted by appraising racist events as stressful.

The finding that racial identity can moderate the negative affect of racial discrimination is consistent with the extant research in this area. Sellers and Shelton found that racial ideology and public racial regard moderated the negative relationship between

perceived discrimination and psychological distress. In their study, those who endorsed a nationalist ideology and believed that other groups perceived African Americans negatively (low public regard) were buffered from the psychological distress brought about by perceived discrimination. Sellers and Shelton's nationalist identity is similar to the CRIS Afrocentric identity. However in my study, Afrocentric identity did not significantly moderate the relationship between appraisal of racist events and self-esteem. It is likely that those who are Afrocentric and believe that others' hold Blacks in low regard expect to experience racism and as a result, are better prepared to deal with it. The lack of replication in this study may be due to the fact that the Afrocentric subscale of the CRIS does not assess public regard.

Black Identity as Moderator of the Relationship between Race-related Stress and Depression

There was also a significant relationship between Racial-Self-Hatred and depression; Racial-Self-Hatred was positively associated with depression, meaning that as self-hatred increased there was a corresponding increase in depression. There was also a small, but significant, positive correlation between Afrocentric identity and depression. A test of a model in which all of the key variables were entered as predictors of depression (i.e., Racial-Self-Hatred, Miseducation, Assimilation, Anti-white, Afrocentric, Multicultural, frequency of racist events and appraisal of racist events as stressful) and only Racial-Self-Hatred and frequency of racist events significantly predicted depression. This is further evidence that holding Racial-Self-Hatred self-perceptions places a person at high risk for depression and other mental health problems (Vandiver, Cross, Worrell, & Fhagen-Smith, 2002; Grant, Cross & Ventuneac, 2004; Foster, 2004).

In tests of moderation, only one significant model emerged; frequency of racist events, Multicultural identity, and the interaction between these two variables predicted depression. More specifically, high Multiculturalism buffered the negative affect of racist events on depression—those holding Multiculturalist attitudes were less depressed. This suggests that higher levels of multicultural identity buffered the impact of frequency of racist events on depression.

Coping

One important theme from the coping portion of the study is that many of the general events women mentioned could be categorized as severe or serious events, whereas the race-related stress events were more like daily hassles. This is not to say that women experienced more stress with one form versus the other. The fact that Black women in this study did not write about serious race-related stress events is consistent with research showing modern day racism is more subtle and reflective of daily racial "hassles" than critical incidents (Feagin, 1991, Harell, 2000).

Women used a broad variety of strategies to cope with both general and race-related stress. There were significant differences in the number of strategies women used to cope with general compared to race-related stress. With the exception of substance-based and passive coping, women who wrote about a general stressful event used significantly more religious, emotion-focused, individual, collective, inner-directed and outer-directed coping strategies than women who wrote about race-related stress. This finding is consistent with the work of Plummer and Slane (1996) who found that Blacks used fewer coping strategies when dealing with race-related stress as compared to general

stress. Blacks may draw from a larger number of strategies when coping with a general as compared to a race-related stressor.

It is clear that both general and race-related stressors evoke negative emotions. There was an association between the number of negative emotions reported during a general or race-related stress event and the number of coping strategies used. Women in the high-negative emotion group used significantly more coping strategies than women in the low-negative emotion group across all categories of coping. Those who reported a high number of negative emotions may have been more distressed and, as a result, used more strategies in an attempt to manage this distress.

The general conclusion that can be drawn from this research is that race-related stress *can* have a negative impact on mental health among black women. While there is little to no connection between race-related stress and self-esteem, stress is associated with depression. Furthermore, racial identity does moderate the relationship between race-related stress and mental health, but only under certain conditions. This is an area ripe for research and more research is needed in order to be more definitive about the moderating role of Black identity.

The Lack of African American and West Indian Differences

Surprisingly, our sample, which seemed to be a rich mixture of women from the United States and women from different points across the West Indies, produced few findings related to the ethnic status of the participants. This is not to suggest that African American and West Indian women are homogeneous groups, but the results suggest that the West Indian women in this study were more similar to 2nd generation West Indians. This leads to a slight sense of discomfort on my part because other research has found

differences in ethnic and racial identification among African American and West Indians (Waters, 1994, 1999). These differences have been attributed to cultural differences and racial dynamics in the country of origin. In many British Caribbean countries, success is not associated with race. In fact, Whites are in the minority and Blacks are found in diverse, high status occupational positions and throughout the social hierarchy (Kalmijn, 1996; Vickerman, 1999). As a result, there are more positive examples of Black achievement and, in their experience, success is independent of race.

Research suggests that, as a result of differing historical and cultural contexts, West Indian immigrants may have a broader interpretation of race than African Americans (Waters, 1994, 1999, Vickerman, 1999). Some scholars suggest that when Black immigrants are denied certain opportunities in the United States because of racial discirmination, the notion of institutional racism becomes more personalized (Bryce-Laporte, 1972), while others suggest that the experiences of West Indians in the U.S. varies according to generation (Kalmijn, 1996; Deaux, Gilkes, Bikmen, Ventuneac et. al, 2004). Kalmijn, (1996) suggests that the experience of second generation West Indians is more similar to that of African Americans because the former attends American schools and are less likely to differentiate themselves from native-born Blacks. Similarly, Deaux, Gilkes, Bikmen, Ventuneac and colleagues found that second generation West Indians, who are more likely to identify with the plight of African Americans, were more susceptible to stereotype threat affects in comparison to first generation Black immigrants.

According to research by Waters (1994), West Indians have several identity characteristics: they identify with other black Americans; distance themselves from

African Americans by emphasizing their ethnic identities as West Indian; or emphasize their identities as immigrants. Waters also found a relationship between ethnic identity characteristics and social class—those from poor and working class backgrounds were more likely than middle class participants to identify as African American. Given this research and the lack of differences between the African American and West Indian immigrants in this study, its logical to conclude that the West Indian women in this sample were more akin to 2nd rather than first or 1.5 generation in that they have had experiences in the U.S that are similar to native African Americans. So while I was prepared to make ethnicity a key variable, the results showed that this was not necessary.

Study Limitations

One drawback of this study is that it is cross-sectional and as a result, it is difficult to make causal inference or infer causal direction. Reverse causation in the regression models is a possibility. It is possible that the statistical patterns found actually reflect the impact of self-esteem and depression on perceptions of race-related stress instead of the impact of race-related stress on depression and self-esteem. Longitudinal studies are needed to investigate how Blacks are psychologically impacted by race-related stress over time and the role of immigration and generation (Vega and Rumbaut, 1991). This would help rule out the possibility of reverse causation.

Instrumentation may also be an issue, as people respond in specific ways to self-report measures. Such measures are susceptible to potential measurement errors. Participants may respond in ways that they deem socially acceptable as opposed to how they really feel and social desirability was not measured in this study. In addition, the coping strategy subscales were theoretically based and were not scrutinized psychometrically.

Adequate racism specific coping measures that tap a range of coping strategies should be developed. Also, participant fatigue was an issue in this study, as the original instrument packet contained ten instruments. The coping measure was eventually dropped from the protocol because of length. Future work in this area should use as few instruments as possible to adequately measure the constructs of interest.

Another issue that this study did not thoroughly explore is related to context. For example, the racial/ethnic composition of the neighborhoods and schools the participants attended was not explored in enough detail. For example about half of the women were attending a predominantly Black college located in are largely West Indian neighborhood while others were attending a more diverse college in the heart of New York City. While there were no statistical differences between the women attending these different colleges, educational and neighborhood contexts may have contributed, in some manner, to the type of racism-related incidents experienced.

Finally, the study should have included a more comprehensive measure of socioeconomic status that took into account years of education, occupational status, income and wealth. This may have helped tease apart the interaction between socioeconomic status and race/ethnicity.

Future Research Directions

Blacks in the U.S. have made great strides in education, income and other indicators of social standing. These improvements attest the resilience of Black communities in the face of continued racism and discrimination. Despite this resilience, significant problems in areas of mental health remain and further research in this area is needed. Replication of the study is necessary in order to generalize the findings to other

Black women and men. Skin color and self-efficacy provide protection from or increase risk for negative mental health. Skin color needs to be examined as a factor that contributes to race-related stress-especially since dark-skinned Blacks may be more likely to experience racial discrimination than lighter Blacks (e.g. Klonoff and Landrine, 2000). Self-efficacy is another variable that may help explain the connection between race-related stress, coping and mental health (A.J. Franklin, personal communication, May 5,2005).

This study found that racism can place certain women at increased risk for depression and low self-esteem, but more research is needed to understand if and how race-related stress impacts Black men and women differently. It is possible that there are gender differences in frequency of racial discrimination experiences, coping and mental health. Future research should also examine alternative theoretical models. For example, the possibility that self-esteem moderates the relationship between race-related stress and depression is theoretically plausible.

Finally, future research on the additive affects of stress for those who belong to multiple disadvantaged groups is needed. More specifically, there is a need to untangle the relationship between stress and mental health among those who have multiple minority statuses and experience multiple types of discrimination (e.g. gay Black men). Those who belong to multiple disadvantaged groups may experience greater discrimination and as a result, be more at risk for negative mental health.

Table 1. Ethnic Background and Immigration Status of Participants (N=310)

Characteristic	N	%
Ethnic Group		
African	27	8
African American	114	37
West Indian	138	45
Latino Black	8	3
Mixed	17	5
Other	6	2
Parent's Immigration Status		
Neither parent immigrated	66	21
1 Parent immigrated	36	12
Both parents immigrated	206	67
Participant Immigrated to the U.S	116	37
Participants' Country of Immigration		
English Speaking West Indies	68	60
Spanish/French West Indies	25	22
Africa	13	12
Other	7	6
Childhood Class Background		
Poor	34	11
Working Class	126	41
Middle-class	120	39
Upper middle class	24	8
Wealthy	3	1
Current Class Background		
Poor	19	6
Working Class	135	44
Middle-class	130	42
Upper middle class	20	7
Wealthy	3	1

Table 2. Means and Standard Deviations for African Americans and West Indians on Demographic, Identity, Racial Discrimination and Mental Health Variables

M (SD)

Characteristic	West Indian (N=144)	African American (N=118)
Age	22.61 (6.04)	22.84 (6.11)
Number of children	1.20 (1.38)	1.0 (1.32)
G.P.A.	2.89 (.48)	2.90 (.51)
Years in the U.S.	9.88 (6.86)*	22.28 (8.33)*
Range of Years in the U.S.	18-35	1.5-45
Pre-encounter Miseducation	3.49 (1.21)	3.51 (1.28)
Pre-encounter Self-hatred	2.46 (1.38)	2.40 (1.27)
Pre-encounter Assimilation	2.88 (1.30)	3.12 (1.24)
Immersion-emersion Anti-White	1.93 (1.18)	1.96 (1.10)
Internalization Afrocentric	3.73 (1.19)	3.50 (1.27)
Internalization Multicultural	5.23 (1.11)	5.23 (1.25)
Frequency of racial events	2.03 (.90)	1.99 (.89)
Appraisal of racist events	2.33 (1.19)	2.15 (1.09)
Depression	23.60 (8.42)	25.04 (11.35)
Self-esteem	32.33 (5.09)	32.01 (4.89)

Note: The only significant difference was on years in the U.S.

F=103.962,

*p. <.001

Table 3. Means and Standard Deviations for African Americans, West Indians and Native African Americans on Demographic, Identity, Racial Discrimination and Mental Health Variables

Characteristic	M (SD) West Indian by identification (N=144)	African American by identification (N=56)	Native African Americans (N=62)
Age	22.61 (6.04)	21.32 (4.67)	23.24 (6.93)
Number of children	1.20 (1.38)	1.28 (1.54)	.67 (.94)
G.P.A.	2.89 (.48)	2.79 (.52)	2.97 (.48)
Years in the U.S	9.88 (6.86)*	10.83 (5.78)*	24.22 (6.95)*
Range of Years in the U.S.	18-53	1.5-20	18-45
Pre-encounter Miseducation	3.49 (1.21)	3.61 (1.11)	3.43 (1.32)
Pre-encounter Self-hatred	2.46 (1.38)	2.42 (1.22)	2.39 (1.33)
Pre-encounter Assimilation	2.88 (1.30)	3.36 (1.20)	2.92 (1.27)
Immersion-emersion Anti-White	1.93 (1.18)	1.74 (.96)	2.14 (1.19)
Internalization Afrocentric	3.73 (1.19)	3.44 (1.23)	3.53 (1.33)
Internalization Multicultural	5.23 (1.11)	5.27 (1.06)	5.17 (1.41)
Frequency of racial events	2.03 (.90)	1.81 (.83)	2.12 (.93)
Appraisal of racist events	2.33 (1.19)	1.90 (.99)	2.32 (1.12)
Depression	23.60 (8.42)	24.98 (11.58)	25.29 (11.38)
Self-esteem	32.33 (5.09)	31.92 (4.68)	32.00 (5.14)

$F = 91.928$
* $p<.01$

Table 4. Means and Standard Deviations for the Entire Sample on Identity, Racial Discrimination and Mental Health Measures

Measure	M (SD) (N=268)
Identity	
Pre-encounter Miseducation	3.50 (1.24)
Pre-encounter Self-hatred	2.44 (1.33)
Pre-encounter Assimilation	2.99 (1.28)
Immersion-emersion Anti-White	1.94 (1.14)
Internalization Afrocentric	3.63 (1.23)
Internalization Multicultural	5.23 (1.17)
Racial Stress	
Frequency of racist events	2.01 (.90)
Appraisal of racist events	2.25 (1.14)
Mental Health	
Depression	24.25 (9.86)
Self-esteem	32.20 (5.00)

Table 5. Correlation Coefficients for Relations Among Identity, Discrimination and Mental Health Measures

Measure	1	2	3	4	5	6	7	8	9	10
1. Preencounter Miseducation	**.74**									
2. Preencounter Self-hatred	.17*	**.84**								
3. Pre-encounter Assimilation	.24*	-.01	**.76**							
4. Immersion-emersion Anti-White	-.07	.13*	-.23*	**.87**						
5. Internalization Afrocentric	.12	.06	-.05	.40*	**.80**					
6. Internalization Multicultural	.14*	-.01	.18*	-.29*	-.14*	**.81**				
7. Depression	.06	.33*	-.04	.07	.12*	-.02	**.82**			
8. Self Esteem	-.01	-.42*	.05	-.03	.02	.02	-.33*	**.83**		
9. Frequency of racial events	-.02	.26*	-.17*	.38*	.34*	.01	.35*	-.08	**.92**	
10. Appraisal of racial events	-.08	.30*	-.23*	.37*	.30*	.03	.34*	-.15*	.85*	**.92**

Note: Numbers in bold correspond to the Cronbach's Alpha for each of the scales.
* $p<.01$.

Table 6. Regression Analyses: Interaction of Racial Appraisal and Self-Hatred on Self-esteem

Variable	b	SEB	*B*
Constant	32.022	.30	—
Racial Appraisals	-.150	.27	-.033
Self-hatred	-1.73	.23	-.46*
Appraisals x Self-hatred	-.55	.25	.15**

Note: $R^2 = .20$

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

Table 7. Regression Analyses: Interaction of Racial Events and Self-Hatred on Self-esteem

Variable	b	SEB	*B*
Constant	32.109	.30	—
Racial Events	.074	.34	.013
Self-hatred	-1.69	.23	-.45*
Events x Self-hatred	.40	.22	.10**

Note: R^2 =.19

*p < .01. **p=.07.

Table 8. Regression Analyses: Interaction of Racial Appraisal and Assimilation on Self-esteem

Variable	b	SEB	*B*
Constant	32.040	.33	—
Racial appraisals	-.82	.30	-.18*
Assimilation	.059	.26	.01
Appraisals x Assimilation	-.54	.25	.14**

Note: R^2=.04

*p < .01. *p < .05

Table 9. Regression Analyses: Interaction Between Frequency of Racial Events and Multiculturalism on Depression

Variable	b	SEB	*B*
Constant	24.24	.58	—
Racial events	4.13	.65	.37*
Multiculturalism	-.06	.50	-.00
Multiculturalism x Events	-1.46	.57	-.15**

Note: R^2=.15

*p < .01. **p < .05.

Table 10. Number of Strategies used to Cope with General and Race-related Stress

Measure	M (SD) General Stress (N=64)	Race-related Stress (N=46)
Type of Coping		
Passive	1.62 (1.29)	1.63 (1.14)
Religious*	2.23 (2.25)	1.05 (1.70)
Substance-based	.13 (.39)	.15 (.44)
Emotional-focused*	2.90 (1.90)	1.64 (1.72)
Problem-focused*	3.90 (2.08)	2.17 (1.80)
Individual*	7.34 (4.12)	4.52 (3.10)
Collective*	2.51 (1.47)	1.73 (1.28)
Inner-directed*	5.23 (2.92)	3.48 (2.46)
Outer-directed*	4.90 (3.12)	3.17 (2.06)
Total Negative Emotions		
	17.72	16.38

* $p<.05$.

Table 11. Number of Strategies used to Cope with General and Race-related Stress by High and Low Negative Emotion Groups

Measure	M (SD) Low Negative Emotions (N=37)	High Negative Emotions (N=48)
Type of Coping		
Passive*	1.30 (1.09)	1.82 (1.25)
Religious*	1.22 (2.11)	2.15 (2.03)
Substance-based*	.02 (.16)	.23 (.51)
Emotional-focused*	1.27 (1.30)	3.20 (1.85)
Problem-focused*	2.27 (1.77)	3.89 (2.13)
Individual*	3.91 (2.64)	7.89 (3.94)
Collective*	1.54 (1.26)	2.68 (1.38)
Inner-directed*	3.05 (2.04)	5.54 (2.82)
Outer-directed*	2.56 (1.90)	5.45 (2.88)

* $p < .05$.

Table 12. Coping Strategies as a Function of Stress Type and High-low Emotions

	Coping Strategies				
	Passive	Religious	Substance Based	Emotion Focused	Problem Focused
	M SD	M SD	M SD	M SD	M SD
General Stress					
Low Emotion	1.10(1.10)	1.84(2.50)	.00(.00)	1.73(1.36)	3.21(1.93)
High Emotion	1.92(1.26)	2.61(2.04)	.19(.49)	3.69(1.87)	4.42(2.04)
Race-related Stress					
Low emotion	1.56(1.09)	.56(1.36)	.06(.25)	.75(1.06)	1.25(.85)
High Emotion	1.56(1.09)	1.68(1.92)	.19(.49)	2.62(1.82)	3.18(2.07)

Table 12. Coping Strategies as a Function of Stress Type and High-low Emotions (cont.)

	Coping Strategies			
	Individual	Collective	Inner Directed	Outer Directed
	M SD	M SD	M SD	M SD
General Stress				
Low Emotion	4.84(3.02)	2.00(1.49)	3.78(2.27)	3.10(2.25)
High Emotion	8.76(4.03)	2.92(1.44)	6.15(2.92)	5.92(2.97)
Race-related Stress				
Low emotion	3.00(1.67)	1.06(.77)	2.25(1.43)	1.93(1.23)
High Emotion	6.18(3.35)	2.50(1.36)	4.62(2.77)	4.50(2.00)

Table 13. Correlation Coefficients for Coping Strategies

Measure	1	2	3	4	5	6	7	8	9
1. Passive	--								
2. Religious	.01	--							
3. Substance-based	.21	-.02	--						
4. Emotion-focused	.46*	.60*	-.02	--					
5. Problem-focused	.05	.52*	-.02	.52*	--				
6. Individual	.51*	.47*	.24*	.80*	.72*	--			
7. Collective	.12	.60*	-.01	.58*	.84*	.62*	--		
8. Inner-directed	.58*	.55*	.13	.85*	.62*	.87*	.63*	--	
9. Outer-directed	.31*	.44*	.22*	.64*	.79*	.87*	.75*	.62*	--

Note: For all correlation coefficients * $p<.01$.

Table 14. Multivariate and Univariate Analyses of Variance for Coping Measures by Stress Type and Emotion

			Univariate [b]				
			Passive	Religious	Substance Based	Emotion Focused	Individual	Collective
	MANOVA							
Source	**df**	**F** [a]						
Stress Type (S)	9	2.23*	.032	5.48*	.40	7.58*	8.45*	4.85*
High-Low Emotion (H)	9	4.37**	2.31	4.05*	4.06*	26.36**	21.87**	14.61**
S x H	9	.53	2.31	.13	.00	.01	.23	.69

Note. Multivariate F ratios were generated from Hotelling's statistic.

[a] Multivariate df = 9, 77. [b] Univariate df = 1, 77.

*p < .05. ** p < .01.

Table 14. Multivariate and Univariate Analyses of Variance for Coping Measures by Stress Type and Emotion (cont).

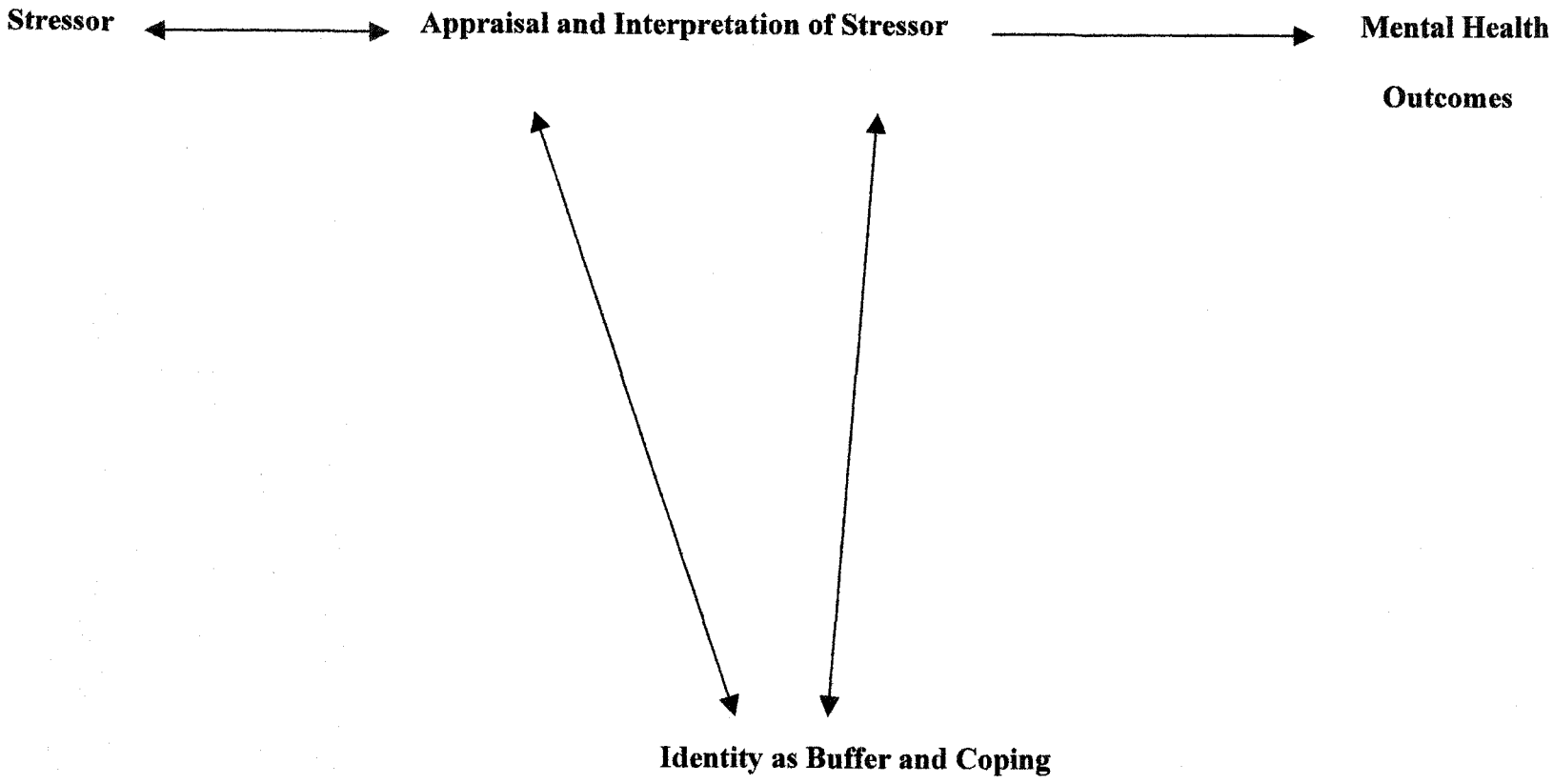
			Univariate [b]	
			Inner-directed	Outer-directed
	MANOVA			
Source	**df**	**F** [a]		
Stress Type (S)	9	2.23*	7.70*	5.71*
High-Low Emotion (H)	9	4.37**	16.74**	24.65**
S x H	9	.53	.00	.30

Note. Multivariate F ratios were generated from Hotelling's statistic.

[a] Multivariate df = 9, 77. [b] Univariate df = 1, 77.

*p < .05. ** p < .01.

Figure 1. The Transactional Identity Model



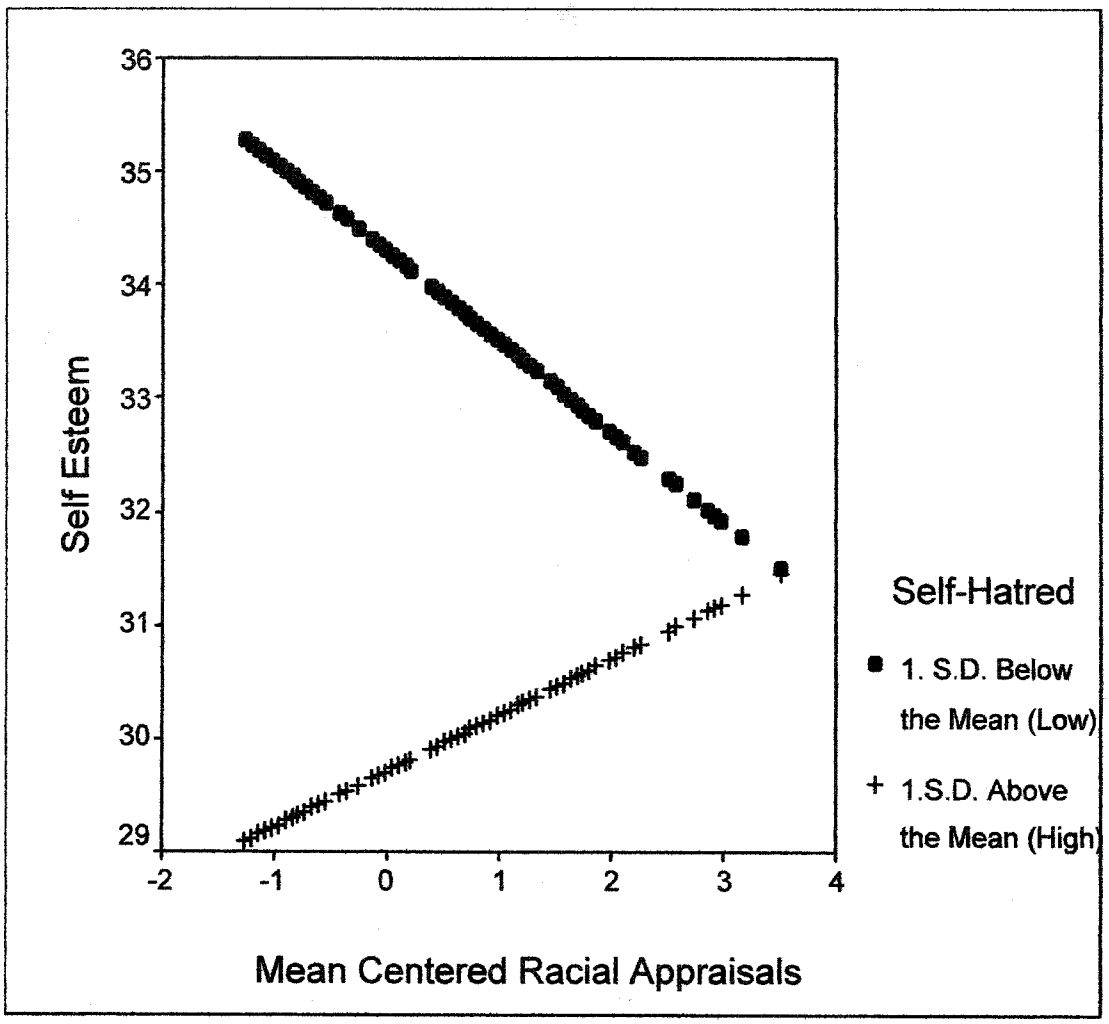


Figure 2. The Moderating effect of Racial-Self-Hatred on the relationship between appraisal of racist events and self-esteem

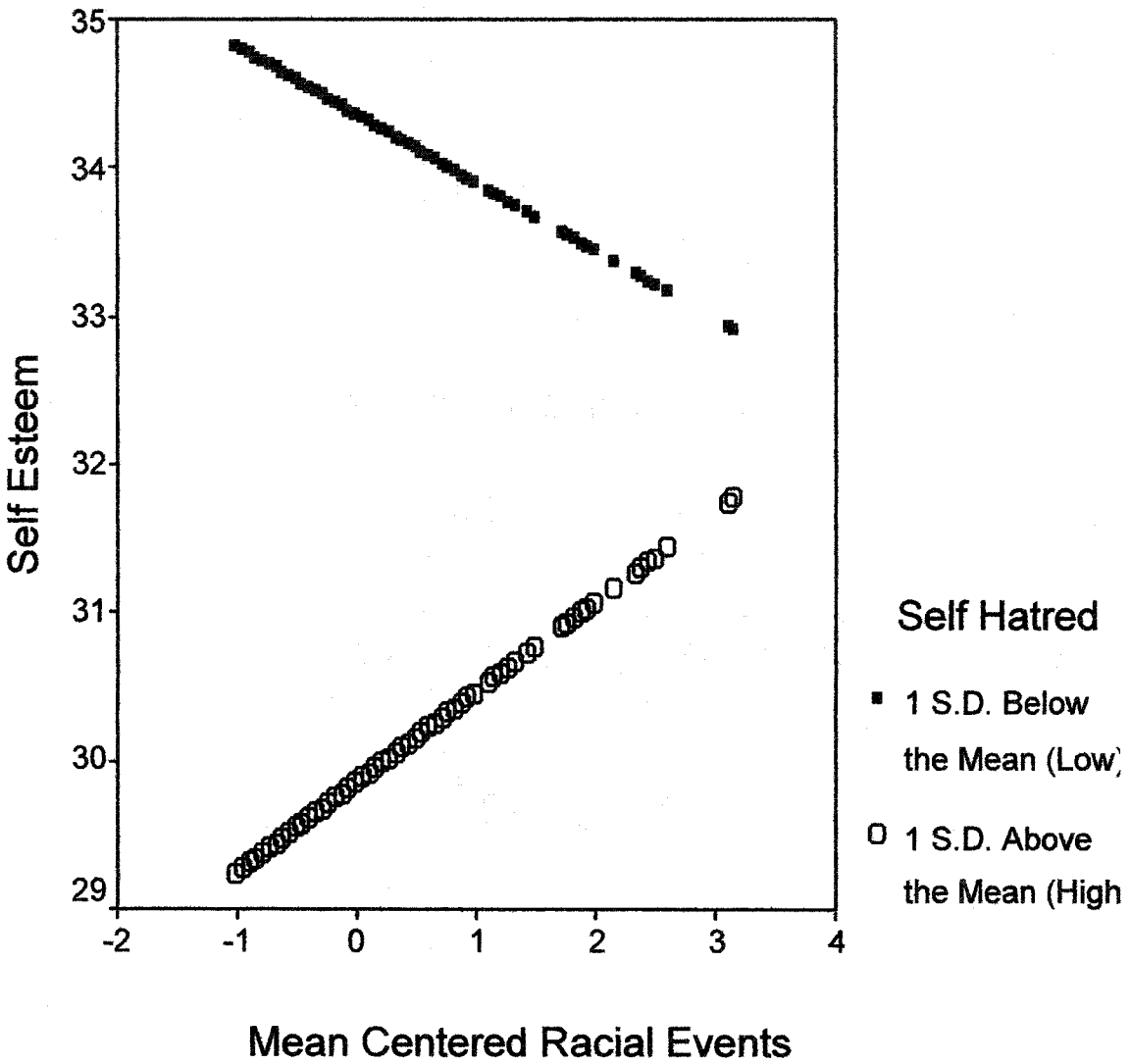


Figure 3. The Moderating effect of Racial Self-Hatred on the relationship between frequency of racist events and self-esteem

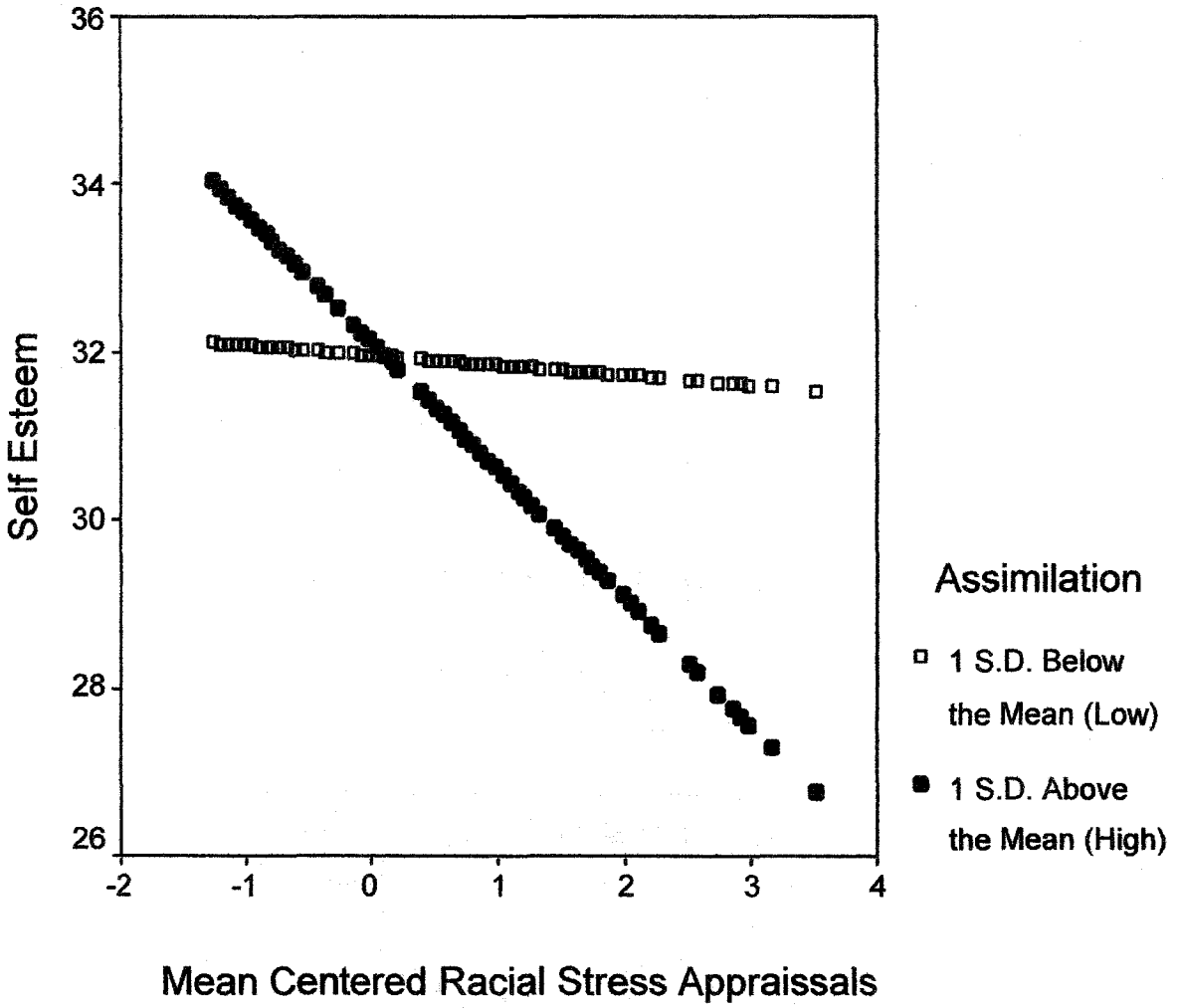


Figure 4. The moderating effect of Assimilation on the relationship between appraisal of racist events and self-esteem

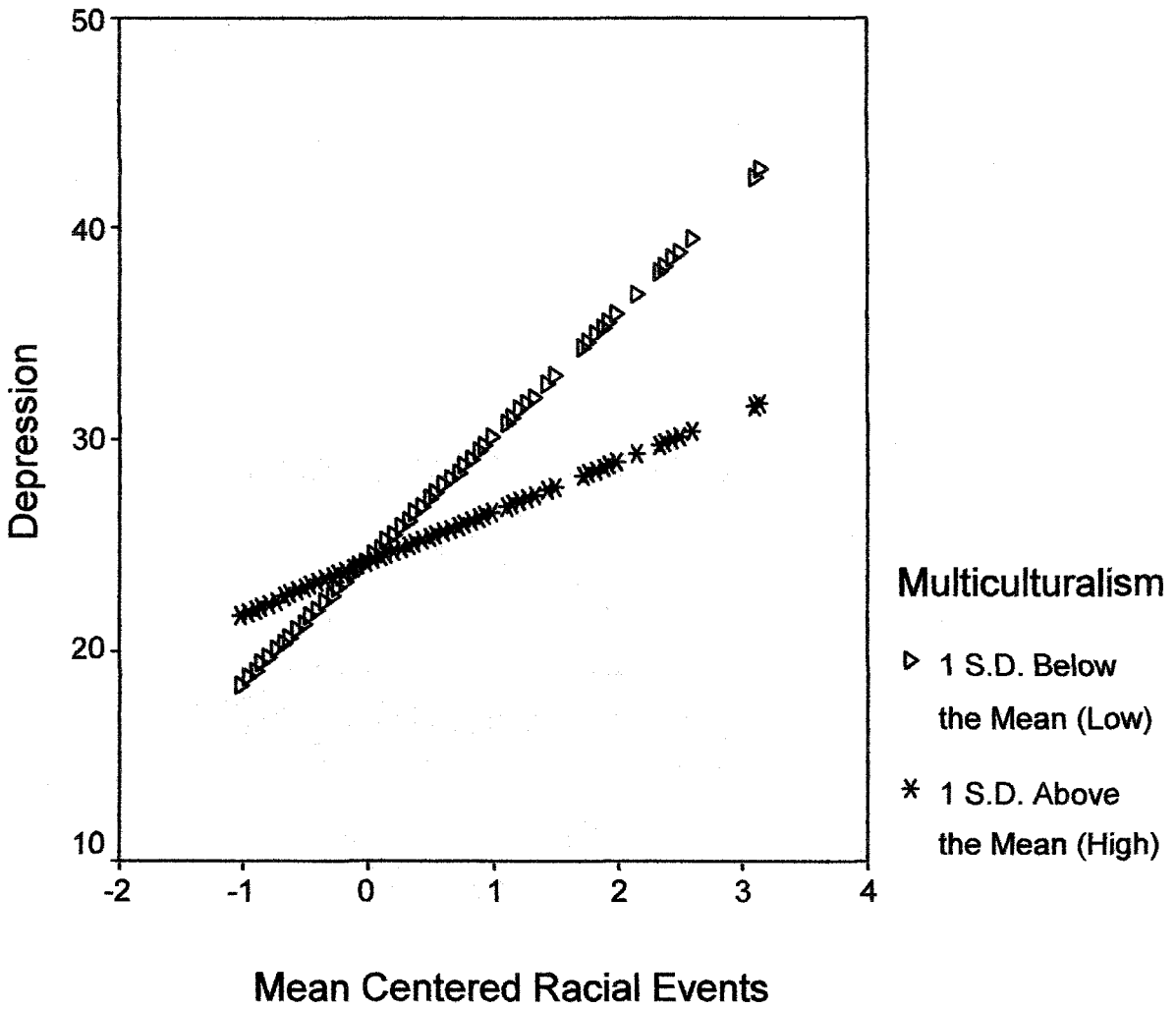


Figure 5. The moderating affect of Multiculturalism on the relationship between racist events and depression

Appendix

Demographic/Information Sheet

1. How old are you? _____

2. Marital Status (circle one): single married separated divorced widowed

3. Please indicate the number of children that live in your household: _____

4. Please indicate your ethnic background by **circling** the answer that applies to you:

   a. African

   b. African American or Black American

   c. West Indian/Caribbean Black

   d. Latina/Latino Black

   e. Mixed

   f. Other (please specify):_____

5. Are you an immigrant (check one)? _____Yes _____No

6. If yes, please indicate what country you immigrated from and the length of time you have been in the United States: _____(country of origin) _____ (length of time in US)

7. Are you a student (check one): _____Undergraduate
   _____Graduate student

8. Undergraduate status (circle one): Fresh Soph Junior Senior

9. Current GPA: _____ 9a. Your major: _____

10. Graduate Student Status [circle one]: MA Program Ph.D. Program

11. Mother's highest level of education (circle one):
High School Some College College Degree Graduate Degree Other

12. Father's highest level of education (circle one):

High School Some College College Degree Graduate Degree
Other

13. Would you say your ***childhood*** background was (circle one):
poor working class middle-class upper-middle wealthy

14. Would you say your ***current*** background is (circle one):
poor working class middle-class upper-middle wealthy

15. Name of your college or University: _____

16. Mother's country of Birth_____ Father's country of birth_____

Schedule of Racist Events

We are interested in your experiences with racism. As you answer the questions below, please think about the PAST YEAR. For each question please circle the number that best captures the things that have happened to you. Answer each question twice, once for what has happened to you in the PAST YEAR, and once for HOW STRESSSFUL these things have been for you. Use these numbers to answer questions about what has happened in the PAST YEAR:

Circle 1 = If this has NEVER happened to you
Circle 2 = If this has happened ONCE IN A WHILE
Circle 3 = If this has happened SOMETIMES (10%-25% of the time)
Circle 4= If this has happened A LOT (26%-49% of the time)
Circle 5 = If this has happened MOST OF THE TIME (50%-70% of the time)
Circle 6 = If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)

1. How many times have you been treated unfairly by *teachers and professors* because you are Black?

How many times in the past year?	1	2	3	4	5	6
	Not at all				**Extremely**	
How stressful was this for you?	1	2	3	4	5	6

2. How many times have you been treated unfairly by your employers, bosses and superiors because you are Black?

How many times in the past year?	1	2	3	4	5	6
	Not at all				**Extremely**	
How stressful was this for you?	1	2	3	4	5	6

3. How many times have you been treated unfairly by your coworkers, fellow student and colleagues because you are Black?

How many times in the past year?	1	2	3	4	5	6
	Not at all				**Extremely**	
How stressful was this for you?	1	2	3	4	5	6

4. How many times have you been treated unfairly by people in service jobs (store clerks, waiters, bartenders, bank tellers and others) because you are Black?

How many times in the past year? 1 2 3 4 5 6

	Not at all				**Extremely**
How stressful was this for you?	1	2	3	4	5	6

5. How many times have you been treated unfairly by strangers because you are Black?

How many times in the past year? 1 2 3 4 5 6

	Not at all				**Extremely**
How stressful was this for you?	1	2	3	4	5	6

6. How many times have you been treated unfairly by people in helping jobs (doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers and others) because you are Black?

How many times in the past year? 1 2 3 4 5 6

	Not at all				**Extremely**
How stressful was this for you?	1	2	3	4	5	6

7. How many times have you been treated unfairly by neighbors because you are Black?

How many times in the past year? 1 2 3 4 5 6

	Not at all				**Extremely**
How stressful was this for you?	1	2	3	4	5	6

8. How many times have you been treated unfairly by institutions (schools, universities, law firms, the police, the courts, the Department of Social Services, the unemployment Office and others) because you are Black?

How many times in the past year? 1 2 3 4 5 6

	Not at all				**Extremely**
How stressful was this for you?	1	2	3	4	5	6

9. How many times have you been treated unfairly by people that you thought were your friends because you are Black?

How many times in the past year? 1 2 3 4 5 6

	Not at all				**Extremely**
How stressful was this for you?	1	2	3	4	5	6

10. How many times have you been accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of the work, or breaking the law) because you are Black?

How many times in the past year?	1	2	3	4	5	6
	Not at all				**Extremely**	
How stressful was this for you?	1	2	3	4	5	6

11. How many times have people misunderstood your intentions and motives because you are Black?

How many times in the past year?	1	2	3	4	5	6
	Not at all				**Extremely**	
How stressful was this for you?	1	2	3	4	5	6

12. How many did you want to tell someone off for being racist but didn't say anything?

How many times in the past year?	1	2	3	4	5	6
	Not at all				**Extremely**	
How stressful was this for you?	1	2	3	4	5	6

13. How many times have you been really angry about something racist that was done to you?

How many times in the past year?	1	2	3	4	5	6
	Not at all				**Extremely**	
How stressful was this for you?	1	2	3	4	5	6

14. How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away and other actions) to deal with some racist thing that was done to you?

How many times in the past year?	1	2	3	4	5	6
	Not at all				**Extremely**	
How stressful was this for you?	1	2	3	4	5	6

15. How many times have you been called a racist name like nigger, coon, jungle bunny or other names?

How many times in the past year?	1	2	3	4	5	6
	Not at all				**Extremely**	
How stressful was this for you?	1	2	3	4	5	6

16. How many times have you gotten into an argument or fight about something racist that was done to you or done to somebody else?

How many times in the past year?	1	2	3	4	5	6
	Not at all				**Extremely**	
How stressful was this for you?	1	2	3	4	5	6

17. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are Black?

How many times in the past year?	1	2	3	4	5	6
	Not at all				**Extremely**	
How stressful was this for you?	1	2	3	4	5	6

18. How different would your life be now if you **HAD NOT BEEN** treated in a racist and unfair way?

Same as now	A little ifferent	Different in a few ways	Different in a lot of ways	Different in most ways	Totally different
1	2	3	4	5	6

Cross Racial Identity Scale (CRIS)

Instructions: Read each item and indicate to what degree it reflects your own thoughts and feelings, using the 7-point scale below. There are no right or wrong answers. Base your responses on your opinion at the present time. **To ensure that your answers can be used, please respond to the statements as written**, and place your numerical response on the line provided to the left of each question.

1	2	3	4	5	6	7
strongly disagree	disagree	somewhat disagree	neither agree nor disagree	somewhat agree	agree	strongly agree

1. As an African American, life in America is good for me.

2. I think of myself primarily as an American, and seldom as a member of a racial group.

3. Too many Blacks "glamorize" the drug trade and fail to see opportunities that don't involve crime.

4. I go through periods when I am down on myself because I am Black.

5. As a multiculturalist, I am connected to many groups (Hispanics, Asian-Americans, Whites, Jews, gays & lesbians, etc.).

6. I have a strong feeling of hatred and disdain for all White people.

7. I see and think about things from an Afrocentric perspective.

8. When I walk into a room, I always take note of the racial make-up of the people around me.

9. I am not so much a member of a racial group, as I am an American.

10. I sometimes struggle with negative feelings about being Black.

11. My relationship with God plays an important role in my life.

12. Blacks place more emphasis on having a good time than on hard work.

13. I believe that only those Black people who accept an Afrocentric perspective can truly solve the race problem in America.

14. I hate the White community and all that it represents.

15. When I have a chance to make a new friend, issues of race and ethnicity seldom play a role in who that person might be.

16. I believe it is important to have both a Black identity and a multicultural perspective, which is inclusive of everyone (e.g., Asians, Latinos, gays & lesbians, Jews, Whites, etc.).

17. When I look in the mirror at my Black image, sometimes I do not feel good about what I see.

18. If I had to put a label on my identity, it would be "American," and not African American.

19. When I read the newspaper or a magazine, I always look for articles and stories that deal with race and ethnic issues.

20. Many African Americans are too lazy to see opportunities that are right in front of them.

21. As far as I am concerned, affirmative action will be needed for a long time.

22. Black people cannot truly be free until our daily lives are guided by Afrocentric values and principles.

23. White people should be destroyed.

24. I embrace my own Black identity, but I also respect and celebrate the cultural identities of other groups (e.g., Native Americans, Whites, Latinos, Jews, Asian Americans, gays & lesbians, etc.).

25. Privately, I sometimes have negative feelings about being Black.

26. If I had to put myself into categories, first I would say I am an American, and second I am a member of a racial group.

27. My feelings and thoughts about God are very important to me.

28. African Americans are too quick to turn to crime to solve their problems.

29. When I have a chance to decorate a room, I tend to select pictures, posters, or works of art that express strong racial-cultural themes.

30. I hate White people.

31. I respect the ideas that other Black people hold, but I believe that the best way to solve our problems is to think Afrocentrically.

32. When I vote in an election, the first thing I think about is the candidate's record on racial and cultural issues.

33. I believe it is important to have both a Black identity and a multicultural perspective, because this connects me to other groups (Hispanics, Asian-Americans, Whites, Jews, gays & lesbians, etc.).

34. I have developed an identity that stresses my experiences as an American more than my experiences as a member of a racial group.

35. During a typical week in my life, I think about racial and cultural issues many, many times.

36. Blacks place too much importance on racial protest and not enough on hard work and education.

37. Black people will never be free until we embrace an Afrocentric perspective.

38. My negative feelings toward White people are very intense.

39. I sometimes have negative feelings about being Black.

40. As a multiculturalist, it is important for me to be connected with individuals from all cultural backgrounds (Latinos, gays & lesbians, Jews, Native Americans, Asian-Americans, etc.)

Subscale Items

Pre-encounter Racial Self-Hatred: 4,10, 17, 25, 39

Pre-encounter Miseducation: 3, 12, 20, 28, 33, 40

Pre-encounter Assimilation: 2, 9, 18, 26, 34, 36

Immersion-Emersion Anti-White: 6, 14, 23, 30, 38

Internalization Afrocentric: 7, 13, 18, 29, 37

Internalization Multicultural: 5, 16, 22, 24, 31

Rosenberg Self-Esteem Scale (RSE)

Instructions: Please read each statement carefully and consider how well it applies to you. Use the scale below to respond to each statement.

1= Strongly Disagree

2= Disagree

3= Agree

4= Strongly Agree

_____1. I feel that I'm a person of worth, at least on an equal basis with others.

_____2. I feel that I have a number of good qualities.

_____3. All in all, I am inclined to feel that I am a failure.

_____4. I am able to do things as well as most other people.

_____5. I feel I do not have much to be proud of.

_____6. I take a positive attitude toward myself.

_____7. On the whole, I am satisfied with myself.

_____8. I wish I could have more respect for myself.

_____9. I certainly feel useless at times.

_____10. At times I think I am no good at all.

CES-D Scale

INSTRUCTIONS FOR QUESTIONS: Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week by placing the appropriate number in the column.

0 Rarely or None of the time (Less than 1 Day)

1 Some or a Little of the time (1-2 Days)

2 Occasionally or a Moderate amount of time (3-4 Days)

3 Most or All of the time (5-7 Days)

Rating	During the Past Week:
_____	I was bothered by things that usually don't bother me.
_____	I did not feel like eating; my appetite was poor.
_____	I felt that I could not shake off the blues even with help from my family or friends.
_____	I felt that I was just as good as other people.
_____	I had trouble keeping my mind on what I was doing.
_____	I felt depressed.
_____	I felt that everything I did was an effort.
_____	I felt hopeful about the future.
_____	I thought my life had been a failure.
_____	I felt fearful.
_____	My sleep was restless.
_____	I was happy.

_____ I talked less than usual.

_____ I felt lonely.

_____ People were unfriendly.

_____ I enjoyed life.

_____ I had crying spells.

_____ I felt sad.

_____ I felt that people dislike me.

_____ I could not get going.

General Stressful Event Form

Think about an event of situation that happened to you recently (anytime within the last year), which was stressful. Be sure to choose a situation that stands out in your mind and that involved you personally. Write a description of the event in the box below and feel free to use the back of this page should you need more space.

When did this event happen (Please check one response):_____1-3 months ago

_____4-6 months ago _____7-9 months ago _____9-12 months ago

Please print neatly in the box below.

2.Thinking about the situation or event you just described, please place a check by any feeling that you had at the time the experiences occurred.

____angry	____shocked	____confused	_____hurt
____disappointed	____vengeful	____helpless	____trapped
____challenged	____prepared	____embarrassed	____annoyed
____scared	____numb	____not a big deal	____sick
____disrespected	____frustrated	____alone	____hopeless
____nervous/tense	____empowered	____humiliated	____ashamed

____inferior	____indignant	____insulted	____hateful
____enlightened	____calm	____forgiving	____irritated
____misunderstood	____enraged	____amused	____nothing
____rejected	____confident	____threatened	____disliked
____outraged	____sympathetic	____resolved	____motivated
____sad	____isolated	____crazy	____agitated
____obsessed with it	____sleeplessness	____insignificant	____worried
____paralyzed/frozen	____vulnerable	____invisible	____stupid
____demoralized	____betrayed	____understanding	____naive

3. **Please place a check by the things listed below that best describes what you did at the time of the event.**

____Tried to defend myself in someway	____Avoided the people/places involved
____Ignored it, kept on going as if nothing happened	____Made a plan of action
____Got into an angry verbal conflict with someone	____Got advice
____Got into a physical fight with someone	____Cried or let my feelings out
____Talked about it with the person/s involved	____Blamed myself
____Fantasized about some action or outcome	____Made a formal complaint
____Talked to someone close to me about how I felt	____Withdrew from people
____Tried to solve the situation in some way	____Thought about it constantly
____Looked for an explanation other than discrimination	____Kept it to myself, didn't tell anyone
____Got other people involved who could help	____Got revenge
____Got information, did research or reading	____Did things to get my mind off of it
____Tried to make something positive out of it	____Accepted it and moved on
____Did things to prove the person/group wrong	____Told someone off
____Organized a group response (demonstration, boycott)	____Threatened an individual or organization
____Sought out others who had similar responses	____Left the situation (moved away, quit job)
____Informed external sources (media, civil rights org)	____Tried to make peace with it on my own
____Changed something about myself to prevent it from happening again (appearance, speech, skills)	____Took legal action
____ Prayed that things would work themselves out	____Prayed about it
	____Went to church to get help from the group

____Read a scripture from the bible (or similar book) for comfort and guidance

____Asked someone to pray for me

____Read a passage from a meditation book

____asked for blessings from a spiritual or religious person

____Practiced meditation

____Lit a candle for strength and guidance in dealing with the problem*

____Smoked a cigarette

____Attended a social event to reduce stress

____Had a drink (beer, cocktail)*

_____Tried to laugh about it*

4.How long did you feel any stress related to the experience? (Check one)

____Never

____less than an hour

____one day or less

____a few days

____1-2 weeks

____about a month

____a couple of months or so

____around 4-6 months

____6 months to a year

____more than a year

Discrimination Event Form

Think about an event of situation that happened to you recently (anytime within the last year), which was both stressful and involved some type of discrimination or unfair treatment. Please choose one of the forms of discrimination listed below. Be sure to choose a situation that stands out in your mind and that involved you personally. Write a description of the event in the box below and feel free to use the back of this page should you need more space. Before you start writing, put a check mark in front of the type of event you are going to write about:

_____Racial discrimination
_____Gender discrimination
_____Racial-gender discrimination (a discrimination experience that you felt was based on both your race and your gender.)
_____Another form of discrimination *(Please specify)*: _____
When did this event happen *(Please check one response)*:
_____1-3 months ago _____4-6 months ago _____7-9 months ago _____9-12 months ago

Please print neatly in the box below.

2.Thinking about the situation or event you just described, please place a check by any feeling that you had at the time the experiences occurred.

____angry	____shocked	____confused	____hurt
____disappointed	____vengeful	____helpless	____trapped
____challenged	____prepared	____embarrassed	____annoyed
____scared	____numb	____not a big deal	____sick
____disrespected	____frustrated	____alone	____hopeless
____nervous/tense	____empowered	____humiliated	____ashamed
____inferior	____indignant	____insulted	____hateful
____enlightened	____calm	____forgiving	____irritated
____misunderstood	____enraged	____amused	____nothing
____rejected	____confident	____threatened	____disliked
____outraged	____sympathetic	____resolved	____motivated
____sad	____isolated	____crazy	____agitated
____obsessed with it	____sleeplessness	____insignificant	____worried
____paralyzed/frozen	____vulnerable	____invisible	____stupid
____demoralized	____betrayed	____understanding	____naive

3. Please place a check by the things listed below that best describes what you did at the time of the event.

____Tried to defend myself in someway	____Avoided the people/places involved
____Ignored it, kept on going as if nothing happened	____Made a plan of action
____Got into an angry verbal conflict with someone	____Got advice
____Got into a physical fight with someone	____Cried or let my feelings out
____Talked about it with the person/s involved	____Blamed myself
____Fantasized about some action or outcome	____Made a formal complaint
____Talked to someone close to me about how I felt	____Withdrew from people
____Tried to solve the situation in some way	____Thought about it constantly
____Looked for an explanation other than discrimination	____Kept it to myself, didn't tell anyone
____Got other people involved who could help	____Got revenge
____Got information, did research or reading	____Did things to get my mind off of it
____Tried to make something positive out of it	____Accepted it and moved on
____Did things to prove the person/group wrong	____Told someone off

____Organized a group response (demonstration, boycott)

____Sought out others who had similar responses

____Informed external sources (media, civil rights org)

____Changed something about myself to prevent it from happening again (appearance, speech, skills)

____ Prayed that things would work themselves out

____Read a scripture from the bible (or similar book) for comfort and guidance

____Read a passage from a meditation book

____asked for blessings from a spiritual or religious person

____Lit a candle for strength and guidance in dealing with the problem

____Had a drink (beer, cocktail)

____Threatened an individual or organization

____Left the situation (moved away, quit job)

____Tried to make peace with it on my own

____Took legal action

____Prayed about it

____Went to church to get help from the group

____Asked someone to pray for me

____Practiced meditation

____Smoked a cigarette

____Attended a social event to reduce stress

_____Tried to laugh about it

4. How long did you feel any stress related to the experience? (Check one)

____Never
____less than an hour
____one day or less
____a few days
____1-2 weeks
____about a month
____a couple of months or so
____around 4-6 months
____6 months to a year
____more than a year

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